

MARYLAND DEPARTMENT OF HUMAN RESOURCES
INVITATION FOR BIDS
FOR
IN-HOME AIDE SERVICES
ADPICS NO. N00R5401379
SOLICITATION NO. SSA/IHAS 16-001-S

Thursday, April 23, 2015

WHEREUPON,

Pursuant to Notice, the above-entitled pre-bid conference was held at 311 West Saratoga Street, Baltimore, Maryland, commencing at 1:10 p.m., there being present the following parties:

ON BEHALF OF THE STATE OF MARYLAND:

DEBORAH P. AUSTIN, Procurement Officer

VICKY KELLER, Project Manager

REPORTED BY: DEBORAH B. GAUTHIER, Notary Public

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P R O C E E D I N G S

1
2 MS. AUSTIN: Would anyone who didn't sign in
3 in the back, please sign in in the back of the room,
4 anyone here who did not sign in in this room.

5 Good afternoon, everyone.

6 AUDIENCE: Good afternoon.

7 MS. AUSTIN: I'd like to welcome you to the
8 Department of Human Resources. You can't hear me in
9 the back?

10 AUDIENCE MEMBER: I can understand you.

11 MS. AUSTIN: Can you hear me in the back?

12 AUDIENCE MEMBERS: Yes, yes.

13 MS. AUSTIN: I'd like to welcome you to the
14 Department of Human Resources' Social Services
15 Administration Pre-Bid Conference for In-Home Aide --
16 just a second -- In-Home Aide Services. Just a second.

17 Okay. First off, I would like to introduce
18 the head table. I am Deborah Austin, the Procurement
19 Officer for this pre-bid for the IFB for In-Home Aide

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1 Services. And at the table with me is Vicky Keller,
2 Social Services Administration. She will be the
3 Project Manager for this procurement. We will be going
4 around the room. We will ask you to stand, give your
5 name and the name of your company. We can start here.
6 Please speak loudly.

7 MS. COLBERT: Darlene Colbert, P-B- Health
8 Home Care Agency.

9 MR. SAVAGE: Jack Savage, ComForCare, Glen
10 Burnie, Maryland.

11 MS. KENMAN: Klariss Kenman (phonetic), Home
12 Care Agency (indiscernible).

13 MS. SUCRON: Sharee Sucron, Vision Care
14 (phonetic).

15 MS. STEDMAN: Lee Ann Stedman, Circle of
16 Care.

17 MS. ROSEBROUGH: Danyelle Rosebrough, DAR
18 Healthcare Services.

19 MS. HOUSEN: Yvette Housen with offices in
20 Frederick, Montgomery, and Harford County.

21 MR. WEADOCK: Tom Weadock, Access Nursing

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1 Services.

2 MR. CARSUEBA: (Indiscernible) Carsueba --
3 (indiscernible) Healthcare Services.

4 MS. D. BECOTE: Debra Becote, DB Home
5 Healthcare Services.

6 MS. M. BECOTE: Mary Becote, Lighthouse
7 Healthcare.

8 MS. BUSH: Angelica Bush, Guardian Community
9 Health Systems.

10 MS. POMBUENA: Maria Pombuena, ComForcare of
11 Northwest Baltimore County and Carroll County.

12 MS. BURKE-LEWIS: Dorna Burke-Lewis, Housen
13 Healthcare.

14 MR. HITHON: Cary Hithon, ComForcare, Prince
15 George's County.

16 MS. PAWLOSKI: Connie Pawloski, ComForcare in
17 Montgomery County.

18 MR. MYERS: Lew Myers, Right at Home, P.G.
19 County.

20 AUDIENCE MEMBER: (Indiscernible).

21 AUDIENCE MEMBER: Alicia (phonetic)

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1 (indiscernible) Services.

2 MS. AMANFO: Mary Amanfo, RMG Health,
3 Baltimore City, Baltimore County.

4 MS. CORAM: Juanita Coram, RMG Health,
5 Baltimore City and Baltimore County.

6 AUDIENCE MEMBER: (Indiscernible) Baltimore
7 (phonetic) Healthcare Services.

8 MS. MCLAUGHLIN: Eileen McLaughlin, Right at
9 Home for Frederick County, Carroll County, and
10 Washington County.

11 MS. COOPER: Jernaine Cooper, Courtney Cares
12 Nursing Services.

13 MS. L. LUBER: Linda Luber, Right at Home,
14 Howard, Carroll, Frederick County.

15 MS. M. LUBER: Mary Beth Luber, Right at
16 Home, Howard County.

17 MS. MCMICHAEL: Pamela McMichael
18 (indiscernible) Baltimore City, Baltimore County.

19 MR. BAILEY: Matthew Bailey, P-B Health Home
20 Care Agency.

21 DR. SMITH: Dr. Damon Smith, Trusted Hearts

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1 Homecare Solutions.

2 MS. SMITH: Shauntay Smith, Trusted Hearts
3 Homecare Solutions.

4 MS. SEITZ: I'm April Seitz. I work with the
5 Social Services Administration's Office of Adult
6 Services, and that's the office the In-Home Aide
7 Service Program lies under.

8 MS. BOSTON: Barbara Boston, and I'm with
9 Personal-Touch Homecare of Baltimore.

10 MS. HEAGY: Patti Heagy, Personal-Touch
11 Homecare.

12 AUDIENCE MEMBER: (Indiscernible), Abraham
13 Healthcare Service.

14 AUDIENCE MEMBER: (Indiscernible), Abraham
15 Healthcare Services.

16 MR. AFOLABI: Akin Afolabi, Precious Hearts
17 Companion Care.

18 MR. WEIGEL: John Weigel, Options for Senior
19 America Home Health Care.

20 DR. OLADEINDE: Dr. Frederick, Atosk
21 Healthcare Services.

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1 AUDIENCE MEMBER: (Indiscernible) Harford,
2 Baltimore, and Cecil County.

3 AUDIENCE MEMBER: (Indiscernible), Dependable
4 Services Group.

5 AUDIENCE MEMBER: Kerry (indiscernible),
6 Adult Care Services, Washington County.

7 MR. OWOEYE: Michael Owoeye, Bowlen
8 Healthcare, Prince George's County.

9 MS. GILLIAM: Annie Gilliam of Annie Gilliam
10 Agency, LLC, Harford County.

11 MS. AUGUSTIN: Shella Augustin, Automatic
12 Nursing Care Services.

13 MR. JONES: Bruce Jones, A Better Alternative
14 Nursing Agency.

15 MR. OEHLER: Steve Oehler with Maxim
16 Healthcare Services.

17 MR. CALDWELL: Brad Caldwell with Maxim
18 Healthcare Services.

19 MS. MCMICHAEL: Pamela McMichael with
20 Trustworthy Staffing Solutions.

21 AUDIENCE MEMBER: I think we have someone on

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1 the side.

2 MS. AUSTIN: We got your name? Okay. Has
3 everyone introduced themselves here? Okay. Staff.

4 MS. LEONARD: Kristin Leonard (phonetic),
5 Department of Human Resources Procurement Division.

6 MS. SINGLETON: Good afternoon. Elsa
7 Singleton, Procurement Division, DHR.

8 MS. ADAMS: Hello. Dorinda Adams with the
9 Office of Adult Services here in the Social Services
10 Administration.

11 MS. MCGILL: Juanita McGill, Procurement, DHR
12 -- with Procurement in DHR.

13 MS. GREEN: Shirelle Green, Procurement, DHR.

14 MS. JEFTRIES: Bernice Jeftries (phonetic)
15 with DHR Procurement.

16 MS. MCCRAY: Dapheny McCray (phonetic), DHR
17 Procurement.

18 AUDIENCE MEMBER: Chizoba Ebinama, Best Care
19 Home Health Services.

20 MS. AUSTIN: Okay. Is that everyone? Thank
21 you. We will be starting right in with the Invitation

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1 for Bids for In-Home Aide Services, Section 1, General
2 Information, beginning on page seven. We would like to
3 wait for everyone to be seated.

4 (Brief pause.)

5 MS. AUSTIN: Can everyone hear me? Can
6 everyone hear me?

7 (Audience responds affirmatively.)

8 MS. AUSTIN: Okay. The Maryland Department
9 of Human Resources, Social Services Administration's
10 Office of Adult Services intends to award multiple
11 contracts to qualified vendors for the provision of In-
12 Home Aide Services, IHAS. In-Home Aide Services
13 provides -- involves the Personal Care, Chore Services,
14 Respite Care, and Nursing Evaluation Supervision via
15 the Local Departments of Social Services.

16 It is the State's intention to obtain
17 services, as specified in the IFB you are holding, from
18 contracts between the selected bidders and the State.
19 The anticipated duration of services to be provided
20 under these contracts is for a five-year period,
21 beginning on or about September 1st, 2015 and will end

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1 on or about August 31st, 2020.

2 The Department intends to make multiple
3 contracts to selected qualified vendors in the
4 following jurisdictions: Allegany County, Baltimore
5 City, Baltimore County, Calvert County, Caroline
6 County, Carroll County, Charles County, Dorchester
7 County, Frederick County, Harford County, Howard
8 County, Prince George County, Queen Anne's County,
9 Somerset County, St. Mary's County, Talbot County,
10 Washington County, Wicomico and Worcester Counties.

11 Please note that Anne Arundel County, Cecil
12 County, Garrett County, Kent County, and Montgomery
13 County have chosen to develop their own local
14 arrangements and will not be part of this solicitation.
15 Bidders can propose to serve more than one
16 jurisdiction; however, a separate Price Sheet must be
17 submitted for each jurisdiction it proposes to serve.

18 Contracts resulting from this solicitation
19 shall be for indefinite quantity contracts with fixed
20 unit prices, as defined in COMAR 21.06.03.02(A)(1) and
21 21.06.03.06(A) and (2). The sole point of contact for

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1 this solicitation for the State prior to the award of
2 the contracts is myself, Deborah P. Austin, at the
3 address as listed in Section 1.5, Procurement Officer.
4 I am the sole point of contact prior to award of this
5 contract, and the Project Manager should not be
6 contacted in any instance prior to the solicitation.
7 The State Project Manager is Vicky Keller, in Section
8 1.6. She will be your sole point of contact after
9 award of contract.

10 Section 1.8, eMaryland Marketplace. Each
11 bidder is requested to indicate its eMaryland
12 Marketplace vendor number in the Transmittal Page,
13 which is Attachment X, submitted at the time of bid
14 submission. In order to receive a contract award, a
15 vendor must be registered on eMaryland Marketplace.
16 Registration is free, and the website is listed in the
17 IFB.

18 Written questions from bidders will be
19 accepted by the Procurement Officer -- well, prior to
20 this conference, we did receive some questions -- and,
21 if appropriate, will be answered at the conference.

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1 Answers to all questions that have not been previously
2 answered and are not clearly specific only to the
3 requestor will be distributed to all vendors -- all
4 known vendors in sufficient time to be taken into
5 consideration in the bid.

6 Procurement Method. This contract will be
7 awarded in accordance with Competitive Sealed Bidding
8 method under COMAR 21.05.02.

9 Section 1.11, Bids Due and Closing Date.
10 Bids must be received by the Procurement Officer at the
11 address listed on the Key Information Summary Sheet no
12 later than 12 p.m. local time on Wednesday, May 13th,
13 2015, in order to be considered. Requests for
14 extension of this time or date will not be granted.
15 Bidders mailing bids should allow sufficient mail
16 delivery time to insure timely receipt by the
17 Procurement Officer. Bids received after the due date
18 and time listed in this section will not be considered.
19 Bids may not be submitted by e-mail or facsimile.
20 Multiple and/or alternate bids will not be accepted.
21 Bidders can serve more than one jurisdiction; however,

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1 a separate Price Sheet must be submitted for each
2 jurisdiction it proposes to serve.

3 Section 1.13, Receipt, Opening, and Recording
4 of Bids. Opening and recording bids and timely
5 modifications to bids shall be opened publicly at the
6 date, time, and place designated in the IFB. The name
7 of each bidder, the total bid price, and other
8 pertinent information, as is deemed appropriate, shall
9 be read aloud or otherwise made available. The bid
10 opening shall be May 13th, 2015 at two p.m. at the
11 Department of Human Resources, 311 West Saratoga
12 Street, Room 952.

