STATE OF MARYLAND
DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES ADMINISTRATION
OFFICE OF ADULT SERVICES
PRE-PROPOSAL CONFERENCE

INVITATION FOR BIDS (IFB)
IN-HOME AIDE SERVICES
IFB NUMBER SSA/IHAS-21-001-S

WEDNESDAY, MAY 5, 2021
1:00 P.M.
(Remotely via Google Meet)

Maryland Department of Human Services
31 West Saratoga Street
Baltimore, Maryland  21201

PRESENT FROM MARYLAND DEPARTMENT OF HEALTH:

HENRY THORSTRATEN
DEBORAH WILBURN
DORINDA ADAMS
RUFUS BERRY
SANG KANG
GREG SESEK
ARETHA ECTOR
VENDORS PRESENT:

PATSY JONES, A Better Alternative Nursing Agency
AL SIMONS, Specialty Care Services
CHRISTINA ABANGE, Love One Home Healthcare
ROBIN PEAKE, First Light Home Care
ELIZABETH WEGLEIN, Elizabeth Cooney Personal Care
JOSEPH EDJOIA, Candid Home Healthcare Services
ALYSON PROCTOR, Abraham Healthcare
ABIODUN ONABIYI, Abraham Healthcare
ALLISON KELLY, Days Ahead In-Home Care
EZRA LULANDALA, Compassionate Home Nursing Care
E. NAWANKO
CLARICE WOOD, Home Helpers Home Care
BIANCA THOMPSON WISE, Home Helpers Home Care
MARY CERVENY, Visiting Angels
REBECCA SHIFE, Visiting Angels
GLADYS WALLACE, Blessing Home Healthcare
DEBBIE DAVIS
ASHLEY HOWE, Comfort Keepers
DEPINA HODGE, Comfort Keepers
DESCHELL COLLINS, SHORE UP! Inc.
DEBBIE JAY, ProCare Home Health
EILEEN MCLAUGHLIN, Right at Home
GODFREY ESOCHAGI, Dependable Services Group
Able Healthcare
JASON HAFER, Home Centris Healthcare
JESTINA JALLOH-JAMBORIA, Shalom Nursing Care
LEKEL EBB, Well Managed Care
Royal Home Care
OLAYINKA AKERELE-OLUFIDIPE, Crown Hills
AJAY GANDHI, Capital Home Care
IDRIS ABOLURIN, Kadris Health Care Services
DAVE RILEY, Always Best Care (ABCUC, LLC)
P-B Health Home Care Agency
PAMELA MCMICHAEL, Trustworthy Staffing Solutions
GRACE BASSEY, Trustworthy Healthcare
MICHELLE ADDISON, Wellsprings Home Health Care
RITA PACH, First Choice Health
TIANA WOODBRIDGE, Karen for Kids
AKIN AFOLABI, Precious Hearts Companion Care
ALEXANDRA BOURSIQUOT, Nurses for Care, Inc.

REPORTED BY: DEBORAH B. GAUTHIER, Notary Public
MR. THORSTRATEN: All right. It's 1:05. I have started recording this meeting already. Good morning. Welcome to the pre-proposal conference for the In-Home Aide Services Invitation for Bids. My name is Henry ThorStraten, and today we will present information about the IFB, and we will also try to answer any questions that you may have concerning this IFB. Please note that this conference is being recorded and being transcribed by Hunt Reporting Company. When asking questions, please state your name and the name of your company for the record. A transcript of this conference will be available on eMaryland Marketplace Advantage and also added to the DHS website. Please keep yourself muted unless identifying yourself during roll call or asking a question after being called on, so that everyone can hear during the meeting. Let's begin the conference with introductions. I will begin with the DHS Staff and let them introduce themselves. Then I will call on everyone in the meeting attendee list. Again, I am
Henry ThorStraten. I'm am part of DHS Procurement, and I am the Procurement Officer for this solicitation. Dorinda Adams, will you introduce yourself please?

MS. ADAMS: Certainly. Thank you, Henry.

Hello everyone. I'm Dorinda Adams. I am the Director of the Office of Adult Services, which is part of the Social Services Administration within the Department. Thank you.

MR. THORSTRATEN: Thank you. Greg Sesek, will you introduce yourself please?

MR. SESEK: Thank you, Henry. Good afternoon everyone. Greg Sesek here from the Department of Human Services, Office of Adult Services. I serve as the Programs Manager. Thank you.

MR. THORSTRATEN: Okay. Deborah Wilburn.

MS. WILBURN: Good afternoon everyone. My name is Deborah Wilburn. I'm the Program Supervisor and the In-Home Aide Program Specialist. Nice to meet everyone.

MR. THORSTRATEN: Okay. Aretha Ector is an AAG. She will be joining us. I'm not sure she's here
yet. Aretha, are you with us yet?

(No response.)

MR. THORSTRATEN: Okay. She'll be joining us in a little bit. Kenneth Jessup.

MR. JESSUP: Good afternoon everyone. My name is Kenneth Jessup. I am the Program Manager for the Hiring Agreement Program, Department of Human Services. Thank you.

MR. THORSTRATEN: You're welcome. Rufus Berry.

MR. BERRY: Good afternoon everyone. My name is Rufus Berry. I'm also from the Procurement Office here at DHS.

MR. THORSTRATEN: Okay. And Sang Kang may be with us.

(No response.)

MR. THORSTRATEN: Okay. Now I'm going to call on the rest of the attendees, since there are so many of you, which is great. Please be patient. Only one representative of each organization needs to speak at this time. Please state your name and the name of
your organization and give a quick description of the
type of service that you provide, like a sentence or
two. Okay. I'm going to need to turn to the side to
read the list. Someone from Home Helpers.

   MS. WISE: I am Bianca Wise with Home Helpers
   Home Care of Baltimore. We provide nonmedical in-home
care, private duty one-on-one. We also provide a
comprehensive approach with personal emergency response
devices. We also provide meal delivery service and
daily wellness checks as well to support seniors in the
community.

   MR. THORSTRATEN: Thank you. Mr. or Ms.
   Christina.

   MS. ABANGE: Hello. Hi. My name is
   Christina Abange. I am the Nursing Director of Loved
   One Home Healthcare. We are a medical and nonmedical
   home care agency, so we do provide skilled nursing
   services and non-skilled (indiscernible) assistance.
   We do companionship; we do respite care; and we do PT,
   OT; and also we do wound care services.

   MR. THORSTRATEN: Thank you. Mr. Al Simons.
MR. SIMONS: Hi. My name is Al Simons. I'm the managing member for Specialty Care Services. We're an RSA Level 3 agency, and we provide services throughout the Montgomery County, Maryland area.

MR. THORSTRATEN: Thank you. Someone from Days Ahead In-Home Care.

MS. KELLY: Hi. I'm Allison Kelly. I'm from Days Ahead In-Home Care. We provide personal and companion care services. We are a Level 1, and we're looking to get our skilled nursing.

MR. THORSTRATEN: Thank you. Ms. Ashley Parker from Comfort Keepers.

MS. PARKER: Hi. My name's Ashley. I'm with Comfort Keepers, and we provide in-home care services for seniors and disabled adults here on the Eastern Shore, and we provide companion care, personal care, and medication management.

MR. THORSTRATEN: Thank you. Someone from Blessing Home Care.

MS. WALLACE: Hi. Good afternoon. My name is Gladys Wallace. I'm from Blessing Home Care.
the General Director. We are an RSA Level 3. We're joint commission accredited. We've been servicing Montgomery County, Washington County, Cumberland, Anne Arundel, and Baltimore for the past seven years. We do wound care, companionship, and also personal care services.

MR. THORSTRATEN: Thank you. I also have a B. Wise from Home Helpers Home Care. They already spoke, so only one person from each organization needs to speak, so I'll move on to Ms. or Mr. D. Collins for Shore Up.

MS. WILBURN: Henry, I have in the chat, Deschell Collins, Project Director from SHOREUP! Inc., and they offer residential services. They provide in-home aide services that includes personal care, chore services, and respite care.

MR. THORSTRATEN: Thank you, Deborah. Debbie Jay with ProCare Home Health.

(No response.)

MR. THORSTRATEN: Okay. Ms. Eileen McLaughlin.
MS. MCLAUGHLIN: Good afternoon everybody.

My name is Eileen McLaughlin, and I'm with Right at Home. We are licensed through -- we have an RSA license through Level 2. We are currently providing services under the IHAS Contract in many areas across the State, and I am representing Washington County, Frederick County, Carroll County, and Howard County, Maryland today. Nice to see you all.

MR. THORSTRATEN: Thank you. And I have someone just listed in their e-mail address --

THE REPORTER: I'm getting a lot of feedback from somebody.

MR. THORSTRATEN: Okay. I have someone in the e-mail just listed as Godfrey.

MR. ESOCHAGI: Yes. Good afternoon. My name is Godgrey Esochagi. I'm from Dependable Services Group, and we provide services in the elderlies' homes throughout Baltimore. We have been in business for the past 20 years.

MR. THORSTRATEN: Okay. We'll move on to Able Healthcare.

ATTENDEE: This is (indiscernible). I'm the Director here at Able Healthcare. We are -- we offer residential staffing services, in-home companion and respite care as well out of the -- well, mainly the Baltimore, Maryland area.

MR. THORSTRATEN: Abraham Health.

ALLISON: Hi. This is Allison from Abraham Healthcare. We are an in-home aide service agency in the Baltimore area.

MR. THORSTRATEN: Thank you. Someone from CH Nursing Care.

MR. LULANDALA: This is Ezra Lulandala with Compassionate Home Nursing Care, and we are a Level 2 RSA, and we also have an RSA-Other, which provides complex care as well as physical therapy throughout Frederick and the Baltimore area.

MR. THORSTRATEN: Thank you. Mr. Jason Hafer with HomeCentris.
MR. HAFTER: Yes. My name is Jason Hafer.

I'm with HomeCentris Healthcare. We have a Level 2 RSA with five offices across the State, in addition to Medicare-certified skilled home help and visiting primary care functions throughout the State as well.

Thank you.


MS. JALLOH-JAMBORIA: Hi. My name is Jestina from Shalom Nursing Care. We do provide both skilled and non-skilled services in the State of Maryland. We cover basically PT, OT, aide services, respite care in Maryland. Thank you.


MS. SHIPE: Hi. I'll be speaking for Visiting Angels. I'm Rebecca Shipe, one of the Nursing Managers. We are currently a Level 2 RSA, and we have 20 years of experience. We have three offices in the State of Maryland, as well as an office in D.C., Medicaid certified, and a current vendor for both
Montgomery Respite and Montgomery IHAS.

MR. THORSTRATEN: Thank you. Kadris Health.

MR. ABOLURIN: Yeah. My name is Idris Abolurin. I offer services home health and respite care for over 11 years. We are currently (indiscernible) and I'm here to represent the organization. Thank you.

MR. THORSTRATEN: You're welcome. Ms. Ebb from Well Managed Care.

MS. EBB: Hi. My name is Lekel Ebb. I am the owner of Well Managed Care. We are a nurse referral agency and we provide in-home services for seniors and individuals with disabilities, and we're located in Prince George's County. Thank you.

MR. THORSTRATEN: Thank you. There's also a (indiscernible) from SHOREUP, which already spoke. Did I interrupt somebody who was speaking?

(No response.)

MR. THORSTRATEN: MBJ Energy (phonetic).

ATTENDEE: Hi. Good afternoon. My name is Ennie (phonetic) representing Royal Home Care, and we
are a home care service provider in Maryland medical
and nonmedical home service and specializing also in
post-surgery care. We also operate an assisted living
facility in Anne Arundel County. It's a pleasure to be
here. We're also Medicaid certified.

MR. THORSTRATEN: Okay. Thank you. Crown
Hills.

DR. AKERELE: Yes. Good afternoon. Can you
hear me?

MR. THORSTRATEN: Yes.

DR. AKERELE: Okay. My name is Dr. Olayinka
Akerle, and I'm representing Crown Hills. We are --
we provide home health services in Maryland and
Pennsylvania for nursing and doctor services, both for
juveniles and adults. We are a Level 3 RSA. We
provide in-home care for adults and pediatrics, full
private duty, chores, skilled nursing, personal care,
and medication management. And we are located in
Baltimore County, but we service all of Maryland.

MR. THORSTRATEN: Thank you. Ms. Robin
Peake.
MS. PEAKE: Good afternoon everyone. My name is Robin Peake. I'm the owner of FirstLight Homecare of Bowie. We are a nonmedical in-home care agency. We provide our services to seniors, veterans, and individuals with disabilities, and are also currently a vendor for the Prince George's County Respite Program. Thank you for the invitation.

MR. THORSTRATEN: You're welcome. Royal Home Care; didn't they speak already? If not, you can speak now.

(No response.)

MR. THORSTRATEN: Okay. ABCUC. I'm sorry. Go ahead.

MR. BERRY: I'm just going to ask everyone, if you're not speaking, can you please mute your phone? Henry, I think you can mute them manually.

MS. WILBURN: Yes. The phone number ending in 96, if you could start mute. Thank you.

MR. THORSTRATEN: Great. And ABCUC, and then HE (phonetic) Agency.

(No response.)
MR. THORSTRATEN: Capital Home Care.

MR. GANDHI: Hi. My name is Ajay Gandhi. I'm the Director of Care Services with Capital Home Care. We are an RSA 2 agency. Thank you for the invite. We serve the Baltimore County and PG County area with IHAS programs, and we serve -- we do medication management as well, other than the nonmedical services.

MR. THORSTRATEN: Thank you. And the person who also started to speak?

