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Division of Developmental Disabilities
RFP 2026-03 Financial Management Services
Q&A

1. What is the total expected volume of participants for this program? Approximately 745
2. Would ADMH accept electronic submissions via email or an online upload? No
3. Who is Alabama currently utilizing as an FMS Provider? Allied Resources Group and PPL
4. What are the PM/PM rates paid to the current FMS vendors who support this service or other Alabama self-directed programs? $80.00
5. Does the FMS vendor need to have a physical office located in Alabama? It is preferred but not required.
6. Is any portion of this business required to comply with the 21st Century Cures Act in offering EVV services? Yes
7. Does Alabama allow for exemptions from EVV? No
8. Who is the state currently utilizing for EVV aggregation? Therap
9. What is the total average monthly spending for all clients? Monthly claims billing is approximately $2 million.
10. Does Alabama intend to award the RFP to multiple vendors, or just one? Yes, if it is Alabama's intention to award to multiple vendors, how will participants be choosing between the providers? Based upon the FMSA proposal in response to the RFP.
11. If there are existing self-directed participants who are currently working with an FMS who is awarded this contract, will those participants need to re-enroll / select an FMS? They will need to select a new FMS if their current FMS is not awarded a contract.
12. How will billing work between the FMS Vendor and Alabama? FMS Vendor Will the state forward fund payroll or does the FMS vendor pay payroll and submit billing for reimbursement? The FMS submits pay payroll and submits billing. If the latter, how quickly does the FMS vendor get reimbursed by the state? Vendor will be paid approximately ten to fourteen days following the Medicaid Checkwrite date. #1.FMS Vendor is required to provide claims to ADMH-DDD Information Service (ADIDIS) so that claims can be sent on to Alabama Medicaid for review and payment. #3. Is to submit claims by the AMA checkwrite date. Claims are paid 7 days later. Checkwrite schedule is found here. https://medicaid.alabama.gov/content/7.0_Providers/7.2_Checkwrite_Schedules.aspx
13. What is the average individual budget for a participant? It varies from 40K to 200K.
14. If a participant does not spend all their budget in a single month, can they "roll over" funds to a subsequent month? The budget is authorized based upon the fiscal year. If so, how long/how much may a participant roll over funds until such funds are considered non-usable or are to be forfeited? Budget is based upon the fiscal year. The cannot roll over budget from year to year.
15. Are there different services and/or service codes associated with a participant budget? Yes If so, can participants move monies across different service codes? Yes
16. What is the duration of each individual budget? (i.e. annual) Annual

ADMH

17. What is the average number of workers per participant? Varies based upon the individuals needs. The average number of workers per participant is 3.
18. Who determines the ongoing participant eligibility for this program and how will an FMS be notified of eligibility changes (e.g. 270/271 file exchanges)? ADMH and the information is shared via electronic files.
19. How often is eligibility reviewed and redetermined? Annually
20. What actions should the FMS take should they learn of a participant's ineligibility? Immediately notify ADMH and the EOR
21. Does the participant's eligibility ever change retroactively? No

22. How many Individuals are currently self-directing in this program? 745
23. Growth for self-direction has been limited in the past. Does the State anticipate greater growth in self-direction over the next five years? Please explain. Yes, SDS has steadily grown each year in Alabama. We anticipate continued growth.
24. Does the State ever anticipate combining the FMS across all Alabama self-directed programs? This is a decision for Alabama Medicaid Agency to make.
25. How many FMS vendors will the State award as a result of this RFP? Two
26. When does this contract start? 10/1/25
27. How many people are currently being served? 745

