Medically Sensitive Home-Delivered Meals

1. Who is the meal provider?

No meal provider has been identified, to-date. We expect the meal provider to respond to the “food sourcing” component of this RFP. It is likely that the meal provider will produce packaged, frozen meals for bulk shipping to a location for re-packaging.

2. Are we responsible for ordering straight cases from them? If so, how frequently? If not, who is?

The entity responsible for fulfillment would likely collaborate with MARC and other partners on ordering of food items and the logistics of delivery, including schedule. Since this new service line is expected to begin at a smaller scale and build over time, some of the logistics are not yet fully defined.

3. How is food cost being budgeted for/paid?

MARC usually will negotiate a per-meal rate from a meal provider. Initially, MARC will utilize federal Older Americans Act funding for meals, but expects to possibly expand to Medicaid, Medicare, and other customer funding for meal costs.

4. Is this a reimbursement grant?

Generally, yes, on a per-unit basis. However, cost, including start-up and equipment costs may be negotiable.

5. If so-how frequently are we reimbursed?

MARC requires invoices to be submitted by contractors by a certain date in the month following service. Contract terms will stipulate payment cadence, but generally within 30 days of invoice.

6. Would any of the funds be available immediately for equipment?

Cost, including start-up and equipment costs, may be negotiable.

7. At what point is the renewal option decided?
Renewal is determined in a typical cadence each funding cycle through a MARC Board of Directors process. For renewal recommendations, the process usually begins in April before the next State Fiscal Year. Interest in continuation, changes to the service or approach, or other operational details are usually collaboratively discussed at any point in the service period between MARC and the provider.

8. Can it be extended beyond the 2 additional 1 year contracts?

Yes, as long as the extension meets MARC’s procurement policies, which usually means a response to an RFP after three funding cycles.

9. Are we responsible for finding and implementing the software that tracks client orders/deliveries/inventory?

No, not necessarily. MARC is developing ordering software, and has an existing platform for routing of deliveries. Inventory software could be a collaboration or the packaging and fulfillment entities could handle this.

9. Are reporting templates provided?

Yes, reporting templates and procedures are usually provided for all service lines.

10. If Battery-Electric Vehicles (BEVs) are preferred that would be an increased cost.

Agreed that the purchase price of BEVs may be higher, yet the operational cost of these vehicles is often lower, dependent upon a variety of circumstances. BEVs may be a future goal rather than an immediate implementation.

11. How will clients be added/removed?

MARC handles all eligibility and enrollment centrally, and passes down service requirements per funder specifications to providers. Fulfillment partners notify MARC of delivery problems, client requests for holds, etc., and MARC will authorize service holds or removal.

12. As program grows how are costs budgeted?

MARC centrally manages program enrollment per funding source. On the provider side, it is expected that the provider’s fixed costs will be reduced as enrollment volume increases.

13. Is there already a preferred system for data capture upon meal delivery?

There are several systems for data capture, ranging from geo-coded tablet entry to paper-and-pen route sheets.

14. What type of lab analysis will be required?(Not currently in budget)
Laboratory analysis, if applicable, would be the responsibility of the food sourcing partner, at the point of packaging (on the hot foods).

15. Our lease is for 5 years but began in November—Is that a problem?

MARC does not view the stated lease term as a problem.

Financial Management Services for Aging and Adult Services (Expedited)

1. We are confirming the Proposal is two pages plus supporting documentation?
   As indicated in Part C, Proposal Narrative, respondents should specify the required items using concise, yet complete descriptions, in approximately 2 pages or fewer. Supporting documentation does not apply to the proposal narrative page limit.

2. It is our understanding that a proposal can be for the full FMS service, or a portion, is this correct?
   Respondents should have an understanding of the federal Veteran-Directed Care (VDC) program. The employer-agent, “client-side FMS function” is required of all respondents. The “back-end office functions” are optional but can only be operated in conjunction with the client-side functions.