MR. RILEY: Hello. Yeah. This is Dave Riley with Always Best Care, ABCUC, LLC. Can you hear me?

MR. THORSTRATEN: Yes.

MR. RILEY: Okay. Yes. We are a Level 2 RSA provider in the State of Maryland. We're currently part of the IHAS Program. We have a Veterans Administration Solicitation Agreement, and we're Medicaid certified. We provide services in Baltimore City, Baltimore County, Harford County, and Cecil County. Thanks for having us today.
with ABA Stay Home.

MS. JONES: Hi. No, this isn't Alberta. I don't know if you can see me, but anyway good evening everyone. This is A Better Alternative Nursing agency. We are a Level 3 RSA, and we service the entire State of Maryland (indiscernible) -- we do veterans contracts, medication (indiscernible) and all types of other services.

MR. THORSTRATEN: Bailey with P-B Health.

ATTENDEE: Yeah. Hi. I want to speak for Mr. Bailey. My name is Ana (indiscernible). I'm the Finance and Administrative Operations Manager here at P-B Health Home Care Agency. And in addition to providing private-duty services, we're also Medicare and Medicare certified and provide, you know, skilled nursing and therapy, medical social work, and home health aides. And we have been around in excess of 30 years, and we service the areas of Baltimore City, Baltimore County, Anne Arundel, and Howard County. Thank you.

MR. THORSTRATEN: You're welcome. I may have
skipped over one. Ashley Howe with Comfort Keepers.

(No response.)

MR. THORSTRATEN: Okay. Trustworthy Staffing. Remember to unmute yourself if you're talking.

(No response.)

MR. THORSTRATEN: P-B Health; I believe we heard from them. We did. Okay. David Obama for --

MS. EDJOA: Yes. Hello. This is Josepha Edjoa. I hope you're hearing me.

MR. THORSTRATEN: Yes.

MS. EDJOA: Okay. My name is Josepha Edjoa. I am the Director of Nursing with Candid Home Health Care Services. We are a Level 3 RSA. We have a Level 3 RSA license, and we are serving clients in the CFC Program in the Maryland area. We serve seniors and disabled citizens in their homes, and we have been operating since 2008, and we are in the Silver Spring area. That's our location.

MR. THORSTRATEN: All right. Thank you.

MS. MCMICHAEL: Hello. This is Pamela
McMichael of Trustworthy Staffing. I'm sorry. I couldn't unmute my phone.

MR. THORSTRATEN: That's okay.

MS. MCMICHAEL: I am the President and owner of Trustworthy Staffing Solutions. We service the Baltimore City, Baltimore County, and Howard County areas. Currently, I am serving the In-Home Aide Program of Baltimore City. We are Medicaid certified, and we are RSA Level 3. Thank you.

MR. THORSTRATEN: You're welcome. At this time, would Adonai like to speak?

(No response.)

MR. THORSTRATEN: Okay. Ms. Depina Hodge, Comfort Keepers. I think we already heard from them.

Ms. Elizabeth Weglein.

MS. WEGLEIN: Hi. Elizabeth WeGlein on behalf of Elizabeth Cooney Personal Care, and we are a Level 3 Residential Service Agency. Thank you.

MR. THORSTRATEN: You're welcome. And I have info@twhri.com.

(No response.)

MR. HAFER: We already spoke. Thank you.

MR. THORSTRATEN: Okay. Mr. John Thomas, 88 hundred (phonetic).

(No response.)

MR. THORSTRATEN: Ms. Lisa Height-Gross.

(No response.)

MS. BASSEY: Good afternoon.

MR. THORSTRATEN: Yes, you're very quiet. Who is this?

MS. BASSEY: This is Grace Bassey, Trustworthy Healthcare. Sorry, I couldn't unmute myself.

MR. THORSTRATEN: Okay.

MS. BASSEY: We are a Level 2 RSA agency. We've been operating since 2005, and we are currently the one doing in-home health for the PG County.

MR. THORSTRATEN: All right. Thank you.

Thank you. Precious Hearts.

(No response.)

MR. THORSTRATEN: Capital Home Care.
MR. GANDHI: Yes, we just spoke.

MR. THORSTRATEN: Thank you. I'm sorry. I'm going through the e-mails and I can't always tell who I've called on.

MR. GANDHI: No problem.

MR. THORSTRATEN: I think I called on this person, S-L-U-B-E-R at rhnp.net (phonetic).

(No response.)

MR. THORSTRATEN: Okay. JPS Health Services.

(No response.)

MR. THORSTRATEN: And then, lastly (indiscernible).

(No response.)

MR. THORSTRATEN: Okay. That's everyone I have in the Google e-mail list. If anyone else is here, and I'm sure there are people here, would you please mention -- raise your hand or mention yourself in chat or just chime in and tell us who you are.

MS. ADDISON: Hello everyone. My name is Michelle. I'm the owner of Wellspring Home Healthcare. We are a new agency. We are a Level 3, and we provide
in-home services, skilled nursing services, physical
therapy, and occupational therapy. Thank you.

MR. THORSTRATEN: All right. Thank you.

There were some hands raised. It's hard for me to
monitor that while I'm doing it on my end. Is there
anyone else who can monitor that more easily?

MR. BERRY: I'm monitoring it as well.

MR. THORSTRATEN: Okay. I see them now. I
got to it. Yes, I'll go ahead and call through this
list or are you going to do it, Rufus?

MR. BERRY: That's fine. If you can monitor
it, that's fine.

MR. THORSTRATEN: Yeah, I don't mind. I'll
call them. The first hand that I see raised is Ms.
Tiana Woodbridge.

(No response.)

MR. BERRY: You want me to take it?

MR. THORSTRATEN: Yeah. Go ahead, Rufus.

You take it.

MS. PACH: Hi. My name is Rita, and -- hi
everybody. My name is Rita, and I'm the owner of First
Choice Health. We are a Level 3 RSA and we currently cover all of Maryland. We're in Baltimore County on Main Street. We service patients for companionship, wound care, private duty, post-surgical care, and, again, we service all of Baltimore County, and we're Medicaid certified.

MR. THORSTRATEN: Thank you.

MR. BERRY: Debbie, you had your hand raised.

MR. THORSTRATEN: Yes, I'm sorry, Rufus. I interrupted you. You can go ahead and call on people.

MR. BERRY: That's fine. Debbie, you had your hand raised?

THE REPORTER: I am getting a lot of feedback. Yes, I am getting a lot of feedback. Please, if you're not speaking, please mute your microphone.

MR. THORSTRATEN: Okay. Thank you. Ms. Claire (sic) -- I'm just going by the hands I see raised. Ms. Claire (sic) Wood.

MS. WOOD: Can you hear me?

MR. THORSTRATEN: Yes, I can see you.
MS. WOOD: Hi, I'm Clarice Wood from Home Helpers Home Care. We service the Montgomery County region. We're an RSA Level 1, and we do personal care and companionship, wellness calls, 24-hour monitoring, meal and nutrition planning. We look forward to hearing the plan for today. Thank you.

MR. THORSTRATEN: You're welcome. Mary Cerveny.

MS. CERVENY: Hi. I'm Mary Cerveny, and I am the Client Services Manager with Visiting Angels.

MR. THORSTRATEN: Okay. You dropped out a little bit. Would you mind repeating that for us please?

MS. CERVENY: Sure. I'm Mary Cerveny from Visiting Angels, and I'm the Client Services Manager.

MR. THORSTRATEN: Great. Thank you. And then the last hand I see was from Precious Hearts.

(No response.)

MR. THORSTRATEN: Okay. If there's anyone else who needs to introduce themselves, they can just go ahead.
MR. BERRY: I believe there's one more hand that's raised.

MS. WOODBRIDGE: Hello. Can you hear me?

MR. THORSTRATEN: Yes. Go ahead.

MS. WOODBRIDGE: Hi. I'm Ms. Tiana Woodbridge. I'm the Director of Operations with Caring for Karen for Kids Pediatric Nursing Agency. We're located in Lanham, Maryland. We provide private-duty nursing services for medically fragile children in their homes as well as schools. Many of our patients have G-tubes, trachs, menometers, IVs. We send skilled nurses only to work with the patients in their homes. All of our nurses are LPNs and Rns. And we've been in business for 14 years. We practice in PG County, Montgomery County, Charles County, Anne Arundel County, and all across the Maryland region as well. Thank you for the invite.

MR. THORSTRATEN: You're welcome. Okay. Is there anyone else?

MR. AFOLABI: Hello. Can you hear me?

MR. THORSTRATEN: Yes. Go ahead.
MR. AFOLABI: This is Akin Afolabi. I'm the administrator of Precious Hearts Companion Care. We provide skilled nursing, personal care, chores, respite, companion care, and medication management for Baltimore City, Baltimore County, and Howard County with the IHAS and the Community (indiscernible) program. Thank you.

MR. THORSTRATEN: You're welcome. Anyone else?

(No response.)

MR. THORSTRATEN: Okay. At this point, I'll do a reminder. There will be opportunities for questions at two times, as stated in the agenda, after Section 3 is read and then after Section 6 is read, which is the last section. The opening remarks now will be made by Dorinda Adams, Director of the Office of Adult Services, SSA.

MS. ADAMS: Thank you, Henry, and, again, welcome to everyone. I have the privilege of opening up and talking very briefly about -- and I can hear the background, so please, please mute your line or I will
mute it for you.

THE REPORTER: Excuse me. I am getting a lot of feedback.

MS. ADAMS: It's okay. I know sometimes it's challenging, and I understand that, believe me, but it's easy to mute your line, and it's easy to unmute your line, and we can also take a breath and be patient, cause we want -- we know you want to speak sometimes too. So, anyway, thank you again for everyone being here.

I have the pleasure of making this welcoming statement on behalf of the Department. Our office, the Office of Adult Services is the State's administrative office for the Adult Protective Services Program and also the programs that support Adult Protective Services, which the In-Home Aide Services or IHAS Program is known for. And when we look at the -- you know, the services that IHAS provides across the State of Maryland, we provide in-home aide services to approximately 2,000 vulnerable adults every year due to APS investigations. Our local Department staff
investigates between 6,000 to 7,000 vulnerable adults every year, and that has been including during the pandemic, to give you an idea.

Our clients can be as young as 18 and then on all the way to the time that they pass on. The most important thing that we're looking for in our program for our vendors is to remember, and I'm sure you do, that home healthcare is personalized, because it is providing that personal care service which we need desperately for very vulnerable adults. Sometimes, the home health aide is the only person that really keeps the individual in the home, you know, in their community, and, as we know, everyone really wants to be in their home. They want to feel safe. So I want to again thank you for the tremendous work that you do across our State in many different ways, and I look forward to hearing about your proposals in the upcoming future, so thank you.

MR. THORSTRATEN: Thank you very much, Dorinda. Now I will present Section 1 of the IFB, the Minimum Qualifications. I'm not going to be reading
every word of the IFB. That would take all day. But feel free to ask questions about any part, whether or not I read it.

To be considered responsive, the Bidder must document in his Bid that it satisfies the following Minimum Qualifications: The Bidder shall possess two years' experience within the last five years performing in-home aide or personal assistance services to adults with disabilities. Experience of the Bidder's Registered Nurse may be considered to meet the two years of experience. As proof of meeting this requirement, the Bidder shall provide two reference letters from clients with its Bid attesting to the Bidder's or Bidders Registered Nurse's capabilities. Each reference letter shall be from a client for whom the Bidder or the Bidder's Registered Nurse has provided goods and services within the past five years and shall include the following information: name of the client organization; the name, title, telephone number, and e-mail address of point of contact for the client organization; and the value, type, duration, and
The Bidder shall be licensed by the State of Maryland's Department of Health's Office of Health Care Quality, OHCQ, at the time of Bid submission, showing that it is certified as one or more of the following: a Home Health Agency, HHA; Residential Service Agency, RSA; or Nursing Referral Agency, NRA. As proof of meeting this requirement, the Bidder shall provide copies of its licenses with the Bid.

Those are the Minimum Qualifications of this IFB. Now Deborah Wilburn, Program Supervisor, will present Section 2, Contractor Requirements: Scope of Work. And then after her, Greg Sesek, Program Manager, will present Section 3, Contractor Requirements: General.

MS. WILBURN: Thank you, Henry.

MR. THORSTRATEN: You're welcome.

MS. WILBURN: I will start with Contractor's requirements and Scope of Work. The Maryland Department of Human Services (DHS) Social Services Administration (SSA) Office of Adult Services
(OAS) intends to award multiple Contracts to qualified vendors for the provision of In-Home Aide Services (IHAS). IHAS involves Personal Care, Chore Services, Respite Care, and Nursing Evaluation/Supervision via the Local Departments of Social Services, LDSS, for the purpose of maintaining or restoring health to the clients.

Services to be provided under this Contract will be for a five-year base period. An amendment was posted to the eMaryland Marketplace Advantage, eMMA, and the DHS website, which revised the stated five-year term. The anticipated duration of services to be provided under this Contract will be January 1st, 2022 and ending on or about December 31st, 2026.

A Bidder can propose to serve more than one jurisdiction, however a separate Financial Bid Form, Attachment B-1, and Transmittal Page, Appendix 11 must be submitted for each jurisdiction it proposes to serve. The Bidder's home or field office must be within 40 miles of the farthest point of the jurisdictions seeking to serve. The Bidder's office
does not need to be within the jurisdictions upon which they are bidding. The Bidder's office does not need to be in Maryland.

A Bidder, either directly or through the subcontractors, must be able to provide all goods and services and meet all of the requirements requested in this solicitation, and the successful Bidder, that is the Contractor, shall remain responsible for Contract performances regardless of the subcontractor's participation in the work. A Contract award does not ensure a Contractor will receive all or any State business under the Contract.

