

Request for Proposals

Vendor Fiscal/Employer Agent and Financial Management Services

Questions & Answers

Q1. What are the current rates?

A1. The current Per Member Per Month rate is \$79.96.

Q2. Pg. 5, (II.) Background and Population to Serve Program breakdown table. How many participants are receiving vendor payments only for each model?

A2. Approximately 3,631 individuals only receive self-directed services monthly from a community vendor (e.g., through Goods & Services) and do not have any self-directed employees. In the Agency with Choice Model, the individual is required to have a self-directed employee in order to participate in that model, thus the individual would be unable to receive only self-directed services from a community vendor (e.g., through Goods & Services).

Q3. Pg. 5, (II.) Background and Population to Serve Program breakdown table (VF/EA Column). Please explain the reason for the difference in volume between participants and participant employees enrolled in the VF/EA model.

A3. Total participants include both participants with employees and participants with no employees who use only self-directed services delivered from a community vendor (e.g., through Goods & Services).

Q4. Pg. 5, (II.) Background and Population to Serve Program breakdown table (AWC Column). Please explain the reason for the difference in AWC between participant employees enrolled and participant employees paid per month.

A4. This is based on the total number of pay periods in a month where a self-directed employee would be paid, which would amount to two (2) pay periods. Thus, doubling the total number of self-directed employees paid per month.

Q5. Pg. 22, (vii) Transition to New Contractor. Please describe the transition requirements applied to the current vendor.

A5. It is expected that the current vendor(s) will cooperate with any necessary transition to a potential new vendor.

Q6. Pg. 26, (i) Commitment to Best Practices (1, 2, 3, 4). Can you provide examples of these reports to provide insight as to the scope and breadth the state desires?

A6. The proposal must include examples where the bidder clearly demonstrates the capability to operationalize those elements listed.

Q7. Pg. 36, (d) Liquidated Damages. For the standard, "Payments are missed because the contractor is unable to process prior authorizations..." Can the contractor seek relief for this requirement if prior authorization data is flawed?

A7. If prior authorization data is determined by DHS/DDD to be flawed through no fault of the contractor, relief from the related liquidated damages may be allowed.

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Q8. Pgs. 33-37, (d) Liquidated Damages. Are liquidated damages open for negotiation for the selected vendor?

A8. No, liquidated damages are not subject to negotiation by the selected vendor.

Q9. Pgs. 33-37, (d) Liquidated Damages. What has the incident rate been for these liquidated damages in the last 24 months?

A9. Liquidated damages were not included in the current contract.

Q10. Pgs. 33-37, (d) Liquidated Damages. Which liquidated damages have been applied to the current vendor in the last 24 months and at what scale?

A10. Liquidated damages were not included in the current contract.

Q11. Pg. 40, (i) Enrollment, Management and Termination. Who pays for background checks?

A11. The cost for fingerprinting for background checks is approximately \$80.00 and is covered up front by NJ Department of Human Services. The successful vendor will not incur or bill for any costs related to fingerprinting.

Q12. Pg. 40, (i) Enrollment, Management and Termination. How much does each required background check cost?

A12. The cost for fingerprinting for background checks is approximately \$80.00 and is covered up front by NJ Department of Human Services. The successful vendor will not incur or bill for any costs related to fingerprinting.

Q13. Pg. 48, (vi) Participant Employee Service Documentation. RFP states that the contractor shall create a paper timesheet submission process. How many participant employees are currently submitting time through a paper timesheet?

A13. The average monthly submission of paper timesheets by Self-Directed Employees is approximately 4.6%.

Q14. Pgs. 50-51, (iii) Contractor Payment for Administrative Services. How does the state determine if a participant has an employee for the purpose of a prior authorization for the PMPM?

A14. When the initial self-directed employee service line is added to the plan, the PMPM prior authorization is automatically generated. There is only one PMPM prior authorization per each participant with a self-directed employee, regardless of the number of self-directed employees they may hire and/or the number of self-directed service lines that may be added during the plan year. If an individual is no longer receiving applicable services and subsequently, a PMPM prior authorization is no longer needed, then the PMPM prior authorization is updated to reflect a new service end date.

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Q15. Pgs. 50-51, (iii) Contractor Payment for Administrative Services. How does the state determine if a participant has a vendor payment issued for the purpose of a prior authorization for the PMPM?

A15. When the initial vendor service line is added to the plan when an individual is only using self-directed services delivered from a vendor (e.g., through Goods & Services), the PMPM prior authorization is automatically generated. There is only one PMPM prior authorization per each participant with a vendor-only service, regardless of the number of vendor-only service lines that may be added during the plan year. If an individual is no longer receiving applicable services and subsequently, a PMPM prior authorization is no longer needed, then the PMPM prior authorization is updated to reflect a new service end date.

Q16. Pgs. 50-51, (iii) Contractor Payment for Administrative Services. Can PMPM charges be submitted for prior period adjustments (for example late time and claim adjustments)?

A16. Claims can be submitted for prior authorizations that may have been adjusted in the past, assuming that the PMPM prior authorization has been appropriately updated and that the claim is submitted within timely filing requirements.

Q17. Pg.5, (II). We understand that individuals can choose to self-direct through the Agency with Choice (AWC) model. When this happens, what kind of collaboration is required between the F/EA and AWC vendors to ensure continuity of care? Additionally, is such a switch required to be on the start of a calendar quarter for tax filing purposes?

A17. Should an individual choose to transition between Self-Directed Employee models, any self-directed employees will need to complete the hiring process again, which includes pre-employment background checks (e.g., fingerprinting) and drug screening. All self-directed services being stopped with one Fiscal Intermediary in a service plan would coincide with those services beginning with another Fiscal Intermediary. This change would not require a start date of a calendar quarter.

Q18. Pg. 3, 2(b). How frequently is orientation? Can the F/EA set the medium for orientation (e.g., virtual, in-person)?

A18. Pg. 44. Participant employer orientation and skills training to participants (or their Authorized Representative) shall be conducted via live or pre-recorded webinar with the option for participants to request further one-to-one training at a convenient physical location, by remote teleconferencing, or by telephone.

Pg. 39. Vendor enrollment shall include but not be limited to vendor orientation and training (e.g., how to complete and submit an invoice that aligns with the Service Detail Report, and identification of authorized invoice signatories), and troubleshooting and escalation process for vendor issues.

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Q19. Pg. 14, (i), #8, c. Who is the vendor providing the Support Brokerage function today?

A19. Any qualified agency can apply to become a Supports Brokerage provider (see Section 17.20 of the DDD [Supports Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) and [Community Care Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>). There are multiple agencies that currently provide Supports Brokerage services.

Q20. Pg. 20, v(1). What is the total volume of employment, DOL, or administrative law hearings in a year that the current vendor attends?

A20. The current vendor has attended approximately five (5) such proceedings in the past five years.

Q21. Pg. 29, #11. What is the current vendors call stats? How many of their calls are answered by a live agent? How many are answered within 20 seconds?

A21. Using August 2023 data, the current contractor approximates the following calls received: 266 per day, 1,394 per week and 5,577 per month. Of calls received for that month: 4,430 of the 5,577 calls were answered by a live agent. On average, the current contractor answers calls received within 30 seconds, 93% of the time.

Q22. Pg. 30, (iii), #4. Specifically, which instances would be included in performance falling under 25%? What are some examples that have occurred in the past?

A22. In their proposals, the bidders would include performance in completing the required tasks and procedures as specified in this contract, including, at a minimum, the response times and accuracy for performing customer services, resolving complaints, and processing payments.

Q23. Pg. 31, (iv), #1. Regarding translation services, what are the most common languages that are translated? And, what is the volume of translated calls?

A23. See Pg. 31. As stated in the RFP, the Participant Satisfaction Survey shall be conducted via at least three formats: a web-based format that meets Website Content Accessibility Guidelines and has language translation capability (e.g., Google Translate); a telephone survey that can, if needed, access the Telecommunications Relay Service and a language translation service (e.g., Language Line); and a paper survey that can be mailed or emailed for printing and is available in at least the five most frequently used languages in New Jersey other than English.

The most frequently spoken languages in New Jersey after English are: Spanish, Chinese, Portuguese, Tagalog and Italian.

Q24. Page 46, (v). By “integrate with HHX,” does this mean that the F/EA must, at minimum, aggregate EVV claims with HHX?

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A24. The contractor is expected to integrate with HHAeXchange (“HHX”) as HHX is the “aggregating entity”.

Q25. Pg. 52, (iv), #1. Page 52 describes weekly claim submission. However, page 54 describes biweekly payroll. Why is there a discrepancy between the two cycles?