28. The RFP states that any contract obtained will start on October 1. Does this mean implementation and transition activities begin October 1, but full program operations including payroll services are expected to begin later, such as January 1, 2026? This will have to be decided on a case-by-case scenario.
29. What is the anticipated term of the contract to be awarded? The anticipated term of the contract period is 2 years with a chance to amend in the third year. Once the contract reaches three years ADMH reserves the right to renew for an additional two years for a maximum total of five years
30. Is the contract to be awarded covering the LAH, ID and CWP programs? Yes, If so, are there variations in rules across the programs that impact FMS functions? Yes, but mostly the same.
31. Can the Department confirm this is a single-source contract with a single existing provider currently serving the population? No, multiple FMSAs for the state.
32. What is the current population size and anticipated growth rate for the program? 745 anticipate growth of at least 50 per year.
33. What is the volume of goods and services processed under this program? Purchases are requested weekly.
34. Can you provide volume of individuals that transfer from self-directed services back to traditional services? This is a small number approximately 7-10 per year. What is the current transfer process? The Self-Directed Liaison or Support Coordinator submits the termination form to the FMSA. THe FMSA processes the request and notifies ADMH of the completed transfer. Any budgetary savings funds or budget balance are transferred to ADMH.
35. Are budgets unit-based or dollar-based, and are they monthly, weekly, biweekly, annual, etc.? Do budgets roll over from period to period? Budget is determined annually and does not roll over to the next year.
36. What is the dollar amount of the average biweekly payroll? $1,430,000.00

37. Is payroll pre-funded or is Section 1, #19, page 11 referring to unclaimed property? Payroll is billed per services provided.
38. What is the current billing/claims process? Is this done via the 837/835 or another process? 837/835
39. Is the Goods & Services budget separate from the attendant services budget? It is included with the budget with the spending plan.
40. Do participants have savings accounts? Yes
41. Does the program include any deductibles, patient pay, or patient share requirements? The participant can use budgetary savings to copays for physician visits.
42. How are referrals, eligibility, service authorization, and budget data transmitted? Is this through a data feed or another method? Referrals are submitted electronically via the FMS portal. The budget and authorizations are submitted via 837/835
43. Is there an EVV exception policy? If so, what are the eligibility requirements? No EVV exception
44. The website states that providers using a third-party EVV system must integrate with HHAX. Can you explain what that integration includes? Is it limited to EVV visit data? EVV is now being handled by Therap. For FMS with a third-party vendor, they will not have to interact with Therap EVV. All claims should be sent to ADIDIS for processing over to AMA.
45. Does EVV data transmit with billing (837/835) or is it sent separately to the aggregator? As of today, AMA requires the FMS to send all claims via ADIDIS to AMA for processing. With regards to EVV claims, AMA has created a data aggregator. At this time, FMS providers will receive a manual request to provide requested visit information to AMA for processing. AMA has created an inhouse EVV Data Aggregator but have not rolled it out to the FMS providers yet.
46. What is the current process for drug screening and who does this apply to (workers or vendor staff)? The FMSA completes the drug screening of potential employees.
47. Who pays for the background checks and how frequently are they required? The FMSA fee is included in state contract for drug screens.
48. Is there a policy outlining how long workers have to submit timesheets? EVV is used and must follow AMA policy.
49. Is there a paid leave policy for workers? No
50. Can the Department provide a list of required reports and report elements? Yes…see monthly template.
51. Do Goods and Services vendors need to meet any predefined state requirements or qualifications? No
52. What is the average number of customer service calls received per day, per week, and per month? We are not certain the number for ADMH only related calls and are not able to identify.
53. What is the fee paid to the current provider? $80

54. **Scope of Work J**.: Contractor agrees to pay Self-Directed staff on a bi-weekly basis. Question: Would weekly payroll be an option? Yes

55. **Scope of Work K**.: Contractor agrees to provide person/family easy access to problem resolution with payroll and provide a notification process to the Operating Agency (and any other people that support this person/family) for any issue that may arise.

Question: Can you provide an example of what you would like this process to look like? Would an electronic form to report non payments and a timeline for resolution suffice? Typically, it is the length of time to respond to customer service calls and or process reimbursements. Decrease the customer service wait time and provide contact to escalate problems or issues with the FMSA.