13 A roster of successful bidders for each of
14 the participating jurisdictions will be made available
15 to each Local Department of Social Services for use.
16 Each contractor's bid amount will determine their
17 placement on the respective roster for that
18 jurisdiction, from lowest bid amount, most
19 advantageous, to the highest bid amount, as well as the
20 rate the contractor will charge a Local Department,
21 LDSS, for IHAS. The contract between the contractor

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1 and DHR does not guarantee that any services will be
2 purchased. The contract simply describes that service,
3 sets the rate, and places the contractor on a roster of
4 qualified providers and recognizes that the contractor
5 is to be paid if the Local Department of Social
6 Services wishes to purchase the service. If the
7 contractor contacted is unable or unwilling to provide
8 services to the Local Department of Social Services,
9 the Department will contact a different contractor from
10 the roster.

11 The selected bidder -- Section 1.22. The
12 selected bidder shall be responsible for rendering
13 services for which it has been selected, as required by
14 this IFB. All contractors shall be identified and a
15 complete description of their role relative to the bid
16 should be included in the bidder's list. If a bidder
17 that seeks to perform or provide the services required
18 by this IFB is a subsidiary of another entity, all
19 information submitted by the bidder, such as but not
20 limited to references, financial reports, or experience
21 and documentation -- insurance policies, bonds, letters

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1 of credit -- used to meet the minimum qualifications,
2 if any, should pertain exclusively to the bidder,
3 unless the parent organization will guarantee the
4 performance of the subsidiary.

5 Section 1.25, Bid/Proposal Affidavit. A bid
6 submitted by a bidder must be accompanied by a
7 completed Bid/Proposal Affidavit. A copy of this
8 Affidavit is included as Attachment B of this IFB.

9 Section 1.28, Verification of Registration
10 and Tax Payment. Before a business entity can do
11 business with the State, it must be registered with the
12 State Department of Assessments and Taxation, SDAT.
13 They are located at the State Office Building, Room
14 803, 301 West Preston Street in Baltimore, and their e-
15 mail address is also listed in the IFB.

16 Section 1.33, Minority Business Enterprise
17 Goal and Subgoals. Although MBEs, which is Minority
18 Business Enterprises, are encouraged to respond to this
19 solicitation, there will be no MBE subcontractor
20 participation goal for this procurement.

21 I will now ask Ms. Wllis-Gray to share

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1 information regarding Section 1.34, Living Wage
2 Requirements, which is a requirement in the State of
3 Maryland. Ms. Willis-Gray.

4 MS. WILLIS-GRAY: I'm coming. Good
5 afternoon.

6 AUDIENCE: Good afternoon.

7 MS. WILLIS-GRAY: With the living wage
8 requirements, Maryland law requires contractors meeting
9 certain conditions pay a living wage to cover employees
10 on State service contractors over \$100,000. The
11 Commissioner of Labor and Industry at the Department of
12 Labor, Licensing and Regulation requires that a
13 contractor subject to the living wage law submit
14 payroll records for covered employees and a signed
15 statement indicating that it will be -- that it will
16 pay a living wage to covered employees or receive a
17 waiver from living wage reporting requirements.

18 If subject to the living law (sic), the
19 contractor agrees that it will abide by all the living
20 wage requirements, including but not limited to
21 reporting requirements in COMAR 21.11.10.05. The

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1 contractor understands that failure of the contractor
2 to provide such documents is a material breach of the
3 terms and condition and may result in contract
4 termination, disqualification by the State from
5 participating in State contracts, and other sanctions.

6 Additional information regarding the State's
7 living wage requirement is contained in Attachment G.
8 Bidders must complete and submit the Maryland Living
9 Wage Requirements Affidavit, which is Attachment G-1,
10 with their bid. If a bidder fails to complete and
11 submit the required documentation, the State may
12 determine a bidder to be not responsible under state
13 law. Contractors and subcontractors subject to the
14 living wage law shall pay each covered employee at
15 least the minimum amount set by law for the applicable
16 tier area.

17 The specific living wage rate is determined
18 by whether a majority of the service takes place in a
19 Tier 1 area, which is \$13.39, or a Tier 2 area, which is
20 \$10.06, of the State. The Tier 1 area includes
21 Montgomery, Prince George's Howard, Anne Arundel,

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1 Baltimore Counties, and Baltimore City. The Tier 2
2 area includes any county in the State not listed in the
3 Tier 1 area. In the event the employees who perform
4 the services are not located in the State, the head of
5 the unit responsible for the State contract shall
6 assign the tier based upon the recipient -- where the
7 recipients of the services are located.

8 The contract resulting from this solicitation
9 will be determined to be a Tier 1 contract or a Tier 2
10 contract, depending on the locations from which the
11 contractor provides 50 percent or more of the services.
12 The bidder must identify in its bid the location from
13 which the services will be provided, including the
14 locations from which 50 percent or more of the contract
15 services will be provided.

16 If the contractor provides 50 percent or more
17 of the services from the locations in a Tier 1
18 jurisdiction, the contract will be determined to be a
19 Tier 1 contract. If the contractor provides 50 percent
20 or more of the services from the locations in a Tier 2
21 jurisdiction, the contract will be determined to be a

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1 Tier 2 contract. If the contractor provides more than
2 50 percent of the services from the out-of-State
3 location, the State agency determines the wage tier
4 based on where the majority of the service recipients
5 are located.

6 Information pertaining to reporting
7 obligations may be found by going to the Maryland
8 Department of Labor, Licensing and Regulation's
9 website, which is www.dllr.state.md.us. Please note
10 that the living wage may change annually; however, the
11 contract price may not be changed because of the living
12 wage change. Does anybody have any questions?

13 (No responses.)

14 MS. WILLIS-GRAY: Thank you. Have a good
15 afternoon.

16 AUDIENCE: Thank you.

17 MS. AUSTIN: Section 1.42, Location of the
18 Performance of Services Disclosure. A bidder is
19 required to complete the Location of the Performance of
20 Services Disclosure. A copy of this Disclosure is
21 included as Attachment N. This Disclosure must be

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1 provided with the bid.

2 Section 1.43, Hiring Agreement. All bidders
3 are advised that if a contract is awarded as a result
4 of this solicitation, the successful bidder will be
5 required to complete a DHR Hiring Agreement. A copy of
6 this Affidavit is included as Attachment O. This
7 Affidavit must be provided within five business days of
8 notification of proposed contract award.

9 I would like to give you some information on
10 the Hiring Agreement. A Hiring Agreement is an
11 agreement entered into by the Department of Human
12 Resources or Local Department of Social Services and a
13 contractor doing business with the State under which
14 DHR or LDSS, Local Department of Social Services, and
15 the Contractor agree to work cooperatively in an effort
16 to identify and hire current and former family
17 investment program recipients, their families, foster
18 youth to fill job openings of the contractor as a
19 result of the procurement contract. Hiring Agreements
20 will remain in effect for the duration of the contract.

21 We will now go to Section 2, Minimum

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1 Qualifications with Vicky Keller.

2 MS. KELLER: Good afternoon.

3 AUDIENCE: Good afternoon.

4 MS. KELLER: It's great to put some faces
5 with some of those that I've spoken to so far.
6 Welcome. I'm glad to see all of you here this
7 afternoon. Again, I just wanted to stress, before we
8 move into Section 2, that you'll be contacting me --
9 the successful bidders -- after the contract goes into
10 effect, so if I don't -- if I'm forwarding e-mails that
11 you send to me on to Ms. Austin, it's not because I
12 don't want to answer; it's because she has to. Okay?
13 So I just wanted to make sure --

14 AUDIENCE MEMBER: We can't hear you back
15 here.

16 MS. KELLER: You can't hear me? Now can you
17 hear me? Is that better?

18 AUDIENCE MEMBER: No -- (indiscernible).

19 MS. KELLER: I usually don't have a problem
20 with -- now? Yeah, it's on.

21 MS. AUSTIN: I know it's on. Try it now.

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1 MS. KELLER: How's now? Is that better? I
2 don't want to yell, but I can try to -- okay. We'll go
3 a little louder. So, again, just to remind you that
4 Ms. Austin is the contact prior to the contract going
5 into effect.

6 Some general information about the In-Home
7 Aide Service Program is we are a supportive service to
8 clients, their families, and their supports and their
9 caregivers through providing In-home -- the In-Home
10 Aide Services, which are Chore Services, Personal Care
11 Services, Respite Services, and then RN supervision of
12 the CNAs, and also RN evaluation of client needs, so
13 those are the areas that you'll be looking at -- you'll
14 need to be able to provide if bidding on this.

15 Referrals, normally, for In-Aide contract
16 will go through the Local Department of Social Services
17 in the jurisdiction that you bid on, so they won't come
18 directly to you. You will get a Purchase of Service
19 request from the Local Departments. That'll come to
20 you, so those -- there won't be a direct link between
21 the client and you until it's been requested by the

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1 Local Department.

2 Let's see, the other big piece is that any
3 change in the service for the client will come from the
4 Local Department. It won't be something that the
5 client says to you; "Hey, I want an extra day," okay,
6 or "I need you to come at three o'clock tomorrow rather
7 than two o'clock today," or whatever. It really --
8 that has to go through the Local Department staff. And
9 if you're awarded the contract, you will get all that
10 information prior to going live with this. So those
11 are just some things that have caused a little
12 confusing -- confusion in the past.

13 So if you can go to Section 2, the Minimum
14 Qualifications, bidders shall possess three years of
15 experience within the last five years in performing In-
16 Home Aide Services or personal assistance services to
17 adults with functional disabilities in the clients'
18 home. Proof needs to be provided, and that proof shall
19 be three references with the bid attesting to your
20 capabilities. Okay? In addition, copies of your
21 licensure for the last three years would be helpful as

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1 well.

2 Then, bidders shall be licensed by the State
3 of Maryland's Health and Mental Hygiene's Office of
4 Health Care Quality showing this -- you would need to
5 show the certificate from one of the following: a home
6 health agency, a residential service agency, or a
7 nursing referral agency. So we need to see where that
8 -- where you have that certification.

9 On to the Scope of Work, and, again, I'm not
10 going to read all of this, so if you have notes -- if
11 you have questions, please note them, and then we'll
12 get to those, in case I don't hit on something that
13 you're trying -- you know, you're thinking about.

14 IHAS is provided by CNAs, Certified Nursing
15 Assistants. I do know that there's a question that was
16 coming through regarding whether or not chores can be
17 provided by non-CNAs, and so we will address that as
18 well later.

19 We are looking at -- again, DR (sic) will
20 provide a list of each local contract's contact
21 information and supervisor information to those who are

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1 awarded the bid. The contract between the contractor
2 and DHR does not guarantee that a Local Department will
3 request services. It's really more of we are awarding
4 you the right to participate. Okay? So I just -- I
5 really want to stress that it's a participation award;
6 it's not you will be granted a certain amount of money
7 or guaranteed of a certain amount by the time this
8 contract is done.

9 There's no guarantee that services will be
10 requested if you go on the roster, so that's just
11 really important to understand, because there were, in
12 the previous contracts, some people who thought that if
13 they got this -- you know, if they got the bid, that
14 they would definitely be getting a call to provide
15 service. It just doesn't always happen, so we just
16 don't want you to go in blind about that.

17 The Local Department will request services
18 from contractors between the hours of 7:00 a.m. and
19 4:30 p.m., Monday through Friday. The contractor has
20 until the close of business on the next day to respond
21 to requests for new clients, three hours to respond to

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1 service requests for current clients, and one hour to
2 respond to a request for quick-response services. If
3 the contractor accepts the request, the local
4 supervisor will confirm the request by e-mail or faxing
5 the contractor a Purchase of Service order form, and
6 that's Attachment R, if you're not familiar with that
7 form. In addition, they will be sending a Service
8 Plan, which is Attachment Q, within three business
9 days.

10 Now, what happens is you're going to have a
11 lot of contact with that local supervisor or their
12 designee. If you're awarded the contract, that's how
13 that'll work. If there's a change in the service
14 contract, meaning a change in what the client needs, as
15 we kind of talked about before, then that Local Office
16 is going to get in contact with you to let you know
17 that.