Background and Purposes. IHAS is a program of the OAS under the SSA and mandated by the Annotated Code of Maryland, Human Services Article, Section 6-501 through Section 6-505. The purpose of the program is to provide services to individuals who are eligible and have a functional disability as defined in the Regulations. Individuals who cannot perform activities of living, such as dressing, bathing, eating, toileting, et cetera, without assistance. The services
are provided -- services provided are intended to
prevent or reduce the incidence or length of
institutional placement; prevent or reduce the length
of out-of-home placement for children; prevent abuse,
neglect or exploitation of vulnerable adults; and
promote safety, stability, and self-sufficiency.

Responsibilities and Tasks, under Staffing.
The Contractor shall employ at least one Registered
Nurse and five Certified Nursing Assistants throughout
the life of the Contract. The Registered Nurse must
supervise the CNAs. The Contractor shall insure that
the Registered Nurse and the CNAs are proficient in
English. They must as serve as the primary and
consistent provider of IHAS upon being assigned the
client. They must perform the duties outlined in the
client's IHAS Personal Care Plan, See Appendix 6.

The Contractor must insure its staff are
available to provide services on weekends, as the
client's needs or schedule may require services on
Saturday or Sunday. The Contractor must also
substitute CNAs in the event that the CNA is absent or
on leave, in accordance with Section 3.11.3. The Contractor shall provide its RNs and CNAs a minimum of two in-service training programs annually, and those trainings also must include CPR training.

The Contractor shall identify a liaison to work with each LDSS IHAS Supervisor in order to communicate changes in the client's condition, health, needs, circumstances, et cetera. Preferably, the liaison will be the Registered Nurse or the liaison will have consistent contact with the Registered Nurse and be able to clearly articulate all particular circumstances/issues for the Contractor's clients. The liaison shall be available at least monthly, at the LDSS's request, to attend meetings to discuss case progress updates, IHAS Personal Care Plans, and IHAS Service Plans and concerns.

Scope of Work. The LDSS IHAS Supervisor or designee who is responsible for the day-to-day requests for services and operations of the Contract within this jurisdiction will request services from Contractors between the hours of seven a.m. and 4:30 p.m., Monday
through Friday. The request may be verbal or in writing via e-mail or fax. In the request, they will ask the following: The type of request -- will it be a new client, a current client, or quick response -- the number of hours of service provided; and the type of services to be provided. The Contractor shall respond to the various requests within the set time frame. If the Contractor does not respond to the requests by the set time frame, the LDSS IHAS Supervisor or designee may withdraw the request and offer the request to another Contractor. For Quick Response Service requests, the Contractor has one business day from the time of the initial request to respond. For more information about the Quick Response Service, refer to Section 2.3.8. For a current client request, the Contractor has two business days from the time of the initial request to respond. For a new client request, the Contractor has three business days from the time of the initial request to respond.

Next section, Conditions Governing Service Delivery. The Contractor -- in the event service is
not provided as scheduled, the Contractor shall contact the authorized LDSS IHAS Supervisor via phone in one hour following the agreed upon start time to explain the service failure. If the CNA, due to unfortunate circumstances -- you know, things do come up -- cannot render services and/or a substitute CNA cannot provide the equivalent services, the LDSS IHAS Supervisor may withdraw the Purchase of Service request -- may withdraw the Purchase of Service Order and request services from another Contractor. The Contractor shall submit a Missed Service Report -- that's Appendix 7 -- to the IHAS Supervisor no later than five business days after the unmet service order.

If the Contractor attempts to render service, and the client is not available for service -- for example they are in the hospital or not at home -- the Contractor shall document the incident on their monthly report and the invoice of In-Home Services Provided. That's Appendix 9. The Contractor is eligible to receive payment for up to one hour of the attempted service. The Contractor shall submit a Missed Service
Report, Appendix 7, to the LDSS IHAS Supervisor no later than five business days of the unmet service.

In the event that the Contractor declines a request for service, written documentation must be provided to the LDSS IHAS Supervisor within five business days after declining a request for service. The written documentation shall include a reason explaining for the declination. The LDSS IHAS Supervisor will require Contractor to submit a Corrective Action Plan following three consecutive declinations or three declinations within a period of three months or three failures to provide service due to the CNA unavailability. The Contractor shall submit a CAP -- that's a Corrective Action Plan -- within the time frame indicated.

The Contractors shall insure its CNAs and RNs, in the event they observe evidence of client injury or suspect the client is a victim of abuse or neglect, make a report to the Contractor's supervisor. The Contractor's supervisor shall notify the LDSS IHAS Supervisor verbally as soon as the incident is
reported. Written documentation of the suspected abuse
or neglect or evidence of client injury shall be
submitted to the LDSS IHAS Supervisor no later than the
next business day following the verbal report.

The Contractor must insure that their staff
shall not perform the following acts. They should not
give a client enemas or douches; administer wound care;
determine the quality -- the quantity of medication the
client shall take or give the dosage to the client.
They shall not administer eye, ear, or nose drops; give
injections; cut toenails, fingernails, or shave a
client who is diabetic or hemophiliac. They should not
change sterile dressings; perform colostomy irrigation;
engage in any care of tracheotomy tube and suctioning;
apply heat devices; apply or administer prescription
medication.

They should not perform gastrostomy and
nasogastric tube feedings. They should not irrigate or
change catheters. The should not make judgments or
give advice on medical or nursing problems. They
should not transfer large children or adults who are
unlable to assist with lifting. And they should not take a client's blood pressure, unless this duty has been delegated by an RN and the Care Plan provides specific reporting parameters. The Contractor shall supply all protective clothing and supplies; that is gloves, masks, gowns.

Please note that Contractors should be aware that some clients referred for service may have communicable diseases. DHS is, therefore, alerting all Contractors to follow the recommendations of the Centers for Disease and use the Universal Precautions. Universal Precautions shall be used with all clients.

Next section, Chore Services. Chore Services are performed to decrease risk to the client. The Contractor shall insure its CNAs are capable of performing all of the chore services listed in the IFB.

Personal Care Services. Prior to initiating Personal Care services, the Contractor's Registered Nurse shall evaluate the IHAS client during an in-person meeting with the client and the client's informal support persons, the assigned CNA, and the
client's LDSS case worker. The Registered Nurse shall complete the client's IHAS Personal Care Plan -- that's Appendix 6 -- with input from the meeting participants. No later than three business days following the meeting, the Registered Nurse shall submit a copy of the IHAS Personal Care Plan to the LDSS IHAS Supervisor. Additionally, the Registered Nurse shall provide ongoing evaluation of the client. See Section 2.3.6-A And the Contractor shall provide the following Personal Care Services listed in the IFB.

Nursing Evaluation and Supervision.

Contractors shall provide nursing evaluation of a client and nursing supervision of a CNA when performing personal services. When performing personal services, the RN, again, shall perform the duties within the guidelines set forth in the Maryland Nurse Practice Act, Regulation on Home Health Aides, and the Annotated Code of Maryland, Health Occupations, Title 8, Nurses. The nurse should also make home visits at least every sixty days to assess a client's condition and supervise the quality of personal care provided by the CNA. The
Registered Nurse shall also review the IHAS Personal Care Plan; the interactions and relationship between the client and the CNA. The nurse should also review the CNA's performance and ability to deliver the required IHAS; and the nurse should continue the need for personal care services and the need for other services. The nurse should also make home visits whenever receiving information suggesting that there has been a significant change in the client's condition or as requested by the LDSS IHAS Supervisor. And, lastly, the Registered Nurse shall submit a new or updated IHAS Personal Care Plan after each home visit and assessment.

When providing nursing supervision of a CNA, the Registered Nurse shall provide personal care instructions, demonstrate any needed skills to the CNA, including proper use of protective equipment and supplies, and receive a correct return demonstration of the procedures from the CNA. If the CNA is unable to provide a correct return demonstration, the RN shall assign another CNA who could correctly perform the
procedure.

The RN shall provide instructions and demonstrations prior to any CNA providing personal care to the client whenever there is a change in the personal care services provided to the client or the Registered determines it is necessary based on changes in the client's condition, needs, or standards of care. The Registered Nurse shall conduct a home visit within sixty days following the initial visits starting at least every sixty days following the initial visits thereafter and whenever the Registered Nurse determines that there is a significant change in the personal care the CNA is providing, requiring a new demonstration of corrective procedures.

Next section, Respite Care. Respite Care involves supervising an adult with a disability in the absence of their regular caregiver. Prior to the initiation of Respite Care, the Contractor's Registered Nurse shall evaluate the IHAS client during a joint meeting with the client, the assigned CNA, the client's LDSS case worker and the caregiver/informal support
persons. The CNA shall not leave the client's home until the client's caregiver resumes care of the client.

Next section, Record Keeping. The Contractor shall retain and maintain the following records and documents for a period of no more -- no less -- I'm sorry -- no less than three years after the date of the final payment, in accordance with the regulations. For every client, there needs to be Appendix 4, which is the 525-A IHAS Service Plan; Appendix 5, Purchase of Services Order; Appendix 6, 525-B IHAS Personal Care Plan; Appendix 7, Missed Service Report; Appendix 8, IHAS Aide Case Monthly Report; Appendix 9, 503 Monthly Report and Invoice of In-Home Aide Services Provided; Appendix 10, SSA-516 Monthly In-Home Aide Direct Services Report; Appendix 14, In-Home Aide Service One Time Only Referral and Service Plan; and the Medical Record. The medical record should include copies of any correspondence or information obtained concerning each client's health, medical condition, or treatment. Following the three-year period, the Contractor shall
purge the documents.

Next section, Contractor Monitoring. State Contract Monitors who are the sole point of contact of the Contract shall monitor the Client and Family Satisfaction Surveys -- that's Appendix 15 -- and the LDSS Satisfaction Surveys, Appendix 16, annually. The LDSS IHAS Supervisor shall monitor the service delivery and deliverables quarterly. Contractors shall comply with all processes and requests made by the State Contract Monitor or designee in conducting monitoring oversight activities during the term of the Contract. The Contractors shall allow State Contract Monitors or designee staff to complete scheduled and unscheduled site visits, as appropriate, to assess performance, Contract compliance, and report on delivery of services required under this Contract.

Deliverables. Contractors shall submit the reports to the appropriate LDSS IHAS Supervisor no later than the 15th business day of each month for the previous month's activities, unless stated otherwise. In the Deliverables Summary Table, you will see copies
of the reports that will need to be entered the DHS Information System being utilized at the time of that Contract. That includes, Appendix 4, 5, 6, 7, 8, 9, 10, and 14, and also Contractors' letterhead -- monthly invoice submitted on the Contractor's letterhead. Failure to submit all reports required may result in reduction or withdrawal of a Contract payment or suspending new referrals. The LDSS IHAS Supervisor may request a Corrective Action Plan, a CAP, from a Contractor if any report is 60 days in arrears.

Performance Measures. Each Bidder who receives a Contract under this IFB will receive a performance score for each jurisdiction for which it is to provide services. The Department will take an average of the performance scores from each jurisdiction, and the average score across all jurisdictions will be the performance score for the Contractor for that quarter. If a Contractor does not provide services in a particular jurisdiction and also did not decline to provide services in that jurisdiction, there will be no performance score for
that jurisdiction for that quarter.

All quarterly performance scores for each jurisdiction will be based on the following three performance measures: First, Service Delivery; second, Deliverables, third, Satisfaction Surveys, and will be weighted as shown in Chart A. Sixty percent of the weight of the performance measure is devoted to home service delivery; 30 percent of the weight of the performance measure is devoted to deliverables; and 10 percent of the weight of the performance measure is devoted to satisfaction surveys.

Performance Measures - Annual Review. The Department will conduct an annual review of the performance scores for each Contractor. Performance reports will be sent to Contractors on an annual basis.

And last section, Corrective Action Plan. At any given time period, Contractors whose performance scores fall below or at 69 points, which is an unacceptable level, will be required to submit a Corrective Action Plan, a CAP, to the LDSS IHAS Supervisor. Contractors who consistently fall at or
below 69 points, which is an unacceptable level, may be subject to termination or non-renewal of their Contract.

In conclusion of Section 2, Bidders and Contractors should read the IFB thoroughly for all Contract requirements and deliverables. And that concludes Section 2.

MR. THORSTRATEN: Thank you very much, Deborah. Greg, would you like the pick up with Section 3?

MR. SESEK: Thank you, Henry. Thank you, Deborah. This is Greg Sesek. I am the Program Manager in the Office of Adult Services within the Department of Human Services. I will be highlighting information from Section 3, Contractor Requirements. I will not be reading the section in its entirety.

3.1, Contract Initiation Requirements. The State shall schedule and hold a virtual kickoff meeting within ten business days of Notice To Proceed date. At the kickoff, the Contractor will furnish an updated project schedule describing the activities for the
Contractor, the State, and any third parties for fully transitioning to the Contractor's solution. The appropriate virtual meeting information will be provided to all Contractors after Contract award.

Section 3.2, End of Contract Transition.
The Contractor shall provide transition assistance, as requested by the State, to facilitate the orderly transfer of services to the State or a follow-on Contractor, for a period up to 90 days prior to Contract end date, or the end date of any final exercised option or Contract extension.

Please refer to Section 3.2 for further details, including but not limited to the Transition Plan, Section 3.3.3; Transfer of Knowledge, Section 3.2.4; Documentation and Data; and Section 3.2.5, Return and Maintenance of State Data.

