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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PROCEEDINGS

MS. AUSTIN: Would anyone who didn’t sign in
in the back, please sign in in the back of the room,
anyone here who did not sign in in this room.

Good afternoon, everyone.

AUDIENCE: Good afternoon.

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

AUDIENCE MEMBER: I can understand you.

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

AUDIENCE MEMBERS: Yes, yes.

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

Okay. First off, I would like to introduce
the head table. I am Deborah Austin, the Procurement
Officer for this pre-bid for the IFB for In-Home Aide
Services. And at the table with me is Vicky Keller, Social Services Administration. She will be the Project Manager for this procurement. We will be going around the room. We will ask you to stand, give your name and the name of your company. We can start here. Please speak loudly.

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

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

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

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

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

MS. ROSEBROUGH: Danyelle Rosebrough, DAR Healthcare Services.

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

MR. WEADOCK: Tom Weadock, Access Nursing
MR. CARSUEBA: (Indiscernible) Carsueba --
(indiscernible) Healthcare Services.


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

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

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

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

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

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

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

AUDIENCE MEMBER: (Indiscernible).

AUDIENCE MEMBER: Alicia (phonetic)

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(indiscernible) Services.

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

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

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

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

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

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

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

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

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

DR. SMITH: Dr. Damon Smith, Trusted Hearts
Homecare Solutions.

MS. SMITH: Shauntay Smith, Trusted Hearts

Homecare Solutions.

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

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

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

AUDIENCE MEMBER: (Indiscernible), Abraham
Healthcare Service.

AUDIENCE MEMBER: (Indiscernible), Abraham
Healthcare Services.

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

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

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

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

AUDIENCE MEMBER: (Indiscernible), Dependable Services Group.

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

MR. OWOEYE: Michael Owoeye, Bowlem Healthcare, Prince George's County.


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

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

MR. OEHLER: Steve Oehler with Maxim Healthcare Services.

MR. CALDWELL: Brad Caldwell with Maxim Healthcare Services.

MS. MCMICHAEL: Pamela McMichael with Trustworthy Staffing Solutions.

AUDIENCE MEMBER: I think we have someone on
the side.

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

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

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

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

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

MS. GREEN: Shirelle Green, Procurement, DHR.

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

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

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

MS. AUSTIN: Okay. Is that everyone? Thank you. We will be starting right in with the Invitation...
for Bids for In-Home Aide Services, Section 1, General
Information, beginning on page seven. We would like to
wait for everyone to be seated.

(Brief pause.)

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

(Audience responds affirmatively.)

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

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

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on or about August 31st, 2020.

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

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

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

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

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

Written questions from bidders will be
accepted by the Procurement Officer -- well, prior to
this conference, we did receive some questions -- and,
if appropriate, will be answered at the conference.
Answers to all questions that have not been previously answered and are not clearly specific only to the requestor will be distributed to all vendors -- all known vendors in sufficient time to be taken into consideration in the bid.

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

Section 1.11, Bids Due and Closing Date.

Bids must be received by the Procurement Officer at the address listed on the Key Information Summary Sheet no later than 12 p.m. local time on Wednesday, May 13th, 2015, in order to be considered. Requests for extension of this time or date will not be granted.

Bidders mailing bids should allow sufficient mail delivery time to insure timely receipt by the Procurement Officer. Bids received after the due date and time listed in this section will not be considered.

Bids may not be submitted by e-mail or facsimile.

Multiple and/or alternate bids will not be accepted.

Bidders can serve more than one jurisdiction; however,
a separate Price Sheet must be submitted for each
jurisdiction it proposes to serve.

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

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

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

The selected bidder -- Section 1.22. The selected bidder shall be responsible for rendering services for which it has been selected, as required by this IFB. All contractors shall be identified and a complete description of their role relative to the bid should be included in the bidder’s list. If a bidder that seeks to perform or provide the services required by this IFB is a subsidiary of another entity, all information submitted by the bidder, such as but not limited to references, financial reports, or experience and documentation -- insurance policies, bonds, letters
of credit -- used to meet the minimum qualifications, if any, should pertain exclusively to the bidder, unless the parent organization will guarantee the performance of the subsidiary.

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

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

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

I will now ask Ms. Willis-Gray to share

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

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

AUDIENCE: Good afternoon.

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

If subject to the living law (sic), the
contractor agrees that it will abide by all the living
wage requirements, including but not limited to
reporting requirements in COMAR 21.11.10.05. The
contractor understands that failure of the contractor
to provide such documents is a material breach of the
terms and condition and may result in contract
termination, disqualification by the State from
participating in State contracts, and other sanctions.

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

The specific living wage rate is determined
by whether a majority of the service takes place in a
Tier 1 area, which is $13.39, or a Tier 2 are, which is
$10.06, of the State. The Tier 1 area includes
Montgomery, Prince George’s Howard, Anne Arundel,
Baltimore Counties, and Baltimore City. The Tier 2 area includes any county in the State not listed in the Tier 1 area. In the event the employees who perform the services are not located in the State, the head of the unit responsible for the State contract shall assign the tier based upon the recipient -- where the recipients of the services are located.