18 On the day of service, the CNA will fill out
19 a Monthly Report of IHAS Provided, which is Attachment
20 V, prior to leaving the client's home. The CNA will
21 review the form with the client. The client will sign

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1 saying that they are in agreement that this is what
2 services were provided that day for the time period
3 indicated on that form. So if the client isn't
4 available, there's things that you have to do as well
5 so that we have documentation of that.

6 Unless specifically stated below, the
7 supervisor and contractor will agree on a method of how
8 to receive and transfer these forms, so we're not going
9 to dictate that. Each Local will let you know what
10 works best between you and that agency, 'cause it's
11 hard for us to say if it's better for fax or e-mail or
12 what have you. All of the form are electronic, so we
13 can do it that way. I'm being told I'm still not loud
14 enough. So, again, the signature's really important.

15 Staffing, which is 3.2.1, the contractor
16 shall employ at least one Registered Nurse and five
17 Certified Nursing Assistant -- Assistants -- yeah,
18 sorry --

19 (Laughter.)

20 MS. KELLER: -- for the life of the contract.
21 They need to insure that those providing the service --

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1 the RNs and CNAs, and if we talk about non-CNAs -- that
2 persons are proficient in English. We've had a few
3 situations where that's been a concern, just because
4 you can't communicate needs if not.

5 Insure its staff is available to provide IHAS
6 on weekends, as a client's needs or schedule may
7 require this, Saturdays and Sundays; provide copies of
8 licenses and certifications for all of their staff to
9 the Local supervisor at post-award conference on -- and
10 by June 1st of each year of the contract year. So when
11 we get started, we need a copy of the license of those
12 who will be providing services, and then each year by
13 June 1 we need to have those updated to make sure that
14 there's no lapse in certification or license.

15 The contractor must insure that all CNAs
16 possess, at a minimum, a high school diploma or the
17 equivalent; are certified as a CNA by the Maryland
18 Board of Nursing and possess at least one year of
19 experience providing personal care services; upon being
20 assigned a case, serve as the primary and consistent
21 provider of care, so that's meaning that, whoever,

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1 you're letting the Local Department know who's going to
2 be providing the service of the CNA. You're saying,
3 "Hey, this is who's going to do this." That needs to
4 stay consistent until you tell them otherwise. And
5 then are supervised -- CNAs need to be supervised by an
6 RN and perform the duties outlined in the Service Plan,
7 not more, not less, so we want to make sure that
8 they're getting what we've agreed on. Okay?

9 Down to "G", provide its CNAs two in-service
10 training programs annually on topics such as safe and
11 effective service provision, CPR training,
12 transferring, all of those things that are necessary
13 for them to do their job safely. The contractor shall
14 maintain training documentation in its personnel
15 records with copies submitted to the IHAs supervisor,
16 again, by June 1. So the trainings that you provide,
17 you need to have documentation of that each year by
18 June 1.

19 You also need to identify a liaison to work
20 with each Local in order communicate changes in the
21 client's position, health, needs, circumstances.

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1 Preferably, we ask that the liaison be the RN, but if
2 that's not feasible, there can be another liaison who
3 has consistent contact with the clients and understands
4 what those needs are. What we'll be asking for you --
5 for your agency, for those who are awarded the bid, to
6 come and have a meeting at least monthly with the Local
7 to discuss what's happening with the clients, to
8 maintain that open communication for better service.

9 In the -- I'm down to 3.2.2.B. In the event
10 the contractor declines a request for service, you need
11 to provide written documentation within five days that
12 you've declined the request. The written documentation
13 shall include a reason -- an explanation for the
14 declination. There needs to be -- you need to submit a
15 Corrective Action Plan to the Local supervisor
16 following any three consecutive declinations, any three
17 declinations within a period of three months, or three
18 failures to provide the service that was agreed upon.
19 Ten business days to draft the CAP or the Corrective
20 Action Plan, and then e-mail that to the Local
21 Department. If that should come up, you're going to be

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1 contacted to say, "Hey, you know, we're seeing this;
2 what are we going to do to -- you know, to move forward
3 at this point?"

4 Also, notify the Local supervisor of any
5 incident where a CNA or RN maybe acted -- where they
6 may have acted inappropriately. Regardless of how
7 minor you believe it may be, it helps for us to also
8 have that information so that we can talk with the
9 client and help you figure out, you know, is this a
10 perfect fit, things of that nature. If the CNA or RN
11 sees any evidence or any suspicion of abuse, neglect,
12 or otherwise of the client, that needs to be reported
13 as soon as possible, and that should be, you know,
14 within -- the guidelines are within 24 hours.

15 Over to "F", insure IHAS ends on the
16 effective termination date that's been provided. So,
17 again, not going beyond what has been requested on the
18 Purchase of Service form. There -- each month, you'll
19 get a new Purchase of Service to -- so that -- and if
20 any changes have to be made, you'll get a new Purchase
21 of Service form. Contractors -- again, we kind of

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1 alluded to this -- shall not suspend, close, increase,
2 or reduce the hours of service without receiving a new
3 Purchase of Service. So if the client would come to
4 you and say, "Hey, I want extra service," that has to
5 be approved before you do it.

6 The contract -- also insure its staff
7 refrains from performing the following acts. These are
8 -- these really rely heavily on personal care
9 behaviors. I'm not going to read all of them, but
10 they're there for your reference, and they're mainly --
11 because there are a lot of different skilled care and
12 we're not hiring skilled -- we don't provide skilled
13 care.

14 Note, contractors should be aware that some
15 clients referred for service may have communicable
16 diseases. Therefore, DHR is alerting contractors to
17 follow all of the precautions -- the universal
18 precautions.

19 Chore Services, 3.2.3. Again, this -- these
20 are light-duty, normally, services. They are cleaning,
21 laundry, tidying up, those types of services, shopping.

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1 Again, we just don't always encourage shopping, because
2 of the transfer of money, but there will be some cases
3 where you may be asked if you are willing to do that,
4 and we come up with a procedure so that we protect all
5 of those involved in that. So emptying trash --
6 they're listed there from "A" through "J".

7 3.2.4, Personal Care Services. Again, this
8 is our personal care, non -- not skilled care, so we're
9 talking bathing, showering, washing hair, hygiene, oral
10 hygiene, finger -- you know, cleaning fingernails,
11 keeping things so that we're not getting a lot of
12 bedsores and so forth; we're staying that way. It can
13 also include walking and assisting with transferring;
14 skin care, such as lotions, things of that nature.
15 Also, documentation of all contact with the client,
16 including notes regarding the client's progress, so
17 that needs to be kept by the CNAs and the RNs, and that
18 gets transferred over to us as -- to the Local
19 Department as well, so any contact needs to be
20 documented. And I think that's just normal Board of
21 Nursing practice, but if we don't say it --

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1 The 3.2.5, Nursing Evaluation and
2 Supervision, again, this is -- contractors shall
3 provide nursing evaluation of a client or nursing
4 supervision of a CNA when performing the care -- the
5 personal care duties. However, these services can be
6 purchased separately by the Local Department. So, for
7 instance, a Local Department may have CNAs on staff and
8 they will request that your RNs supervise those CNAs,
9 so that would be a separate purchase.

10 Over to A.2, it's important to take into
11 consideration, re-evaluation of the client needs to
12 happen every 60 days, at least. Now, if you see a
13 reason for it to be done more than that, please,
14 absolutely, you need to do that. And then making home
15 visits to assess the client, again, it's that every 60
16 days, so we need that re-assessment.

17 Changes in the CNA -- and then also for the
18 CNA, that needs to be every 60 days. I know that there
19 was some discussion, because the Board of Nursing
20 Practice Act had talked about that there should be 45-
21 day assessments. We have clarified that that is for

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1 medication management, okay, so we are sticking with at
2 least every 60. Now, the Board of Nursing is saying
3 that you can go longer than 60, but by our contract, we
4 cannot go past the 60-day mark. We want those
5 evaluations at least every 60 days.

6 Moving into Respite Care, 3.2.6, Respite Care
7 involves supervising of an adult with a disability in
8 the absence of the regular caregiver. Respite may also
9 include the provision of Chore Services while they're
10 there, and then provision of Personal Care services,
11 should that be needed as well. So, again, the Purchase
12 of Service form will have on there what specifically;
13 is it just Respite or is it a combination, and so
14 forth.

15 Prior to initiation of Respite Care services,
16 the contractor shall -- the contractor's RN shall
17 evaluate the client. If you were involved in the last
18 contract, that's a little different, and the reason we
19 added that is because we need to make sure that the
20 person who is providing the Respite Care has the skill
21 to handle those -- that client's needs. So we want to

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1 make sure that we're pairing the right provider with
2 the right client, for safety. Contractor shall include
3 the initial client evaluation and the supervision of
4 the CNA providing Respite Care and their Respite Care
5 rate. Okay. So, again, that Respite Care rate should
6 include that RN assessment. Okay?

7 It's important that -- because those who
8 require Respite Care normally need a long-term
9 caregiver, we cannot -- there's a provision that CNAs
10 shall not leave the client's home until the caregiver
11 can resume care of that client. So, again, you're not
12 going to leave if they don't show up. We need to --
13 you need to contact the Local Department and start
14 working on how we're going to relieve your staff.

15 Quick Response Service is also new to this
16 particular IFB. It's for those services that are more
17 imminent and we need to be done, you know, within a
18 shorter period of time than what we had expected, maybe
19 from -- it may be a client that you already have as --
20 on your -- a Purchase of Service order on and it may
21 not, so it may be a new client. The contractor shall

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1 respond to requests for Quick Service -- Response
2 Service within one hour of receiving the request.
3 Services may be requested on a 24-hour basis, seven
4 days a week, so we could be calling at any time, and so
5 we do -- there's a note in here later that we'll need
6 to know who is your Quick Response contact for us to
7 contact at any time. We also need to designate a
8 contact person and backup contact along with after-hour
9 contact information. And, again, that availability is
10 24 hours.

11 Moving down to 3.2.8, the contractor shall
12 designate an individual to serve as the contractor's
13 Project Manager and identify that individual, as well
14 as their designee, on the Transmittal Page. We need
15 also to designate an individual to serve as the
16 contractor's supervisor, and that person as well needs
17 to be identified on the Transmittal Page. And then,
18 also, a contractor's emergency contact person, and that
19 person's name and information needs to be on the
20 Transmittal Page. The people -- they can be the same
21 person, for those agencies that are smaller and may not

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1 have the staff to have a different person or it just
2 makes sense for that same person to do all three
3 duties, but just be, you know, conscious of what those
4 duties are.

5 3.2.9, Recordkeeping. The contractor shall
6 maintain and retain the following documents for a
7 period of no less than three years after the date of
8 final payment on this contract: All books and records,
9 including documents that reflect all direct and
10 indirect client contacts and costs expended in the
11 performance of the duties; RN and CNA documentation
12 including licenses, certificates, documents of
13 attendance at required trainings, verification of the
14 education requirements found in 3.2.1(D), and
15 verification of the criminal background checks that are
16 required. And then, also, the documentation, as this
17 needs to be updated on June 1.

18 Also, records need to contain a copy of each
19 client's Purchase of Service order form, a Service Plan
20 that's current, and a Personal Care Plan if that is --
21 if Personal Care is something that's being requested.

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1 Also, any medical records that you may have. These
2 could include correspondences or information also from
3 the RN.

4 Following the three-year period, the
5 contractor shall purge the documents. Purging shall
6 not involve simply abandoning the material, but rather,
7 for physical documents, shred, burn, pulp, pulverize --
8 they give you all kinds of words here -- and so we want
9 to make sure that confidentiality, again, is protected.
10 In regard to documents stored on electronic media,
11 we're looking at purging, clearing that media,
12 destroying the media device, if it should be a, you
13 know, thumb drive or something of that nature, but,
14 again, we stress that the confidentiality has to be
15 maintained.