56. **General:** What is the duration of the contract? The anticipated term of the contract period is 2 years with a chance to amend in the third year. Once the contract reaches three years ADMH reserves the right to renew for an additional two years for a maximum total of five years
57. **General:** What are the qualifications for an employee to provide services to the participant? Criteria for each service provider is included in the SDS Handbook. The personal care provider is below as an example.

    Example: Self-Directed Personal Care Workers must meet the following requirements:
    - Be at least 18 years of age
    - Have at least two references, one from work and/or school, and one personal, which have been verified by the participant or family (with or without the support of a consultant)
    - Must pass a background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense as required by law and regulation
    - Must pass pre-employment drug screen
    - Have a TB skin Test Incident Prevention Management Training and submit documentation
    - **If pro**viding transportation, must have valid driver's license and insurance as required by State Law
58. **General:** What is the current number of employers? ~745 What is the current number of employees? ~2200
59. **General:** Is there a cost share that the FMS will be required to collect from the employer/client? If so, what is the cost share? If the employer authorizes the provider to work prior to receiving the "Hire Date" notification from the FMS, then the employer is responsible for paying provider for hours worked out of personal funds.
60. **General:** On average, how many new client enrollments occur each month? (Check Allied enrollment) ~20
61. **General:** On average, how many new employee enrolments do you occur each month? 20
62. **General:** Does the State of Alabama have a state specific form for Power of Attorney? No If so, does the State have specific processing requirements?
63. **General:** Are there requirements for the conversion of data from the existing FMS contractor(s)? if so, please provide SOW conversion requirements for employer and employee records, EVV records, etc.? To date, the only data conversion should be done for the 837 files. I have attached the 837 Companion Guide for WellSky. This will change with the implementation of Therap.
64. **General**: Could the ADMH provide a sample contract for legal review? No
65. **Cover Letter:** The projected start date of the contract is October 1, 2025. What is the project date for Go Live? January 1, 2026
66. **Page 8/Section I.A.1:** "…under Section 3504 of the Internal Revenue Service (IRS) Revenue Procedure 70-6 and the January 13, 2010 IRS Notice of Proposed Rulemaking Regarding 3504 Agent Tax Liability." is an old requirement. Will the ADMH be following the updated IRS REV Proc 2013-39 regarding having state and federal approval to operate as a Vendor Fiscal/Employer Agent? ADMH will follow all current and applicable laws relating to the IRS policies and procedures.

