

Aging Policy and Procedure FAQ's

Chapter I – Administration

Frequently Asked Questions

I.A.2 Programs and Services

Q. Should we also be referring to APD's specific to those programs?

Response: Programs and services will be further defined in individual chapters (i.e. Caregiver Support Program and OPTIONS). The P&P will replace the APD's.

Q.-Older Adult Daily Living Center never mentions needing to be licensed?

Response: That is correct and will be expanded upon in the OADLC chapter. Current information on ADLC licensing is on the PDA website.

II.C. Procurement Responsibilities

Q.-Can an AAA enter into a sole source contract for PERS, if the provider is willing to establish a volume discount? This would provide an opportunity for a lower unit cost vs. multiple providers with a cost ceiling:

Ex. Pricing structure Sole source contract

0-100 units \$22.00 per unit per month

101-250 units \$21.00 per unit per month

251-450 units \$20.00 per unit per month

451+ units \$19.00 per unit per cost

Versus: Cost ceiling at \$22.00 per month per unit, providing consumer choice, but a higher cost to AAA.

Response: A sole source contract for PERS does not provide consumer choice and is therefore prohibited. If you have a sole source for any service you must put the service out for RFP at a minimum of every 3 years. This will ensure that the service is being provided at the most effective and efficient use of funding and the consumers are receiving the highest quality product.

Q.-Can we limit the number of providers for a service as long as there is choice through our establishment of local policies and procedures?

Response: YES

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Q.-If the RFP states we are looking to have five (5) providers but we currently have 20. Is there no restriction on the number we have besides at least two (2)?

Response: Correct, if you have two (2) or more they have adequate choice.

Q.-Do we use the same rate for 3 years in the unit cost?

Response: Yes, use the same rate for three (3) years, but when there is an increase in the Aging Block Grant (ABG) it can be passed on to the vendor.

Q.-Can you have more than one vendor for Home Delivered Meals?

Response: Yes, if you choose to have more than one (1) vendor.

Q.-Do we need to advertise the bid for providing the Home Delivered Meals on an RFP?

Response: Yes

Q.-We do not have to bid out if we can negotiate a rate equal to or lower than the block grant increase – does this include in-home services?

Response: All services and coordinative activities that the AAA subcontracts must be advertised for competitive bid at least once every five (5) years. Unless you are able to negotiate a rate increase that is equal to or less than the ABG increase then the procurement cycle may be extended.

Q.-For the delivery of meals even if using volunteers, do we have to put it out on a RFP if using a provider?

Response: A provider needs to have a RFP. Volunteer delivery is not a contracted service.

Q.-We must establish in writing the minimum criteria for a provider to be identified as a qualified vendor. Where can we find this criterion?

Response: The applicable standards are subject to the contract being let. If you are contracting for Personal Care Services you must meet the federal, state and local requirements for Personal Care Services.

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Q.-Must the contracts for providers of a program, as opposed to a service, also be put out to bid every five (5) years?

Response: Refer to administration chapter Section II C. Procurement responsibilities. [Page 11]

Q.-AAAs must have at least two (2) contracted vendors or choice. Does this include legal services and meals?

Response: Yes for legal service, refer to administration chapter Section II C. Procurement responsibilities. [Page 11] If you receive less than two qualified bidders, you must request a waiver to provide services with only 1 (one) vendor as indicated on Page 12 of the chapter. Home delivered meals do not require choice.

Q.-Re: Procurement and adding new provider's every 6 months time frame. In SAMS they are moved randomly, OPTIONS listing by cost could you clarify?

Response: Refer to administration chapter Section II C. Procurement responsibilities. [Page 12 and 13] OPTIONS providers are ranked by unit cost and a new provider must be placed at the bottom of the list, regardless of price and their unit cost cannot exceed the lowest contracted rate. In instances when all providers of a particular service have the same unit cost there could be no "random" list. In this case you would need to add this new provider after the randomization has occurred for a maximum of six (6) months or until a new competitive procurement process has been completed.

Q.-If the vendor is a MA provider does the MA rate apply?

Response: Under the MA rule the provider is unable to charge less than what they charge for the Medicaid Service. For example, if Medicaid pays \$40 for a unit of service they cannot negotiate a rate of \$30 with the AAA for the same unit of service. Note: Providers are responsible to follow this MA rule based on their MA provider agreement. Refer to Chapter Section II C. Procurement responsibilities.

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Q.-Rate Setting – is the price moratorium gone? Can we increase the unit cost of providers and if yes, when?

Response: Yes, There is no rate moratorium. Note: you cannot go above the % increase of the ABG. Refer to chapter Section II C. Procurement responsibilities. [Page 13]

Q.-Several years ago we made the rates for OPTIONS services the same as the rates for Waiver services. Is that a problem?

Response: When the definition for the same service is the same, then the rates can be the same. In each instance, the service definition needs to be reviewed to see if they are exactly the same. If the service definition is different, then the rates can be different.

Q.-So individuals currently on Personal Assistance Services are moving to Personal Care. Are we to move now?

Response: You will make this move, but not yet. This change will become effective with the publication of the OPTIONS chapter. Clear directions will be provided at that time.

Q.-When will the network be able to expect the new definitions?

Response: We hope to have these completed no later than March 2014.

Q.-We have a provider for reimbursement to consumers in the Family Caregiver Program. Will we be able to get a waiver for providers we are paying now?

Response: No waiver is required as this is like any other vendor service.

Q.-We cannot do a RFP without service definitions so do we wait?

Response: Yes

Q.-All contracts are 3 years with 5 year options is an issue because our County Commissioner's only allow for one year. Do we ask for a waiver?

Response: Yes, you will need to submit a waiver.

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Q.-Is the Legal Service Contract of the APD from 1979 current?

Response: The Current known APD is 85-09-01 from 1985 and is current.

Q.-We have no contract with our Senior Center because we run it, correct?

Response: Yes,

Q.-What is the definition of a Small Purchase?

Response: See Page 14, Small purchase is defined as \$10,000 or under.

II.D. Subcontractor monitoring

Q.-Monitoring for compliance – What are the Department's requirements we are monitoring for? Where would we find these?

Response: Subcontractor monitoring is addressed in Section II.D. [Page 16]

Q.-For verification provided we are using our contract monitor. Does that suffice on a month by month basis?

Response: The Federal Government would like us to have more assurances that we are doing what we say we are doing. Whatever percent of sampling done must be a valid representation of that program. Ten (10) % is not sufficient unless it is a valid representation of a particular program. An onsite once a year is required. Refer to Administration Chapter II D. on contract monitoring pages 15-16.

Q.-On-Site Monitoring – We need the Department's standards to know what we need to be monitoring for?

Response: Refer to Administration Chapter II D. on contract monitoring pages 15-16. In addition, You should have a locally developed monitoring policy & procedures based on local, state and federal standards and the vendor contract.

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Q.-If we are sharing contract monitoring responsibilities with another AAA for a mutual provider, can they be monitored by just one AAA even though they have an office in my county and one in their county or does each office need to be monitored separately?

Response: One monitoring can suffice if the contracts are identical.

Q.-Staffing requirements – At the end refers to Appendix C – where is that?

Response: Jim Burd is developing this tool and we will notify you when it is completed.

Q.-Are we looking at guidelines for Case Manager's? (i.e. caseloads)

Response: Yes, see above response.

Q.-Our QMET does Employee Qualifications for our providers and they visually share them with us. Is that enough?

Response: QMET monitoring is measuring against MA standards not OPTIONS Program standards.