A25. The two cycles are referencing two separate types of payments.

See Pg. 52. The weekly claim submission is the expected cycle for how often the contractor will submit their claims to MMIS.

See Pg. 54. The cycle being described is when the contractor is expected to disburse payroll to the participant employees only.

Note: Payroll for participant employees is specifically for self-directed employees whereas self-directed services delivered from a community vendor (e.g., through Goods & Services) may not fall into a biweekly payroll and should be submitted weekly, where appropriate.

Q26. Pg. 52, (iv), #1. With a weekly claims submission, does this mean that some of the funds are paid to the F/EA from MMIS prior to payroll being disbursed?

A26. Claims to MMIS can only occur after a service has already been provided and reimbursed.

Q27. Pg. 33, (d). What is the total volume of liquidated damages that have been assessed in the last 12 months?

A27. Liquidated damages were not included in the current contract.

Q28. Page 60, (v), j. Who pays for the criminal background checks on PDWs? Can the contractor deduct the cost of the background check from the participant’s budget?

A28. The cost for fingerprinting for background checks is approximately \$80.00 and is covered up front by NJ Department of Human Services. The successful vendor will not incur or bill for any costs related to fingerprinting.

Q29. Pg. 68, (xi). Is the cost of workers’ compensation deducted from the participant’s budget?

A29. Yes. When a Self-Directed Employee service is initially entered into in a service plan, the Workers’ Compensation appears below in the same outcome. iRecord automatically enters the details for the Workers’ Compensation service as one separate service line per plan, per year, regardless of the number of self-directed employees hired. The Start Date of Workers’ Compensation is the same date as the start of the SDE service and the End Date is 365 days from the start date.

Q30. Pg. 51, (iv). What is the time period for reimbursement once a claim has been submitted?

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A30. Depending on the actual day when the claim is submitted, payment would be expected within 1-2 weeks. Holidays may alter the actual cutoff times/days.

Q31. Pg. 51,#1. What is the current vendors PMPM fee?

A31. The current Per Member Per Month fee is \$79.96.

Q32. Pg. 84, Appendix B. Is DDD providing an RFP template or may we use our own?

A32. See Pg. 84. Attachment B is an application template for which all bidders must submit a written response that addresses the topics included, adheres to all instructions, and includes supporting documentation as noted.

Q33. Pg. 77, Appendices, #7. What documentation is acceptable if an organization is not a 501c organization as it relates to submitting of the bidder's charitable registration status?

A33. An IRS Determination letter is acceptable proof of an organization's charitable registration status.

Q34. Pg. 77, Appendices, #8. Where can the appropriate form for Disclosure of Investment in Iran be found?

A34. [DisclosureofInvestmentActivitiesinIran.pdf](https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf)
(<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>)

Q35. Pg. 77, Appendices, #9. Where can the appropriate form for Certification of Non-Involvement in Prohibited Activities in Russia or Belarus be found?

A35. N.J.S.A. 52:32-60.1 requires the Department of the Treasury (Treasury) to establish a list of persons and entities engaging in prohibited activities in Russia or Belarus and to update that list every six months. On August 4, 2023, a company obtained a temporary restraining order (TRO) from the United States District Court for the District of New Jersey, which enjoins the State from enforcing N.J.S.A. 52:32- 60.1. Pending further order of the Court, DHS will suspend implementation of N.J.S.A. 52:32-60.1. Accordingly, the Prohibited Activities in Russia and Belarus form is not currently required.

Q36. Pg. 77, Appendices, #11. Where can the appropriate form for Department of Human Services Statement of Assurances be found?

A36. The Department of Human Services Statement of Assurances form is attached to the RFP as Attachment D.

Q37. Pg. 77, Appendices, #12. Where can the appropriate form for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions be found?

A37. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form is attached to the RFP as Attachment E.

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Q38. Pg. 3, (I), #2, (d). Are there any drug-testing requirements?

A39. Yes. Drug testing is required of direct care applicants and employees of any DHS-funded, licensed or regulated program for adults with developmental disabilities. This includes drug testing as a condition of employment, random drug testing while employed and drug testing for cause based on a concern or suspicion. Please see [Stephen Komninos' Law - Public Law 2017, Chapter 238 \(https://pub.njleg.state.nj.us/Bills/2016/PL17/238 .PDF\)](https://pub.njleg.state.nj.us/Bills/2016/PL17/238 .PDF).

Q40. Pg. 51, (iii), #1. What is the current PMPM paid? Is the PMPM paid for all active members, regardless of whether they utilized their budget for the month?

A40. \$79.96. See Pg. 51. 1. a. The PMPM shall be charged once per month through the prior authorization process for each participant who has one or more participant employees (with or without community vendor services), from the service start date through the plan year end date unless the participant dis-enrolls from the VF/EA model and/or the participant or contractor terminate the employment of all a participant's employees. 2. a. The PMPM for a participant who only uses vendor services shall only be charged by the contractor during the month(s) in which a vendor payment is issued, regardless of the duration of the service prior authorization. The vendor services only PMPM shall be charged through the prior authorization process, or by voucher if directed to submit in that fashion by the SCM.

Q41. Pg. 51, (iii), #1. Are PMPM billed through MMIS or separately via invoice? If billed through MMIS, are they billed as individual claims or must they be joined to another service?

A41. Prior Authorizations are generated for PMPM services and are claimed for in the same manner other prior authorized services are.

Q42. Pg. 51, (iii), #1. Is the current vendor paid start-up or one-time costs for enrollees?

A42. No, the current vendor is not paid start-up or one-time costs for enrollees.

Q43. Pg. 11, (V). What is the change order process when the terms and conditions of the RFP change during the contract?

A43. It is not anticipated that the "terms and conditions" that govern the contract will change during the contract term.

Q44. Pg. 11, (V). How much does the current vendor charge for change orders? If it varies, please provide an annual average of change orders and additional costs paid to the vendor during the life of the current contract.

A44. Please see response to Q43.

Q45. Pg. 2, I. What is the current vendor's PMPM for FMS and V/FEA services?

A45. The current Per Member Per Month rate is \$79.96.

Q46. Pg. 3, I.2.a. What is the current Workers' Compensation per policy cost?

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A46. The current Workers' Compensation Policy cost is \$172.00 per participant employer annually.

Q47. Pg. 3, I.2.d. Can you identify the current vendor that incumbent FMS uses for fingerprinting and how do potential employees complete this task?

A47. The FMS provider is required to use the NJ DHS authorized vendor, currently IdentoGO.

Q48. Pg. 3, I.2.d. Who pays for the drug testing?

A48. The cost for drug testing is covered up front by NJ DHS. The successful vendor will not incur or bill for any costs related to drug testing.

Q49. Pg. 3, I.2.d. Who pays for the background check?

A49. The cost for fingerprinting for background checks is approximately \$80.00 and is covered up front by NJ Department of Human Services. The successful vendor will not incur or bill for any costs related to fingerprinting.

Q50. Pg. 6, III. Will the contractor need to interface with the record system for Service Plan or other data? If so, please provide more information about the data provided to the contractor.

A50. The contractor will interface with DDD IT for a variety of information. For example, the Demographics Interface and file details are outlined on Pgs. 68-71. A Prior Authorization file is provided daily and the specific data elements are outlined on Pgs. 71-72. Other interfaces and files that are expected to be exchanged between both groups are outlined on Pgs. 62-74.

Q51. Pg. 7, III. How often is the Service Detail Report generated? Will the contractor receive the Service Detail Report in order to update a service plan change?

A51. The Service Detail Report is updated weekly, starting on the service and/or plan approval date. The Prior Authorization file, however, is sent to the contractor daily, as outlined on Pgs. 71-72.

Q52. Pg. 9, III. What responsibilities are required of the contractor to provide interpreter to support a participant with employment activities?

A52. This section refers to Interpreter Services, which is a self-directed service as defined in the DDD [Supports Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) and [Community Care Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>).

Q53. Pg. 11, V. "A contractor's decision to meet the requirements in a different way after award or during the contract term shall not constitute a change request." Will the State

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entertain a different way of performing a contract deliverable in a bidder's technical response? If so, how should a bidder propose a change?

A53. Bidders may respond to the RFP as they see fit.

Q54. Pg. 11, V. "A contractor's decision to meet the requirements in a different way after award or during the contract term shall not constitute a change request." If a bidder makes a recommendation for a different way of performing a contract deliverable will their response be deemed as non-responsive?

A54. No, the response would not be deemed non-responsive. However, the scoring of the proposal may reflect any deviations from the RFP requirements.

Q55. Pg. 12, V.a.i.3. Should bidders include the job descriptions for those outstanding positions?