67. **Page8/Section I.A.3:** What are the requirements for an EOR to be considered effectively trained? Are there topics or a set number of hours that need to be spent in training? There are training topics for the EOR. Including but not limited to understanding the role of EOR, understanding the significance of EVV and how to use the system, incident prevention training (Provided by ADMH), and etc.
68. **Page 8/Section I.A.3:** Are there requirements of the type of training provided (i.e., in person, vs virtual, vs self-paced)? We allow in-person, virtual and self-paced.
69. **Page 8/Section I.A.4:** There is no detail on timely filing of time cards. How long will employees and employers have to submit and approve late time? Six Months
70. **Page 8/Section I.A 5:** Are the background checks reimbursed from the employer's budget, from the program, or from the contractor's total cost? They are covered by the PMPM.
71. **Page 8/Section I.A 5:** Will all current employees need to have new background checks done in the new contract? If this is at their annual background check date.
72. **Page 8/Section I.A 5:** Is finger printing required as part of the criminal back ground check? No
73. **Page 8/Section I.A.6:** What are the requirements for direct staff to be considered effectively trained? Are they topics or are a set number of hours that need to be spent in training? Yes there are training topics which include but are not limited to understanding and using EVV, incident prevention and management system (provided by ADMH), fraud, and etc.
74. **Page 8/Section I.A.6:** Are there requirements for the type of training provided (i.e., in person, vs virtual, vs self-paced)? Yes
75. **Page 8/Section I.A.6:** How often is reporting to the State regarding training completion for EOR's and direct support staff due? Quarterly
76. **Page 8/Section I.A.6:** What information should be included in the reports for EOR and direct support staff training? See questions 73 & 67
77. **Page 8/Section I.A.10:** Is the contractor responsible for providing and administering Workers' Compensation coverage? Yes, we want the FMS to obtain a workmen's compensation process for individuals.
78. **Page 9/Section I.A.19:** How are funds provided to the FMS that would result in an end of year reimbursement? Are funds pre-paid to the FMS? No
79. **Page 9/Section I.A.19:** Can the participant's unused funds be utilized for other goods and services? Yes
80. **Page 9/Section I.B.B:** Please explain the FMS's role in "assessing individuals/employer of records ability to function in this role" as described in the Scope of Work The FMS enrollment specialist should complete the EOR readiness assessment, which include basic questions to determine if the potential EOR has the capacity to function in this role. Assess the persons ability to understand directions the enrollment specialist provide and follow those directions.
81. **Page 9/Sections I.B.B&D:** Will the FMS be responsible for ordering and scheduling delivery of goods on behalf of the employer of record? Yes What is the anticipated / average monthly volume of these types of payment requests. 50 per month
82. **Page 9/Sections I.B.B&D:** Will the FMS order/purchase and pay based on the approved request of the employer of record or will the FMS be required to also review the person-centered plan prior to processing goods & services requests? See question 81.
83. **Page 10/Section I.B.E:** What reporting is required, and what is the frequency of each report? See attachment
84. **Page 10/Section I.B.F:** "Contractor agrees to invoice AL DMH monthly based on agreed per member fee." When can the contractor expect payment? Upon receipt and approval of services the contractor will receive payment for services pending the Comptroller.
85. **Page 10/Section I.B.G:** How often is the feedback regarding self-directed services and the effectiveness of the self-directed liaisons and support coordinators due? Quarterly What should be included in this report? An detailed description any negative encounters with the SDL.

86. **Page10/Section I. B.H:** Are the 10-panel drug screens reimbursed from the employer's budget, from the program, or from the contractor's total cost? Covered in contractor's cost.
87. **Page 10/Section I. B.H:** Will all current employees need to have new drug testing completed in the new contract? The drug tests will be based upon provider pre-hire date.
88. **Page 10/Section I. B.H:** Once the contractor submits a financial management services fee invoice monthly with the service fee, names of individuals drug tested, and total monthly cost, will AL DMH submit a monthly reimbursement? Monthly cost will be paid upon receipt of services rendered per an approved invoice from Contractor.
89. **Page 10/Section I. B.H:** How many other F/EA contractor are currently active in the State? 2 Is this procurement a renewal or an addition to the current F/EA contractors? Renewal
90. **Page 10/Section I. B.H:** How many providers will be awarded the FMS contract? 2
91. **Page 10/Section I. B.H:** What is the current contractor(s) PMPM rate? $80 PMPM
92. **Page 10/Section I.B.J:** What is the average funding amount required per payroll including all employer related costs? The payroll amounts are maintained by the Employer of Record, individually outside of ADMH and this amount may vary based upon the staffing rates issued by the employer.
93. **Page 10/Section I.B.J:** What is the method for employee payments; paper checks, direct deposit or other payment options, i.e., debit card payments? Direct Deposit or Debit Cards
94. **Page 10/Section I.B.I:** How should the contractor submit employee packets and timecard submission to AL DMH quarterly? Electronic submission
95. **Page 11/Section I.B.Q:** What data should be included in the monthly reports relating to quality indicators to AL DMH? Waiver Performance Measures, enrollment and disenrollment data
96. **Page 12/Section I.B.S, Bullet 7:** Are there requirements of the type of training provided (i.e., in person, vs virtual, vs self-paced)? in person, virtual, and self-paced are acceptable
97. What is the current number of participants served? 745
98. What is the current number of workers/employees? 2200
99. What is the expected annual growth rate of participants for the next two years? Approximately 50-75 annually
100. On average, how many new participant enrollments are generated monthly? 7-10
101. On average, how many new workers/employees are onboarded each month? 25-50
102. Are the costs for background checks charged to the participant's budget? No If not, who absorbs the cost of background checks? Included in PMPM
103. What is the current average amount required per pay period for payroll and payroll taxes? $1,430,000.00
104. What percentage of workers are paid via direct deposit and pay cards? 100%
105. Section I A.11 and Section B, item C (pg. 10) both refer to other entities providing FMS services. Will there be more than one FMS for the this program? Yes
106. Section I A.19 refers to unused funds. Please clarify the unused funds that are being referred to. In the case an individual is terminated from self-direction or transfer to another FMSA then the unused funds are to be transferred ADMH.
107. Are employers required to have workers compensation insurance and if so, would the FMS be responsible to obtain that policy? The FMS will be responsible for obtaining the policy.
108. How many participants currently use goods and services? 90% of EORs
109. What is the average annual dollar amount of goods and services for participants that use that budget option? The maximum for budgetary savings in 10K. Those who participate in budgetary savings on average spend ~$7,000.
110. How does the FMS receive participant authorizations? 837/835 file
111. Does this program currently have 100% EVV participation? Yes If not, what is the utilization % and how is the time for workers not on EVV submitted? Not applicable
112. Are billing claims for reimbursement of FMS costs sent electronically to the MMIS system? Yes. The current flow is the FMS will send a WellSky compatible 837 file to ADIDIS;