Section 3.3, Invoicing. I will highlight information from this section. Please consult this section for full review. 3.3.1. The Contractor shall enter their invoices in the DHS Information System or in the manner designated by the Department or by the
Local Department of Social Services, LDSS. The Contractor shall e-mail the original of each invoice and signed authorization to invoice to the Contract Monitor.

All invoices for services shall be verified by the Contractor as accurate at the time of submission. An invoice not satisfying the requirements of a proper invoice, as defined at COMAR 21.06.09.01 and .02, cannot be processed for payment. Please consult Section 3.3.1 for the requirements in content and form of invoicing.

Also in Section 3.3.1, Invoicing, The Department of Human Services reserves the right to reduce or withhold Contract payment in the event that the Contractor does not provide DHS with all required deliverables within the time frame specified in the Contract or otherwise breaches the terms and conditions of the Contract until such time as the Contractor brings itself into full compliance with the Contract.

The State is generally exempt from federal excise taxes, Maryland sales tax and use taxes, District of...
Columbia sales taxes and transportation taxes. The Contractor, however, is not exempt from such sales and use taxes and may be liable for the same.

A Corrective Action Plan may be required from the Contractor detailing how any deficiencies will be cured. If a CAP, a Corrective Action Plan, is required, the Local Department of Social Services IHAS Supervisor will send written notification to the Contractor. The Contractor shall respond to the request within the time frame requested. In conjunction with the Local Department of Social Services IHAS Supervisor, the State Contract Monitor will, within ten business days following receipt of the CAP, determine and notify the Contractor in writing whether the CAP is acceptable.

If Contract payment has been withheld or reduced or referral of cases has been suspended, Contract payment will be released and referral of cases will resume once all required deliverables are received and approved or any breach of Contract terms and conditions are known by both the Local Department of Social Services IHAS Supervisor and the State Contract Monitor.
Social Services IHAS Supervisor and State Contract Monitor to be cured. If the CAP is not adhered to by the Contractor, action may be taken by the Procurement Officer to terminate the Contract in that jurisdiction.

Section 3.3.2, Invoice Submission Schedule.

The Contractor shall submit invoices in accordance with the following schedule: For items of work for which there is one-time pricing -- and for this, see Attachment B-1, Bid Form -- those items shall be billed in the month following the acceptance of the work by the Maryland Department of Human Services.

In Section 3.3.4, Terms of Payment, the successful vendors shall bid the appropriate -- I'm sorry -- shall bill the appropriate Local Department of Social Services by the 15th business day of the month following each month of service using the Purchase of Services Order, and that is in Appendix 5.

Section 3.5. Please consult this section for requirements on disaster recovery and data.

In Section 3.6, Insurance Requirements, the Contractor shall maintain, at a minimum, the insurance
coverages outlined, or any minimum requirements established by law, if higher, for the duration of the Contract, including option periods, if exercised. This includes Commercial General Liability; Errors and Omissions/Professional Liability; Crime Insurance/ Employee Theft Insurance; Workers' Compensation; Automobile or Commercial Truck Insurance.

Section 3.7, Security Requirements. Section 3.7.1, Employee Identification. Contractor personnel shall display his or her company ID badge in a visible location at all times on State premises. Upon request of authorized State personnel, each Contractor personnel shall provide additional photo identification.

Section 3.7.2, Security Clearance and Criminal Background Check. The Contractor shall obtain at its own expense a Criminal Justice Information System State and federal criminal background check, including fingerprinting, for all Contractor personnel. This check may be performed by a public or private entity. The Contractor shall provide certification to
the Maryland Department of Human Services that the Contractor has completed the required criminal background check described in this IFB for each required Contractor personnel prior to assignment, and that the Contractor personnel have successfully passed this check.

The CJIS criminal record check of each Contractor personnel who will work on State premises shall be reviewed by the Contractor for convictions of any of the following crimes described in the Annotated Code of Maryland, Criminal Law Article, including various crimes against property; various crimes against theft; various crimes involving telecommunications and electronics; various crimes involving fraud; various crimes against public administration; or a crime of violence as defined in Criminal Law Article 14-101.

Contractor personnel with access to systems supporting the State or to State data who have been convicted of a felony or of a crime involving telecommunications and electronics from the above list of crimes shall not be permitted to work on State
premises under the Contract. Contractor Personnel who have been convicted within the past five years of a misdemeanor from the above list of crimes shall not be permitted to work on State premises.

Section 3.7.4 concerns Information Technology. The Contractor shall insure that all safeguards, including the manner in which State data is collected, accessed, used, stored, processed, disposed of and disclosed, comply with the applicable data protection and privacy laws, as well as the terms and conditions of the Contract.

Information on Data Breach Responsibilities is found on Section 3.7.5, and this includes Contractors shall abide by the hardware and software requirements of the Laptop and Desktop Configurations Device Requirements Policy -- for this, please consult Appendix 13 -- for devices that support the State of Maryland agencies.

Section 3.8, Problem Escalation Procedures. The Contractor shall provide and maintain a Problem Escalation Procedure, a PEP, for both routine and
emergency situations. This PEP must state how the
Contractor will address problem situations as they
occur during the performance of the Contract,
especially problems that are not resolved to the
satisfaction of the State within appropriate time
frames. The Contractor shall provide contact
information to the Contract Monitor, as well as to
other State personnel, as directed, should the Contract
Monitor not be available. The Contractor shall provide
the PEP no later than ten business days after notice of
the recommended award or after the date of the Notice
to Proceed, whichever is earlier. The PEP, including
any revisions thereto, must also be provided within ten
business days after the start of each Contract year and
within ten business days after any change in
circumstance which changes the PEP. The PEP shall
detail how problems with work under the Contract will
be escalated in order to resolve any issues in a timely
manner. Information pertaining to what the PEP shall
include can be found in Section 3.8.3.

Section 3.10.2, Personnel Experience and
Qualifications. The Contractor's key personnel are those persons identified by the Bidder to fulfill the work to be performed under this Contract. A, Licensed RN; B, Certified CNAs. Insure that all CNAs and RNs are certified by the Maryland Board of Nursing. As proof of meeting this requirement, the Bidder shall provide a copy of the aforementioned licenses and certifications with its Bid, and the Bidder shall provide a copy of the CNA's and RN's resumes.

Section 3.10.4, Key Personnel Identified.

For this Contract, the following positions will be considered key personnel and shall be required to meet the qualifications stated in Section 3.10. Registered Nurse, at least one; five or more Certified Nursing Assistants or CNAs. Any Contractor personnel provided under this IFB shall maintain in good standing any required professional certifications for the duration of the Contract.

Substitution of Personnel, Section 3.11.

When key personnel are identified for this Contract, the following apply. Key Personnel should be available
to perform Contract requirements as of the NTP Date.

Unless explicitly authorized by the Contract Monitor or specified in the Contract, key personnel shall be assigned to the State of Maryland as a dedicated resource. Key personnel shall perform continuously for the duration of the Contract. Key personnel may not be removed by the Contractor from working under the Contract without the prior written approval of the Contract Monitor.

Section 3.11.4. Please consult this section on Direct Personnel Replacement, including the Contract Monitor or designee may direct the Contractor to replace any Contractor personnel who, in the sole discretion of the Contract Monitor, are perceived to be unqualified, non-productive, unable to fully perform the job duties, disruptive, or known or reasonably believed to have committed a major infraction of law, DHS policies. This section includes key personnel replacement due to sudden vacancy; key personnel replacement due to any intermediate (sic) absence.

Section 3.15, No Cost Extensions. In
accordance with Board of Public Works Advisory 1995-1, Item 7.b, in the event that there are unspent funds remaining on the Contract, prior to the Contract's expiration date the Procurement Officer may modify the Contract to extend the Contract beyond its expiration date for a period of up to, but not exceeding, one-third of the base term of the Contract -- example, eight-month extension on a two-year Contract -- for the performance of work within the Contract's scope of work. Notwithstanding anything to the contrary, no funds may be added to the Contract in connection with such extension. And that concludes the summary of Section 3.

MR. THORSTRATEN: Thank you very much, Greg. The AAG, Aretha Ector, has joined us, and I was wondering if she would mind introducing herself at this point.

MS. ECTOR: Thank you, Henry. Hi. I'm Aretha Ector, Assistant Attorney General. I'm just here for any questions or assistance if you need me.

MR. THORSTRATEN: Thank you. And, also, if
anybody -- any vendors have joined us, if they wouldn't mind introducing themselves at this time, before we get to the questions.

(No response.)

MR. THORSTRATEN: Okay. Well, at this point, we will take questions. Please submit them using the chat feature. Include your name and company so that we may call on you. If you don't want to type out your whole question, please just type your name and company and "I have a question," and we'll call on you. Okay. We'll give a couple of minutes for people to type their questions.

MS. ECTOR: You also have your raise the hand function, if somebody wants to raise their hand and make it quicker too.

MS. WILBURN: Patsy Jones just raised her hand.

MS. JONES: Hi. I believe I did, but it looked like you turned my hand down. Thank you. Is this a self-directed program or is this -- so, like, when we use the support planners or things like that,
how are the clients (indiscernible) -- can you hear me?
Can you hear me?

MS. WILBURN: Yes. Yes.

MR. THORSTRATEN: I'm sorry. Did you hear me? Go ahead.

MS. JONES: Did you hear me?

MS. WILBURN: Yes. Can you repeat the question again?

MS. JONES: Okay. I was saying, is this a self-directed program or is this the same type of a program such as currently with Medicaid that you get support planners or how are the patients given to the Contractor -- or the clients? How are clients given to the Contractor?

MR. THORSTRATEN: Yeah. I'm not sure how -- if I understand you correctly. Maybe the Program can answer this one. We can also (indiscernible) --

MS. JONES: How does the program work?

MS. WILBURN: I think she's asking about the referral program; how are clients referred or assigned to the Contractor?
MS. JONES: Absolutely.

MR. THORSTRATEN: Greg or Deborah?

MS. WILBURN: Okay. How are clients referred to the Contractor? The way I understand it is that once a Contract is awarded to the Contractor, then the LDSS -- the Local Department of Social Services IHAS supervisor decides which Contractor to offer the services to, and if that Contractor is not available, then they will request the services from another Contractor. I hope that answers your question.

MS. ADDISON: I'm not sure about anyone else's phone, but it kind of cut out a little bit regarding the referral process. I apologize. I got bits and pieces from the referral process. I do apologize.

MR. THORSTRATEN: That's okay. And all of this will be transcribed and it will be readable in the transcription of the conference as well.

MS. ADDISON: Got you.

MS. WILBURN: Okay. I'll repeat my response.
Once a Contract is awarded to the Contractor -- let's say in a jurisdiction, if there are ten Contractors in Baltimore County, then the LDSS supervisor is the one who determines who actually are referred a client. They will contact that vendor. If that Contractor is not available to provide services to that client, then they will withdraw the purchase order service and offer it to another. So I don't think your skinny ranking of vendors -- you know, not to my knowledge.

MR. SESEK: But, Deb, there is perhaps someone from Procurement or Aretha could address -- there is a prioritization. Thanks for that.

MR. THORSTRATEN: Yes, I was going to say, at this point we might need to get back to her about that. That's my suggestion.

MS. ECTOR: I mean, there is ranking process. Rufus, if you want to explain it for each jurisdiction.

MR. BERRY: Yeah. So for each jurisdiction, based on the violation ["evaluation" - HTS] team, that it violates ["evaluates" - HTS] the proposal, it will be ranked on the first and then go down the line. So for each vendor, if you are the
number one vendor, then you will be contacted by the local department for each jurisdiction, and once you cannot perform that services, then it will go down to the next vendor for that jurisdiction. But you also -- Henry, you also want to make clear that anyone asking questions, please submit it in writing. That's for transparency purposes, so that all vendors get to see the response.

MS. JONES: Okay. Is that based upon the cost of what you put into your proposal, whoever has the least cost, or is it on performance, as I was looking at the evaluation on how your performance will be evaluated on those three performance criteria.

MR. BERRY: So, Henry, I believe your evaluation is based on the technical aspect, as well as the cost; the submission of both, right?

MS. ECTOR: So this is a bid. This is the IFB, right?

MR. THORSTRATEN: Right.

MR. BERRY: Yes, it is an IFB.

MS. ECTOR: So as long as you meet the
requirements of the bid and you submit all the
documentation, your price will be recorded and the five
factors for each jurisdiction will be listed according
to price from lowest to highest.

MR. BERRY: Absolutely.

MR. THORSTRATEN: Okay. Why don't we go to
Al Simmons (phonetic) -- I'm sorry -- Al Simons, and
then we'll go to the questions that are in the chat,
'cause Al had his hand raised.

MR. SIMONS: Yeah. So who determines the
number of hours that each patient receives? And, also,
is there a maximum number of hours per day or per week
that each patient would receive? Did you hear me?

MS. WILBURN: Yes, I heard the question.

We're going to have to get back with you on an answer
with that question. I don't believe there's a maximum
number. I don't recall seeing that information
anywhere, but we will certainly get back with you on
that.

MR. THORSTRATEN: Yes.

MR. SIMONS: But do you know who would make
that determination on the number of hours? Would it be
our clinical team that would do that or would it be
someone from the State's side?

MS. WILBURN: I believe it's the State who
will make that determination.

MR. THORSTRATEN: Yeah. I think we will have
to get back to you on this.

MS. WILBURN: Yes.

MR. THORSTRATEN: Okay.

MS. JONES: Question. How about the nurse
monitors or are you using nurses that are a part of the
Contract?

MS. WILBURN: The nurses are part of the
Contract. You all will have to have -- the company
will have to have a Registered Nurse as a part of their
company.