16 3.2.10., Reporting. This is a -- I'm not
17 going to go through each one of these, but, again,
18 these are the different documents that need to be sent
19 and the time frame to which they would need to be sent
20 to the Local Department. We have monthly reports; we
21 have service reports; the Purchase of Service form;

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1 Certificate of License; and so forth. Failure to
2 submit all reports required could result in the State
3 Project Manager reducing or withholding payment or
4 suspending new referrals to your agency. And, in
5 addition, the State Project Manager, which is me, may
6 request a Corrective Action Plan. So if I call and
7 say, "Hey, let's talk," it's okay, as long as we come
8 up with a plan. It's when we don't follow through with
9 the plan that then we have to talk again, so I'm sure
10 that won't be a problem.

11 There are -- I just want to bring your
12 attention to 3.4., which is the Insurance Requirements.
13 Please look at that closely.

14 3.5., the contractor must provide and
15 maintain a Problem Escalation Procedure for routine and
16 emergency situations. So the contractor needs to
17 address problem situations as they occur and let us
18 know what that would look like. Okay? Also, the
19 contractor must provide the plan no later than ten
20 business days after contract commencement.

21 The next section is Invoicing and, again,

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1 we'll go into more detail with those who are awarded
2 the bid, as far as invoicing. The big change here, for
3 those who may have been involved in the prior contract,
4 the prior contract said on the 15th of the month we
5 needed to receive the invoicing. We are asking for the
6 5th of the month, and that's out of necessity, because
7 there's -- it's too difficult -- when we say the 15th,
8 a lot of times we're getting them on the 30th, and then
9 there's a payment problem with that, so we've got to
10 get those in, and that's Attachment B.

11 And 3.7, Post-Award Kick-Off Meeting. Within
12 two weeks after all appropriate approvals and prior to
13 the contract start date, the State Project Manager, the
14 contractors, contract managers, those that you wish to
15 come will attend a post-award kick-off meeting, and
16 that's where we'll really get into the nuts and bolts
17 of the things that we've kind of skimmed over, for
18 those who are awarded the contract.

19 In closing or in some final thoughts that I
20 want to just bring your attention to again is you must
21 show proof of meeting minimum requirements, and that's

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1 on page 21. Also, must be able to serve all corners of
2 the jurisdictions that you are bidding on, so that
3 means if your main location is -- I don't know --
4 Baltimore, and you're -- and you believe you have
5 enough staff to serve Frederick County, it's not just
6 Frederick City; it has to be every corner of Frederick
7 County. Okay? So there's a corner that's up near
8 Pennsylvania. It's a long ways up there. So we want
9 to -- please be conscious of that when you're bidding
10 on these jurisdictions, because if you decline, we can
11 -- you know, we can look at -- you know, that's a
12 breach of this, so please bid on the jurisdictions that
13 you know you can serve completely. Okay?

14 Need to be registered in SDAT, which is the
15 State Department of Assessment and Taxation and
16 eMaryland Marketplace. You'll be expected, for those
17 who are awarded the bid, to attend the post-award
18 conference. The requirement for one Registered Nurse
19 at least and five Certified Nursing Assistants to be
20 available at the start of the contract, so if you don't
21 have them today, we need to know you will have them go-

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1 live date. And, again, there will not be bids accepted
2 for Anne Arundel, Cecil, Garrett, Kent, or Montgomery,
3 because they're doing local contracts, local
4 arrangements. Okay? Field questions?

5 MS. AUSTIN: Yeah. You can stay up there.

6 MS. KELLER: Okay.

7 MS. AUSTIN: I just want to go over -- can
8 everybody hear me -- Section 3.11., End of Contract
9 Transition. The contractor shall cooperate in the
10 orderly transition of services from the contract
11 awarded under this solicitation to any subsequent
12 contract for similar services. The transition period
13 shall begin 90 days before the contract end date or the
14 end date of any final exercised option or contract
15 extension. The contractor shall work toward a prompt
16 and timely transition, proceeding in accordance with
17 the directions of the State Project Manager. I just
18 wanted to reiterate that before we went on to
19 questions. I need you to state your name and your
20 company and then -- loudly. Perhaps you can come up to
21 the microphone.

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1 MS. KELLER: It's there at the table. That
2 would be beautiful. Thank you.

3 MS. YOUNG: Okay. Speak into this? Oh,
4 okay.

5 MS. KELLER: Just loudly.

6 MS. YOUNG: Okay. Good afternoon, everyone.
7 My name is Jenette Young. I'm with ComForcare Home
8 Care Services, and we have some other officers here as
9 well from ComForcare. My question is about the bidding
10 process and the pricing. You stated that the lowest
11 bids would be considered first. That goes -- after
12 meeting all the basic requirements, the licensing and
13 all those things, is it just based on the pricing; is
14 it based on anything else?

15 MS. KELLER: That's a good question. What
16 happens is, again, if you bid higher than the other
17 bidders, you still would make the roster, okay, but on
18 that roster you're going to be situated lowest bid to
19 the highest bid. Okay? For those who may be returning
20 bidders or contractors, if you have current clients in
21 that jurisdiction, you would keep those clients. Okay?

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1 So we're not going to make customers, you know, switch
2 services to the lowest bidder. That's just for
3 continuity of care. Does that -- is that what you're
4 asking?

5 MS. YOUNG: Well, I'm asking, just because I
6 don't have the lowest bid I won't make it in, no matter
7 what else; the quality of care, the reputation,
8 integrity, none of that's considered, performance. I'm
9 talking about new on-board (indiscernible) --

10 MS. KELLER: New, new, right. And, again,
11 there is -- each jurisdiction has that ability to move
12 through their roster. So, for instance, probably most
13 of them will try to get the most service for the money,
14 I mean, you know, 'cause of so -- we have so many
15 clients and a limited budget, but if they keep getting
16 declinations because of -- you know, they don't -- the
17 first person on the list doesn't have enough people or
18 can't cover that, they're going to be moving down
19 through that list, and if they run into problems with
20 any of those, they have the right to move down that
21 list. So, for instance, if you're number one and

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1 you're just not able to provide a high quality in that
2 particular jurisdiction, they can move to the next one
3 on the list and so forth, but the further down you are
4 on the list, yes, is less -- the less likely you'll be
5 called.

6 MS. YOUNG: How many agencies do you normally
7 bring into the fold?

8 MS. KELLER: Last time, we had 35-ish. Some
9 jurisdictions had as small a number as five on their
10 list, and some had as many as 30. So Baltimore City,
11 of course, had a larger amount. They're larger. They
12 need more options. So we had it -- you know, some of
13 the smaller jurisdictions just because of even just the
14 ability for vendors to get there, we -- you know, there
15 was a smaller list.

16 MS. YOUNG: Thank you.

17 MS. KELLER: If you can come up.

18 MS. HOUSEN: I have two questions.

19 MS. KELLER: Okay.

20 MS. HOUSEN: The first question has to do
21 with the recordkeeping of the Aide.

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1 MS. KELLER: Yes.

2 MS. HOUSEN: There was mention of a sheet
3 that would be completed and signed off by the client
4 saying that these services had been performed daily.
5 We did that way back when, and we have transitioned to
6 a telephony system where services are reported
7 electronically. Is there -- I know it's each
8 jurisdiction's choice -- is that what you said -- if
9 they would like -- if they would be willing to work
10 with an agency that uses such a system. And, I'm
11 sorry, I didn't mention my name again. Yvette Housen
12 with Housen Homecare.

13 MS. KELLER: Okay. I do recognize that that
14 -- there is that --

15 AUDIENCE MEMBER: Can you repeat the
16 question? It was not clear.

17 MS. KELLER: Oh, the question was whether or
18 not, if you're using the phone-in system --

19 MS. HOUSEN: Telephony system.

20 MS. KELLER: -- correct -- if you can do that
21 in lieu of filling out that daily signature from the

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1 client. We say no -- and I'll explain why -- because
2 we've had some situations where Aides -- for instance,
3 there's no phone in that home --

4 MS. HOUSEN: Uh-huh.

5 MS. KELLER: -- so the Aide would call from
6 their own cell phone, and accuracy of what was actually
7 performed in the house, we don't know what that was,
8 and also there is that loop where you could call and
9 not be there.

10 MS. HOUSEN: But if you have a system, which
11 we have, that's able to recognize within a few feet of
12 the client's home, that if the Aide is using an app --
13 for example, a mobile app, that they were present at
14 the client's home, that they're not calling from the 7-
15 11 down the street, for example, and we're able to
16 verify that.

17 MS. KELLER: I mean --

18 MS. HOUSEN: Because, also, time sheets can
19 be falsified.

20 MS. KELLER: Uh-huh. Absolutely.

21 MS. HOUSEN: So, you know, that's a reason

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1 for making this kind of switch, for that type of
2 verification. And, of course, for clients that don't
3 have phones, then we do make the exceptions for paper,
4 but, you know, paper, that's just so antiquated in
5 terms of being efficient, and with you needing this
6 information by the 5th of each month, if you have
7 everything that's seamlessly tied together -- a
8 telephony system, a billing system, a scheduling system
9 -- it just works. So I'm asking for you to explore
10 that further --

11 MS. KELLER: Right.

12 MS. HOUSEN: -- because the -- you know, the
13 technology has certainly evolved and continues to
14 improve.

15 MS. KELLER: Yes. If you can, send that to
16 Ms. Austin in writing.

17 MS. HOUSEN: Okay.

18 MS. KELLER: And then we will post our final
19 response to that for everybody.

20 MS. HOUSEN: Okay. And then my second
21 question. My second question has to do with the living

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1 wage and the fact that it will probably change from
2 year to year, and I've been through this process with
3 you all before, so I understand that it cannot -- the
4 rate that is quoted cannot be increased from year to
5 year. I play by the rules, and I want to know how you
6 all verify that other agencies are also doing what is
7 required by law and not just submitting saying that --
8 signing off saying, yes, we are paying our workers 13-
9 plus an hour and not less. Are there audits or do you
10 simply rely on self-reporting? Thank you.

11 MS. SINGLETON: Hi. My name is Elsa
12 Singleton. I'm from the Procurement Division. And the
13 living wage is -- the living wage is based on the
14 Consumer Price Index, and the Department of Human
15 Resources does not administer that program; the
16 Department of Labor, Licensing, and Regulation does.
17 So we'll take your question and we'll research it and
18 get back to you on that.

19 MS. STEDMAN: Hi. I have two questions too.
20 The first one is sort of -- dovetails off of her
21 question about pricing. Is there a -- you know, like a

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1 range or anything -- a suggested range or that sort of
2 thing? For instance, when you're looking at the
3 Medicaid Waiver sign-ups, you know, they do have a
4 suggested, you know, wage and that sort of thing --
5 suggested billing and that sort of thing. That's one
6 question.

7 MS. KELLER: No, we have not put out any
8 range.

9 MS. STEDMAN: Okay. Also, I live and work --
10 my office is in a very rural area, and we actually have
11 been providers for the Local Department of Social
12 Services for the last couple of years because, in the
13 area that we service, none of the providers that won
14 the bid actually were able to provide services. So my
15 question is how do you -- is there a process for making
16 sure that the bidders who say that they can serve a
17 particular area actually can serve a particular area,
18 because all of the bidders that won this particular
19 solicitation the last time were not even located in any
20 of the areas where their services would be provided, so
21 the list of winners did not include anybody who ever

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1 provided services. And I'm sure it was a --

2 MS. KELLER: And I'm very aware --

3 MS. STEDMAN: -- they were willing -- they
4 were hoping to be able to do so at the time.

5 MS. KELLER: Yeah. And, again, that's why
6 we're stressing that when you're bidding, bid the
7 jurisdictions you know you can get to every corner,
8 because we have no control over where the clients live.
9 Last time, there was no -- if you were -- so, for
10 instance, if somebody bid on one jurisdiction and they
11 failed to provide in that particular jurisdiction, we
12 just let that kind of be the situation.

13 We're going to be monitoring this closer and
14 it could affect your ability to obtain referrals in
15 other jurisdictions. Okay? So, again, I have to
16 stress, please don't bid on a place -- a jurisdiction
17 that you question that you're going to be able to do
18 it, unless you're going to put every effort into making
19 sure you meet the requirements of the bid.

20 THE REPORTER: Can she identify herself?

21 MS. KELLER: Oh, can you identify yourself?

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1 MS. STEDMAN: I'm Lee Ann Stedman with Circle
2 of Care. I just know that the Local DSS for that area
3 have been very frustrated.