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

If the contractor provides 50 percent or more of the services from the locations in a Tier 1 jurisdiction, the contract will be determined to be a Tier 1 contract. If the contractor provides 50 percent or more of the services from the locations in a Tier 2 jurisdiction, the contract will be determined to be a
Tier 2 contract. If the contractor provides more than 50 percent of the services from the out-of-State location, the State agency determines the wage tier based on where the majority of the service recipients are located.

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

(No responses.)

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

AUDIENCE: Thank you.

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

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provided with the bid.

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

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

We will now go to Section 2, Minimum
Qualifications with Vicky Keller.

MS. KELLER: Good afternoon.

AUDIENCE: Good afternoon.

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

AUDIENCE MEMBER: We can’t hear you back here.

MS. KELLER: You can’t hear me? Now can you hear me? Is that better?

AUDIENCE MEMBER: No -- (indiscernible).

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

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

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

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

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

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

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

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

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

We are looking at -- again, DR (sic) will provide a list of each local contract’s contact information and supervisor information to those who are
awarded the bid. The contract between the contractor
and DHR does not guarantee that a Local Department will
request services. It's really more of we are awarding
you the right to participate. Okay? So I just -- I
really want to stress that it's a participation award;
it's not you will be granted a certain amount of money
or guaranteed of a certain amount by the time this
contract is done.

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

The Local Department will request services
from contractors between the hours of 7:00 a.m. and
4:30 p.m., Monday through Friday. The contractor has
until the close of business on the next day to respond
to requests for new clients, three hours to respond to
service requests for current clients, and one hour to
respond to a request for quick-response services. If
the contractor accepts the request, the local
supervisor will confirm the request by e-mail or faxing
the contractor a Purchase of Service order form, and
that’s Attachment R, if you’re not familiar with that
form. In addition, they will be sending a Service
Plan, which is Attachment Q, within three business
days.

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

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

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

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

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

(Laughter.)

MS. KELLER: -- for the life of the contract.

They need to insure that those providing the service --
the RNs and CNAs, and if we talk about non-CNAs -- that
persons are proficient in English. We've had a few
situations where that's been a concern, just because
you can't communicate needs if not.

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

The contractor must insure that all CNAs
possess, at a minimum, a high school diploma or the
equivalent; are certified as a CNA by the Maryland
Board of Nursing and possess at least one year of
experience providing personal care services; upon being
assigned a case, serve as the primary and consistent
provider of care, so that's meaning that, whoever,
you're letting the Local Department know who's going to
be providing the service of the CNA. You're saying,
"Hey, this is who's going to do this." That needs to
stay consistent until you tell them otherwise. And
then are supervised -- CNAs need to be supervised by an
RN and perform the duties outlined in the Service Plan,
not more, not less, so we want to make sure that
they're getting what we've agreed on. Okay?

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

You also need to identify a liaison to work
with each Local in order communicate changes in the
client's position, health, needs, circumstances.
Preferably, we ask that the liaison be the RN, but if that’s not feasible, there can be another liaison who has consistent contact with the clients and understands what those needs are. What we’ll be asking for you -- for your agency, for those who are awarded the bid, to come and have a meeting at least monthly with the Local to discuss what’s happening with the clients, to maintain that open communication for better service.

In the -- I’m down to 3.2.2.B. In the event the contractor declines a request for service, you need to provide written documentation within five days that you’ve declined the request. The written documentation shall include a reason -- an explanation for the declination. There needs to be -- you need to submit a Corrective Action Plan to the Local supervisor following any three consecutive declinations, any three declinations within a period of three months, or three failures to provide the service that was agreed upon.

Ten business days to draft the CAP or the Corrective Action Plan, and then e-mail that to the Local Department. If that should come up, you’re going to be
contacted to say, “Hey, you know, we’re seeing this; what are we going to do to -- you know, to move forward at this point?”

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

Over to “F”, insure IHAS ends on the effective termination date that’s been provided. So, again, not going beyond what has been requested on the Purchase of Service form. There -- each month, you’ll get a new Purchase of Service to -- so that -- and if any changes have to be made, you’ll get a new Purchase of Service form. Contractors -- again, we kind of
alluded to this -- shall not suspend, close, increase, 
or reduce the hours of service without receiving a new 
Purchase of Service. So if the client would come to 
you and say, "Hey, I want extra service," that has to 
be approved before you do it.

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

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

Chore Services, 3.2.3. Again, this -- these 
are light-duty, normally, services. They are cleaning, 
laundry, tidying up, those types of services, shopping.
Again, we just don’t always encourage shopping, because of the transfer of money, but there will be some cases where you may be asked if you are willing to do that, and we come up with a procedure so that we protect all of those involved in that. So emptying trash — they’re listed there from “A” through “J”.

3.2.4, Personal Care Services. Again, this is our personal care, non -- not skilled care, so we’re talking bathing, showering, washing hair, hygiene, oral hygiene, finger -- you know, cleaning fingernails, keeping things so that we’re not getting a lot of bedsores and so forth; we’re staying that way. It can also include walking and assisting with transferring; skin care, such as lotions, things of that nature. Also, documentation of all contact with the client, including notes regarding the client’s progress, so that needs to be kept by the CNAs and the RNs, and that gets transferred over to us as -- to the Local Department as well, so any contact needs to be documented. And I think that’s just normal Board of Nursing practice, but if we don’t say it --
The 3.2.5, Nursing Evaluation and
Supervision, again, this is -- contractors shall
provide nursing evaluation of a client or nursing
supervision of a CNA when performing the care -- the
personal care duties. However, these services can be
purchased separately by the Local Department. So, for
instance, a Local Department may have CNAs on staff and
they will request that your RNs supervise those CNAs,
so that would be a separate purchase.