A55. Yes. Pg. 77. Job descriptions of key personnel must be included as appendices with the bidder's proposal.

Q56. Pg. 19, V.a.iv.1. What is the projected Go Live Date? Should bidders assume the Go Live Date is 180 from the contract start date?

A56. Yes, 180 days from date of anticipated contract start date

Q57. Pg. 20, V.a.iv.6.c. XML interfaces and data files are your current technology, which we assume is due to the legacy MMIS. Please provide a list of all interfaces that will require XML capability. And are other HIPAA compliant electronic file formats allowed?

A57. See Pgs. 62-73. This includes the current XML interfaces/files with the Expenditure Interface (Prior Authorization Companion Data Interface). Other file formats would need to be researched and discussed with DDD IT for potential use.

Q58. Pg. 20, V.a.v.3. Will the state allow bidders to summarize audit results since the requested federal and state audits can be deemed confidential by a client?

A58. No, a summary of an audit will not be accepted.

Q59. Pg. 24, V.b.ii.2. How many hardcopy documents mailed via USPS over the past 12 months?

A59. The current contractor approximates 489 enrollment packets being mailed via USPS over the past 12 months.

Q60. Pg. 28, V.c.ii.6.a. Please provide the average call volume and call duration for the Tuesday and Thursday evenings for the past 12 months, by month.

A60. Customer Service Call Centers business hours are currently Monday through Friday from 8:00 a.m. to 6:00 p.m. Password-protected voice messaging is available during non-business hours and as back-up during hours of operation. Using August 2023 data, the current contractor

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approximates the following calls received: 266 per day, 1,394 per week and 5,577 per month. The call center may have increased volume on the pay days of participant employees.

Q61. Pg. 28, V.c.ii.6.b. Please provide the average call volume and call duration for the first and third Saturdays for the past 12 months, by the day and the month.

A61. Customer Service Call Centers business hours are currently Monday through Friday from 8:00 a.m. to 6:00 p.m. Password-protected voice messaging is available during non-business hours and as back-up during hours of operation. Using August 2023 data, the current contractor approximates the following calls received: 266 per day, 1,394 per week and 5,577 per month. The call center may have increased volume on the pay days of participant employees.

Q62. Pg. 38, V.e.i.3. Are umbrella workers' compensation policies allowable?

A62. No. The vendor must obtain a workers' compensation policy on the participant employer's behalf.

Q63. Pg. 52, V.f.iv.1. Can the contractor submit claims to the MMIS more frequently than weekly?

A63. Yes, the contractor can submit claims to MMIS more frequently than weekly. However, MMIS will still only pay out weekly on a set day for all eligible claims.

Q64. Pg. 52, V.f.iv.3. What is Gainwell's payment cycle for clean claims? How often a payment cycle run?

A64. The NJMMIS vendor's payment cycle is weekly. Exact start/cutoff times can be requested from the NJMMIS vendor. For example, if the NJMMIS vendor's claim submission cutoff time is Friday at 4pm, then any clean claims submitted by then would be paid out the following Wednesday. Holidays may affect the exact schedule times/days.

Q65. Pg. 54, V.g.i.3. Can you identify the approximate number of employees receiving pay via paper check?

A65. Approximately 881 or 18% of participant employees receive pay via paper checks.

Q66. Pg. 54, V.g.i.3. How many employees receive direct deposit payment?

A66. Approximately 3,984 or 83% of participant employees receive pay via direct deposit.

Q67. Pg. 54, V.g.i.3. How many employees receive payroll through a debit card payment?

A67. Approximately 110 or 2% of participant employees receive pay via debit card.

Q68. Pg. 59, V.g.iii.5. How often are participant service plan updated in iRecord? How often should the contractor check iRecord for potential service plan changes?

A68. The Service Detail Report is updated weekly, starting on the service and/or plan approval date. The Prior Authorization file, however, is sent to the contractor daily, as outlined on Pgs. 71-72.

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Q69. Pg. 59, V.g.iii.7. How many form 1500 hardcopy claims were submitted over the last 12 months?

A69. No Form 1500 hardcopy claims were submitted over the last 12 months.

Q70. Pg. 59, V.g.iii.7. Please provide an example of when the contractor may be required to submit a 1500 hardcopy claim form.

A70. The SCM would confirm with the contractor whether an instance would need to involve the contractor submitting a Professional Paper Claim form 1500 (CMS-1500).

Q71. Pgs. 64-65, V.h.iv. Is there an existing process for Gainwell to review project plans and processes related to electronic claims interface?

A71. If we're understanding your question correctly, claims/interface information is available through the NJMMIS/the NJMMIS vendor [Billing Supplements / Training Packets](https://www.njmmis.com/documentDownload.aspx?fileType=19C807B2-D8D9-4711-BBEE-2C28B6E81BDF) webpage (<https://www.njmmis.com/documentDownload.aspx?fileType=19C807B2-D8D9-4711-BBEE-2C28B6E81BDF>), or by calling the NJMMIS vendor's Provider Services at 800-776-6334, or through the Contact Provider Services tab on the left navigation of the [NJMMIS](https://www.njmmis.com/) (<https://www.njmmis.com/>) website.

Q72. Pgs. 64-65, V.h.iv. How does the contractor proceed if Gainwell and the contractor do not agree with the Gainwell requested change? For example, a delay requested by Gainwell may affect compliance with an SLA.

A72. This section pertains to requirements prior to implementation date that would result in successful claim submission through the NJMMIS vendor. Though not expected, should a delay be requested by the NJMMIS vendor, DDD would be involved and provide assistance where necessary.

Q73. Pg. 78, VI.B. Can bidders submit a redacted Technical Proposal response with the request for exemption from public disclosure?

A73. Yes. Bidders can submit a redacted technical response with their request for exemption from public disclosure, but must also include a non-redacted version for proposal evaluation.

Q74. Pg. 5, II. Can DDD provide the breakdown of Participants by: 1.) # of Participants only utilizing self-directed home care services, 2.) # of Participants only utilizing purchase of goods and services; and 3.) # of Participants who utilize both self-directed services and purchase of goods and services.

A74. For 2023, approximately: 1.) on average, 2,675 participants only receiving self-directed services monthly from a self-directed employee, 2.) on average, 3,631 participants only receiving self-directed services monthly from a community vendor (e.g., through Goods & Services) and do not have any self-directed employees, 3.) on average, 575 participants receiving self-directed services monthly from both a self-directed employee and from a community vendor (e.g., through Goods & Services).

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Q75. The RFP references a price sheet in Excel. Where can we obtain this Excel spreadsheet? It was not posted on the DDD website with the RFP.

A75. The Price Sheet can be found on the [DHS Request for Proposals/Information](https://www.nj.gov/humanservices/providers/grants/rfpfi/) website (<https://www.nj.gov/humanservices/providers/grants/rfpfi/>).

Q76. Is it acceptable to include other appendices in addition to the required appendices listed on Page 77 of the RFP? For example, to demonstrate how we develop program materials in plain language, we would attach a sample program brochure.

A76. Pg. 24. The bidder should include examples and descriptions of participant enrollment materials and processes used by the contractor for self-directed programs operated over the last three years, including a description of the contractor's process for writing each of the three required documents, including an explanation of information gathering, incorporating stakeholder feedback, and the experience and qualifications of the document authors.

Q77. Typically, a program of this size and scope would not require as many management positions (AM, PM, ESM, PIM). Is the State open to other staffing models that would reduce the number of management positions? In our model, the responsibilities of the PM, ESM and PIM are all one full-time manager.

A77. No.

Q78. Pg. 12. The RFP says the contractor must include resumes for key staff. However, staff resumes were not listed as part of the appendices on Page 77. Please confirm if staff resumes are required.

A78. Yes. The contractor's proposal must include resumes of any current staff employed by the contractor that meet key personnel requirements.

Q79. Please confirm that the Compliance Officer must be either a CPA or licensed attorney in the state of New Jersey or New York. Please confirm that the Program Manager must have PMP certification.

A79. See Pg. 13. The Compliance Officer (CO) must be either a licensed Certified Public Accountant or an attorney licensed in the state of New Jersey or New York. The Program Manager must be a certified Project Management Professional (PMP) and have a Bachelor's degree in a relevant and related field, such as computer science.

Q80. Pg. 20, Support Functions section. Can you please define what constitutes a "minimal finding"?

A80. Minor findings that would not have an effect on the finished product quality or may not require corrective action.

Q81. What are the program's goals, current pain points and areas for improvement?