4 MS. KELLER: Yes, it's been very challenging.
5 It has.

6 MS. STEDMAN: Okay.

7 MS. KELLER: And I absolutely support that.
8 It has been very challenging. The other thing, back to
9 the bid, the price, I want to make sure that you also
10 understand that if you are bidding different
11 jurisdictions, your price can be different. That's why
12 we're asking for a separate price sheet for each
13 jurisdiction. So if you're bidding, you know,
14 Baltimore City and you're bidding Worcester, they can
15 be different, depending on what that looks like for
16 that area, okay, for you. Please.

17 MR. WEIGEL: John Weigel with Options for
18 Senior America. This kind of dovetails into what you
19 were just saying. I just want to be clear, we have
20 offices -- six offices throughout the State, so in
21 different jurisdictions, but, corporately, can we

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1 submit a single bid with a separate price list for
2 jurisdiction or do we have to do a separate bid for
3 each office?

4 MS. AUSTIN: That needs to be researched.
5 You need to put that in writing and send it to our
6 Department.

7 MR. WEIGEL: Okay. Thank you.

8 AUDIENCE MEMBER: What was the answer?

9 MS. AUSTIN: It has to be done in writing.

10 MS. KELLER: He's going to put it in writing
11 and we'll post the response, 'cause we need to check
12 into that through the Procurement Office a little
13 further.

14 MS. YOUNG: I have a question to piggyback on
15 that. Our offices normally -- and it sounds like
16 franchising -- are independently owned and operated, so
17 each one comes under its own entity.

18 MS. KELLER: Okay. So --

19 MS. YOUNG: So I would think, off the top of
20 my head -- and I know I've bid before -- that did not
21 cause any problem for me, because I submitted all of my

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1 separate paperwork that had to do with my business
2 independently owned by me.

3 MS. KELLER: Okay.

4 MS. YOUNG: So, you know, even though it's a
5 franchise, they're independently owned.

6 MS. KELLER: Yeah. I do know that when we
7 pull the information, we're going to be going into SDAT
8 to verify the information and that you're not --
9 there's not a hold on your taxes or anything like that,
10 so if you can't do that for each -- if you can't show
11 that for -- through the franchise, I would assume that
12 answer would then be no, but we will look at it
13 further. She's had her hand up like -- for like ever.

14 MS. LUBER: Linda Luber with Right at Home,
15 and --

16 MS. KELLER: We can't hear.

17 MS. AUSTIN: We can't -- you'll need to come
18 up.

19 MS. KELLER: We have to make sure that we get
20 everything so that we can --

21 MS. LUBER: All right. I'm here. Linda

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1 Luber with Right at Home. Just a real quick question,
2 back to -- I guess kind of tying into hers. What if
3 there -- in the event there's a tie, how is the
4 decision made in terms of who's selected?

5 MS. KELLER: My understanding is that they
6 look at all three of your -- or all of the different
7 pieces, so they look at what you've bid for Chores,
8 what you've bid for Personal Care, and they do an
9 average, and that's how they do that tie. We've -- to
10 my knowledge, we've never had anybody the exact same
11 price in all areas.

12 MS. LUBER: All right. Thank you very much.

13 MS. KELLER: You lost your tag.

14 MS. LUBER: Oh, my visitor tag. Thanks.

15 MS. KELLER: You're next. You're next.

16 MALE AUDIENCE MEMBER: The only dumb question
17 is one that's not asked. I'm one of the newer
18 ComForcare franchises.

19 MS. KELLER: Okay.

20 MALE AUDIENCE MEMBER: So the question is,
21 when does the clock start for the three years? And

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1 number two is that, if you don't get into this five-
2 year contract, when is the next one?

3 MS. KELLER: Okay. Well, the next one would
4 be 2020. We don't know if it'll be a five-year
5 contract, because that has to be approved each time we
6 go for -- you know, we go through this process, but it
7 may be, you know, a shorter contract, but there would
8 be a contract that follows this one in 2020. Does that
9 answer --

10 MALE AUDIENCE MEMBER: So you didn't answer
11 the first one.

12 MS. KELLER: I'm sorry.

13 MALE AUDIENCE MEMBER: When does the clock
14 start for the three years?

15 AUDIENCE MEMBER: September.

16 MS. KELLER: He's talking about the three
17 years of being in business.

18 MS. AUSTIN: Oh, you need to submit that in
19 writing. The clock starts in three to four years.

20 MS. KELLER: But if it's a -- please -- just
21 in your written question, please put in about the

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1 franchise -- the overarching franchise as well, 'cause
2 I don't want us to not address that, if that would make
3 a difference. Please.

4 MR. IKUSIKA: My name from Rotimi Ikusika
5 from Solid Rock Health Care services. I have a
6 question.

7 MS. KELLER: Okay.

8 MR. IKUSIKA: My question, with the last
9 contract, my agency was number one in our county.
10 After the end of five years, they never called me for
11 one case.

12 MS. KELLER: Okay.

13 AUDIENCE MEMBER: Can you repeat the question
14 please?

15 MS. KELLER: What happened was --

16 MR. IKUSIKA: I said --

17 MS. AUSTIN: Repeat the question. Can you
18 repeat the question?

19 MR. IKUSIKA: Okay. My name is Rotimi
20 Ikusika. In the last contract that's ending now, my
21 agency was number one in our county, and they never

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1 called me for one case in five years.

2 MS. KELLER: Again, being on the roster does
3 not guarantee participation. It guarantees that you
4 have the right to participate, so we don't have -- you
5 know, there's lots of different reasons why that could
6 have happened. It could be that their customers were
7 being served by another agency at the beginning of the
8 contract and they also got the bid. It could be that
9 they called -- I don't know your particular situation,
10 but there's several different reasons why that could
11 have happened.

12 MR. IKUSIKA: But (indiscernible) they called
13 us (indiscernible) we are number one. We should be
14 called for something. So I called them several times
15 (indiscernible) --

16 MS. KELLER: Did you want to address
17 something?

18 MS. SEITZ: Yeah. I was just going to say,
19 to help in answer to this, that if that occurs, you do
20 have the right to know why, so you should make contact
21 with your -- the Local Department that you're working

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1 with, the supervisor, to find out what it is you can do
2 to improve your chances. Usually, they don't just skip
3 over you unless they have tried to refer clients to you
4 and there's a reason that their experience indicates
5 you have not been able to meet their needs. So I would
6 stay in communication with the person at the Local
7 Department to find out.

8 MS. KELLER: In addition, if you don't get a
9 satisfactory, you can call me, as the Project Manager.
10 Absolutely.

11 MS. MCLAUGHLIN: I'm Eileen McLaughlin with
12 Right at Home. Question. Under the scope of work for
13 services, the bid says that the contractor shall insure
14 that the CNAs provide the following. Are you requiring
15 CNAs for Chore Services?

16 MS. KELLER: When it -- we -- the last
17 contract -- COMAR does not say it has to be a CNA --

18 MS. MCLAUGHLIN: Right.

19 MS. KELLER: -- and we realize that.

20 MS. MCLAUGHLIN: Okay.

21 MS. KELLER: And so we are looking at that

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1 piece of it. Prior, it was just -- because we're
2 requiring the five CNAs to be on staff --

3 MS. MCLAUGHLIN: Uh-huh.

4 MS. KELLER: -- it just seemed like it made
5 the -- you know, the right step into saying that they
6 need to be CNAs in the wording and so forth, but we are
7 looking at doing a possible addendum to allow for the
8 Chore Service to be provided by non-CNAs.

9 MS. MCLAUGHLIN: Okay.

10 MS. KELLER: That would be the only one. It
11 wouldn't be Respite or any of the others. It would
12 only be Chore.

13 MS. MCLAUGHLIN: Okay. That's going to bear
14 on price.

15 MS. KELLER: Yes.

16 MS. MCLAUGHLIN: That's going to have a big
17 bearing on price.

18 MS. KELLER: Yes.

19 MS. MCLAUGHLIN: So when will that
20 information be made known?

21 MS. AUSTIN: In the question-and-answer

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1 period. The information that will be on eMaryland
2 Marketplace and the DHR website, that answer will be
3 published there for everyone.

4 MS. MCLAUGHLIN: Okay. All right. Thank
5 you.

6 AUDIENCE MEMBER: Can you speak up, Debbie,
7 about what you just said?

8 MS. KELLER: The answer to that will go on
9 eMaryland Marketplace for everybody to have access to
10 the answer. I think we had a couple here as well.

11 MR. OEHLER: Steve Oehler with Maxim Health
12 Care. Will the current pricing be made available for
13 public knowledge --

14 MS. KELLER: At the -- when we --

15 MR. OEHLER: -- in the current contract?

16 MS. KELLER: Oh, the current contract?

17 MR. OEHLER: Yeah.

18 MS. KELLER: I don't know if that's after --

19 MR. OEHLER: Like the price reviews.

20 MS. KELLER: Is anything out currently?

21 MS. AUSTIN: Could you repeat the question?

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1 MR. OEHLER: Will the current pricing be made
2 available for public knowledge?

3 MS. AUSTIN: Current pricing on the contracts
4 that we're doing at this point.

5 MS. SINGLETON: Elsa Singleton. We just --
6 we'll take your question, and that's a matter of public
7 information, and we can research that and give you that
8 information.

9 MR. OEHLER: Okay.

10 MS. SINGLETON: It'll be posted on the DHR
11 website and eMaryland Marketplace.

12 MR. OEHLER: Okay. And my second question
13 is, how many cases were referred out in the previous
14 contract term? Is that public knowledge as well?

15 MS. AUSTIN: Same thing.

16 MR. OEHLER: Same thing, in writing?

17 MS. AUSTIN: Current contract, yes.

18 MR. OEHLER: Okay. Okay.

19 MS. AUSTIN: That will be in writing.

20 MR. OEHLER: All right. Thank you.

21 MS. KELLER: He and then you. How's that?

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1 Sir.

2 MR. WEIGEL: Oh, John Weigel with Options for
3 Senior America. A question. Is there instances --
4 piggybacking on what the young lady said from Right at
5 Home, are there instances where Personal Care and
6 Chores are on the same case?

7 MS. KELLER: Yes.

8 MR. WEIGEL: So the CNA -- we would need a
9 CNA to do both?

10 MS. KELLER: Yes.

11 MR. WEIGEL: Okay. Thank you.

12 MS. KELLER: We encourage that. Now, if
13 you're doing Chores one day and Personal Care a
14 completely separate day, then we could look at being
15 billed differently for those two days, but if you're
16 doing both on the same day, it would need to be a CNA.
17 Yes, ma'am.

18 MS. BOSTON: My name is Barbara Boston, and
19 I'm from Personal Touch. My question is about
20 staffing. And I think the main thing that I am
21 concerned about, and I just want clarification, is it's

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1 saying that when Aide called out that is already the
2 normal staff member for that particular client -- when
3 they call out like they do --

4 MS. KELLER: Yes.

5 MS. BOSTON: -- that it is expected for us to
6 provide a substitute. But in providing the substitute,
7 we must notify the agency of the substitute?

8 MS. KELLER: Yes.

9 MS. BOSTON: Okay. Because we've had to give
10 a list to the agency of all of the Aides and their
11 qualifications, and I was thinking, well, if you're
12 just taking an Aide from that particular list, but it's
13 not -- so we must then notify that there's a change in
14 Aide?

15 MS. KELLER: Yes. And here's -- there's a
16 couple reasons for notifying them. First, it's
17 because, obviously, if they're a little late, we have
18 the knowledge that there was a problem that day, and if
19 the client calls us to say, "Hey, my Aide didn't show
20 up," we can say, "Well, we got a call that they did
21 come, but it was later than normal; maybe you weren't

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1 home," or what have -- you see what I'm saying?

2 MS. BOSTON: Okay.

3 MS. KELLER: So it's for us to support that
4 you've had to do that.

5 MS. BOSTON: Okay.

6 MS. KELLER: It's also because, in the event
7 that you're not able to send someone from that list, we
8 want you to be conscious that we need that information
9 of that particular person.