3. What is the number of current individuals being served in this Program?
   Currently, MARC has 28 enrolled veterans in its VDC service.

4. How long has MARC been working with this program?
   MARC’s VDC service was initiated in July 2018.

5. How many vendors are currently providing services to this program?
   There is presently one FMS provider for MARC’s VDC service.

6. Is there any guidance that can be provided about the rate (current or historical)?
   MARC is not offering guidance for rates. The current FMS provider’s agreement, pertaining only to the client-side FMS function, pays $85/month per enrolled veteran. The provider receives an additional payment ($85) for an initial in-home enrollment visit for each veteran, but that service is not requested in this RFP.

7. Should we include the cost estimate as part of the proposal narrative, or as a separate document in the supporting documents?
   An updated version of the RFP (02/21/2020) has been posted that specifies inclusion of the proposed cost or rate within the proposal narrative. Respondents should clearly outline service options and the corresponding rate to each option that is presented, if applicable.

8. There is a reference about assisting with the veterans visits. Do you mean answering the OC’s questions?
   Yes, this reference is regarding answering OC’s questions and providing guidance on the necessary forms and data that must be collected to facilitate appropriate FMS procedures. The FMS provider is not requested to participate in the in-home visit.

9. There is a reference to using your software. We are not aware of the what software you use and the implications for us accessing it.
   This reference is uniform across all MARC RFPs in case the service line becomes subject to a regulatory or contract-required platform or tool. In this case, the only known software requirement is to utilize a HIPAA compliant process for bi-directional exchange of client data.
Usually, MARC utilizes Microsoft SharePoint for this function, but details and workflows can be further delineated at the contracting stage, and MARC is committed to low-burden data procedures that maintain service excellence.

10. How many employees are on the payroll for the 28 enrolled veterans [refer to question #3 for information on the current volume of individuals served by MARC for the Veteran-Directed Care program]?  
The number of employees is a fluid number, and we are unaware of any cap on the number of employees allowed under the program per veteran. Generally, most veterans will employ 1-2 employees.

11. How many FMS agencies do you anticipate awarding this contract, and what might the referral process to the FMS agencies look like?  
Due to administrative burden of contracting and contract management, it is likely that a single additional FMS agency will be accrued during this funding cycle. Selection of FMS agency is intended to be at the veteran’s choice and discretion.

12. Is the expectation that the FMS provider would submit a background screening for the Veteran’s employees and what is the reimbursement process for that cost?  
Respondents must understand the Veteran-Directed Care program and allowable processes and expenses under applicable guidelines. MARC prefers a range of consumer-responsive background check options that align with the VDC program. Typically, FMS providers will offer a no-cost option or a fee-based option for background checks. The fee-based option may be reimbursed from the veteran’s budget. Background check procedures must be addressed in the federally required FMS Readiness Review prior to contract initiation.

13. What is the criteria on the calculation of PTO/SICK time for the veteran’s employees?  
Respondents must understand the Veteran-Directed Care program and allowable processes and expenses under applicable guidelines. Leave procedures must be addressed in the federally required FMS Readiness Review prior to contract initiation.

14. Does PTO/SICK time get billed to the VA? If not, how is PTO/SICK time funded?  
Respondents should understand the Veteran-Directed Care program and allowable processes and expenses under its guidelines. Leave procedures must be addressed in the federally required FMS Readiness Review prior to contract initiation.

15. Do W-2’s have to be processed through Ceridian?  
No, please disregard the RFP’s reference to Ceridian.

16. When should the FMS be prepared to process the first payroll for the veterans and what is the transfer protocol from the previous vendor if any?  
FMS providers should be ready for service initiation by April 1, 2020, provided that the FMS Readiness Review document(s) has been approved. Transfer of veterans between vendors, if applicable, will be negotiated in the contracting terms for approved vendors.

17. Who will be pre-funding the payrolls?  
There are a variety of payroll funding models in operation under the Veteran-Directed Care program. Presently, MARC pre-funds payroll for its enrolled clients.