A81. The goal of this RFP is to solicit proposals from contractors to act as a Vendor Fiscal/Employer Agent and provide Financial Management Services (FMS) for individuals who

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are enrolled in Division programs that allow participants to hire Self-Directed Employees and use individualized budgets to purchase goods and services from a variety of sole proprietors and businesses. The scope of work included in this RFP outlines the identified areas the Division programs require in order to successfully provide the services authorized in the participants' plans of care based on federal and state program rules administered by DDD.

Q82. For enrollments, does DDD require face-to-face enrollment visits or are virtual and/or phone enrollments allowed?

A82. Pg. 44. Participant employer orientation and skills training to participants (or their Authorized Representative) shall be conducted via live or pre-recorded webinar with the option for participants to request further one-to-one training at a convenient physical location, by remote teleconferencing, or by telephone.

Pg. 39. Vendor enrollment shall include but not be limited to vendor orientation and training (e.g., how to complete and submit an invoice that aligns with the Service Detail Report, and identification of authorized invoice signatories), and troubleshooting and escalation process for vendor issues.

Q83. Can you please confirm the current number of participants in each program and how many participants you anticipate over the life of this contract?

A83. Pg. 5. Enrollment figures are provided for both models to assist potential bidders in understanding the volume that needs to be supported. However, there is no guaranteed level of enrollment or payment – the contractor is required to operate the program at any level of enrollment.

Q84. What is the average number of employees per participant?

A84. Pg. 5. Based on the numbers provided (4,871 to 8,904) the ratio is .55:1 participant employees to participants.

Q85. Are there any specific employer or employee trainings required to be delivered by the FMS?

A85. Pg. 44. Participant employer orientation and skills training to participants (or their Authorized Representative) shall be conducted via live or pre-recorded webinar with the option for participants to request further one-to-one training at a convenient physical location, by remote teleconferencing, or by telephone.

Pg. 45. The contractor shall ensure participant employee compliance with all training requirements, including administration of certain training programs and systems. The contractor must have an electronic system that alerts the participant employee and prevents payment from being issued when Division-mandated training completion timeframes are not met, as defined in the DDD [Supports Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) and [Community Care Program Policy Manual](#)

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(<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>).

Q86. What is the average participant budget size, as well as the minimum and maximum budget sizes?

A86. Participants have access to individual budget amounts based on a tiered model, as outlined in the DDD [Supports Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) and [Community Care Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>).

Q87. Will the contractor be required to aggregate EVV data with a national aggregator? If so, what national aggregator is the State currently using? Are programs for self-direction defined in aggregator settings?

A87. Pg. 46. The contractor's Electronic Visit Verification system for the DDD VF/EA model shall either be (a) separate and distinct from any existing EVV system operated by the contractor, or (b) fully integrated into the contractor's existing EVV system and fully tested and operational for DDD VF/EA participants and participant employees at the time of the Project launch. Any contractor solution shall also integrate with the State's contracted EVV aggregating entity. The State's current EVV aggregating entity is HHX. Information about their New Jersey program can be found at the HHX [New Jersey DMAHS-Personal Care Services](https://www.hhaexchange.com/info-hub/new-jersey-dmahs-personal-care-services) website (<https://www.hhaexchange.com/info-hub/new-jersey-dmahs-personal-care-services>).

Q88. What service code(s) are subject to EVV? Are there any exemptions to this? (e.g., Live-In, etc.)?

A88. Please see the [DDD Notice of EVV Billing Codes Communication](https://www.nj.gov/humanservices/dmahs/info/CMS_Service_Code_Communication.pdf) (https://www.nj.gov/humanservices/dmahs/info/CMS_Service_Code_Communication.pdf). Pg. 47. Currently, New Jersey does not require EVV to be used by participant employees who live in the same residence as the participant receiving services. Therefore, the contractor shall ensure the EVV Live-In Caregiver Attestation is completed at the time of hire, and shall annually review employee eligibility for the live-in caregiver exception from EVV. A report providing data on live in caregivers shall be provided to DDD on a quarterly basis.

Q89. How do EVV shifts tie to the claims process, if at all?

A89. EVV shifts would be billed through HHX. When a shift requiring EVV is completed, the contractor would follow the method of processing that claim through their HHX portal. If the shift is exempt from EVV, they would process claims directly through the NJMMIS vendor.

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Q90. What is the current PMPM FMS fee?

A90. \$79.96.

Q91. How are vendor payments currently being submitted? What is included on the invoice? Do all invoices require the participant's signature?

A91. Vendors of goods and services submit invoices via email, fax or mail currently. The invoice includes vendor contact information and FEIN/SSN, participant's DDD ID #, date(s) of service, procedure code, plan #, outcome #, service #, unit cost, and # of units of service rendered. All invoices require a participant (or Authorized Representative) signature.

Q92. How is the participant's eligibility for the program determined? By whom?

A92. A participant must be eligible for Medicaid in order to receive services. The option to self-direct services and participate in either model will depend on the individual's needs and preferences. The individual and their planning team will determine whether to choose to self-direct some or all of their services.

Q93. How often is eligibility reviewed and redetermined?

A93. An individual's service plan is reviewed with their planning team on, at minimum, a monthly basis and plan renewal takes place annually.

Q94. How is the FMS alerted of the participant's eligibility?

A94. Pg. 70. A participant's Medicaid ID is included in the Demographics Interface.

Q95. What actions should the FMS take should it learn of a participant's ineligibility?

A95. When an individual and their planning team chooses to no longer self-direct services, the assigned Support Coordinator will end applicable services in an individual's active service plan or will not include those services in a plan renewal. If an individual is no longer receiving applicable services and, subsequently, a PMPM prior authorization is no longer needed, then the PMPM prior authorization is updated to reflect a new service end date.

Note: A claim might initially be denied due to current eligibility, but won't necessarily remain denied. An individual may get their Medicaid eligibility reinstated and the start date of Medicaid eligibility can be backdated to cover services. Claims that were originally denied may be then be resubmitted and successfully claimed on.

Q96. Does the participant's eligibility ever change retroactively?

A96. A claim might initially be denied due to current eligibility, but won't necessarily remain denied. An individual may get their Medicaid eligibility reinstated and the start date of Medicaid eligibility can be backdated to cover services. Claims that were originally denied may be then be resubmitted and successfully claimed on.

Q97. What claim denial codes indicate participant eligibility?

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A97. The claims edit codes can be found on the NJMMIS [Edit Code Information](https://www.njmmis.com/editCodeSearch.aspx) (<https://www.njmmis.com/editCodeSearch.aspx>) webpage.

Q98. What percentage of claims and dollar amount were denied over the past year for this reason?

A98. DDD does not own or report on claims data.

Note: A claim might initially be denied due to current eligibility, but won't necessarily remain denied. An individual may get their Medicaid eligibility reinstated and the start date can be backdated to cover services. Claims that were originally denied may be then be resubmitted and successfully claimed on.

Q99. How is the FMS notified of a participant terminating from the program? Are there ever any involuntary terminations?

A99. If an individual is no longer receiving applicable services and subsequently, a PMPM prior authorization is no longer needed, then the PMPM prior authorization is updated to reflect a new service end date.

Q100. What is the minimum age requirement to be an employee?

A100. Pg. 3. The minimum age for a participant employee is 18 years old.

Q101. Are there any relationship limits on who can provide services?

A101. No.

Q102. What training requirements exist? Are trainings renewed?

A102. Pg. 65. At this time, trainings include but are not limited to:

- i. DDD System Mandatory Training Bundle.
- ii. DDD Life Threatening Emergencies (Danielle's Law).
- iii. DDD Shifting Expectations: Changes in Perception, Life Experience & Services.
- iv. Prevention of Abuse, Neglect & Exploitation: Modules 1, 3, 4, 5, and 7.
- v. DDD Stephen Komninos Law Training.
- vi. Prevention of Abuse, Neglect & Exploitation Practicum.
- vii. Participant/Family-Developed Orientation.
- viii. Medication.
- ix. Medication Practicum.
- x. CPR/First Aid Certification.
- xi. CPR/First Aid Recertification – required every two (2) years.
- xii. Specialized Training (ability to add as many as identified by participant and/or DDD).
- xiii. Behavior Supports Plan Overview.

Q103. Are any of the eligibility requirements specific to certain service code(s)?

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A103. An individual must be Medicaid eligible in order to receive services. The individual, SDE and/or vendor must be enrolled with the FMS in order for the SDE and/or vendor to be reimbursed.

Q104. What eligibility items prevent payment and which are flexible, if any?

A104. The individual, SDE and/or vendor must be enrolled with the FMS in order for the SDE and/or vendor to be reimbursed.