10 MS. BOSTON: Okay. And it must be done
11 within one hour?

12 MS. KELLER: Of you knowing of the problem.

13 MS. BOSTON: Okay. Okay.

14 MS. KELLER: Okay. So if your Aide calls you
15 five minutes before, we just need you to get us that
16 information.

17 MS. BOSTON: Notify you right away.

18 MS. KELLER: Yes.

19 MS. BOSTON: Okay. Thank you.

20 MS. KELLER: Sure. Sir.

21 MALE AUDIENCE MEMBER: I'm fine.

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1 MS. KELLER: Oh, you're good now? Okay.
2 Please.

3 MS. YOUNG: How many hours or average hours
4 are normally allocated to a client to an agency on a
5 weekly basis or daily basis? Is there a minimum per
6 day? Is there --

7 MS. KELLER: The minimum's -- yes. The
8 minimum is traditionally -- and, again, there are --
9 some clients have special circumstances, but,
10 traditionally, the minimum's an hour that we're going
11 to be requesting. That would be the minimum. The
12 maximum could be -- you know, it's not going to be
13 overnight. We don't do like, you know, slivet
14 (phonetic) kinds of things, but it could be six hours,
15 depending on what Respite -- I mean, depending on
16 what's being requested.

17 MS. YOUNG: What's the average?

18 MS. KELLER: The average is four per day.
19 That seems to be our average currently. Now, it could
20 be one day a week; it could be more than one day, you
21 know, so that would be per session.

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1 MS. YOUNG: That's important to pricing,
2 because -- and payments, because it's difficult to get
3 a caregiver scheduled for one hour, and normally we
4 have to add a premium for the pay, so that would
5 reflect in the pricing, so knowing the average hours is
6 critical.

7 MS. KELLER: Yes. It can be as minimal as an
8 hour.

9 MS. YOUNG: Okay.

10 MS. KELLER: Yes. Thank you. Please.

11 MS. MCLAUGHLIN: Regarding the reimbursement
12 rate per jurisdiction, what is the rate or where do we
13 find the rate; and, then, is it different if it is like
14 a shorter time period, for an hour, for example, versus
15 a four-hour shift?

16 MS. KELLER: No, it's one -- it's the same
17 rate.

18 MS. MCLAUGHLIN: Same rate. And then where
19 will we find the reimbursement rate? Is it the same
20 per county?

21 MS. KELLER: That's in your bid. You're

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1 letting us know, per county, whether you --

2 MS. MCLAUGHLIN: Oh, no, no, I know that
3 part. I'm just saying the part that --

4 MS. KELLER: Within the living wage?

5 MS. AUSTIN: I'm not sure exactly what she
6 means.

7 MS. KELLER: What is it?

8 DHR STAFF MEMBER: The current rate --

9 MS. KELLER: The current?

10 MS. MCLAUGHLIN: Yeah.

11 DHR STAFF MEMBER: -- that's being paid today
12 at DSS --

13 MS. MCLAUGHLIN: Right.

14 DHR STAFF MEMBER: -- to the local provider,
15 those are a matter of public record.

16 MS. KELLER: Yes. We had said --

17 MS. MCLAUGHLIN: I'm sorry.

18 MS. KELLER: That's okay -- that we're going
19 to list -- we're going to make those available on
20 eMaryland Marketplace and --

21 MS. AUSTIN: DHR website.

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1 MS. KELLER: -- the DHR website.

2 MS. MCLAUGHLIN: Perfect. Thank you.

3 MS. KELLER: Yes. Sorry.

4 AUDIENCE MEMBER: You should make it clear
5 though that that was a rate that was established five
6 years ago, but you should really think about what your
7 total cost is going to be today than five years out.

8 MS. KELLER: Yeah, 'cause the rate --
9 absolutely. Thank you. Because, yeah, the rates that
10 are being paid today were bid five years ago, so you
11 want to think about today on and project what are you
12 going to need in five years as well for salaries.

13 AUDIENCE MEMBER: Is the rate constant for
14 the five years?

15 MS. KELLER: Yes. Yes. The rate is constant
16 for five years.

17 MR. SAVAGE: Jack Savage, ComForCare. Just a
18 follow-on to that. Have you considered -- a lot of
19 State contracts do have some sort of annual escalation,
20 either based on CPI or something.

21 MS. KELLER: Yeah. This contract doesn't do

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1 that. It's not --

2 MR. SAVAGE: There's been no discussion of
3 doing that at all?

4 MS. KELLER: It's not written in there -- in
5 this contract.

6 MR. SAVAGE: Okay.

7 MS. AUSTIN: Not in this contract.

8 AUDIENCE MEMBER: I had one more question.

9 MS. KELLER: We had one more here.

10 AUDIENCE MEMBER: I'm sorry.

11 AUDIENCE MEMBER: My question has to do with
12 missed visits.

13 MS. KELLER: Yes.

14 AUDIENCE MEMBER: Is there reimbursement for
15 an Aide showing up at a client's home and --

16 MS. KELLER: If you have accepted that visit,
17 then it's a one-hour -- you get reimbursement for one
18 hour, yes.

19 AUDIENCE MEMBER: Okay. And I think I know
20 the answer to this question, but if you have Aides that
21 are dedicated to this contract and they go from client

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1 to client -- there's a -- in fact, I know that there's
2 a new law out that we have to compensate the Aides for
3 their travel time -- is that anything that can be
4 reimbursable?

5 MS. KELLER: Not through the contract. That
6 would be through your agency.

7 DHR STAFF MEMBER: I would just emphasize,
8 you should take that into account when you're
9 developing your bid amount. That should be part of the
10 cost that you associate.

11 AUDIENCE MEMBER: Okay. My last question, I
12 promise.

13 MS. KELLER: No, please, we want to clarify
14 this before you put in your bids --

15 AUDIENCE MEMBER: Okay.

16 MS. KELLER: -- because the more accurate
17 your bids are and the more complete, the easier the
18 process will move forward, so please.

19 AUDIENCE MEMBER: Okay. With regard to --
20 and this will probably apply to franchises. With
21 regard to the minimum requirements for offices, for a

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1 franchise that may be in an area for three years or
2 less, can they list the franchise corporate information
3 as the corporate information and just give personal
4 references and insurance information, et cetera?

5 MS. AUSTIN: I believe you need to put that
6 in writing to us please.

7 AUDIENCE MEMBER: Okay.

8 MS. AUSTIN: We're requesting that in
9 writing.

10 AUDIENCE MEMBER: Okay. Can they form a
11 partnership with the franchise that's been in business
12 considerably longer? Joint ventures, do you consider
13 them?

14 MS. AUSTIN: I would like to refer to our
15 Attorney General.

16 AUDIENCE MEMBER: Okay.

17 DHR STAFF MEMBER: Aretha.

18 MS. ECTOR: I don't believe there's a
19 prohibition in here against joint ventures --

20 AUDIENCE MEMBER: Okay.

21 MS. ECTOR: -- and perhaps we can look at it.

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1 If you're able to subcontract some of the services --

2 AUDIENCE MEMBER: Right.

3 MS. ECTOR: -- you may join with
4 (indiscernible) but somehow together you've got to meet
5 the requirements.

6 DHR STAFF MEMBER: Aretha, just to clarify,
7 this IFB doesn't allow you to subcontract the services
8 to someone else.

9 AUDIENCE MEMBER: It does?

10 MS. AUSTIN: It does not.

11 MS. ECTOR: So if that's what you mean, the
12 answer would be no, but if you have something else in
13 mind --

14 AUDIENCE MEMBER: It would really be more of
15 a joint venture.

16 MS. KELLER: And it may be that one person
17 takes the lead --

18 AUDIENCE MEMBER: Right.

19 MS. KELLER: -- and be, you know --

20 AUDIENCE MEMBER: The responsibility or the
21 guarantee.

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1 MS. KELLER: Right. Exactly.

2 AUDIENCE MEMBER: Okay. I promise I'm not
3 playing stump the State people.

4 MS. KELLER: No, please, but put it in
5 writing as clearly as you can.

6 AUDIENCE MEMBER: Okay.

7 MS. AUSTIN: Yes, please.

8 MS. KELLER: We just don't want to do
9 anything that's not legal. That's why we're saying we
10 will get back to you.

11 MS. YOUNG: I have one more question on
12 pricing.

13 MS. KELLER: His hand just went up. I'm
14 sorry. And then you. How's that?

15 MS. YOUNG: Okay.

16 MR. OWOEYE: My name is Michael Owoeye. My
17 question concerns insurance -- the insurance
18 requirements of this contract (indiscernible) --

19 MS. AUSTIN: Could you repeat the question?
20 I think you need to come up. We can't --

21 AUDIENCE MEMBER: He wanted to know the

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1 insurance requirement.

2 MR. OWOEYE: Yeah. My name is Michael Owoeye
3 from Bowlem Healthcare. My question has to do with
4 insurance requirements. For this contract what is the
5 minimum insurance (indiscernible) --

6 MS. AUSTIN: Insurance requirements are in
7 Section 3.4 of the Invitation for Bid, and it gives you
8 the limits.

9 DHR STAFF MEMBER: The minimums are provided.
10 The amounts are provided in your --

11 MS. AUSTIN: Section 3.4.

12 MS. KELLER: It's page 31.

13 AUDIENCE MEMBER: 31?

14 MS. KELLER: Yeah, page 31. Those are
15 outlined there.

16 MS. AUSTIN: Also, for the person who had
17 requested information on tie bids, that's Section 1.16,
18 and that's on page 14 of the IFB. And if you have any
19 additional questions, please send them in writing to
20 us, but tie bid information is included in there.

21 MS. YOUNG: One other question on the

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1 pricing. It sounds like the bids for pricing can be
2 very wide, because if we're talking about five years,
3 somebody could have a pricing of 19 and somebody could
4 have a pricing of 40, when we're trying to take into
5 consideration those one-hour shifts, the five-year
6 plan, and then cost of living and cost of living wage
7 increases and transportation and all kinds of stuff
8 that comes up -- and I think we're raising this pricing
9 -- we're raising this question so much, because we want
10 to be in the play, rightfully so, and do something that
11 qualifies us. And it's good that you're going to put
12 the current contract information on the website.
13 That's good.

14 Is there anything else we need to take into
15 consideration, as far as pricing? Because if we have
16 that wide gap, all the people at the low end are going
17 to get in. And then if we have to wait five years, we
18 -- everybody above that -- wow, that's a long time, and
19 then we kind of lose that opportunity, unless you open
20 it up in between that five-year period to give us some
21 access. So is that a possibility too? Because I'm

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1 sitting here kind of feeling defeated, you know.

2 MS. ADAMS: I'm going to speak for a minute.
3 Dorinda Adams with the Office of Adult Services. We
4 want you to consider every piece of what you just
5 talked about -- every component -- and please know we
6 want your bid. We need to have qualified, thoughtful,
7 well-received providers of care to some of the most
8 vulnerable individuals in this State. That is not
9 cheap. Please understand our system requires that we
10 have to look at the cost. Okay? But be realistic.

11 We're trying to do this efficiently and let
12 you know that we have to look at the cost. But if
13 you're providing services to large jurisdictions,
14 you've got to take into cost the travel time. We
15 understand that. That does not discount you. And if
16 you see what our current vendors are being paid, you
17 will see it's a wide array, but it's the provider who
18 can meet the needs that that Local Department is going
19 to. It's not the provider who says, "Oh, yeah, I'll
20 get around to you." It's the provider who can safely
21 meet the needs and has a good communication record with

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1 that Local Department. You need to know -- if you are
2 a selected awardee, you need to know who you're working
3 with. They're the ones -- I mean and her, Vicky --
4 they're the ones that are going to determine whether or
5 not your organization is going to be used.

6 MS. YOUNG: Well, I'm dedicated to everything
7 you just said.

8 MS. ADAMS: I believe you.

9 MS. YOUNG: The only thing is, somebody can
10 beat me out with all that with a low price, if you're
11 just going for the price.

12 MS ECTOR: Some of you may be familiar with
13 bids. Generally, one contractor is selected, and it's
14 selected based on the lowest bid. This solicitation is
15 different in that multiple providers will be selected.
16 So we are not selecting one vendor for each
17 jurisdiction based on their lowest price. There will
18 be multiple vendors selected in each jurisdiction.
19 However, the person with the lowest price does get a
20 benefit, and the benefit is you have the right of first
21 refusal in those instances, if the services that you

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1 offer match the services that are being requested.
2 That's the benefit of having the lowest bid.