ADIDIS runs the file through initial business rules; If there are no errors with the claim records they are then sent to MMIS for additional processing.

113. What is the timeframe for reimbursement of claims? Typical processing time is 7 days after a checkwrite date; this is called the PV or Payment Voucher process. However, if the claim is stopped by MMIS/AMA for some reason, it will be processed with the next PV that the claim is sent back on.

114. Re B:I. What do the employee packets consist of that are submitted quarterly to AL DMH? The prehire documentation, re-verification documentation, training records, daily or weekly logs, signed by the worker and by the individual or EOR, which identify the individual, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the activities provided within each span of work, will be required.

Enrollment and Eligibility Questions

115. Can you please confirm the current number of participants and how many participants you anticipate over the life of this contract? ~745 How many referrals of new participants for each program are sent each month? ~45-50 for waivers How many participant terminations for each program occur each month? ~7-10 What has been the growth rate of the program over the last 3-5 years? From 480-745, SDS enrollment increased drastically as a result of COVID-19 pandemic

116. How many providers are directly hired by the participant? How many providers were issued a W2 for 2023? All providers are directly hired by participant and are issued W2.

117. Does the State require face-to-face enrollment visits or are virtual and/or phone enrollments allowed? Virtual enrollment visits are acceptable. What is the current timeframe for referral to start of services for a newly referred participant, for a directly hired provider, and for a new vendor selected by the participant? From 3-days to 1-week

118. 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? A referral is sent electronically. The FMS completes enrollment meeting with waiver participant.

119. Can you please clarify: 1) What specific types of background checks are required for providers? Are fingerprint-based checks part of the mandated screening process? 2) Who is responsible for bearing the costs associated with conducting these background screenings for the self-directed service providers employed by the participants? The cost pf background is included in the PMPM fee.

120. How is the participant's eligibility determined? By whom? How often is eligibility reviewed and re-determined? The participants eligibility for waiver services is determined by ADMH-DDD. The eligibility is redetermined annually.

121. What actions should the FMS take should it learn of a participant's ineligibility? Notify ADMH-DDD, the EOR and Support Coordinator immediately.

122. Does the participant's eligibility ever change retroactively? Not typically

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

124. What eligibility items prevent payment, and which are flexible, if any? Medicaid ineligibility

125. How does a participant learn of the option to self-direct? What options counseling is provided? Are there videos, handouts? Who provides the information? The Support Coordinator informs the participant of SDS option. There is a SDS Handbook.