Note: A claim might initially be denied due to current eligibility, but won't necessarily remain denied. An individual may get their Medicaid eligibility reinstated and the start date of Medicaid eligibility can be backdated to cover services. Claims that were originally denied may be then be resubmitted and successfully claimed on.

Q105. How does a participant learn of the option to self-direct? What options counseling information is provided? Are there videos, handouts? Who provides the information?

A105. The option to self-direct services and participate in either model will depend on the individual's needs and preferences. The individual and their planning team will determine whether to choose to self-direct some or all of their services.

Q106. Does the participant already have selected providers (employees and/or vendors) at the time of referral?

A106. A participant who will be hiring an employee may not yet have identified an employee at the time of referral (although in the majority of cases, they have). A participant who is using a community vendor will have already identified the community vendor at the time of referral.

Q107. How is a newly referred participant's information sent to the FMS for enrollment? What information and/or documents are provided? How is the information submitted?

A107. Pgs. 68-70. The contractor shall receive a Demographics Interface file from DDD IT.

Q108. What is the timeframe for reimbursing for pass-through claims including the claims related to the hourly services provided by workers of the participant (Medicaid recipient receiving the self-directed services)?

A108. Claims submitted to MMIS for reimbursement are processed on a weekly basis. Self-directed employee-delivered services are expected to be paid out via biweekly payroll, and then can be submitted to MMIS for reimbursement on the appropriate weeks.

Q109. Does DDD allow for invoicing for claims within the same month of services?

A109. Yes. Once a service has been delivered and reimbursed, a claim may be submitted.

Q110. What is the frequency of submitting claims allowed by the State?

A110. Pg. 52. The contractor will submit weekly claims to the MMIS within one hundred and eighty (180) calendar days of the date of service for Medicaid services rendered, and in

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accordance with the participant's budget and established service rate(s), billing and contract requirements, using the proper procedure codes.

Q111. What format are claims submitted in? Is there a companion guide for the claims format?

A111. Claims may be submitted electronically or by hardcopy to the NJ MMIS vendor. The successful bidder would work directly with the NJ MMIS vendor to implement their claiming process: [Welcome to New Jersey Medicaid 1 \(njmmis.com\)](https://www.njmmis.com/) (<https://www.njmmis.com/>).

Q112. Are services submitted at a set rate, calculated rate, gross wages with a stipulated employer tax percentage?

A112. Funding for employer payroll taxes is calculated after the Employer of Record negotiates an hourly wage to pay their Self-Directed Employee. At that point, a markup is added to that hourly wage to fund mandatory employer taxes. This is also referred to as the maximum billable rate (i.e., hourly wage + markup for employer taxes = maximum billable rate). This, in addition to a Workers Compensation Policy Fee, is the amount deducted from the individual budget.

Q113. Does the contractor 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?

A113. Pg. 52. The contractor will submit weekly claims to the MMIS within one hundred and eighty (180) calendar days of the date of service for Medicaid services rendered, and in accordance with the participant's budget and established service rate(s), billing and contract requirements, using the proper procedure codes.

Q114. What is the timeframe for reimbursing for provider-related claims, including the financial management PMPM claim?

A114. Claims are submitted to MMIS/the NJMMIS vendor. Information on how to claim can be obtained by calling the NJMMIS vendor's Provider Services at 800-776-6334 or on the NJMMIS website (www.njmmis.com) through the option "Contact Provider Services".

Q115. What is the denial rate for claims and the top reasons for denial?

A115. DDD does not own or report on claims data.

Note: A claim might initially be denied due to current eligibility, but won't necessarily remain denied. An individual may get their Medicaid eligibility reinstated and the Medicaid eligibility start date can be backdated to cover services. Claims that were originally denied may be then be resubmitted and successfully claimed on.

Q116. How is the participant's budget established? Who develops the budget with the participant?

A116. Participants have access to individual budget amounts based on a tiered model, as outlined in Sections 3.4 and 3.5 of the DDD [Supports Program Policy Manual](#)

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(<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) and [Community Care Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>).

Q117. What costs are tied to the participant's budget? For example, does the participant's budget include taxes, insurance, other administrative costs? What format/tool is the budget created in?

A117. Funding for employer payroll taxes is calculated after the Employer of Record negotiates an hourly wage to pay their Self-Directed Employee. At that point, a markup is added to that hourly wage to fund mandatory employer taxes. This is also referred to as the maximum billable rate (i.e., hourly wage + markup for employer taxes = maximum billable rate). This, in addition to a Workers Compensation Policy Fee, is the amount deducted from the individual budget.

Q118. How are participants able to use their budget? Directly authorized services only? Do they select the pay rate? Within a range?

The hourly wage is negotiated between the employee and Employer of Record and must fall within the reasonable & customary wage range, which is the prevailing minimum wage (currently \$14.10) up to \$25.00 per hour, unless an Enhanced Wage Request has been submitted and approved by the Division.

Are employee bonuses permitted (e.g., health insurance, PTO, retirement, etc.,)?

No.

Are additional goods/services permitted that are not directly authorized?

No.

How are premium pay (e.g., overtime, holiday) factored into the budget?

Premium pay is not applicable.

How are employer taxes budgeted?

These are included in the administrative costs the contractor must apply to the participant employee's wage in order to calculate the billable rate.

Can participants carry over unused funds from one period to another?

No. Budgets are allocated per plan year.

Q119. How does the budget translate to an authorization?

A119. An approved service in a participant's plan of care generates a prior authorization.

Q120. What data points does an authorization contain and in what format? How is an authorization sent to the FMS?

A120. See Pg. 71. Please review Prior Authorization Interface section.

Q121. What is the length of the authorization for services? What is the average number of modifications on an authorization?

A121. Each prior authorization will have a start and end date. Prior authorized units of service can be rolled over and used at a later date, by the same participant employee for the same

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service, up through the service plan end date. Rolled-over units (units used at a later date than the week in which they were originally authorized) must comport with DDD policies.

Q122. Does the state allow providers to draw down funds related to authorized services?

A122. No, reimbursement is provided after a service has been rendered and based on claims submission.

Q123. What documentation requirements exist for services to be eligible for payment? Are there differences across service codes?

A123. For self-directed employee-delivered services, an active prior authorization, a timesheet signed by the participant/employer or authorized representative, appropriate service documentation, and EVV for applicable services. For community vendor services, please see Documentation and Reporting under the applicable service in the DDD [Supports Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) and [Community Care Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>).

Q124. What timeframe must service documentation be submitted to be eligible for payment?

A124. Service Documentation must be submitted at the time of timesheet submission for self-directed employee-delivered services, or at the time of invoice submission for community vendor services.

Q125. What limits on services or dollars exist for what parameter? Full span of authorization, authorization-to-date, monthly, weekly? Total amount, within a percentage?

A125. The prior authorization covers from service start date through plan year end date, but the service units and their associated funds are authorized weekly. The Service Detail Report will reflect the number of units applied in each week. Units of service cannot be delivered or claimed for until the week in which they were authorized has passed.

Q126. Who reviews exceptions that exceed utilization management at the agency? At what frequency?

A126. If a timesheet or invoice is submitted that would exceed prior authorized units and funding, the timesheet or invoice would be denied payment by the FMS contractor.

Q127. Is overtime permitted? What documentation requirements exist for services to be eligible for payment? Are there differences across service codes?

A127. See Pg. 53. Premium pay for overtime is not currently permitted, but it is probable that the Division will permit the use of premium pay for overtime (pg. 55, #13). Documentation requirements for payment are not expected to change. The availability of overtime will be

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limited to SDEs rendering Community Based Supports (H2021HI52) and Individual Supports (H2016HIU8).

Q128. What is the current employer payroll tax? In other words, if an employee was paid \$10.00 per hour, what hourly rate would DDD be billed?

A128. Funding for employer payroll taxes is calculated after the Employer of Record negotiates an hourly wage to pay their Self-Directed Employee. At that point, a markup is added to that hourly wage to fund mandatory employer taxes. This is also referred to as the maximum billable rate (i.e., hourly wage + markup for employer taxes = maximum billable rate). This, in addition to a Workers Compensation Policy Fee, is the amount deducted from the individual budget.

Q129. What are the background check requirements for employees? Are the costs for background checks part of the participant's budget or included in the PMPM (per member per month) FMS fee?

A129. The cost for fingerprinting for background checks is approximately \$80.00 and is covered up front by NJ Department of Human Services. The successful bidder will not incur or bill for any costs related to fingerprinting.

Q130. 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?

A130. The cost for fingerprinting for background checks is approximately \$80.00 and is covered up front by NJ Department of Human Services. The successful bidder will not incur or bill for any costs related to fingerprinting.