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

Changes in the CNA -- and then also for the
CNA, that needs to be every 60 days. I know that there
was some discussion, because the Board of Nursing
Practice Act had talked about that there should be 45-
day assessments. We have clarified that that is for
medication management, okay, so we are sticking with at least every 60. Now, the Board of Nursing is saying that you can go longer than 60, but by our contract, we cannot go past the 60-day mark. We want those evaluations at least every 60 days.

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

Prior to initiation of Respite Care services, the contractor shall -- the contractor’s RN shall evaluate the client. If you were involved in the last contract, that’s a little different, and the reason we added that is because we need to make sure that the person who is providing the Respite Care has the skill to handle those -- that client’s needs. So we want to
make sure that we’re pairing the right provider with
the right client, for safety. Contractor shall include
the initial client evaluation and the supervision of
the CNA providing Respite Care and their Respite Care
rate. Okay. So, again, that Respite Care rate should
include that RN assessment. Okay?

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

Quick Response Service is also new to this
particular IFB. It’s for those services that are more
imminent and we need to be done, you know, within a
shorter period of time than what we had expected, maybe
from -- it may be a client that you already have as --
on your -- a Purchase of Service order on and it may
not, so it may be a new client. The contractor shall
respond to requests for Quick Service -- Response
Service within one hour of receiving the request.
Services may be requested on a 24-hour basis, seven
days a week, so we could be calling at any time, and so
we do -- there's a note in here later that we'll need
to know who is your Quick Response contact for us to
contact at any time. We also need to designate a
contact person and backup contact along with after-hour
contact information. And, again, that availability is
24 hours.

Moving down to 3.2.8, the contractor shall
designate an individual to serve as the contractor's
Project Manager and identify that individual, as well
as their designee, on the Transmittal Page. We need
also to designate an individual to serve as the
contractor's supervisor, and that person as well needs
to be identified on the Transmittal Page. And then,
also, a contractor's emergency contact person, and that
person's name and information needs to be on the
Transmittal Page. The people -- they can be the same
person, for those agencies that are smaller and may not
have the staff to have a different person or it just makes sense for that same person to do all three duties, but just be, you know, conscious of what those duties are.

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

Also, records need to contain a copy of each client's Purchase of Service order form, a Service Plan that's current, and a Personal Care Plan if that is -- if Personal Care is something that's being requested.
Also, any medical records that you may have. These could include correspondences or information also from the RN.

Following the three-year period, the contractor shall purge the documents. Purging shall not involve simply abandoning the material, but rather, for physical documents, shred, burn, pulp, pulverize -- they give you all kinds of words here -- and so we want to make sure that confidentiality, again, is protected.

In regard to documents stored on electronic media, we're looking at purging, clearing that media, destroying the media device, if it should be a, you know, thumb drive or something of that nature, but, again, we stress that the confidentiality has to be maintained.

3.2.10., Reporting. This is a -- I'm not going to go through each one of these, but, again, these are the different documents that need to be sent and the time frame to which they would need to be sent to the Local Department. We have monthly reports; we have service reports; the Purchase of Service form;
Certificate of License; and so forth. Failure to submit all reports required could result in the State Project Manager reducing or withholding payment or suspending new referrals to your agency. And, in addition, the State Project Manager, which is me, may request a Corrective Action Plan. So if I call and say, "Hey, let's talk," it's okay, as long as we come up with a plan. It's when we don't follow through with the plan that then we have to talk again, so I'm sure that won't be a problem.

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

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

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

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

In closing or in some final thoughts that I
want to just bring your attention to again is you must
show proof of meeting minimum requirements, and that's
on page 21. Also, must be able to serve all corners of
the jurisdictions that you are bidding on, so that
means if your main location is -- I don't know --
Baltimore, and you're -- and you believe you have
enough staff to serve Frederick County, it's not just
Frederick City; it has to be every corner of Frederick
County. Okay? So there's a corner that's up near
Pennsylvania. It's a long ways up there. So we want
to -- please be conscious of that when you're bidding
on these jurisdictions, because if you decline, we can
-- you know, we can look at -- you know, that's a
breach of this, so please bid on the jurisdictions that
you know you can serve completely. Okay?

Need to be registered in SDAT, which is the
State Department of Assessment and Taxation and
eMaryland Marketplace. You'll be expected, for those
who are awarded the bid, to attend the post-award
conference. The requirement for one Registered Nurse
at least and five Certified Nursing Assistants to be
available at the start of the contract, so if you don't
have them today, we need to know you will have them go-
live date. And, again, there will not be bids accepted
for Anne Arundel, Cecil, Garrett, Kent, or Montgomery,
because they're doing local contracts, local
arrangements. Okay? Field questions?

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

MS. KELLER: Okay.