3 Simply because your bid is higher than the
4 next persons doesn't mean that you won't get a
5 contract; you just won't get the right of first refusal
6 for the cases that come in. Now, even if you're number
7 one in that jurisdiction and you have the lowest bid,
8 if there are no cases available, you may not get any
9 referrals. You may get one referral a month; you may
10 get ten referrals a month. It just depends on the
11 needs of the Department. So please understand that.

12 This is a fully-loaded fixed-price contract.
13 That means all of your costs, all of your expenses,
14 direct expenses, indirect expenses, have to be included
15 in your costs. We're not asking you to specify what
16 all of that is, but that's your profit, that's your
17 travel, that's your salaries based on the living wage,
18 which, in the past, have increased, so please take that
19 into consideration. So when you think about what your
20 price should be, you've got to take all of that into
21 consideration, because there will not be any contract

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1 modifications for you to adjust your price from the
2 contract start date until when the contract terminates
3 based on living wage. And trust me, we say it, but we
4 get questions from vendors all the time; "The living
5 wage went up. Can I adjust my price?" No, you can't.

6 We can't tell you what the living wage is
7 going to be next year, but, traditionally, it has
8 increased every year. That's the only thing that's
9 increased, and so that has increased. You can go on
10 DLLR's website. I don't know if they have a history
11 date. You can see what the increases have been over
12 the years. That's www.dllr.state.md.us.

13 DHR STAFF MEMBER: Yeah, I think
14 (indiscernible) maryland.gov and put in "Department of
15 Licensing and Labor Regulations".

16 MS. ECTOR: So I hope that kind of clears it
17 up.

18 MS. YOUNG: Thank you.

19 MS. KELLER: Yes, please.

20 MR. BAILEY: We have several questions.

21 Matthew Bailey from P-B Health Home Care Agency. I

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1 just got (indiscernible). Am I understanding that that
2 \$13.29 is not fixed for this contract, that it can be
3 variable, and if it goes up to \$18 during that five-
4 year period, we are accountable for that living wage?

5 MS. ECTOR: You're absolutely correct.

6 MS. KELLER: That's correct.

7 MR. BAILEY: The second question was, when we
8 send our insurance verification in, what we did in the
9 past was we had actual language to give to our broker,
10 such that that document passed muster, in which we
11 added the State of Maryland or the Department of Health
12 and Human Resources as the additional insured. Will we
13 get a document that allows us to know what that
14 language should be, so that we can send them the
15 appropriate certification of insurance?

16 MS. ECTOR: I think we can assist with that.
17 It's just that information will come in to awardees,
18 and generally your insurance agent will know that the
19 State of Maryland (indiscernible) the State of Maryland
20 is listed as an additional insured under the policy.

21 MR. BAILEY: Okay.

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1 MS. ECTOR: But your insurance agent will
2 know.

3 MR. BAILEY: But in terms of what their
4 language looks like (indiscernible) --

5 MS. ECTOR: If you have any problems with
6 your agent or they don't know what to type in, you can
7 just contact the Procurement Officer after award,
8 because you won't have to submit this unless you're
9 awarded a contract.

10 MR. BAILEY: Okay. Thank you.

11 MS. KELLER: Yes.

12 MR. OWOEYE: Just a comment on what she just
13 said. She was saying that we don't need to submit the
14 proof of insurance until the award date.

15 MS. ECTOR: Correct.

16 AUDIENCE MEMBER: Can you repeat that, so
17 everyone can hear?

18 MS. KELLER: He just wanted to verify that
19 the proof of insurance doesn't need to be provided
20 until after the awards are made -- awarded.

21 MS. AUSTIN: We have Ms. Elsa Singleton from

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1 the Procurement Division who has some additional
2 information.

3 MS. SINGLETON: I've been asked to stress
4 once again Section 2.1.2, which is the Minimum
5 Qualifications, and particularly your licensing
6 requirement. As you've been told, bidders are required
7 to provide copies of their licenses with the bid.
8 Please, please make sure that that's a current license.
9 Do not send an expired license into the Department.

10 Now, that sounds simple, but you'd be
11 surprised the amount of expired licenses that we
12 receive in responses to bids. Maybe they think, "Oh,
13 well, I have time to get it later or something like
14 that." No. It has to be current when you submit your
15 bid. If you need to go over to DHMH and take care of
16 some business with them, now is the time to do so. So
17 please make sure that the license that you submit with
18 your bid, it's current and up to date. Yes, sir.

19 AUDIENCE MEMBER: One little addition to
20 that, 'cause I just went through this with an insurance
21 company.

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1 MS. SINGLETON: Yes, sir.

2 AUDIENCE MEMBER: The Maryland license, the
3 way they print the newer ones is on a dark background,
4 and you have to be very, very careful, when you make a
5 copy of it, that you can still read all the information
6 on there.

7 MS. SINGLETON: We like legible licenses.

8 MS. KELLER: Or they don't count either.

9 (Laughter.)

10 MS. SINGLETON: Thank you for that tip.

11 AUDIENCE MEMBER: Yeah.

12 MS. SINGLETON: I appreciate that. Yes, sir.

13 AUDIENCE MEMBER: with regard to what you are
14 saying, as the proof of -- I've only been in business
15 for three years, and you are requesting (indiscernible)
16 -- license for three years (indiscernible) -- but if we
17 only have proof that I've been in business for the past
18 three years (indiscernible) --

19 MS. KELLER: You'll also have to include
20 references.

21 AUDIENCE MEMBER: I'm talking about the

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1 expired license, not the current ones (indiscernible).

2 MS. KELLER: Sure.

3 MS. AUSTIN: If you don't have that license,
4 how can you prove that? Are you showing me the
5 document --

6 MS. KELLER: (indiscernible)

7 MS. AUSTIN: Oh, did he say we'll give it to
8 you?

9 MS. KELLER: Uh-huh.

10 MS. AUSTIN: That's fine.

11 MS. SINGLETON: Maybe -- I'd just like to
12 read over Section 2.1.2. Bidders shall be licensed by
13 the State of Maryland's Health and Mental Health (sic)
14 -- I'm sorry -- Health and Mental Hygiene's Office of
15 Health Care Quality at the time of bid submission
16 showing that it is a certified one -- in one or more of
17 the following areas. The first area is a Home Health
18 Agency, that's an HHA; a Residential Service Agency,
19 that's an RSA; or a Nursing Referral Agency, that's an
20 NRA. Now, I'm not a Program Specialist, but -- you can
21 me maybe -- it seems to me that you would have to show

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1 experience -- you would have to have a license in each
2 area. Am I correct?

3 AUDIENCE MEMBER: No, just one of the three.

4 AUDIENCE MEMBER: One or the other.

5 (Cross-talk form audience members.)

6 MS. KENMAN: I have a question. We need to
7 talk about references, because we're talking about
8 HIPPA, but do we have to write like our patients' names
9 that we have been taking care of for three years or
10 what kind of references. I'm sorry. My name is
11 Klariss Kenman (phonetic). I'm with Forest (phonetic)
12 Healthcare. So for the references, do we have --
13 because, for me, I don't want to disclose some of that
14 information if they don't allow me to because of HIPPA.
15 So do we just have to write, okay, and how you want it
16 to be --

17 MS. KELLER: It's a written record, so they
18 will provide --

19 MS. KENMAN: From the family?

20 MS. KELLER: From the client.

21 MS. KENMAN: From the client?

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1 MS. KELLER: Yeah. So they would -- it would
2 be someone who has already put it is writing for you --
3 for us to review.

4 MS. KENMAN: Okay.

5 MS. ECTOR: One more comment for
6 clarification. Section 2.1 has two requirements to
7 make the minimum requirements. One, you have to have
8 three years' experience in providing the In-Home Aide
9 Services, so it's three years' experience within the
10 past five years. And then you also have to have a
11 current license. In order to demonstrate your
12 experience, it may not be through the licensing; it's
13 through your references to show that you have provided
14 this type of service. But in order to get contract,
15 you're going to submit your references showing your
16 experience and you're going to show your current
17 license. So there are two requirements you have to
18 meet.

19 MS. KENMAN: Yes. Klariss Kenman again.
20 You're talking about current license. I'm taking an
21 example. You have people that their license expired

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1 this month and the Department of Health and Mental
2 Hygiene haven't sent their license yet, even though
3 they have renewed their license since two months,
4 because we can't go there and push them and say, "Okay,
5 send me my license because I have a solicitation
6 coming." So how do you take that into consideration?

7 MS. KELLER: You should be able to go on
8 their website and print that out.

9 AUDIENCE MEMBER: They do have a huge backlog
10 over there. One of our franchisees, it's going to take
11 seven months to get her initial license.

12 MS. KENMAN: That's what I'm saying. They
13 have a backlog.

14 MS. ECTOR: Well, I mean, I think that's
15 something the Department can look into. However, I
16 don't know if we can delay the process. You have to be
17 licensed in order to get a contract, in order to
18 perform certain services. So we'll work with DHMH to
19 see if there's maybe something in place that would
20 permit you to forward with an award, but what we don't
21 want to do is give you a contract and then find out you

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1 don't get a license. So if you find that that's the
2 case, if you find that that's happening, notify the
3 Procurement Officer, and if we get enough complaints
4 and see that it's a pattern, then it's something we may
5 be able to work out, but at this point, a license is
6 required, because we can't penalize those who have a
7 license, who may have submitted their paperwork timely,
8 for those who are caught up in the backlog.

9 AUDIENCE MEMBER: So for those two
10 requirements that you just mentioned, they can be
11 satisfied by simply providing three years' worth of
12 licenses?

13 MS. ECTOR: That satisfies your experience
14 part.

15 AUDIENCE MEMBER: Okay.

16 MS. ECTOR: Your license -- your current
17 license is required. I don't care if you have ten
18 years' experience.

19 AUDIENCE MEMBER: So your current license and
20 three years of -- that'll satisfy it, so it can be all
21 satisfied in the form of licenses, current and prior?

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1 DHR STAFF MEMBER: You still need references.

2 MS. ECTOR: It says "shall." You have to
3 submit your references. And look at Section 4 that
4 tells you what has to be submitted with your proposal,
5 and it requires references. So even though there are
6 two requirements, to demonstrate experience and your
7 current license, you have to submit both references and
8 your license.

9 MS. KELLER: References. References have to
10 be included.

11 AUDIENCE MEMBER: I have a question. Can
12 your references come from your clients?

13 MS. ECTOR: Yes. Please look at Section 4,
14 and it tells you who the references can come from.
15 They cannot come from anyone from the State of Maryland
16 Department of Human Resources. No one in the Local
17 Department can submit a reference for you.

18 AUDIENCE MEMBER: Quick question. Is there
19 an available list --

20 MS. AUSTIN: Your name?

21 AUDIENCE MEMBER: My name is Aduwa Jabie

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1 (phonetic), and I'm with Home Helpers.

2 MS. AUSTIN: Uh-huh.

3 AUDIENCE MEMBER: Is there an available list
4 of those that have previously been on this contract,
5 and are those people also in on this new one?

6 MS. KELLER: Bidding?

7 AUDIENCE MEMBER: Yes. I mean, like this
8 current one is open to them as well, right?

9 MS. AUSTIN: Right.

10 AUDIENCE MEMBER: They can also bid. But is
11 that list available, Say we wanted to know who was
12 previously on it?

13 MS. ECTOR: That's what we have to put on the
14 website.

15 AUDIENCE MEMBER: Oh, you'll put it on the
16 website.

17 MS. AUSTIN: You're talking about the current
18 vendors -- contractors.

19 AUDIENCE MEMBER: Okay. Okay.

20 MS. AUSTIN: That was requested, I
21 understand.

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1 AUDIENCE MEMBER: Excuse me. Still on the
2 references --

3 MS. AUSTIN: Okay, sir, I can't hear you. I
4 need --

5 AUDIENCE MEMBER: Still on references to
6 prove our experience, now (indiscernible) a letter from
7 them that we've been operating for three years
8 (indiscernible) -- yeah, like Baltimore -- like
9 Baltimore -- PG or Baltimore County -- (rest of
10 question indiscernible)

11 MS. AUSTIN: I understand. Wait, Vicky's
12 coming.

13 MS. KELLER: Aretha, could you help us with
14 this?

15 MS. SEITZ: You had mentioned earlier
16 regarding references, that State employees wouldn't be
17 able to -- shouldn't be one of the references. He's
18 asking a question about whether a case manager from
19 another State-run program who he's had experience
20 serving the clients of.