126. How is the FMS notified of a participant terminating from the program? Are there ever any involuntary terminations? The Support Coordinator or Self-Directed Liaison notifies the FMS. Yes, there are involuntary terminations.

127. Does the participant already have selected providers (employees and/or vendors) at the time of referral? The participant may have identified potential employees. The employee/provider must past all pre-employment screens. What are the requirements for being a qualified provider? Who covers the cost of fulfilling those requirements? It is covered in the PMPM fee. Are these prior to hire or within a certain time after hire? Prior to hire Can DEPARTMENT provide a matrix that details the requirements for each waiver? Yes Are requirements different based on type of service performed? Yes Does this requirement apply to only directly hired providers or does this also apply to vendors a participant may choose to provide their supports? only directly hired providers

128. What is the minimum age requirement to be a provider? 18 Are there any relationship limits on who can provide services? The legally responsible individual cannot be an employee/provider.

129. Can you provide details on the provider credentialing process, especially regarding the verification and re-verification of provider qualifications? The FMS is responsible for conducting the background checks, drug screens and verifying minimum hiring qualifications are met. The FMS checks exclusion lists monthly. RE-verification of provider trainings are annual.

130. Are there any specific participant or provider trainings required to be delivered by the FMS? What training requirements exist? Are trainings renewed? Yes, the FMS is required to train the participant on their responsibilities as an employer of record, how to navigate the FMS EVV system and web portal. In addition, they are to notify EOR and providers of their annual training requirements at least 60 days in advance of the due date.

131. Please clarify if workers compensation insurance is required for participants. See question ___ above.

Participant Budget and Authorization Questions

132. What is the average participant budget size, as well as the minimum and maximum budget sizes? The budgets range from 40K to 200K.

133. What costs are tied to the participant's budget? For example, does the participant's budget include taxes, insurance, other administrative costs? All costs except administrative and prehire are included in the budget including taxes and insurance are included in the budget. Administrative and prehire costs are included in the PMPM.

134. How is the participant's budget established? Who develops the budget with the participant? Can DEPARTMENT provide an example of a current budget report? The budget is developed with the participant and Team during the person-centered assessment and planning process.

135. How are participants able to use their budget?
    - Directly authorized services only? Authorized services and spending plan for budgetary savings.
    - Do they select the pay rate? Within a range? Yes
    - Are employee bonuses permitted (e.g., health insurance, PTO, retirement, etc.)? No

- Are additional goods/services permitted that are not directly authorized? No, all goods and services purchases must be explicitly stated in person-centered plan and included in Spending plan and budget.
- How are premium pay (e.g., overtime, holiday) factored into the budget?
- How are employer taxes budgeted? Taxes are taken off the top of the budget and prior to establishing maximum rate of pay for a services provider.
- Can participants carry over unused funds from one period to another? Participants budgets are annual and cannot be carried over to the next year with the exception of budgetary savings.

136. What format is authorization data provided? Can DEPARTMENT provide some examples for each program? 835/837 file

137. What is the length of the authorization for services? A year What is the average number of modifications on an authorization? 2-3

138. Does the State allow providers to draw down funds related to authorized services? The authorizations are sent over annually, unless there is a change and access the full year.

139. How do participants currently receive their monthly budget reports? Reports are mailed, emailed or via FMS web portal What components are contained in the report? What is the current report format? The units utilized for each services and percentage of units used, the budgetary savings balance and itemized description for budgetary savings.

140. Are participants able to identify under or over utilization easily on their budget report and take appropriate action as needed? The monthly utilization reports allow participants to manage their services to prevent over or under utilization. It the participant over utilizes a service, then the participant must use budgetary savings to cover the services shortage.