MS. AUSTIN: I just want to go over -- can
everybody hear me -- Section 3.11., End of Contract
Transition. The contractor shall cooperate in the
orderly transition of services from the contract
awarded under this solicitation to any subsequent
contract for similar services. The transition period
shall begin 90 days before the contract end date or the
end date of any final exercised option or contract
extension. The contractor shall work toward a prompt
and timely transition, proceeding in accordance with
the directions of the State Project Manager. I just
wanted to reiterate that before we went on to
questions. I need you to state your name and your
company and then -- loudly. Perhaps you can come up to
the microphone.
MS. KELLER: It's there at the table. That would be beautiful. Thank you.

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

MS. KELLER: Just loudly.

MS. YOUNG: Okay. Good afternoon, everyone.

My name is Jenette Young. I'm with ComForcare Home Care Services, and we have some other officers here as well from ComForcare. My question is about the bidding process and the pricing. You stated that the lowest bids would be considered first. That goes -- after meeting all the basic requirements, the licensing and all those things, is it just based on the pricing; is it based on anything else?

MS. KELLER: That's a good question. What happens is, again, if you bid higher than the other bidders, you still would make the roster, okay, but on that roster you're going to be situated lowest bid to the highest bid. Okay? For those who may be returning bidders or contractors, if you have current clients in that jurisdiction, you would keep those clients. Okay?
So we're not going to make customers, you know, switch services to the lowest bidder. That's just for continuity of care. Does that -- is that what you're asking?

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

MS. KELLER: New, new, right. And, again, there is -- each jurisdiction has that ability to move through their roster. So, for instance, probably most of them will try to get the most service for the money, I mean, you know, 'cause of so -- we have so many clients and a limited budget, but if they keep getting declinations because of -- you know, they don't -- the first person on the list doesn't have enough people or can't cover that, they're going to be moving down through that list, and if they run into problems with any of those, they have the right to move down that list. So, for instance, if you're number one and
you're just not able to provide a high quality in that particular jurisdiction, they can move to the next one on the list and so forth, but the further down you are on the list, yes, is less -- the less likely you'll be called.

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

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

MS. YOUNG: Thank you.

MS. KELLER: If you can come up.

MS. HOUSEN: I have two questions.

MS. KELLER: Okay.

MS. HOUSEN: The first question has to do with the recordkeeping of the Aide.
MS. KELLER: Yes.

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

MS. KELLER: Okay. I do recognize that that --

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

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

MS. HOUSEN: Telephony system.

MS. KELLER: -- correct -- if you can do that in lieu of filling out that daily signature from the
client. We say no -- and I’ll explain why -- because we’ve had some situations where Aides -- for instance, there’s no phone in that home --

   MS. HOUSEN: Uh-huh.

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

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

   MS. KELLER: I mean --

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


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

MS. KELLER: Right.

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

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

MS. HOUSEN: Okay.

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

MS. HOUSEN: Okay. And then my second
question. My second question has to do with the living
wage and the fact that it will probably change from
year to year, and I’ve been through this process with
you all before, so I understand that it cannot -- the
rate that is quoted cannot be increased from year to
year. I play by the rules, and I want to know how you
all verify that other agencies are also doing what is
required by law and not just submitting saying that --
signing off saying, yes, we are paying our workers 13-
plus an hour and not less. Are there audits or do you
simply rely on self-reporting? Thank you.

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

MS. STEDMAN: Hi. I have two questions too.
The first one is sort of -- dovetails off of her
question about pricing. Is there a -- you know, like a
range or anything -- a suggested range or that sort of thing? For instance, when you’re looking at the Medicaid Waiver sign-ups, you know, they do have a suggested, you know, wage and that sort of thing -- suggested billing and that sort of thing. That’s one question.

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

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

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

MS. STEDMAN: -- they were willing -- they

were hoping to be able to do so at the time.

MS. KELLER: Yeah. And, again, that's why

we're stressing that when you're bidding, bid the

jurisdictions you know you can get to every corner,

because we have no control over where the clients live.

Last time, there was no -- if you were -- so, for

instance, if somebody bid on one jurisdiction and they

failed to provide in that particular jurisdiction, we

just let that kind of be the situation.

We're going to be monitoring this closer and

it could affect your ability to obtain referrals in

other jurisdictions. Okay? So, again, I have to

stress, please don't bid on a place -- a jurisdiction

that you question that you're going to be able to do

it, unless you're going to put every effort into making

sure you meet the requirements of the bid.

THE REPORTER: Can she identify herself?

MS. KELLER: Oh, can you identify yourself?
MS. STEDMAN: I'm Lee Ann Stedman with Circle of Care. I just know that the Local DSS for that area have been very frustrated.

MS. KELLER: Yes, it's been very challenging.

It has.

MS. STEDMAN: Okay.

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

MR. WEIGEL: John Weigel with Options for Senior America. This kind of dovetails into what you were just saying. I just want to be clear, we have offices -- six offices throughout the State, so in different jurisdictions, but, corporately, can we
submit a single bid with a separate price list for
jurisdiction or do we have to do a separate bid for
each office?

MS. AUSTIN: That needs to be researched.

You need to put that in writing and send it to our
Department.

MR. WEIGEL: Okay. Thank you.

AUDIENCE MEMBER: What was the answer?

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

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

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

MS. KELLER: Okay. So --

MS. YOUNG: So I would think, off the top of
my head -- and I know I've bid before -- that did not
cause any problem for me, because I submitted all of my
separate paperwork that had to do with my business
independently owned by me.