21 DHR STAFF MEMBER: Under this DHR contract?

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1 MS. SEITZ: No, another contract, like DHMH
2 for instance.

3 MS. KELLER: Okay.

4 AUDIENCE MEMBER: Could they serve as a
5 reference?

6 MS. ECTOR: Could be, but if you look at
7 Section 4, it says each reference shall be from a
8 client for whom the bidder has provided services within
9 the past five years and shall include this
10 organization. So it could possibly be from another
11 organization, so long as they're not performing
12 services under this DHR contract -- any references from
13 a state employee related to this -- the contract --
14 existing contract.

15 AUDIENCE MEMBER: Thank you.

16 AUDIENCE MEMBER: And, also, with the
17 reference, should it be like a --

18 MS. AUSTIN: Your name please.

19 AUDIENCE MEMBER: Aduwa Jabie (phonetic) with
20 Home Helpers.

21 MS. AUSTIN: Uh-huh.

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1 AUDIENCE MEMBER: Should it be a current
2 reference that I'm getting from the client, or say I
3 had a number of clients roughly a year ago and I either
4 have them as a client or I don't them now as a client,
5 I still could use that?

6 MS. ECTOR: Read Section 4.5. It tells you
7 how old the reference can be.

8 AUDIENCE MEMBER: Can be. Okay.

9 AUDIENCE MEMBER: I've got two questions.
10 The name is Abiella (phonetic). I'm from Absolute
11 Care. Number one question. Is there a template for
12 the reference? Is there anything that needs to be
13 included other than --

14 MS. AUSTIN: Section 4.4.5. has information
15 about the references. I was about to go over Section
16 4. That's for referencing, page 35, Section 4.4.5.
17 The name of the client organization; the name, the
18 title, telephone number, and e-mail address, a point of
19 contact for client organization; and the value, type,
20 duration, and description of services provided. That
21 is the Reference Section 4.4.5. on page 35. That gives

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1 you the information that is needed for references.

2 AUDIENCE MEMBER: Okay. And it can be
3 typewritten, right, 'cause that's not --

4 MS. KELLER: Oh, please, please.

5 AUDIENCE MEMBER: Second question.

6 MS. KELLER: We prefer.

7 AUDIENCE MEMBER: Right. For the
8 certification, are GNAs and like CMTs, are they allowed
9 or it just has to be a CNA?

10 MS. KELLER: For the Personal Care.

11 AUDIENCE MEMBER: It has be a CNA?

12 MS. KELLER: Yes.

13 AUDIENCE MEMBER: Okay. Thank you.

14 AUDIENCE MEMBER: Now, a GNA is an elevated
15 CNA.

16 MS. KELLER: So at least.

17 AUDIENCE MEMBER: Okay.

18 MS. KELLER: Sorry.

19 MS. AUSTIN: Okay. Section 4.1, just a quick
20 -- we're in Section 4, Bid Format. Bidders shall
21 submit with their bid all minimum qualification

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1 documentation required -- see Section 2 -- and all
2 required bid submissions -- see Section 4.4 -- in a
3 single sealed package or envelope. Each bidder is
4 required to label the sealed bid, and the bid shall
5 bear the IFB title, number, name and address of the
6 bidder, closing date, and time for receipt of the bids,
7 and the name of the jurisdiction that is being served.

8 The bid shall contain all price information
9 in the format specified on the bid form, which is
10 Attachment F. Bidders must complete separate bid forms
11 for each jurisdiction the bidder is proposing to serve.
12 The bidder shall include the following with their bid:
13 a Transmittal page, which is Attachment X; any Minimum
14 Qualifications documentation that may be required,
15 which is in Section 2; and Completed Requirement (sic)
16 -- Required Attachments, three copies of each with
17 original signatures, a completed Bid Form, Attachment
18 F, completed Bid Proposal/Affidavit, Attachment B, a
19 completed Maryland Living Wage, which is Attachment G-1
20 -- excuse me -- additional attachments are required
21 with additional (sic) signatures -- with original

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1 signatures. We don't have an MBE goal.

2 Okay. So informed. You can read Section
3 4.4.4., and if you have any questions, I can be
4 contacted. And your references I just went over. A
5 list of current or prior State contracts, Section
6 4.4.6., listing the State entity; a brief description
7 of the services which were provided; the dollar value
8 of the contract; the term of the contract; the State
9 employee contact name; and whether the contract was
10 terminated before the end of the term specified in the
11 original contract.

12 The bidder shall include financial
13 statements, preferably a profit and loss statement and
14 a balance sheet for the last two years.

15 Certificate of Insurance. I believe
16 Certificate of Insurance is only a contract award.
17 Yeah, that's only a contract award.

18 Okay. Skipping down to Section 4.6,
19 Delivery, bidders may either mail or hand-deliver the
20 bid, keeping in mind that if you send it through the
21 U.S. Postal System to allow time to arrive by the

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1 receipt date.

2 And documents -- 4.7 are documents that will
3 be required upon notification of contract award. And
4 that's Section 4.7.

5 MS. SINGLETON: Elsa Singleton. Debbie,
6 could you please stress the closing date and time and
7 mention the amendment correcting the bid opening?

8 MS. AUSTIN: Okay. Closing date will be
9 Wednesday, May 28th (sic) -- May 13th at two p.m., 311
10 West Saratoga Street in Room 952.

11 MS. SINGLETON: And the date opening?

12 MS. AUSTIN: Which will be May 13th at two
13 p.m., and that's in Room 952.

14 AUDIENCE MEMBER: That's the opening and
15 closing date?

16 MS. AUSTIN: Submission date is by 12 p.m. --
17 I'm sorry -- 12 p.m. on May 13th.

18 AUDIENCE MEMBER: Okay.

19 MS. MCMICHAEL: I'm Pam McMichael from
20 Trustworthy Staffing Solutions. I just wanted to
21 clarify, the certificate of insurance is not submitted

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1 with your bid.

2 MS. AUSTIN: No.

3 MS. MCMICHAEL: Okay. And, also, for each
4 jurisdiction, we do not have to include all the bid
5 forms, just that bid price sheet? I'm just not clear.
6 Are we including the reference and everything in each
7 sealed envelope?

8 MS. KELLER: There's one bid packet that has
9 everything in it for all the -- and we'll use that for
10 each -- for all the bid pricing that you submit.

11 MS. MCMICHAEL: Okay.

12 MS. KELLER: So we just -- we need a
13 different one, because you're pricing may be different
14 in different jurisdictions.

15 MS. MCMICHAEL: So you might have more than
16 one envelope? Your bid sheet will follow the bid
17 package, but for each different county you have a
18 different sealed envelope?

19 MS. KELLER: No.

20 MS. MCMICHAEL: I'm not clear.

21 AUDIENCE MEMBER: I think what you said

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1 earlier was we'll have one big package which will now
2 include pricing for the different jurisdictions we want
3 to (indiscernible) -- included in just one envelope
4 (indiscernible) two separate pricing lists.

5 MS. KELLER: And I do believe that in here,
6 and I'd have to research it just a little bit, but it
7 says that each price sheet should be in its separate
8 envelope. So that's what she's asking -- or she's
9 saying it should be a separate envelope. So within
10 your bid packet, in that first one envelope you would
11 have additional envelopes with your bid sheets in them
12 for that jurisdiction.

13 AUDIENCE MEMBER: Okay. Right, for that
14 jurisdiction.

15 MS. KELLER: For the jurisdictions you want
16 to serve. So if there's only one, you're still going
17 to have an additional envelope with that one sheet in
18 there. If you're doing two, you would have two
19 additional envelopes with each separate sheet in each
20 envelope.

21 AUDIENCE MEMBER: So one big envelope?

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1 MS. KELLER: Yes.

2 AUDIENCE MEMBER: Okay.

3 MS. KELLER: One large envelope and then
4 additional envelopes that contain your bid sheets.

5 MS. MCMICHAEL: So your price sheet should
6 never go with your main -- your bid.

7 (Indiscernible due to crosstalk.)

8 MS. SEITZ: Let me -- can I answer this?

9 MS. AUSTIN: Yeah.

10 MS. SEITZ: You send us one envelope with
11 your entire packet, all your supporting documents.

12 MS. MCMICHAEL: Right.

13 MS. SEITZ: Within that packet, within that
14 one big envelope, you're going to put in separate
15 smaller envelopes your bid sheet, your price for each
16 of the jurisdictions you want to bid on. Those smaller
17 separate envelopes with one price sheet in each
18 envelope for each of the jurisdictions will be in the
19 bigger envelope with the rest -- with your packet --
20 one packet.

21 MS. MCMICHAEL: Thank you.

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1 MS. KELLER: Sorry. I wasn't -- I was trying
2 to be clear.

3 MS. AUSTIN: Okay. I just want reiterate a
4 couple of dates. The bid closing date will be May 13th
5 at 12 p.m., 311 West Saratoga Street. Bid opening will
6 be May 13th at two p.m. at 311. And there has already
7 been one amendment, and that is to revise Section
8 1.13.3, Receipt Opening and Recording of Bids, as
9 follows. The bid opening date -- they changed the bid
10 opening date, which was wrong in the IFB, to Wednesday,
11 May 13th at two p.m. That information is on the
12 website and eMaryland Marketplace. That's Amendment
13 Number One for the IFB.

14 AUDIENCE MEMBER: So we can't submit it
15 earlier than May 13th.

16 MS. SEITZ: Oh, yes.

17 MS. KELLER: Oh please, please.

18 MS. AUSTIN: It's recommended.

19 MS. KELLER: If we don't receive it by that
20 date --

21 MS. AUSTIN: By.

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1 MS. KELLER: -- by 12 on that date, we can't
2 accept it.

3 AUDIENCE MEMBER: Excuse me?

4 MS. KELLER: If we don't receive it by May
5 13th at 12, we won't be able to accept it, so please
6 send it as early as possible.

7 AUDIENCE MEMBER: I guess I'm a little
8 confused on the opening. Oh, it's when you actually
9 open the envelopes?

10 MS. KELLER: Yes, publicly open and read --

11 AUDIENCE MEMBER: Publicly open.

12 MS. KELLER: Publicly open them. Uh-huh.

13 AUDIENCE MEMBER: Okay.

14 AUDIENCE MEMBER: Please, I have two
15 questions. The first one, Section 4.4.4.

16 MS. KELLER: 4.4?

17 AUDIENCE MEMBER: Yeah.

18 MS. KELLER: What page is it?

19 AUDIENCE MEMBER: 35.

20 MS. KELLER: 35?

21 AUDIENCE MEMBER: Yeah.

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1 MS. KELLER: That might be easier. Okay.

2 And your question?

3 AUDIENCE MEMBER: Yeah, 4.4.4, are these ones
4 required for this bid -- MDOT MBE Utilization
5 (indiscernible) --

6 MS. AUSTIN: It's required. Okay. Section
7 4.4. Okay. All of these ones aren't required.

8 AUDIENCE MEMBER: They're not required?

9 MS. AUSTIN: Yes, they will tell you which
10 ones.

11 AUDIENCE MEMBER: And number two, do I have
12 to be here to -- for the bid opening? I'm traveling
13 out of the country and I will come back two weeks
14 after.

15 MS. KELLER: You do not have to be here for
16 that. The requirement is if you're awarded that you
17 attend the post-award conference.

18 AUDIENCE MEMBER: Thank you.

19 MS. AUSTIN: Anymore questions?

20 MS. KELLER: Elsa has something.

21 MS. AUSTIN: Thank you, ladies.

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1 MS. SINGLETON: Excuse me just for one
2 second. If you look on page 38, it's says "IFB
3 Attachments", and it goes through every attachment in
4 the IFB and which attachment needs to come with your
5 bid or after your bid.

6 MS. AUSTIN: Thank you very much for
7 attending.

8 (Whereupon, at 3:15 p.m., the above-named pre-bid
9 conference was concluded.)
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