MS. JONES: No, I guess my question -- I need
to reword it because our RSAs currently have --

MS. WILBURN: There was some feedback. I'm
sorry.

MR. BERRY: (Indiscernible due to feedback)
MS. JONES: RSAs currently have nurses --

THE REPORTER: I can't hear. There's a lot of feedback.

MS. JONES: -- currently have nurses.

However, you have the Health Department nurses and the nursing monitors (indiscernible) comes out over the RSAs -- if there's two nurses in that home, both come in there (indiscernible) -- so would it be a one nurse thing or are you willing to use the other nurses over top of the nurses in the contractual situation?

MS. WILBURN: The nurse will be provided -- the Contractor has to provide their own nurse. We do not have any other nurses. Although some of our State employees are Registered Nurses, but the Contractor has to have their own Registered -- at least one Registered Nurse that will be doing the monitoring.

THE REPORTER: Can people please mute their microphones?

MR. THORSTRATEN: Yes. Okay. I'm going to
take the questions Ms. Thompson -- Bianca Wise-Thompson
-- Bianca Wise with Home Helpers. To clarify, does the
two reference letters come directly from current
clients of the Contractor? That is a really good
question, and I will get back to you about that,
because they will be uploaded into eMMA, and I will
need to get back to you whether they will be doing that
directly or if it will be coming from you. That's a
good question.

And then, similarly, is there a minimum hour
for referred clients? This question also comes from
Bianca Thompson.

MS. WILBURN: Bianca Thompson Wise also
asked, is there a Minority Business -- MBE goal as
well?

MR. THORSTRATEN: There is not.

MS. WILBURN: And, Henry, do you see the
question from Elizabeth Weglein? She has a question.

MR. THORSTRATEN: Yes, I do. Elizabeth, I
can read them or would you like to read them yourself?

MS. WEGLEIN: You can read them, Henry.
MR. THORSTRATEN: Okay. Elizabeth Weglein with Elizabeth Cooney Personal Care has one question. "On page 27, Section 3.7.2 states State and federal criminal background check, unquote. CJIS only verified state criminal backgrounds. Please clarify." I don't know the answer to this. If the Program does otherwise, we might need to get to you.

"Page 29, Section 3" --

MS. ECTOR: I'm sorry. Henry, before you go forward --

MR. THORSTRATEN: Sure.

MS. ECTOR: -- can you clarify the question again?

MS. WEGLEIN: Henry, do you want me to do that?

MR. THORSTRATEN: Please.

MS. WEGLEIN: So the question is on the -- regarding the CJIS criminal background check, there is a -- on Section 3.7.2, Security Clearance/Criminal Background Check, in the first line it states that, "The Contractor shall obtain at its own expense a CJIS
State and federal criminal background check." And my
-- to my understanding, CJIS only does a State criminal
background check, and I know that the Office of
Healthcare Quality only requires a State criminal
background check by regulation. And I'm concerned that
the word "federal" is in there, and how would we
achieve that federal check?

MS. ECTOR: Okay. We can -- right now, as
written, it does require a State and federal criminal
background check, including a fingerprints check, and
not all criminal background checks include
fingerprinting, but that is required here. The Program
can take a look at it, consider. If they change, they
will do an amendment, but at this point a State and
criminal background check along with a fingerprints is
required. And you may want to reach out to Maryland
State Police as well, but right now that is a
requirement, State and federal.

MS. WEGLEIN: I appreciate it. We are a CJIS
vendor, so thank you.

MR. THORSTRATEN: Okay. And you also had a
question about page 29, Section 3.10.2, "Are LPNs allowed to perform supervision visits under the RN?"

We have RNs and CNAs. What is an LPN?

MS. WEGLEIN: An LPN is a Licensed Practical Nurse. They're allowed to work under the Registered Nurse for delegation of services. Under the current model with the Residential Service Agencies, the State allows agencies to use LPNs, because there is a shortage of RNs, and we see that shortage growing probably in the next five years. And I'm concerned that this may not allow that delegation to a Licensed Practical Nurse, 'cause it's not included as an authorized personnel within the staff.

MS. WILBURN: This is Deborah. I know in the IFB it does specifically say "Registered Nurse."

Perhaps maybe the Program -- we would have to talk about that to see if we could make an amendment to allow LPNs in place of a Registered Nurse to do the supervision of the CNAs. We will let you know if we are going to make that change or not.

MS. WEGLEIN: Thank you. The Maryland Board
of Nursing currently allows for that, as well as the
Office of Healthcare Quality. If they can help in
clarifying their COMARS that allow it to be performed,
I appreciate the investigation on this question. Thank
you.

MS. WILBURN: Okay. Thank you.

MR. THORSTRATEN: Okay. Blessing Home Healthcare Service has a question.

MS. WALLACE: Hi. Good afternoon. We're Blessing Home Healthcare. We currently right now have the Contract for Cumberland County and Washington County. My question is the finance, because we've been with you doing the Contract for seven years under the first bid amount that we put in. Is there any way that -- 'cause let's say that the government moves up the minimum wage or it goes up to 15 and we put a number, is there any chance for us to have to -- like to change the bid -- financial bid that we put in for the Contract within the five years, 'cause five years is really a long time. We don't know what will happen.

MR. KANG: Hi. This is Sang Kang from
Procurement, DHS. I believe on the price sheet, you can put a different price for each of the Contract years, so you can measure inflation or whatever, but it can be a different price. And then we -- yeah. Then it averages out to like a price that we -- that we use to rank the bids.


MS. ECTOR: And for clarification though, you will not be able to increase your price during a particular Contract year.

MR. KANG: Yeah. That's your bid though. Once you turn in your bid, that's your bid for the procurement, which is for five years. I also want to -- go ahead.

MS. WALLACE: No, I just wanted to -- 'cause I haven't -- myself, I didn't even look at the financial sheet. Apologize. 'Cause I know the last one we only had the one year, so this financial sheet now will give us -- for each year we can stipulate a different amount?

MR. KANG: Yes. You can measure inflation or
however which way you would like to do that.

MS. WALLACE: Okay.

MR. KANG: I had one other thing to kind of add. I understand on the last Contract there was some issues with the insurance requirements, so I wanted the Offerors to look at the insurance requirements and send us any questions you had about them.

MS. WALLACE: Since I'm asking questions, can I ask about that one? I did -- 'cause we are holding an insurance policy. I forgot what it was for, but it was like 3,000 per year cost for us. Would that still be -- and I can't even remember which one. Apologize again.

MR. KANG: Right. So we -- what we wanted to do was if you did have any questions about -- if some of the insurance requirements were too high, then please let us know and make a request to lower any measure, so that we're not kind of making it too difficult for you to bid on this.

MS. WALLACE: Okay. Thank you.

MR. SESEK: And, again, that's in Section
MR. KANG: Right. Yeah. Thanks, Greg. It's in 3.6. And there were some problems last year -- or five years ago, so just -- we wanted to kind of try to mitigate those problems now.

MS. WALLACE: Okay. Thank you.

MR. KANG: Sure.

MR. THORSTRATEN: Okay. There's a question from -- I can't pronounce the last name -- B-O-R-S-I-Q-U-O-T. Would you mind speaking up and explaining -- clarifying that questions, 'cause I don't completely understand it. It's from Nurses for Care.

(No response.)

MR. THORSTRATEN: Okay. I'll move on to Abange Christina. Would you go ahead and introduce your question?

MS. ABANGE: Yeah. Hi. My name is Christina Abange. Concerning the letter of reference or letter of recommendation, what if, in the event that you happen to have a private (indiscernible) client that you service, because you guys are asking for the point
of contact from the client organization? So if the patient is the point of contact but a (indiscernible)?

MR. THORSTRATEN: Right. So if I understand right, you have some patients who are separate from your relationship with the State, if you're in the State now, and you want to know if those letters can also count towards references?

MS. ABANGE: Yes.

MR. THORSTRATEN: Aretha, what do you think about this?

MS. ECTOR: I think that's fine. As long as you have individuals or an organization or somebody that can attest to your experience and qualifications, that's fine, whether it's to the individual or organization.

MS. ABANGE: Okay. Then my next question is -- okay. We are Medicaid certified and we do have Medicaid clients. With the Medicaid clients, once a patient is linked to a support planner, so the support planner refers the patient to the agency. So, in this event, if the patient is giving the letter of
recommendation, who will be the point of contact; is it
going to be the support planner for the client
organization? Because, from my standpoint, the support
planner is my point of contact for that particular
client, because all the State does is, once the patient
has been approved for the Community First Choice, the
patient is linked to a support planner agency. So the
support planner agency is the agency that refers the
client to the home care agency, so they become the
point of contact of the patient, because they are the
one that is (indiscernible) the patient's plan of care.

MR. BERRY: So they are the one that can
verify your work with the client.

MS. ABANGE: Yes, because once the State
approves the client that is qualified to benefit from
Community First Choice Program, the State links them to
a support planner agency. So from that standpoint we
don't have anything to do with the State; then we're
dealing with the support planner agency.

MR. BERRY: Henry, what do you think?

MR. THORSTRATEN: I think we might need to
get back to you about this one.

MS. ABANGE: Okay.

MR. BERRY: Aretha?

MS. ECTOR: Yeah. I don't think I understand the question, so maybe we read it again. I'm just not sure what you're asking.

MS. ABANGE: I can rephrase the question. What I'm asking is that right now we do service Medicaid clients under the Community First Choice Program. So the way it works is that once a client is approved and they're eligible to receive services, they are linked to a support planner agency. The support planner agency becomes the point of contact between the client and the home care agency, so they become like the representative of the patient. So if I'm servicing a Medicaid client who has a support planner and the patient is the one giving me my recommendation, that they're recommending me because I'm the nurse that is taking of them, so who is going to be the point of contact? Is it going to be the support planner assigned to this patient from the support planner
agency?

MS. ECTOR: Yeah. I think I'm still a little confused by it, but if you are submitting a bid and response to the solicitation, then you or the nurse that you use has to be able to meet the requirements and you identify a contact person. The referral process will be from the local department to your company or your agency. Beyond that, I don't know if I can provide an answer or I'm not sure if I'm understanding your question about the contact people.

MS. JONES: I think what she's asking is, under the current program there is an intermediary between the patient and the State; that is the social worker support planner. I think what you're saying is that's no longer going to happen; it's going to come directly from one of whatever the office is to the Contractor, not an intermediary person between the State and the Contractor. Is that right?

MR. KANG: I think you want to put that question in writing and let us get back to you to make sure.
MS. ABANGE: Okay. I mean, this is just for
the letter of reference, because the letter of
reference states that the patient is going to give you
a letter of reference, but, however, on the letter
you're supposed to have the client organization. And
the client organization, if it's a Medicaid client, is
it going to be the State or it's going to be the
support planner? Because the support planner is the
intermediary between the State and the home care
agency, so they are the main person for that client.

MS. ECTOR: Okay. So with respect to
references, your references should not be from a State
entity itself; like, for instance, the Department of
Human Services is not going to provide a reference for
you. Your local department supervisor is not going to
provide a reference for you. So it's either the
patient or someone that is familiar and can attest to
your work and qualifications, whether that be the
intermediary support person or the patient itself, if
that helps.

MS. ABANGE: Okay. All right. Yes, that
helps. Thank you.

MS. ECTOR: Okay. All right. Good.

MR. THORSTRATEN: Okay. I was taking over your responsibility as -- by reading the questions. Do you want to pick them up or shall I keep going?

MR. BERRY: You can keep going. That's fine.

MR. THORSTRATEN: Okay. I think this person may have left the meeting. I saw a pop-up, but Nurses for Care, if they're still here, they had a question, "Is there a financial eligibility that the agency must have to be qualified?" And I wasn't sure what that meant and I was wondering if they would expound on that.

MS. WILBURN: I think that person has left the meeting.

MR. THORSTRATEN: Yeah.

MS. WILBURN: And I see also another comment or question from the same individual. "Is there a Small Business Reserve requirement?" I mean, other than that, there's nothing for the company itself, no.

MR. THORSTRATEN: Okay. And Mary Cerveny has
MS. CERVENY: Hi. Good afternoon. I had a question about the RN supervisory visits and the thing that said every 60 days, but with RSA regulations we do them every 90 days. Is this going to be some sort of change or how -- was that something different that's going to be happening?

MS. WILBURN: No, it's every 60 days.

MR. THORSTRATEN: Okay. I guess that answered the question. And then one last question I see in the chat is from Allison Kelly. "How will everyone in the group obtain information to the questions that need to be clarified?" We will -- I mean, we will be consulting with the AAG and the Program and the resources we have to answer these questions as best we can.

MS. ECTOR: And I think the question is also, Henry, how will they be posted, either through eMMA or the website -- DHS website?

MR. THORSTRATEN: Yes, that's correct.

Amendments will be added to the IFB and they will be
visible in eMMA and we will post them all to the DHS website.

MS. ECTOR: Along with a copy of the transcript?

MR. THORSTRATEN: The transcript, that's correct.

MS. JONES: I have one further question. How will each program interact with the current program that's in place? Is this a totally different program; is this providing service for additional clients; or is this the same part of the same program or are the other programs going to be eliminated. (Indiscernible) I understand there are going to be multiple changes to the Community First Choice. How do these programs integrate or are they just totally separate altogether?

MS. WILBURN: These are two separate programs and, to my knowledge, there's no integration between CareFirst. Is that the program that you mentioned?

MS. JONES: Community First Choice.

MS. WILBURN: Community First Choice?

MS. JONES: Yes.
MS. WILBURN: No. That -- Community First Choice I believe is under another agency -- State agency, and this is a totally different program under the Department of Human Services.