MS. KELLER: Okay.

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

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

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

MS. KELLER: We can't hear.

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

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

MS. LUBER: All right. I'm here. Linda
Luber with Right at Home. Just a real quick question, back to -- I guess kind of tying into hers. What if there -- in the event there's a tie, how is the decision made in terms of who's selected?

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

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

MS. KELLER: You lost your tag.

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

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

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

MS. KELLER: Okay.

MALE AUDIENCE MEMBER: So the question is, when does the clock start for the three years? And
number two is that, if you don’t get into this five-year contract, when is the next one?

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

MALE AUDIENCE MEMBER: So you didn’t answer the first one.

MS. KELLER: I’m sorry.

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

AUDIENCE MEMBER: September.

MS. KELLER: He’s talking about the three years of being in business.

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

MS. KELLER: But if it’s a -- please -- just in your written question, please put in about the
franchise -- the overarching franchise as well, 'cause
I don't want us to not address that, if that would make
a difference. Please.

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

MS. KELLER: Okay.

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

MS. KELLER: Okay.

AUDIENCE MEMBER: Can you repeat the question
please?

MS. KELLER: What happened was --

MR. IKUSIKA: I said --

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

MR. IKUSIKA: Okay. My name is Rotimi Ikusika. In the last contract that's ending now, my
agency was number one in our county, and they never
called me for one case in five years.

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

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

MS. KELLER: Did you want to address something?

MS. SEITZ: Yeah. I was just going to say, to help in answer to this, that if that occurs, you do have the right to know why, so you should make contact with your -- the Local Department that you're working
with, the supervisor, to find out what it is you can do
to improve your chances. Usually, they don’t just skip
over you unless they have tried to refer clients to you
and there’s a reason that their experience indicates
you have not been able to meet their needs. So I would
stay in communication with the person at the Local
Department to find out.

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

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

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

MS. MCLAUGHLIN: Right.

MS. KELLER: -- and we realize that.

MS. MCLAUGHLIN: Okay.

MS. KELLER: And so we are looking at that
piece of it. Prior, it was just -- because we’re
requiring the five CNAs to be on staff --

MS. MCLAUGHLIN: Uh-huh.

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

MS. MCLAUGHLIN: Okay.

MS. KELLER: That would be the only one. It
wouldn’t be Respite or any of the others. It would
only be Chore.

MS. MCLAUGHLIN: Okay. That’s going to bear
on price.

MS. KELLER: Yes.

MS. MCLAUGHLIN: That’s going to have a big
bearing on price.

MS. KELLER: Yes.

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

MS. AUSTIN: In the question-and-answer
period. The information that will be on eMaryland
Marketplace and the DHR website, that answer will be
published there for everyone.

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

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

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

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

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

MR. OEHLER: -- in the current contract?

MS. KELLER: Oh, the current contract?

MR. OEHLER: Yeah.

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

MR. OEHLER: Like the price reviews.

MS. KELLER: Is anything out currently?

MS. AUSTIN: Could you repeat the question?
MR. OEHLER: Will the current pricing be made available for public knowledge?

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

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

MR. OEHLER: Okay.

MS. SINGLETON: It’ll be posted on the DHR website and eMaryland Marketplace.

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

MS. AUSTIN: Same thing.

MR. OEHLER: Same thing, in writing?

MS. AUSTIN: Current contract, yes.

MR. OEHLER: Okay. Okay.

MS. AUSTIN: That will be in writing.

MR. OEHLER: All right. Thank you.

MS. KELLER: He and then you. How’s that?
Sir.

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

MS. KELLER: Yes.

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

MS. KELLER: Yes.

MR. WEIGEL: Okay. Thank you.

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

MS. BOSTON: My name is Barbara Boston, and I'm from Personal Touch. My question is about staffing. And I think the main thing that I am concerned about, and I just want clarification, is it's
saying that when Aide called out that is already the
normal staff member for that particular client -- when
they call out like they do --

MS. KELLER: Yes.

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

MS. KELLER: Yes.

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

MS. KELLER: Yes. And here’s -- there’s a
couple reasons for notifying them. First, it’s
because, obviously, if they’re a little late, we have
the knowledge that there was a problem that day, and if
the client calls us to say, “Hey, my Aide didn’t show
up,” we can say, “Well, we got a call that they did
come, but it was later than normal; maybe you weren’t
home," or what have -- you see what I'm saying?

MS. BOSTON: Okay.

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

MS. BOSTON: Okay.

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

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

MS. KELLER: Of you knowing of the problem.

MS. BOSTON: Okay. Okay.

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

MS. BOSTON: Notify you right away.

MS. KELLER: Yes.

MS. BOSTON: Okay. Thank you.

MS. KELLER: Sure. Sir.

MALE AUDIENCE MEMBER: I'm fine.
MS. KELLER: Oh, you're good now? Okay.

Please.

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

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

MS. YOUNG: What's the average?

MS. KELLER: The average is four per day.

That seems to be our average currently. Now, it could be one day a week; it could be more than one day, you know, so that would be per session.
MS. YOUNG: That's important to pricing, because -- and payments, because it's difficult to get a caregiver scheduled for one hour, and normally we have to add a premium for the pay, so that would reflect in the pricing, so knowing the average hours is critical.