Q131. What is the current satisfaction rate among participants, employees and case managers?

A131. Based on data compiled from a 2022 satisfaction survey completed by the current contractor, participant satisfaction among those that completed the survey resulted in an average of 88.5% of the Participants Agree/Somewhat Agree that Customer Service Staff are providing satisfactory service, 93.73% of Participants Agree/Somewhat Agree that Customer Service staff are friendly and professional, an average of 83.77% of the Participants Agree/Somewhat Agree that the Timesheet process is satisfactory overall, 93.25% Agree/Somewhat Agree that timesheets are processed in a timely manner, 71.40% of the Participants Agree/Somewhat Agree that they are contacted when there is an issue with their employee's timesheet, an average of 79.94% of the Participants Agree/Somewhat Agree that the Enrollment process is satisfactory, an average of 71.70% of the Participants Agree/Somewhat Agree that enrollment materials, paperwork and instructions are easy to read and are complete.

Q132. Please clarify if workers' compensation insurance required for employers.

A132. Pg. 2. Yes, the contractor is responsible for obtaining individual participant employer Workers' Compensation policies.

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Q133. What requirements exist for a vendor to provide services? Are requirements specific to certain service code(s)?

A133. Requirements vary depending on the service. The participant and their support coordinator must submit requests for self-directed services from a community vendor (e.g., through Goods & Services) directly to DDD for approval. The FMS contractor does not become involved until/unless the community vendor service is approved by DDD.

Q134. Are goods and services authorized directly or part of flexible budgeting?

A134. They are authorized directly.

Q135. What documentation is required for goods and services?

A135. Please see Documentation and Reporting under Goods & Services in the DDD [Supports Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) and [Community Care Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>).

Q136. What limits exist on goods and services? Specific items? Dollar limits?

A136. Service limits can be found in the DDD [Supports Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf>) (Section 17.8) and [Community Care Program Policy Manual](https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (<https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf>) (Section 17.9).

Q137. Are there specific review steps for any particular goods or services? (i.e., home modifications over \$10,000, etc.)?

A137. Requests for goods and/or services are reviewed and approved by DDD. Prior authorizations are only generated for DDD-approved goods or services.

Q138. How are transportation services paid for? Are individuals able to utilize ride share platforms?

A138. Yes. See Pg. 10. Transportation, Self-Directed Employee (participant employee) & Transportation, Single Passenger (transportation provider or community vendor).

An employee hourly wage (entered into the service plan as a billable service rate, calculated by the FMS vendor) is used when a participant hires a self-directed employee to provide Transportation services. All of the standards for the SDE hiring and payment process apply. The Single Passenger Transportation Rate must be submitted to the Division for review and approval prior to use.

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Q139. How do participants receive their reports currently? What components are contained on the report? What is the current report format?

A139. A participant Service Detail Report is generated when a service plan renewal or revision is approved. It is currently a PDF document that is securely emailed to the service provider and, in the case of self-directed services, to the FMS contractor.

Q140. Are participants able to identify under or over utilization easily and take appropriate action as needed?

A140. The contractor is required to track hours worked by participant employees.

Q141. Who reviews and responds to questions the participant has on their monthly budget report?

A141. Participant questions about their individual budget and services can be discussed with their assigned support coordinator.

Q142. What standard reporting is needed programmatically? What data elements? What format? What frequency? What method of receipt?

A142. See Pgs. 29-32. Reporting is included in Quality Assurance Monitoring and Annual Satisfaction Survey.

Q143. Are there insights on the program you are seeking that reporting could support?

A143. See Pgs. 29-32. Reporting elements are included in Quality Assurance Monitoring and Annual Satisfaction Survey.

Q144. What frequency of routine meeting cadence exists currently? Who attends? What standard agenda items are critical to cover?

A144. The SCM meets on a weekly basis or more often with the current contractor, depending on priority of any active or impending projects or issues.

Q145. The RFP states average monthly dollar amount for goods & services is \$3,719,379.80 for Vendor Fiscal/Employer Agent, what is the number of invoices that relates to this?

A145. See Pg. 5. Approximately 404 vendors are paid per month. Approximately 17,000 unique vendor invoices are processed per month.

Q146. How is the F/EA notified to terminate a vendor relationship?

A146. If an individual is no longer receiving applicable services and, subsequently, a PMPM prior authorization is no longer needed, then the PMPM prior authorization is updated to reflect a new service end date.

Q147. How often will DDD transmit prior authorization details?

A147. Pg. 71. The contractor shall receive and process a daily prior authorization file provided by DDD.

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Q148. Are goods and services payments issued only to vendors? Is there reimbursement issued to participants for approved purchases made with documentation?

A148. Yes, reimbursement is only issued for approved purchases of goods and services from a variety of sole proprietors and businesses. Reimbursement is not issued to participants.

Q149. Paper timesheets are allowed if they have the live-in exemption. What percentage of workers currently fall into this exemption and currently submit paper timesheets? Are paper timesheets used for any other reason?

A149. Live-in exemption does not determine eligibility for a participant employee to submit a paper timesheet. See Pg. 48, The contractor shall create a paper timesheet submission process available that includes participant employee submission and contractor recording of service documentation notes. Approximately 4.6% of Self-Directed Employees submit paper timesheets monthly.

Q150. Pg. 4, Proposals must be submitted to DDD.RFP@DHS.NJ.GOV no later than 5 pm ET. Complete proposals shall include a single PDF of all required documents (see Proposal Instructions, below) along with a completed price sheet.” What is the email file size limit? With the comprehensiveness of the RFP, it is likely that the proposal response will be a large file. Is it acceptable to submit the main body of the proposal and attachments as separate files should the response exceed the file size limitations of the State’s email.

A150. The maximum file size for the transmittal email (with all required forms/attachments) is 50 MB. The completed application form using the template in Attachment B and the Appendices outlined in Section VII of this RFP should be combined in a single PDF document.

Q151. What is the anticipated Go-Live Date? If there is not a pre-determined date, is the State looking for implementation plans that include suggestions for an implementation roll-out timeline within a preferred time frame, for example by July 1, 2024, or January 1, 2025.

A151. 180 days from date of anticipated contract start date.

Q152. When does the current contract expire?

A152. The current contract will not expire until a new contract has been awarded.

Q153. Pg. 15. Is there a particular geographic location required for the Program Management Office?

A153. No, the Program Management Office (“PMO”) must be in a location to accommodate walk-in clients and be physically accessible. Any individual requesting an in-person meeting should be accommodated by the contractor with the location identified (if not the PMO) not resulting in any undue hardship for the individual to travel to.

Q154. Pg. 76, “Demonstrate capability to support a participant employee timesheet solution that requires and collects service documentation note and prevents payment when service

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documentation notes are absent.” Does this requirement apply to all time entry methods such as paper, online portal and EVV solutions.

A154. Yes, across all timesheet entry methods.

Q155. Are comments/notes obtained for all shift entries currently or only for those entered via the EVV method.

A155. All shifts. See Pg. 47, Participant Employee Service Documentation.

Q156. Do comments/notes need to be viewable within the EVV mobile app in the shift history or are they only required to be included on the shift details in the portal?

A156. Pg. 48. Service Documentation must be collected within the contractor’s timesheet system and available for remote and/or on-site review by the State or other SCM authorized auditing authority.

Q157. When selecting a service does the Employee need to select where they start /end the service (i.e. In Home or Community) if the system is collecting GPS location?

A157. Yes. See Pg. 47, #8.

Q158. Does the FMS bill for a PM/PM if the participant is eligible but does not submit a timesheet for the month?

A158. Pg. 51. The PMPM shall be charged once per month through the prior authorization process for each participant who has one or more participant employees, from the service start date through the plan year end date unless the participant dis-enrolls from the VF/EA model and/or the participant or contractor terminate the employment of all a participant’s employees.

Q159. How many new enrollments are done each month for Participant and Employee? What is the current number of in-person enrollments vs. virtual?

A159. Approximately 159 new enrollments are completed each month for Participant and Employee. Over the past year, all enrollments were completed electronically (through email using AdobeSign), by telephone, and through hard copy enrollment forms (when requested).

Q160. Pg. 38:, Who is the current Workers compensation insurer? How are the Workers Compensation premiums paid? (i.e. from the Participant’s Goods and Services Budget, as part of the VF/EA Fee etc.)

A160. The Workers’ Compensation premium is funded through the individual’s annual budget as a service line.

Q161. Pg. 3, 2b. Is the participant employer orientation live or can it be a recorded orientation should the individual prefer that?