MS. JONES: Okay.

MR. THORSTRATEN: Okay. And, lastly, I have a comment from Gladys Lloyd Wallace, Blessing Home. "Can you look at reducing the $50,000 employee theft coverage?"

MS. WALLACE: That was the one that was really very, very high for us. It was almost like -- I want to say like 18 to $2,000 for three years, and we had to -- we had to pay for three years. It's not like they let us pay for a year at a time -- the insurance carriers.

MR. THORSTRATEN: Okay. We will get back to you about that.

MS. WALLACE: All right. Thank you.

MR. THORSTRATEN: Sure. Okay. At this time, since it is already almost three, I'm going to continue with --
MR. BERRY: You have two hands raised, Henry.

You have two hands that was raised. They've been raised for awhile.

MR. THORSTRATEN: Precious Hearts.

MR. BERRY: Yeah, Precious Hearts and Al Simons.

MR. THORSTRATEN: Okay. Let's go ahead with Precious Hearts.

(No response.)

MR. THORSTRATEN: Okay. How about Mr. Al Simons?

MR. SIMONS: Yeah. So I'm wondering if you can give us a breakdown of number of patients by county? You initially said that there were approximately about 2,000 patients total in this IHAS Program. So wondering if you could kind of break that down a little more by county.

MS. WILBURN: We can -- I don't have that information to give to you by jurisdiction or by county at the moment, but I could probably get the okay from my manager to provide you with that information per
jurisdiction. That is the current clients that we have in the jurisdictions currently.

MS. JONES: Are you able to break the funding down by county?

MR. THORSTRATEN: Can you say that again?

MS. WILBURN: Repeat the question.

MS. JONES: Are you able to break the funding down by county?

MS. WILBURN: The question is are we able to break the funding down by county; is that information that we could disclose to the group? I don't know. I'm opening --

MS. ECTOR: I mean, if that information is available, certainly, if you're able to provide to numbers. I thought that was something we talked about previously --

MR. BERRY: Please mute your phones.

MS. ECTOR: -- but if the information is available, certainly, but, of course, it's all estimates, and it's no guarantee that the existing numbers will be the same going forward, so we'll see
what kind of additional background information we get.

MS. JONES: I think what it will provide is
(indiscernible) great necessity of services. I assume
that you will be putting the greatest amount
(indiscernible) -- correct?

MS. WILBURN: So we'll work on getting that
information to you. I'm hearing an echo. I'm not
sure.

MR. BERRY: If you're not speaking, can you
please mute your phone? That's for Precious Hearts, as
well as Ms. (indiscernible) Davis. Can you mute your
phone please?

MS. DAVIS: I'm sorry. Say that again.

MR. BERRY: Can you mute your phone please
when you're not speaking?

MS. DAVIS: My phone?

MR. BERRY: Yes.

MS. DAVIS: I'm having a hard time hearing.

MR. THORSTRATEN: Okay. There was one more
raised hand, Ms. Robyn Peake.

MS. PEAKE: Yes. Thank you. Robyn Peake
with First Light Home Care in Bowie. I also forgot to
add, we are a VA Community Care Network provider, but
my question is, are you able to provide a list of
current incumbents?

MS. WILBURN: Are you mentioning the names of
the clients -- the participants? I'm not sure what you
mean.

MS. PEAKE: Mentioning the vendors -- I'm
sorry -- the vendors.

MS. WILBURN: The current vendors?

MS. PEAKE: Yes.

MS. WILBURN: Can we enter --

MR. THORSTRATEN: I don't think -- I don't
think we can provide that. Aretha, what do you think?

MS. ECTOR: Yeah, we can provide a list of
the current vendors.

MR. THORSTRATEN: Okay.

MS. PEAKE: What about the previous
proposals? Do you have samples?

MS. ECTOR: Oh, you would need to make a
Public Information Act request if you would like to see
previous -- probably bid proposals, but you would need
to make PIA request. And I think proposals or bids are
due probably before the PIA response would be provided.

MR. AFOLABI: Hello. Can you hear me?

MR. THORSTRATEN: Yes. Precious Hearts, are
you speaking?

MR. AFOLABI: Hello. I'm sorry. I've been
fumbling with my audio. Sometimes I just couldn't get
it.

MR. THORSTRATEN: That's okay.

MR. AFOLABI: Do we have to separate each
jurisdiction, like if I was to choose Carroll County
and Montgomery County, are they supposed to be
different or, you know, we just include it
(indiscernible)?

MR. THORSTRATEN: No. You bid on each
jurisdiction.

MS. WILBURN: Yes. You would need to --

MR. AFOLABI: So we have to have the whole
package, the appendices and everything, it has -- if
I'm choosing Carroll County, I have to give the whole
package for Carroll County and the whole package for
Montgomery County?

MR. THORSTRATEN: Well, the B-1 form
definitely needs to be each jurisdiction. And then
there is one other form that is definitely each
jurisdiction. I don't know off the top of my head if
the entire -- if every single attachment is unique to
each jurisdiction. I think I would need to get back to
you about that.

MS. ECTOR: Now, take a look at Section
2.1.3, and it tells you exactly what forms need to be
submitted. You need a separate financial bid, a
separate transmittal page for each jurisdiction.

MR. AFOLABI: Things that (indiscernible) --

MS. ECTOR: You don't need -- if you're
bidding on -- if you're bidding on four jurisdictions,
you don't need to have four bid proposal affidavits for
-- I don't know what else you need to do -- maybe
references, but you do need to have four separate bids
with prices for each of the jurisdictions, and you need
to have four separate transmittal pages to describe and
let the Procurement Officer know which jurisdiction
your bidding on. And then you have to follow the other
instruction in 2.1.3 and Section (indiscernible).

MR. AFOLABI: Thank you.

MR. THORSTRATEN: You're welcome. Okay. At
this point, I know there are more questions, but we do
have some more of the IFB to get through, so let's save
the rest of the questions for the question session two,
and I'll try to get through what's in between as
quickly as possible. We're already at three and I'm
sure we want to get to that second question session.

I'm going to go ahead and move on to Section
4, Procurement Instructions. As this section begins by
discussing the pre-bid conference, I'd like to start
with Section 4.2, which is after that, about eMaryland
Marketplace Advantage. eMaryland Marketplace Advantage
or eMMA is the electronic commerce system for the State
of Maryland.

The IFB, conference summary and attendance
sheet, Bidders' sheets -- Bidders' questions and the
Procurement Officer's responses, addenda, and other
solicitation-related information will be made via eMMA and the DHS website. In order to receive a Contract award, a vendor must be registered on eMMA. Registration is free.

Since it is necessary to be registered with eMMA to receive a Contract award, I'm asking that all Bidders register with the eMMA system. The link is in Section 4.2 of the IFB. Please register and under "Products and Services", make sure that you add Commodity Code 85101605, Home Health Assistance. You may contact me for general instructions how to do that. And I'm sorry my voice is scratchy. I do have some allergies.

Section 4.3, asking questions. All questions shall identify in the subject line the solicitation number and title and shall be submitted in writing via e-mail to the Procurement Officer no later than the date and time specified on the Key Information Summary Sheet. Some of you already sent in questions in addition to what we're doing today. If you have any questions concerning the solicitation, aside from
asking them right here, you can also send them to me by e-mail. Questions and responses will be published on eMMA and the DHS website.

Section 4.4, Procurement Method. A Contract will be awarded in accordance with the Competitive Sealed Bidding method under COMAR 21.05.02.

Bids in the number and form set forth in Section 5, Bid Format, must be submitted electronically through eMMA and received by the Procurement Officer no later than the bid due date and time indicated on the Key Information Summary Sheet in order to be considered. eMMA actually will shut it down on that deadline, so there are no late bids. Requests for extension of this date or time shall not be granted.

Bidders submitting bids shall allow sufficient time to insure timely receipt by the Procurement Officer through the eMMA system, except as provided in COMAR 21.05.02.10. Bids received after the due date and time listed in the Key Information Summary Sheet will not be considered. Bids may be modified or withdrawn by written notice received by the Procurement
Officer before the time and date set forth in the Key Information Summary Sheet for receipt of bids. Bids may not be submitted by e-mail or facsimile. It is all through eMMA.

Potential Bidders not responding to this solicitation are requested to submit the No Bid Notice/Vendor Feedback Form, which includes company information and the reason for not responding.

Multiple or Alternate Bids. A Bidder can propose to serve more than one jurisdiction. A separate Financial Bid Form, Attachment B-1, and Transmittal Page, Appendix 11, as we just discussed, must be submitted for each jurisdiction it proposes to serve. However, within a given jurisdiction, multiple or alternate bids will not be accepted.

Receipt, Opening and Recording of Bids. Upon receipt, each bid and any timely modifications to a bid shall be stored in the eMMA system until the bids are recorded. Bids shall be opened virtually, due to the COVID-19 Pandemic, at the time and date designated in the IFB Key Information Summary Sheet.
The Bidder shall give specific attention to the clear identification of those portions of its bid that it considers confidential and/or proprietary commercial information or trade secrets, and provide justification why such materials, upon request, should not be disclosed by the State under the Public Information Act. This information should be identified by page number and placed in the Transmittal Letter with the bid. The entire bid cannot be given a blanket confidentiality designation.

The bids shall be tabulated or a bid abstract made. The opened bids shall be available for public inspection at a reasonable time after bid recording, but, in any case, before Contract award, except to the extent the Bidder designates trade secrets or other proprietary data to be confidential as set forth in this solicitation.

Award Basis. A Contract shall be awarded to the responsible Bidders submitting a responsive bid with the most favorable bid price for providing the goods and services as specified in this IFB. Bidders
must bid all line items. Partial or incomplete bids will be rejected unless otherwise stated in the solicitation. See IFB Section 6 for bid evaluation and award information.

Award of a Contract will not be final and complete until after: (1) the Contractor submits complete and satisfactory documentation required under the Contract and/or documentation required by the Procurement Officer; and (2) the Contract is signed by the Department following any required approvals of the Contract, including approval by the Board of Public Works, if such approval is required.

Tie Bids. Tie Bids will be decided pursuant to COMAR 21.05.02.14.

Duration of Bids. Bids submitted in response to this IFB are irrevocable for the latest of the following: 120 days following the bid due date and time or the date any protest concerning this IFB is finally resolved. This period may be extended at the Procurement Officer's request only with the Bidder's written agreement.
Revisions to the IFB. If the IFB is revised before the due date for bids, the Maryland Department of Human Services shall post any addenda to the IFB on eMMA the DHS website and shall endeavor to provide such addenda to all prospective Bidders that were sent this IFB or are otherwise known by the Procurement Officer to have obtained this IFB. It remains the responsibility of all prospective Bidders to check eMMA for any addenda issued prior to the submission of Bids. Bidders shall acknowledge the receipt of all addenda to this IFB issued before the bid due date. Failure to acknowledge receipt of an addendum does not relieve the Bidder from complying with the terms, additions, deletions, or corrections set forth in the addendum, and may cause the bid to be deemed not responsive.

Section 4.13, Cancellations. The State reserves the right to cancel this IFB, accept or reject any and all bids, in whole or in part, received in response to this IFB and to waive or permit the cure of minor irregularities. In the event a government entity proposes and receives the recommendation for award, the
procurement may be cancelled and the award processed in accordance with COMAR 21.01.03.01.A.

4.14, Incurred Expenses. The State will not be responsible for any costs incurred by any Bidder in preparing or submitting a bid or performing any other activities related to submitting a bid in response to this solicitation.

Protests and Disputes. Any protest or dispute related to this solicitation or the Contract award shall be subject to the provisions of COMAR 21.10.

Bidder Responsibilities. Bidders must be able to provide all goods and services and meet all of the requirements requested in this solicitation, and the successful Bidder shall be responsible for Contract performance including any subcontractor participation. If the Bidder is the subsidiary of another entity, all information submitted by the Bidder, including but not limited to references, financial reports, or experience and documentation used to meet minimum qualifications, if any, shall pertain exclusively to the Bidder, unless
the parent organization will guarantee the performance
of the subsidiary.

Parental guarantee of the performance of the
Bidder under this Section will not automatically result
in crediting the Bidder with the experience or
qualifications of the parent under any evaluation
criteria pertaining to the actual Bidder's experience
and qualifications.

Acceptance of Terms and Conditions. By
submitting a bid in response to this IFB, the Bidder,
if selected for award, shall be deemed to have accepted
the terms and conditions of this IFB and the Contract,
attached hereto as Attachment M. Any exceptions to this
IFB or the Contract must be raised prior to bid
submission. Changes to the solicitation, including the
Bid Form or Contract, made by the Bidder may result in
bid rejection.

Bid and Proposal Affidavit. A bid submitted
by the Bidder must be accompanied by a Bid Affidavit. A
copy of this Affidavit is included as Attachment C of
the IFB.
Contract Affidavit. 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 Contract Affidavit. A copy of this Affidavit is included for informational purposes as Attachment N of this IFB. This attachment must be provided within five business days of notification of recommended award.

Section 4.20, Compliance with Laws/Arrearages. By submitting a bid in response to this IFB, the Bidder, if selected for award, agrees that it will comply with all federal, State, and local laws applicable to its activities and obligations under the Contract. By submitting a response to this solicitation, each Bidder represents that it is not in arrears in the payment of any obligations due and owing the State, including the payment of taxes and employee benefits, and shall not become so in arrears during the term of the Contract if selected for Contract award.