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

MS. YOUNG: Okay.

MS. KELLER: Yes. Thank you. Please.

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

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

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

MS. KELLER: That's in your bid. You're
letting us know, per county, whether you --

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

MS. KELLER: Within the living wage?

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

MS. KELLER: What is it?

DHR STAFF MEMBER: The current rate --

MS. KELLER: The current?

MS. MCLAUGHLIN: Yeah.

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

MS. MCLAUGHLIN: Right.

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

MS. KELLER: Yes. We had said --

MS. MCLAUGHLIN: I'm sorry.

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

MS. AUSTIN: DHR website.
MS. KELLER: -- the DHR website.

MS. MC Laughlin: Perfect. Thank you.

MS. KELLER: Yes. Sorry.

AUDIENCE MEMBER: You should make it clear

though that that was a rate that was established five

years ago, but you should really think about what your

total cost is going to be today than five years out.

MS. KELLER: Yeah, 'cause the rate --

absolutely. Thank you. Because, yeah, the rates that

are being paid today were bid five years ago, so you

want to think about today on and project what are you

going to need in five years as well for salaries.

AUDIENCE MEMBER: Is the rate constant for

the five years?

MS. KELLER: Yes. Yes. The rate is constant

for five years.

MR. SAVAGE: Jack Savage, ComForCare. Just a

follow-on to that. Have you considered -- a lot of

State contracts do have some sort of annual escalation,

either based on CPI or something.

MS. KELLER: Yeah. This contract doesn't do
that. It's not --

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

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

    MR. SAVAGE: Okay.

    MS. AUSTIN: Not in this contract.

    AUDIENCE MEMBER: I had one more question.

    MS. KELLER: We had one more here.

    AUDIENCE MEMBER: I'm sorry.

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

    MS. KELLER: Yes.

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

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

    AUDIENCE MEMBER: Okay. And I think I know
the answer to this question, but if you have Aides that
are dedicated to this contract and they go from client
to client -- there's a -- in fact, I know that there's
a new law out that we have to compensate the Aides for
their travel time -- is that anything that can be
reimbursable?

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

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

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

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

AUDIENCE MEMBER: Okay.

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

AUDIENCE MEMBER: Okay. With regard to --
and this will probably apply to franchises. With
regard to the minimum requirements for offices, for a
franchise that may be in an area for three years or
less, can they list the franchise corporate information
as the corporate information and just give personal
references and insurance information, et cetera?

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

AUDIENCE MEMBER: Okay.

MS. AUSTIN: We’re requesting that in
writing.

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

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

AUDIENCE MEMBER: Okay.

DHR STAFF MEMBER: Aretha.

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

AUDIENCE MEMBER: Okay.

MS. ECTOR: -- and perhaps we can look at it.
If you're able to subcontract some of the services --

AUDIENCE MEMBER: Right.

MS. ECTOR: -- you may join with

(indiscernible) but somehow together you've got to meet
the requirements.

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

AUDIENCE MEMBER: It does?

MS. AUSTIN: It does not.

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

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

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

AUDIENCE MEMBER: Right.

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

AUDIENCE MEMBER: The responsibility or the guarantee.
MS. KELLER: Right. Exactly.
AUDIENCE MEMBER: Okay. I promise I’m not playing stump the State people.
MS. KELLER: No, please, but put it in writing as clearly as you can.
AUDIENCE MEMBER: Okay.
MS. AUSTIN: Yes, please.
MS. KELLER: We just don’t want to do anything that’s not legal. That’s why we’re saying we will get back to you.
MS. YOUNG: I have one more question on pricing.
MS. KELLER: His hand just went up. I’m sorry. And then you. How’s that?
MS. YOUNG: Okay.
MR. OWOEYE: My name is Michael Owoeye. My question concerns insurance -- the insurance requirements of this contract (indiscernible) --
MS. AUSTIN: Could you repeat the question?
I think you need to come up. We can’t --
AUDIENCE MEMBER: He wanted to know the

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insurance requirement.

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

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

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

MS. AUSTIN: Section 3.4.

MS. KELLER: It's page 31.

AUDIENCE MEMBER: 31?

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

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

MS. YOUNG: One other question on the
pricing. It sounds like the bids for pricing can be very wide, because if we’re talking about five years, somebody could have a pricing of 19 and somebody could have a pricing of 40, when we’re trying to take into consideration those one-hour shifts, the five-year plan, and then cost of living and cost of living wage increases and transportation and all kinds of stuff that comes up -- and I think we’re raising this pricing -- we’re raising this question so much, because we want to be in the play, rightfully so, and do something that qualifies us. And it’s good that you’re going to put the current contract information on the website.

That’s good.

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

MS. ADAMS: I’m going to speak for a minute.

Dorinda Adams with the Office of Adult Services. We want you to consider every piece of what you just talked about -- every component -- and please know we want your bid. We need to have qualified, thoughtful, well-received providers of care to some of the most vulnerable individuals in this State. That is not cheap. Please understand our system requires that we have to look at the cost. Okay? But be realistic.