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

Billing and Claims Questions

142. What is the timeframe for reimbursing for pass-through claims including the claims related to the hourly services provided by providers of the participant (Medicaid recipient receiving the self-directed services)? The claims, once sent to MMIS/AMA, are processed on the AMA Checkwrite schedule. The PV or Payment Voucher process is run 7 days after the AMA Checkwrite date. This does not take into account the processing of the payment by Finance.

143. Does the State allow for invoicing for claims within the same month of services? Yes. However, currently we do not recommend billing before the first Tuesday and first Thursday are past. These are the days when we receive the full population eligibility file (271) from AMA. If billing is done for the month prior to on these days there is a chance that the record will deny due to no eligibility record for that month. Those claims would then need to be resubmitted once the eligibility record is updated for that month.

144. What is the frequency of submitting claims allowed by the State? Claims can be submitted at any frequency, with the understanding of the eligibility process stated above. Claims are only processed by MMIS/AMA on a given checkwrite date.

145. 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? As long as there is a valid eligibility record for the period being billed, there is no wait time. AMA requires all claims be submitted within 365 days of the date of service.

146. In what format are claims submitted? Is there a companion guide for the claims format? Yes, see WellSky companion guide.

147. What is the timeframe for reimbursing for provider-related claims, including the financial management PMPM claim? Vendor will be paid approximately ten to fourteen days following the Medicaid Checkwrite date.

148. What is the denial rate for claims and the top reasons for denial? The most common denial reason is a duplicate claim. We do not have a calculated denial rate.

149. What is the current employer payroll tax? In other words, if a provider was paid $10 per hour, what hourly rate would DEPARTMENT be billed? This is dependent upon the SUTA tax, which varies per participant.

150. What claim denial codes indicate participant eligibility? What percentage of claims and dollar amount were denied over the past year for this reason? Eligibility denials from ADIDIS are 'Eligibility'. There are however, several potential codes from MMIS/AMA that are also eligibility related. Those vary depending on the issue. We do not have a list nor percentage/dollar amount denied over the past year.

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

Service Documentation and Payroll Questions

152. What documentation requirements exist for services to be eligible for payment? Are there differences across service codes? Daily or weekly logs, signed by the worker and by the individual or EOR, which identify the individual, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the activities provided within each span of work, will be required. A form will be provided by the FMSA or may be collected by an electronic visit verification system as required by federal law.

153. What timeframe must service documentation be submitted to be eligible for payment? Within pay period

154. What limits on services or dollars exist for what parameters (i.e., full span of authorization, authorization-to-date, monthly, weekly, total amount, within a percentage)? Full span of authorization

155. Who reviews exceptions that exceed utilization management at the agency? At what frequency? Self-Directed Liaisons and Support Coordinators when the utilization reports are shared and or an issue arises.

156. Is overtime permitted? What documentation requirements exist for services to be eligible for payment? Are there differences across service codes? Yes overtime is permitted. However, the budgetary savings is used to pay overtime.

157. Please confirm the payroll frequency (weekly or bi-weekly). It could be weekly or biweekly. It cannot be more than biweekly.

Vendor Goods and Services Questions

158. How are vendor payments currently being submitted? What is included on the invoice? Do all invoices require the participant's signature? The prior approval form is submitted with invoices or receipts. The prior approval form is signed by the participant and ADMH staff. The Support Coordinator submits the prior approval form and receipts or invoices to FMS for reimbursement.

159. What requirements exist for a vendor to provide services? Are requirements specific to certain service codes? Yes, requirements are specific to the vendor service.

160. What documentation is required for goods and services? See question #158

161. What limits exist on goods and services? Specific items? Dollar limits? See question # 158

162. Are goods and services authorized directly or part of flexible budgeting? They are part of the spending plan and budget.

163. Are there specific review steps for any particular goods or services (i.e., home modifications over $10,000, etc.)? See question #158

164. How are transportation services paid for? A mileage form and invoice are submitted. Are individuals able to utilize ride share platforms? Yes, this uses the goods and services reimbursement model in question #158.