Verification of Registration and Tax Payment. Before a business entity can do business in the State,
it must be registered with the State Department of Assessments and Taxation, known as SDAT. It is strongly recommended that any potential Bidder complete registration prior to the bid due date and time. The Bidder's failure to complete registration with SDAT may disqualify an otherwise successful Bidder from final consideration and recommendation for Contract award.

False Statements. This is Section 4.22. There are quite a few in here. Basically, don't make false statements, and they are detailed in this section.

Section 4.23, Payments by Electronic Funds Transfer. By submitting a bid in response to this solicitation, the Bidder, if selected for award, agrees to accept payments by electronic funds transfer, EFT, unless the State Comptroller's Office grants an exemption.

Prompt Payment Policy. This procurement and the Contracts to be awarded pursuant to this solicitation are subject to the Prompt Payment Policy Directive issued by the Governor's Office of Small,
Minority and Women Business Affairs, GOSBA, and dated August 1st, 2008. The Contractor shall comply with the prompt payment requirements outlined in the Contract, Section 31, Prompt Pay Requirements. See Attachment M.

The Procurement Officer may conduct the procurement using eMMA to issue: 1) the IFB; 2) any amendments; 3) any pre-bid conference documents; 4) questions and responses; 5) communications regarding the solicitation or bid to any Bidder or potential Bidder; 6) notices of award selection or non-selection; and 7) the Procurement Officer's decision on any bid protest or Contract claim.

And then, B, the Bidder or potential Bidder may use e-mail to ask questions using the -- regarding the solicitation; reply to any material received from the Procurement Officer by electronic means that includes a Procurement Officer's request or direction to reply by e-mail, but only on the terms specifically approved and directed by the Procurement Office; and submit a No Bid/Vendor Feedback Form to the IFB. The Procurement Officer, the Contract Monitor, and the...
Contractor may conduct day-to-day Contract administration, except as outlined in Section 4.25.5 of this subsection, utilizing e-mail or other electronic means if authorized by the Procurement Officer or Contract Monitor.

The following transactions related to this procurement and any Contract awarded pursuant to it are not authorized to be conducted by electronic means:

- submission of initial bids; filing of bid protests;
- filing of Contract claims; submission of documents determined by the Maryland Department of Human Services to require original signatures; any transaction, submission, or communication where the Procurement Officer has specifically directed that a response from the Contractor or Bidder be provided in writing or hard copy. Any e-mail transmission is only authorized to the e-mail addresses for the identified person as provided in the solicitation, the Contract, or in the direction from the Procurement Officer or Contract Monitor.

There is no MBE participation goal for this
solicitation. There is no VSBE participation goal for this solicitation.

At this point, we come to the living wage requirements, and they will be presented by Procurement Officer, Rufus Berry. Thank you, Rufus.

MR. BERRY: The living wage has been in effect -- the Maryland living wage has been in effect since October 1st, 2007. Under this Maryland living wage, Contractors and subcontractors are required to pay a minimum wage rate for each employee working on a certain State Contract. Solicitation for services under the State Contract better than 100,000 or more or 500,000 or more; Contractors with ten or less employees may be subject to this law, which is under the Title 18 of the State Finance and Procurement Article, Annotated Code of Maryland.

Currently, the living wage law is $14.42 per hour if 50 percent or more of the total value of the State service Contract is performed in the Tier 1 area. If the State Contract services bettering 50 percent or more of the total Contract value is performed in Tier 2
areas, then you should pay each employee the minimum of
$10.83 per hour. The living wage rate is determined by
whether the majority of your services take place in the
Tier 1 or Tier 2 area of the State. Tier 1 includes
Montgomery County, PG County, Howard County, as well as
Anne Arundel County, Baltimore County, as well as
Baltimore City. Tier 2 includes all counties in the
State that is not stated in Tier 1.

If a business has operations in areas with
two different wage tiers, the wages you pay is
determined by the area in which 50 percent or more of
your current value is performed. If the employees who
perform the services are not located in Tier 1 or 2,
the living wage rate will be based upon where the
majority of your recipients of the services are
located.

Additional information regarding the Maryland
living wage is contained on Attachment F of this RFP,
which is entitled Maryland Living Wage Requirement for
Service Contracts and Affidavit Agreements.

Information may also be found on the Maryland
Department of Labor website, and that is labor.maryland.gov. Living wage rates are subject to annual adjustments by the Department of Labor. However, just to be clear, the price under this Contract may not change regardless of any living wage adjustment. If you have any questions, I'll accept it at the end. Thank you.

MR. THORSTRATEN: Thank you very much, Rufus.

Okay. Moving on quickly to Section 4.29, Federal Funding Acknowledgment, this Contract does not contain federal funds.

Conflict of Interest Affidavit and Disclosure. The Bidder shall complete and sign the Conflict of Interest Affidavit and Disclosure, Attachment H, and submit it with its Bid.

Non-Disclosure Agreement. A Non-Disclosure Agreement is not required for this procurement. A Non-Disclosure Agreement -- I'm sorry. That was for the Bidder.

Non-Disclosure Agreement (Contractor). All Bidders are advised that this solicitation and any
Contracts are subject to the terms of the Non-Disclosure Agreement, NDA, contained in this solicitation as Attachment I. This Agreement must be provided within five business days of notification of recommended award. However, to expedite processing, it is suggested that this document be completed and submitted with the bid.

HIPAA Business Associate Agreement is not required for this procurement. Nonvisual Access also is not required. Mercury also is not involved.

Location of the Performance of Services Disclosure. This attachment does not apply to this IFB either.

Department of Human Services Hiring Agreement. At this time, I will invite Kenneth Jessup to present information on the Hiring Agreement. Thank you, Kenneth.

MR. JESSUP: Good afternoon everybody. I want to present -- give me one second. I apologize. Let me put up here this little piece real quick.

(Shares document on screen.)
MR. JESSUP: So this is the Hiring Agreement basic overview, and it's a State legislative piece that we do through the Department of Human Services, an agreement with the Board of Public Works. Short and (indiscernible) we're just trying to give an opportunity to qualified individuals that would meet the criteria for employment if the State Contractor would present an opportunity for us.

So what will happen is that, if this clause is introduced into your solicitation, you'll get an introduction letter from me and a thank you, along with some other instructions and information about how we do for the Hiring Agreement Program. Basically, the State Contractor would send any related positions during the life of the Contract through the Hiring Agreement Program. We would have five business days to get that sent out to all 24 local departments and our vendors with the work program to see if we had any viable candidates.

If you receive an application for a viable candidate and they actually interview well and would be
a good fit, your normal hiring process would be in place. The only thing that is required with the Hiring Agreement Program is that if you have someone to apply for the position, we just want them to have the opportunity to interview, but you're under no obligation whatsoever to hire if they don't meet your criteria or don't meet your standards.

The criteria for the Hiring Agreement is pretty cut and dry. Contract value for two years or longer -- I mean, Contract life term is for two years or longer. Contract value of $200,000 or greater. We don't want to put any hardship on the vendor if they have a smaller Contract. And Contracts must produce jobs on the life of the Contract.

In most cases, when it comes to clerical, administrative, maintenance, food service, housing, a little bit of everything, it's a mixture of different opportunities that we have there. In this particular case though, with it being a heavy relation on administrative and medical background for the potential individuals that would be working under this agreement,
we have a lot of people throughout our category of clients throughout the State that can meet your criteria. We have people that are in school. We have people that have experience. And with everything going on with COVID, we have more than enough people that need employment opportunities that could fit your criteria. So that's pretty much it. Thank you.

MR. THORSTRATEN: Thank you very much, Kenneth. Okay. Moving quickly on, Small Business Reserve Procurement. This solicitation is not designated as a Small Business Reserve Procurement. Section 4.38, Maryland Healthy Working Families Act Requirements. On February 11th, 2018, the Maryland Healthy Working Families Act went into effect. All Bidders should be aware of how this Act could affect your potential Contract award with the State of Maryland. See the Department of Labor, Licensing and Regulations website for Maryland Healthy Working Families Act Information.

Okay. We're moving on to Section 5, the Bid Format. This is a one-part submission. Each Bidder
shall submit its bid with all required bid submissions. See Section 5.4.

Section 5.2, Bid Delivery. Bids must be submitted through eMMA and received by the Procurement Officer no later than the bid due date and time indicated on the Key Information Summary Sheet. And, again, eMMA will shut it down at that deadline there. Nothing can come in late.

Section 5.3, Bid Price Form. The bid shall contain all price information in the format specified on the Bid Form, Attachment B that we've been talking about. The Bidder shall complete the bid form only as provided in the Bid Pricing Instructions and the Bid Form. Do not amend, alter, or leave blank any items on the bid form or include additional clarifying or contingent language on or attached to the bid form. Failure to adhere to any of these instructions may result in the bid being determined to be non-responsive and rejected by the Maryland Department of Human Services.

Required Bid Submission. A Bidder shall
include the following with its bid:

   Section 5.4.1, Bidder Information Sheet.

That's Appendix 2.; Section  5.4.2, Transmittal Page with acknowledgment of all addenda to this IFB. See Appendix 11, Transmittal Page. A Transmittal Page shall be submitted for each jurisdiction for which a bid is submitted. This is to insure that each LDSS, Local Department of Social Services, has records on file with the best Bidder contact information to be used for that jurisdiction.

   Section 5.4.3, Minimum Qualifications Documentation. The Bidder shall submit any minimum qualifications documentation that may be required, as set forth in Section 1. Please do include those two reference letters, the Offeror's licenses issued by the Maryland State Department of Health's Office of Health Care Quality.

Completed Required Attachments. Submit one copy of each with original signatures: the completed Bid Form. That's Attachment B-1; completed Bid/Proposal Affidavit. That's Attachment C; completed
Maryland Living Wage Requirements Affidavit of Agreement. That's Attachment 4 (sic) -- F.

Section 5.4.5, Additional Documentation If Required. Submit one copy of each with additional -- with original signatures, if required. See appropriate IFB section to determine whether the document is required for this procurement. A signed statement from the Bidder's parent organization guaranteeing performance of the Bidder; completed Conflict of Interest Affidavit and Disclosure; the Data Sharing Agreement For IHAS Contractors. That's Appendix 12.

The Maryland Department of Human Services reserves the right to request additional references or utilize references not provided by the Bidder. Points of contact must be accessible and knowledgeable regarding Bidder performance.

Section 5.4.7, List of Current or Prior State Contracts. Provide a list of all Contracts with any entity of the State of Maryland for which the Bidder is currently performing goods and services or for which services have been completed within the last five
years. Information obtained regarding the Bidder's level of performance on State Contracts will be used by the Procurement Officer to determine the responsibility of the Bidder and considered as part of the experience and past performance evaluation criteria of the IFB.

Section 5.4.8, Financial Capability. The Bidder must include in its bid a commonly-accepted method to prove its fiscal integrity. If available, the Bidder shall include financial statements, preferably a profit and loss (P&L) statement and a Balance Sheet, for the last two years; independently audited preferred. In addition, the Bidder may supplement its response to this section by including one or more of the following with its response: a Dun and Bradstreet rating; Standard and Poor's rating; lines of credit; evidence of a successful financial track record; and evidence of adequate working capital.

Certificate of Insurance. The Bidder shall provide a copy of its current certificate of insurance showing the types and limits of insurance in effect as of the bid submission date. The current insurance
types and limits do not have to be the same as
described in Section 3.6. See Section 3.6 for the
required insurance certificate submission for the
apparent awardee.

Subcontractors. The Bidder shall provide a
complete list of all subcontractors that will work on
the Contract if the Bidder receives an award. This
list shall include a full description of the duties
each subcontractor will perform and how or why each
subcontractor was deemed the most qualified for this
project.

Section 5.4.11, Legal Action Summary. This
summary shall include a statement as to whether there
are any outstanding legal actions or potential claims
against the Bidder and a brief description of any
action; a brief description of any settled or closed
legal actions or claims against the Bidder over the
past five years, a description of any judgments against
the Bidder within the past five years, including the
court, case name, complaint number, and a brief
description of the final ruling or determination; and,
in instances where litigation is ongoing and the Bidder has been directed not to disclose information by the court, provide the name of the judge and location of the court.

Section 5.5, Delivery. Bids must be submitted, again, electronically through eMMA and received by the Procurement Officer no later than the bid due date and time. Bids sent via e-mail or facsimile or hand-delivery shall not be considered. It is all through eMMA.

All right. Section 6, Bid Evaluation and Award. 6.1, Bid Evaluation Criteria. The bids will be evaluated based on the total bid price, as per COMAR 21.05.02.13. For each jurisdiction, all responsible Bidders will be ranked from the lowest (most advantageous) to the highest (least advantageous) price based on the total bid price as submitted on the Attachment B-1 Bid Form.

Section 6.2, Reciprocal Preference. Although Maryland does not authorize procuring agencies to favor resident Bidders in awarding Procurement Contracts,
many other states do grant their resident businesses preferences over Maryland Contractors. COMAR 21.05.01.04 permits procuring agencies to apply a reciprocal preference under the following conditions: a) The Maryland resident business is a responsible Bidder; b) the lowest responsive bid is from a responsible Bidder whose principal office or principal base of operations is in another state; c) the other state gives a preference to its resident businesses through law, policy, or practice; and d) the preference does not conflict with a federal law or grant affecting the procurement Contract. The preference given shall be identical to the preference that the other state, through law, policy, or practice gives to its resident businesses.

Section 6.3, Award Determination. Award will be made to the responsible Bidder who submits to the State the responsive bid that has the lowest total bid price for each jurisdiction -- I'm sorry -- for each listed jurisdiction.