A161. See Pg. 44. Participant employer orientation and skills training to participants (or their Authorized Representative) shall be conducted via live or pre-recorded webinar with the option

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for participants to request further one-to-one training at a convenient physical location, by remote teleconferencing, or by telephone.

Q162. Pg. 3, 2d. What preemployment screenings are required and what is the cost of each. Are the costs of the screenings paid by the F/EA or from the participant's budget?

A162. The cost for fingerprinting for background checks is approximately \$80.00 and is covered up front by NJ Department of Human Services. The successful bidder will not incur or bill for any costs related to fingerprinting.

Q163. Pg. 5. Can you clarify the ratio of Employees to Participants? Based on the numbers provided (4,871 to 8,904) the ratio is .55:1. Do Employees serve multiple Participants?

A163. Your calculation is accurate. Participant employees may service multiple participants.

Q164. Pg. 13, 6. Would a CPA licensed in the state of Pennsylvania be acceptable to the state to serve as the Compliance Officer (CO)?

A164. See Pg. 13. The Compliance Officer (CO) must be either a licensed Certified Public Accountant or an attorney licensed in the state of New Jersey or New York. The Program Manager must be a certified Project Management Professional (PMP) and have a Bachelor's degree in a relevant and related field, such as computer science.

Q165. Pg. 29, 10. What are the average number of customer service calls received per day, per week, per month? If possible, what is the hourly average breakdown, including the Saturday and evening hours.

A165. Using August 2023 data, the current contractor approximates the following calls received: 266 per day, 1,394 per week and 5,577 per month.

Q166. Pg. 53. How does sick leave accrue and are there eligibility requirements, accrual maximums etc. How is sick leave paid?

A166. See Pg. 53. Earned sick leave must comport with [N.J.A.C. 12:69 \(https://www.nj.gov/labor/wageandhour/tools-resources/laws/wageandhourlaws.shtml#69-1.1\)](https://www.nj.gov/labor/wageandhour/tools-resources/laws/wageandhourlaws.shtml#69-1.1).

Q167. Are budgets monthly, weekly, biweekly, Annual etc.? What are the rules around rolling the unused unit from own period to the next?

A167. Budgets are allotted on an annual basis. Prior authorized units of service can be rolled over and used at a later date, by the same participant employee for the same service, up through the service plan end date. Rolled-over units (units used at a later date than the week in which they were originally authorized) must still comport with DDD policies.

Q168. Pg. 55. What is the average number of garnishments, judgements and tax levies processed per pay period?

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A168. The current contractor approximates 10 (ten) garnishments, judgements and tax levies being processed per pay period currently.

Q169. Are Vendors Names, units and unit rates provided on the Service Authorization?

A169. Pgs. 71-72. The Prior Authorization file details provided are outlined here.

Q170. What is the monthly volume of Vendor invoices?

A170. See Pg. 5. Approximately 404 vendors are paid per month. Approximately 17,000 unique vendor invoices are processed per month.

Q171. Are there any union dues for Employees?

A171. No.

Q172. Does the program have any deductible or patient pay or patient share withheld from Participant?

A172. No.

Q173. Pg. 29. What capacity are we using DDD's Service Desk Tracking System? Can you please provide examples?

A173. The DDD Service Desk Tracking system is used to document, track, and resolve customer service inquiries/issues. For example, if there are any delays with onboarding a new self-directed employee or if a self-directed employee has not been paid on time, the issue may be documented and tracked through resolution.

The contractor may create service tickets related to issues experienced by the contractor, especially if they are requesting assistance from DDD IT. For example, if a customer contacts them about an employee's enrollment status, but they haven't received a Demographics file for the person from DDD, then a ticket may be created by the contractor.

Q174. Pg. 38. What is the format of the Individual Referral File?

A174. Pg. 68. The contractor shall receive and process demographics data in XML batch format pertaining to participants who will be receiving services through the contractor in the VF/EA Model.

Q175. Pg. 41. What is the method of notifying DHS that the employee failed a CHRI check?

A175. The method of notification is by email.

Q176. Pg. 41. How do we receive the notification that someone is on the disbarment list? What is the format? Also, what does the documentation look like for the notification to the SCM?

A176. Debarred entities can be searched on the lists provided on page 40 of the RFP at Section (V)(e)(i)(2)(f). There is not a designated template to notify the SCM.

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Q177. Pg. 42. In what format do we notify the SCM of the termination?

A177. The method of notification will be agreed upon by the contractor and the SCM.

Q178. Pg. 47, f. "If requested, the drill-down data related to each field will be provided." What are examples of the drill-down data?

A178. Upon request by the SCM, more detailed and granular view within the same dataset provided by the contractor.

Q179. Pg. 53. How is support brokerage time submitted for a participant? Does the support broker need the ability to submit a timesheet/visit, similar to an employee?

A179. Support brokerage services are provided in 15 minute units. Agencies approved to provide supports brokerage services submit claims directly to the NJMMIS vendor. DDD is currently developing policies for hiring a self-directed employee to provide support brokerage services.

Q180. Pg. 55. "The contractor is required to pay the participant employee for every hour worked." This is true even if the time submitted is over budget or exceed previously defined rules?

A180. Yes, the Federal Fair Labor Standards Act (FSLA) and the New Jersey Wage and Hour Law (NJWHL) requires employers to compensate hourly wage employees for each hour worked. The contractor must address the issue by alerting participant employees of the contractor's responsibility to notify DDD of all instances of hours worked outside of DDD parameters; and that employment and payment may be suspended if instances of hours worked outside of DDD parameters exceed DDD limits.

Q181. Pg. 68. "The contractor shall receive and process demographics data in XML batch format pertaining to participants who will be receiving services through the contractor in the VF/EA model. This batch file is generated based on a prior authorization for a vendor-delivered service, or the presence of a contractor-related service in an approved service plan. This file contains critical data fields necessary for the contractor to accurately identify." How often will this file be sent? Based on the Action descriptions, is it safe to assume this file will not always be a full file containing full history of demographic details?

A181. Pg. 69, #4. Following the initial load of all individuals' demographics data, "incremental changes to the demographics data will be transmitted daily from DDD to the contractor."

Q182. Pg. 71. "The contractor shall receive and process a daily prior authorization file provided by DDD. This file contains critical data elements necessary for the contractor to authorize payments for services and critical data elements necessary for the contractor to submit claims and be paid by Medicaid." Is the expectation to receive a full file for seeding of

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prior authorization details, then every file after that will only contain details that are new, modified, or inactivated?

A182. That is correct.

Q183. Pg. 3, Section I.2.f. Is it the responsibility of the contractor to assist the Participant Employee in creating a resume if the Participant Employee does not have a resume? What are the required background checks? What is the frequency? Initial enrollment only?

A183. Fingerprinting for background checks is completed once at initial hire per employer. Drug testing is completed at initial hire per employer, at random each quarter regardless of hire date, and for cause.

Pg. 40-41. Upon each annual anniversary date of an employee's enrollment, the FMS vendor shall confirm and record on file that the employee does not appear on state, federal or other debarment lists identified by DDD and the employee does not appear on the Central Registry of Offenders Against Individuals with Developmental Disabilities.

Q184. Pg. 12, #2. Contract Administration. Please further explain this statement – “Each key contractor staff role shall be assigned to a single, unique individual. An individual may not serve in multiple roles”. Does this mean that a key staff cannot work across states and must be fully dedicated to this program?

A184. With the exception of the Compliance Officer, all key contractor staff must work full-time and be dedicated solely to this contract.

Q185. Pg. 14, #7 e. Reviewing designs, requirements, test plans, security plans, and any other documents associated with project launch with DDD and obtaining appropriate sign-off on any significant changes. Can DDD clarify what other documents should be included? Is the expectation that these are test scripts from our quality assurance processes or from our user acceptance testing processes?

A185. This is in reference to the Project Manager's responsibilities around the development of all project management tasks and deliverables for each contract requirement, phase, and function.

Q186. Pg. 16, Section V.a.ii.2. The PMO shall at a minimum, consist of at least one certified PMP, one Business Analyst, and one Data Analyst, all of whom shall have, at a minimum, a Bachelor's degree and three (3) to five (5) years of experience in their respective fields. Please clarify if the business analyst and data analyst are required to be in the office for two days a week. Is the PM described here a separate staff from the Key Contractor Staff Project Manager role?

A186. The business analyst and data analyst are not included in key contractor staff which must be physically present in the office at least two (2) business days per week. The PMP included in the Project Management Office can be in addition to and separate from the Project Manager (PM) included in the key contractor staff identified.

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Q187. Pg. 16, Section V.ii.8. Can this be satisfied with an electronic dashboard? Is this only inclusive of transactional and master data or is inclusive of analysis derived from data elements stored by the contractor?