We’re trying to do this efficiently and let you know that we have to look at the cost. But if you’re providing services to large jurisdictions, you’ve got to take into cost the travel time. We understand that. That does not discount you. And if you see what our current vendors are being paid, you will see it’s a wide array, but it’s the provider who can meet the needs that that Local Department is going to. It’s not the provider who says, “Oh, yeah, I’ll get around to you.” It’s the provider who can safely meet the needs and has a good communication record with
that Local Department. You need to know -- if you are
a selected awardee, you need to know who you're working
with. They're the ones -- I mean and her, Vicky --
they're the ones that are going to determine whether or
not your organization is going to be used.

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

MS. ADAMS: I believe you.

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

MS ECTOR: Some of you may be familiar with
bids. Generally, one contractor is selected, and it's
selected based on the lowest bid. This solicitation is
different in that multiple providers will be selected.
So we are not selecting one vendor for each
jurisdiction based on their lowest price. There will
be multiple vendors selected in each jurisdiction.
However, the person with the lowest price does get a
benefit, and the benefit is you have the right of first
refusal in those instances, if the services that you
offer match the services that are being requested.
That’s the benefit of having the lowest bid.

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

This is a fully-loaded fixed-price contract.
That means all of your costs, all of your expenses,
direct expenses, indirect expenses, have to be included
in your costs. We’re not asking you to specify what
all of that is, but that’s your profit, that’s your
travel, that’s your salaries based on the living wage,
which, in the past, have increased, so please take that
into consideration. So when you think about what your
price should be, you’ve got to take all of that into
consideration, because there will not be any contract
modifications for you to adjust your price from the contract start date until when the contract terminates based on living wage. And trust me, we say it, but we get questions from vendors all the time: "The living wage went up. Can I adjust my price?" No, you can't.

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

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

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

MS. YOUNG: Thank you.

MS. KELLER: Yes, please.

MR. BAILEY: We have several questions.

Matthew Bailey from P-B Health Home Care Agency. I
just got (indiscernible). Am I understanding that that $13.29 is not fixed for this contract, that it can be variable, and if it goes up to $18 during that five-year period, we are accountable for that living wage?

MS. ECTOR: You're absolutely correct.

MS. KELLER: That's correct.

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

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

MR. BAILEY: Okay.
MS. ECTOR: But your insurance agent will know.

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

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

MR. BAILEY: Okay. Thank you.

MS. KELLER: Yes.

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

MS. ECTOR: Correct.

AUDIENCE MEMBER: Can you repeat that, so everyone can year?

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

MS. AUSTIN: We have Ms. Elsa Singleton from
the Procurement Division who has some additional information.

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

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

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

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MS. SINGLETON: Yes, sir.

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

MS. SINGLETON: We like legible licenses.

MS. KELLER: Or they don’t count either.

(Laughter.)

MS. SINGLETON: Thank you for that tip.

AUDIENCE MEMBER: Yeah.

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

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

MS. KELLER: You’ll also have to include references.

AUDIENCE MEMBER: I’m talking about the
expired license, not the current ones (indiscernible).

MS. KELLER: Sure.

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

MS. KELLER: (indiscernible)

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

MS. KELLER: Uh-huh.

MS. AUSTIN: That’s fine.

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

AUDIENCE MEMBER: No, just one of the three.

AUDIENCE MEMBER: One or the other.

(Cross-talk form audience members.)

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

MS. KELLER: It’s a written record, so they
will provide --

MS. KENMAN: From the family?

MS. KELLER: From the client.

MS. KENMAN: From the client?
MS. KELLER: Yeah. So they would -- it would
be someone who has already put it is writing for you --
for us to review.

MS. KENMAN: Okay.

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

MS. KENMAN: Yes. Klariss Kenman again.

You're talking about current license. I'm taking an
example. You have people that their license expired
this month and the Department of Health and Mental
Hygiene haven’t sent their license yet, even though
they have renewed their license since two months,
because we can’t go there and push them and say, “Okay,
send me my license because I have a solicitation
coming.” So how do you take that into consideration?

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

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

MS. KENMAN: That’s what I’m saying. They
have a backlog.

MS. ECTOR: Well, I mean, I think that’s
something the Department can look into. However, I
don’t know if we can delay the process. You have to be
licensed in order to get a contract, in order to
perform certain services. So we’ll work with DHMH to
see if there’s maybe something in place that would
permit you to forward with an award, but what we don’t
want to do is give you a contract and then find out you
don't get a license. So if you find that that's the case, if you find that that's happening, notify the Procurement Officer, and if we get enough complaints and see that it's a pattern, then it's something we may be able to work out, but at this point, a license is required, because we can't penalize those who have a license, who may have submitted their paperwork timely, for those who are caught up in the backlog.

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

MS. ECTOR: That satisfies your experience part.

AUDIENCE MEMBER: Okay.

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

AUDIENCE MEMBER: So your current license and three years of -- that'll satisfy it, so it can be all satisfied in the form of licenses, current and prior?
DHR STAFF MEMBER: You still need references.

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

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

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

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

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

MS. AUSTIN: Your name?

AUDIENCE MEMBER: My name is Aduwa Jabie
(phonetic), and I’m with Home Helpers.

MS. AUSTIN: Uh-huh.

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

MS. KELLER: Bidding?

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

MS. AUSTIN: Right.

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

MS. ECTOR: That’s what we have to put on the
website.

AUDIENCE MEMBER: Oh, you’ll put it on the
website.

MS. AUSTIN: You’re talking about the current
vendors -- contractors.