6.4, Documents Required upon Notice of
Recommendation for Contract Award. Upon receipt of a notification of recommendation for Contract award, the apparent awardee shall complete and furnish the documents and attestations as directed in Table 1 of Section 7, IFB Attachments and Appendices.

All right. This concludes our presentation of this IFB. Are there more questions regarding the IFB? Rufus, have you been watching the questions while I was reading or should I just pick it up?

MR. BERRY: Go ahead. Pick it up.

MR. THORSTRATEN: Okay. Ms. Claire (sic) Wood, would you please ask your question? There's a little bit of discussion in the chat, but I wanted to just put it on the record.

MS. WILBURN: I think that person has left the meeting --

MR. THORSTRATEN: Oh, okay.

MS. WILBURN: -- but it was a question about whether Montgomery County was included in this RFP, and I answered the question that Montgomery County is not a part of this solicitation and this IFB.
MR. THORSTRATEN: That's correct. At this time, the following jurisdictions are not in this IFB: Anne Arundel, Garrett, Kent, and Montgomery Counties.

MR. BERRY: And just to be clear, Montgomery was only mentioned just to state the various tiers that are Tier 1 -- that they were listed under Tier 1 for the Maryland living wages.

MR. THORSTRATEN: Okay. And, Alison Kelly, can you -- would you mind asking your question in person please?

(No response.)

MR. THORSTRATEN: Okay. What Ms. Kelly asked is, "What exactly are we bidding? Are we bidding dollar amounts, hours, et cetera?" Since they seem to have left the meeting, I'll -- we'll get -- we'll answer that in writing.

MR. BERRY: Well, Henry, see if you can answer it here and then also submit a response in writing as well, just for those vendors that are still on the -- on the call.

MR. THORSTRATEN: Okay. Well, I'm not really
sure what she means by "bidding". It is an IFB, so the bid amount is the deciding factor and then we make your response is responsible, so I was hoping she would clarify what she was actually asking.

MS. JONES: I have a question. What is the commitment pertaining to reality of someone's bid of the service being able to be -- to be able to be given to these patients at this rate? I mean, when you look at some of the low bids, can you reasonably expect for care to be given, and (indiscernible) consideration. If a bid is too unreasonably low, you know that's not going to get good care. So how would you evaluate that or does that enter the process as to what's really an opportunity to give good care? 'Cause I think if I was on the other end of it and I saw that someone gave this ridiculously low bid, you know, the care's not going to be given, not with that bid, not in this economy, with all of the extenuating costs. So how is that taken into consideration?

MS. ECTOR: Right. So the Department and the Evaluation Committee will take that into consideration.
Certainly, if a bid comes in unreasonably low, then that's something that the Department will consider and that it may not be accepted. However, we do understand that there may be a variation in the bid prices, and that's expected. Again, the Offerors would be ranked from the lowest bid to the highest bid. If it is determined that a Contractor is not fulfilling the requirements of the IFB, not providing good service, then there are remedies available to the State ranging from providing the Corrective Action Plan; they may need to hire new or different staff or their Contract may be terminated.

MS. JONES: I understand this business and I understand how it works and all of the expenses that it incurs from the proper insurances to the unemployment rates have gotten ridiculously high because of all of the unemployment insurances that they're giving out now. It's just -- it's just something that you think about sometimes, that even the nursing (indiscernible) -- those were problems in this program (indiscernible) and now with the Governor or the State looking to hire
(indiscernible) for minimum wages, I mean, I guess I need to get -- I was trying to get some insight on how the State viewed (indiscernible) and say, okay, give them this Contract. I heard what you just said, that you're going to be evaluating it, but the seriousness of that evaluation, I guess I just want to get a (indiscernible) on how it's going to be looked at.

MS. ECTOR: I don't think I can tell you anymore, other than the State has a general idea about the costs for these services. And, again, if a bid comes in unreasonably low, if the average bid is, let's say four or five dollars below the minimum wage, then that's going to raise some concerns and issues with the Department, so -- and, again, if, in fact -- and sometimes you can have a higher bid and you still may not get quality service, so the Department will be monitoring the services that are provided as well, but for the IFB, the only thing that's evaluated is the price, if the Contractor or the Offeror otherwise meets the requirements in the IFB. Price is the determining factor, but, again, there are certain factors that the
Department will take into consideration when determining whether or not the price is reasonable.

MR. THORSTRATEN: Okay. Michelle Addison, are you still in the meeting?

(No response.)

MR. THORSTRATEN: She requested how to make a PIA request. I don't know how to do that. We would need to get back about that. And then there was a raised hand.

MS. ECTOR: So for the PIA, that's (indiscernible) so we don't have as much work to do. You can go to the Department of Human Services website and there is information about how to file a PIA request. Preferably, you will use the GovQA portal that's listed, but you can also do it in writing and send it to the Department as well. Please go to the DHS website for information on how to file a PIA request.

MR. THORSTRATEN: Okay. Thank you. I'm going to go to the raised hands, starting with Ms. Robin Peake.
MS. PEAKE: I have none. That was an error.

MR. THORSTRATEN: Okay. I'll move on then to Visiting Angels.

ATTENDEE: Hi. Thank you for the opportunity. I just wanted to ask if you all could give us an idea of what the average amount of hours per visit would look like. I know every client will be different, but if we can have an idea -- a rough idea.

MR. THORSTRATEN: Greg or Deborah, is that tracked or is that possible to provide that information or --

MS. WILBURN: We --

MR. SESEK: We can look into that -- I'm sorry. We can look into that and provide you with an answer, yes.

ATTENDEE: Thank you.

MR. THORSTRATEN: Okay. And Mr. Al Simmons (phonetic) -- Simons.

MR. SIMONS: Yeah. Can you tell us when we will get responses to today's Q-and-A?

MR. THORSTRATEN: We will start working on
them starting tomorrow, since this is pretty much the end of the business day today, and then we'll get them out as soon as possible. They may come out in several waves, rather than waiting to answer the hardest questions -- to answer them all, so I suspect you should start seeing them probably by the end of this week or, at the latest, early next week.

MR. SIMONS: Okay.

MR. BERRY: Henry, when is the due date for your questions? When your questions are due?

MR. THORSTRATEN: That is not straight in front of me. Let's see.

MR. BERRY: Because -- and the reason why I say that, because you want to consolidate all your questions that comes in, and then they'll be all responded following the due date.

MR. THORSTRATEN: Yeah. The due date 5/19, but I still suspect I'll be sending answers out in waves, 'cause there are some that I can just straight off.

MR. SIMONS: I have one other question.
MR. THORSTRATEN: Yes, go ahead.

MR. SIMONS: Did I hear correctly in the earlier Q-and-A that the referrals going to the vendors will be based solely on the lowest rate, so they'll be going to the vendor who has the lowest rate first; is that correct?

MR. THORSTRATEN: That is how an IFB works. That's correct. The person with the lowest total bid is the -- is the first -- the most (indiscernible) awarded, but we will have -- and Greg can correct me on this if I'm wrong -- there will be multiple vendors available in each jurisdiction, so it won't just be just one vendor per jurisdiction.

MR. SESEK: That is correct, Henry. The priority ranking is per jurisdiction, yes.

MS. JONES: Question. If the priority ranking is per jurisdiction, are you saying that in each jurisdiction you're going to predetermine how much funds you're putting there, and then it would be determined how many vendors would be there and that's for funding for that jurisdiction?
MS. ECTOR: I mean, just to jump in, like, funding for a jurisdiction should not be your over-
riding concern. I think what's important to know is that for Bidders, decide and determine how many
jurisdictions you would like to bid on, as long as you meet the requirements in terms of distance, your staff,
and if you are in a position to provide services to more than one jurisdiction, you need to take into consideration that you may have multiple clients that you're servicing -- that your company is servicing at the same time. So that should be the overriding consideration for the Bidder, not necessarily the State's budget, which is an estimate, in any event.

MS. WILBURN: Can I also add something too as well? And we really don't have any control over how many Bidders are going to bid on a jurisdiction. So currently we have some Bidders who are the only Contractor in that jurisdiction. Then, in other jurisdictions, we may have four or even ten, so we have no control over that. I hope that answered your question.
MR. THORSTRATEN: Yes. And I will say there is a part of the IFB that stipulates that Bidders need to be within 40 miles of the farthest part of the jurisdiction they're serving. And if you were to look at a Maryland map, you would see that almost every single jurisdiction is less than 40 miles across, so as long as you're in a jurisdiction, you're set. If you're outside the jurisdiction where you're bidding, that might be something to think about, but if you're in the jurisdiction you're bidding on, you're okay. Okay. Precious hearts or -- and Al Simons, you had your hand -- okay. I see. Go ahead, Precious Hearts.

MR. AFOLABI: Can you hear me?

MR. THORSTRATEN: Yes.

MR. AFOLABI: I know in the past -- and this is regarding (indiscernible) -- I know in the past that a letter stating (indiscernible) the current accounts and other things were acceptable? Will that be acceptable?

MR. THORSTRATEN: Okay. Yeah, you were breaking up quite a lot. Would you mind repeating your
question?

MR. AFOLABI: Would a financial statement from the bank still be acceptable (indiscernible)?

MS. WILBURN: I'm not sure of the answer to that question. Will a financial statement from the bank be acceptable as -- for what?

MR. AFOLABI: (Indiscernible response.)

MS. WILBURN: I can't answer that.

MR. AFOLABI: As part of financial stability.

MS. ECTOR: (Indiscernible due to cross-talk) financial capacity. There is a reference to a line of credit and any other commonly accepted method prove your fiscal integrity. I think what the Department has listed are some common methods to show it, so if you have a line of credit from the bank or maybe some other official statement. It just really depends on what the document looks like.

MR. AFOLABI: Okay. Yes, I was -- yeah, it's the official statement that I was asking about, you know, like we confirm that this is Precious Hearts and the total account of their bank is -- something like
things that.

MS. ECTOR: Well, it would probably need to be more than one statement. If you look again at 5.4.8, what we need to see is evidence of a successful financial track record, so whatever documents you may have to show that should be submitted.

MR. AFOLABI: Okay.

MS. JONES: That's a good question. My next question, along those lines, is I saw that it says that the billing should be 15 days -- no longer than 15 days after service was rendered the previous month, so how long is turnaround for reimbursement?

MS. ECTOR: It's 30 days, generally, for the State, once the invoice is approved.

MS. JONES: Once -- how long --

MR. THORSTRATEN: Okay. I don't see anymore questions in chat. I'm sorry. Go ahead.

MS. JONES: How long does it take to approve it? You said once it's approved. That's not once it's submitted. Approved and submitted are two different things. How long does it take to be approved?
MS. ECTOR: Once your invoice is submitted, and it generally takes 30 days from the date of receipt to payment. However, if your invoice is submitted on the 15th and it's reviewed on the 16th and it's missing information, then that 30-day period will not start until all of the required or requested information is provided. And you can -- and this is all in COMAR, in the statute. But you must submit an invoice that meets all of the requirements, and payment is made within 30 days. I don't know what section that is.

MR. SESEK: That's in Section 3.

MS. ECTOR: Yeah.

MR. SESEK: 3.3 I believe.

MS. ECTOR: Yeah, it's 30 days. An invoice that doesn't satisfy the requirements will not be considered and the 30-day period does not run (indiscernible).

MR. THORSTRATEN: Okay. Does that answer your question well enough?

(No response.)

MR. THORSTRATEN: I'm not seeing anything
else in chat or any hands raised. Are there any questions before I move on to the conclusion of the conference?

(No response.)

MR. THORSTRATEN: Okay. Well, thank you all very much for attending the pre-bid conference for the In-Home Aide Services IFB. I appreciate everybody attending, really, and thank everyone who showed up to present. We look forward to receiving your bids.

Please remember that bids are due Friday, June 4th by five p.m. Local Time, and thank each of you for attending. Thank you very much.

ATTENDEE: Henry, just a last quick question.

MR. THORSTRATEN: Yes, go ahead.

ATTENDEE: When will this recording be available on the DHS website?

MR. THORSTRATEN: If Debbie wouldn't mind answering that question.

MS. WILBURN: The recorder.

THE REPORTER: What do you -- is it five-day delivery?
MR. THORSTRATEN: I'm sorry. Yeah, I'm sorry, not Deborah, Debbie. Yes, what is the turnaround time on recording?

MS. WILBURN: Henry, I believe we had the option of either ten days or five days, depending on what's the request for services. I don't know which service they selected. So as soon as five days or no later than, you know, after ten days.

MR. THORSTRATEN: Okay. Thank you, Deborah.

MR. BERRY: And also let me make clear that it is the transcript of this recording that will be available.

MR. THORSTRATEN: Yes, that's true. It is -- it will just be a transcript; it will not be the actual recording. Okay. Anyone else?

(No response.)

MR. THORSTRATEN: All right. Well, again, thank you very much everybody. This concludes our meeting then.

(Whereupon, at 3:44 p.m., the pre-proposal conference was concluded.)
CERTIFICATE OF NOTARY

I, Deborah B. Gauthier, Notary Public, before whom the foregoing Pre-Proposal Conference was held, do hereby certify that said Pre-Proposal Conference is a true record of the proceedings; that I am neither counsel for, related to, nor employed by any of the parties to this action, nor financially or otherwise interested in the outcome of the action; and that the Pre-Proposal Conference was reduced to typewriting by me or under my direction.

This certification is expressly withdrawn upon the disassembly or photocopying of the foregoing transcript, including exhibits, unless disassembly or photocopying is done under the auspices of Hunt Reporting Company, and the signature and original seal is attached thereto.

______________________________
DEBORAH B. GAUTHIER,
Notary Public in and for the State of Maryland

My Commission Expires: October 17, 2023

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