Technology Questions

165. Is EVV implementation a requirement for the contracted FMS? If so, what specific guidelines must be followed? Yes, The following information is required

Contractor agrees to provide an electronic visit verification (EVV) system to electronically capture and verify visits information for employees/providers. The data elements that must be captured are the following:

- Clock-in/clock-out time
- Service/procedure code
- Medicaid recipient name
- Medicaid recipient ID
- Date of service
- Location service address
- Phone number of Medicaid recipient
- Name and/or ID of individual providing the service
- Name and/or ID of the Employer of Record
- Approved Units
- ADL/task list code
- Procedure/Service Code
- Name of Service
- Clock In Address
- Clock In Lat/lng

- Clock Out Lat/lng
- Clock Out Address
- Units used
- Clock Out Comment (occasional)
- Task Names
- Clock In Method
- Clock Out Method

166. Will the contractor be required to aggregate EVV data with a national aggregator? If so, what national aggregator is the State currently using? Yes, Therap

167. What service codes are subject to EVV? Are there any exemptions to this (e.g., Live-in, etc.)? All services codes are subject to EVV.

168. How do EVV shifts tie to the claims process, if at all? EVV shifts tie to the claims via the Data Aggregator. Today, this is a manual request from AMA for visit information. AMA has recently built their own EVV data aggregator but have not yet required the FMS providers to use it. This will be required in the future potentially.

Solicitation Specific Questions

169. Background check requirements:
    a. Contractor agrees to collect and process the required employee information and documentation to assure waiver qualifications are met (which includes criminal background checks, 10-panel drug screens, exclusion database checks, and verification of citizenship).
        i. Do all employees need to complete this 10-panel drug screening including those hired by the participant as well as the GT FMS staff/employees? Yes
        ii. What constitutes a failure of this 10-panel drug screening? Are there exclusions or exceptions? No exceptions or exclusions
    b. Contractor will conduct a Level 2 drug screening for current and future workers as a part of the preemployment services provided by the FMSA. The contractor will submit a financial management services fee invoice monthly indicating at least the service fee, names of individuals tested and total monthly cost.
        i. Do all employees need to complete this Level 2 drug screening including those hired by the participant as well as the GT FMS staff/employees? Yes
        ii. What constitutes a failure of this Level 2 drug screening? Are there exclusions or exceptions? No exceptions or exclusions

170. Other than the documents listed in Section II. A. 1 – 8, are there any required forms for this RFP submission? No

171. Please define what is meant by, “each facility proposal must be submitted in a separate envelope.” Disregard; not applicable to this RFP.

Miscellaneous Questions

172. Can the Alabama Department of Mental Health (ADMH) provide a list of current reports and desired fields and formatting along with an example? Please specify what types of analysis, decisions, and actions ADMH expects to be support by the desired reporting. This includes detailing: See Attached Workbook entitled AL_DMH_SDS Data Monthly Template

- The key metrics or data points that the reporting should highlight.
- The type of analysis that would be most beneficial (e.g., trend analysis, comparative analysis, predictive analytics, etc.).
- The decisions that reporting will inform. What are the operational questions that need answers?
- The actions that might be taken based on the report's insights. How does ADMH envision the report influencing operations?
- Any specific visualizations or format that ADMH would like the data to be presented (e.g., charts, graphs, tables).
- The frequency in which the report should be updated or generated.
- Understanding these aspects will help in designing a report that is tailored to ADMH needs and decision-making process.

173. What is the current satisfaction rate among participants, providers, and case managers? We do not have this data.

174. What frequency of routine meeting cadence exists currently? Who attends? What standard agenda items are critical to cover?
ADMH meets with FMS leadership monthly to discuss concerns/issues regarding operations, upcoming changes and provide clarity. This meeting is the third Wednesday of the month. The FMS provides a staff person to participate in the monthly meeting with employers of record on the fourth Tuesday of each month.