AUDIENCE MEMBER: Okay. Okay.

MS. AUSTIN: That was requested, I
understand.

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

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

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

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

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

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

DHR STAFF MEMBER: Under this DHR contract?
MS. SEITZ: No, another contract, like DHMH for instance.

MS. KELLER: Okay.

AUDIENCE MEMBER: Could they serve as a reference?

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

AUDIENCE MEMBER: Thank you.

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

MS. AUSTIN: Your name please.

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

MS. AUSTIN: Uh-huh.
AUDIENCE MEMBER: Should it be a current reference that I'm getting from the client, or say I had a number of clients roughly a year ago and I either have them as a client or I don't them now as a client, I still could use that?

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

AUDIENCE MEMBER: Can be. Okay.

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

MS. AUSTIN: Section 4.4.5. has information about the references. I was about to go over Section 4. That's for referencing, page 35, Section 4.4.5.

The name of the client organization; the name, the title, telephone number, and e-mail address, a point of contact for client organization; and the value, type, duration, and description of services provided. That is the Reference Section 4.4.5. on page 35. That gives
you the information that is needed for references.

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

MS. KELLER: Oh, please, please.

AUDIENCE MEMBER: Second question.

MS. KELLER: We prefer.

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

MS. KELLER: For the Personal Care.

AUDIENCE MEMBER: It has be a CNA?

MS. KELLER: Yes.

AUDIENCE MEMBER: Okay. Thank you.

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

MS. KELLER: So at least.

AUDIENCE MEMBER: Okay.

MS. KELLER: Sorry.

MS. AUSTIN: Okay. Section 4.1, just a quick
-- we're in Section 4, Bid Format. Bidders shall
submit with their bid all minimum qualification
documentation required -- see Section 2 -- and all required bid submissions -- see Section 4.4 -- in a single sealed package or envelope. Each bidder is required to label the sealed bid, and the bid shall bear the IFB title, number, name and address of the bidder, closing date, and time for receipt of the bids, and the name of the jurisdiction that is being served.

The bid shall contain all price information in the format specified on the bid form, which is Attachment F. Bidders must complete separate bid forms for each jurisdiction the bidder is proposing to serve. The bidder shall include the following with their bid:
a Transmittal page, which is Attachment X; any Minimum Qualifications documentation that may be required, which is in Section 2; and Completed Requirement (sic) -- Required Attachments, three copies of each with original signatures, a completed Bid Form, Attachment F, completed Bid Proposal/Affidavit, Attachment B, a completed Maryland Living Wage, which is Attachment G-1 -- excuse me -- additional attachments are required with additional (sic) signatures -- with original
signatures. We don't have an MBE goal.

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

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

        Certificate of Insurance. I believe
Certificate of Insurance is only a contract award.

        Yeah, that's only a contract award.

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

HUNT REPORTING COMPANY
Court Reporting and Litigation Support
Serving Maryland, Washington, and Virginia
410-766-HUNT (4868)
receipt date.

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

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

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

MS. SINGLETON: And the date opening?

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

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

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

AUDIENCE MEMBER: Okay.

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

MS. AUSTIN: No.

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

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

MS. MCMICHAEL: Okay.

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

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

MS. KELLER: No.

MS. MCMICHAEL: I'm not clear.

AUDIENCE MEMBER: I think what you said
earlier was we’ll have one big package which will now
include pricing for the different jurisdictions we want
to (indiscernible) -- included in just one envelope
(indiscernible) two separate pricing lists.

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

AUDIENCE MEMBER: Okay. Right, for that
jurisdiction.

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

AUDIENCE MEMBER: So one big envelope?
MS. KELLER: Yes.

AUDIENCE MEMBER: Okay.

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

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

(Indiscernible due to crosstalk.)

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

MS. AUSTIN: Yeah.

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

MS. MCMICHAEL: Right.

MS. SEITZ: Within that packet, within that one big envelope, you’re going to put in separate smaller envelopes your bid sheet, your price for each of the jurisdictions you want to bid on. Those smaller separate envelopes with one price sheet in each envelope for each of the jurisdictions will be in the bigger envelope with the rest -- with your packet -- one packet.

MS. MCMICHAEL: Thank you.
MS. KELLER: Sorry. I wasn’t -- I was trying to be clear.

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

AUDIENCE MEMBER: So we can’t submit it earlier than May 13th.

MS. SEITZ: Oh, yes.

MS. KELLER: Oh please, please.

MS. AUSTIN: It’s recommended.

MS. KELLER: If we don’t receive it by that date --

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

AUDIENCE MEMBER: Excuse me?

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

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

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

AUDIENCE MEMBER: Publicly open.

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

AUDIENCE MEMBER: Okay.

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

MS. KELLER: 4.4?

AUDIENCE MEMBER: Yeah.

MS. KELLER: What page is it?

AUDIENCE MEMBER: 35.

MS. KELLER: 35?

AUDIENCE MEMBER: Yeah.
MS. KELLER: That might be easier. Okay.

And your question?

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

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

AUDIENCE MEMBER: They’re not required?

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

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

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

AUDIENCE MEMBER: Thank you.

MS. AUSTIN: Anymore questions?

MS. KELLER: Elsa has something.

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

MS. AUSTIN: Thank you very much for attending.

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