A187. Yes, this can be satisfied with an electronic dashboard with specific data elements requested. This can include any set of data elements stored by the contractor.

Q188. Pg. 16, Section A.ii., bullet point #9. Is DDD opposed to having all of these items in one master plan. Will specific plans and tasks be shared with separate entities at DDD?

A188. The project schedule must include each contract requirement, phase, or function. It can be included in a master plan however, specific requirements, phases, or functions must be able to be separated and shared with applicable units within DDD.

Q189. Please define "By program." Each bidder will have a variety of programs under their management, some have 100's and others may have a few. Are there a % of programs, a specific number or perhaps just DDD programs that can be submitted?

A189. "By program" refers to any DDD program that, pursuant to this RFP, the contractor is acting as Vendor Fiscal/Employer Agent and/or provides financial management services.

Q190. Pg. 18, Section V.a. iii. What documentation is acceptable to prove self-directed employee age (above 18)?

A190. A copy of the applicant's birth certificate or other form of Government-issued identification

Q191. Pg. 19, Section V.a.iv. (3) What is the time frame for the data-based examples and (4) program assumptions and enrollment delays?

A191. The timeframe should span that of the data-based examples of successful program assumption provided.

Q192. Pg. 20, Section V.a.v. Please give examples, other than employer taxes when this statement would apply – "It is the contractor's responsibility to ensure that, under no circumstances, a participant is subject to legal or other notice or proceedings for work performed, or work not performed as required by the contract, by the contractor."

A192. We do not have any examples to provide.

Q193. Pg. 21, Section V.a.vi. Is the same 3 year time frame in (#3) applied to (#4)?

A193. Yes. Disclosures of circumstances (#4) should span the length of time used in examples provided, which is over the past three years (#3).

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Q194. Pg. 22, Section V.a.vii. Transition to New Contractor, #4. Does the phrase ‘all instances’ have a specific time frame associated? For example, All instances, within the last three years... Please clarify

A194. Yes. Disclosures of all instances (#4) should span the length of time used in examples provided, which is over the last three years (#3).

Q195. Pg. 23, Section V.b.i. Standards for All Materials and Communications, #4. Does ‘all instances’ refer to the time frame referenced in #3? For example, All instances, within the last three years... Please clarify.

A195. Yes. Disclosures of all instances (#4) should span the length of time used in examples provided, which is over the last three years (#3).

Q196. Pg. 24, Section V.b.i. Manual and Handbooks, #4. Is there a timeframe associated for the disclosure? The longevity of the business can have an effect here.

A196. Yes. Disclosures of all instances (#4) should span the length of time used in examples provided, which is over the last three years (#3).

Q197. Pg. 26, Section V.b.ii. Website, #4. Is there a time frame for ‘all instances’?

A197. Yes. Disclosures of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3).

Q198. Pg. 28, Section V.c.ii. Customer Service #4. Is there a time frame for ‘all instances’? What type of program or contract does this apply to?

A198. Yes. Disclosures of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3). By program, all self-directed programs operated by the contractor.

Q199. Pg. 29, Section V.c.ii. Customer Service #4. Can you clarify if the CSR Supervisor role and the “Customer Service Manager (CSM)” (Key Contractor Staff page 12 Section V.a.i) are separate roles required for the program?

A199. Yes, they are separate roles required for this program.

Q200. Pg. 30, Section V.c.iii. Quality Assurance Monitoring; #4. Disclosure of all instances, by calendar year period, where the contractor’s performance was below the plan targets for more than 25% of the time, even if these did not fall below contract performance thresholds, with a summary of the root cause analysis and systemic corrective actions taken. Does the phrase, by calendar year period, refer to the last three years as stated in #3. “By program, examples quality management plans used by the contractor for self-directed programs operated over the last three years,...”

A200. Yes. Disclosure of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3).

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Q201. Pg. 31, Section V.c.iv. Annual Satisfaction Survey. Is the time frame for (#4) the same as (#3) - three years?

A201. Yes. Disclosures of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3).

Q202. Pg. 33, Section V.c.iv. Liquidated Damages. What is the investigative process that the Department will use for applying damages? Do one of these criteria need to be met before damages are assessed? They are: access to life-sustaining care, their caregiver employees not being paid and therefore being unable to continue delivering vital services, and the DDD program being subject to recoupment of federal dollars that puts its continued operation at risk? How is the damage cost applied? Is it a reduction in the service fee? Is there an appeal process?

A202. Pg. 33. The Liquidated Damages table defines DHS' performance standards for the delivery of services under this contract and include performance deficiencies that may trigger the imposition of liquidated damages. Liquidated damages specified are reasonable estimates of the damages the State of New Jersey may sustain from the Contractor's failure to meet the performance requirements and are not to be construed as penalties. As noted in the RFP, the State has the sole discretion to determine whether liquidated damages should be assessed.

Q203. Pg. 35, Section V. d.i. Liquidated Damages SLAs: To clarify, is it per instance that allows multiple instances for the same root cause, or 1 instance (overall) for the same root cause?

A203. Per instance.

Q204. Pg. 39, Section V.e.i. Enrollment, Management and Termination #4. Please define the time frame for the (#4) disclosure.

A204. The timeframe for disclosures of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3).

Q205. Pg. 42, Section V.e.ii. Enrollment Packets #4. Please define the time frame for the (#4) disclosure.

A205. The timeframe for disclosures of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3).

Q206. Pg. 44, Section.V.e.iii. Orientation for Participant Employers and Their Authorized Representatives #4. Please define the time frame for the (#4) disclosure.

A206. The timeframe for disclosures of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3).

Q207. Pg. 51, Section.V.f.iii. Contractor Payment for Administrative Services #1. Can you clarify the purpose of the daily rate? And how/where respondents should include pricing for a daily rate in the Price Sheet?

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A207. For the purpose of this RFP, please disregard the inclusion of a daily rate on the pricing sheet.

Q208. Pg. 45, Section V.3.iv. Participant Employee Training, #4. Please define the time frame for the (#4) disclosure.

A208. The timeframe for disclosures of all instances (#4) should span the length of time used in examples provided, which is the last three years (#3).

Q209. Pg. 46, Section V.3.v. Electronic Visit Verification, #4 Please define the time frame for the (#4) disclosure.

A209. The timeframe should span that of the summary of EVV claims (#3) provided.

Q210. Pg. 74. Required Proposal Content. Please clarify how Attachment A and Attachment B are to be used in the submission of the proposal.

A210. Attachment A provides the Proposal Cover Sheet for bidders to provide required information about their organization. Attachment B provides the Application Template outlining the expected submission format for proposals.

Q211. Pg. 77. Budget Section. Please clarify Budget Section (30 pts) and Pricing (30 pts) are the referring to the Cost portion of the proposal utilizing the Price Sheet.

A211. The Budget Section outlines part of the evaluation process for proposals responding to this RFP. Pricing, the metric in the Budget Section used to evaluate proposals, is worth a maximum of 30 points. Proposals must receive a minimum of 24 of the 30 available points to be considered for award.

Q212. Pg. 78. Submission of Proposal Requirements. Please clarify how Attachment A and Attachment B are to be used in the submission of the proposal. Please advise if this is a template and if so, is this document missing sections for each specific requirement, as listed below? Please advise if there is paragraph/page limit by specific requirements, as listed below? Contract Administration, Standards for All Materials and Communications, Quality Management, Participant Management, Funds Management and Accounting, Processing, Paying and Tracking Payments, System Requirements and Standards.

A212. Attachment A provides the Proposal Cover Sheet for bidders to provide required information about their organization. Attachment B provides the Application Template outlining the expected submission format for proposals. The Application Template provides a suggested amount of paragraphs or pages dedicated to each proposal section.

Q213. Pg 78, Transmittal email. Please clarify what form is the Application Form? Is there a file size limit for the transmittal email? Is there specific language for the subject line?

A213. Regarding any application form, Attachment A provides the Proposal Cover Sheet for bidders to provide required information about their organization and Attachment B provides

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the Application Template outlining the expected submission format for proposals. The maximum file size for the transmittal email is 50 MB. The subject line should read, "RFP for Vendor Fiscal/Employer Agent and Financial Management Services".

Q214. Pg. 78. Submission of Proposal Requirements. Attachment G provided is entitled: Attachment G. State of New Jersey DEPARTMENT OF HUMAN SERVICES BUSINESS ASSOCIATE AGREEMENT. Please provide the Confidentiality/Commitment to Defend and Indemnify document to be used.

A214. The Commitment to Defend and Indemnify Form to be used is attached to the RFP as Attachment H.