Q1) In the TITLE 89: SOCIAL SERVICES CHAPTER II: DEPARTMENT ON AGING PART 220 GENERAL PROGRAMMATIC REQUIREMENTS SECTION 220.600 CASE COORDINATION UNIT MINIMUM STANDARDS Section 220.600 states: The agency shall be a free-standing, single purpose agency, or shall be part of a multi-purpose agency. A multi-purpose agency shall have a separate, clearly definable organizational unit functioning as the CCU. Can an agency establish a separate company and operate in the same geographic territory as its CCP and refer to the CCP? If no, can a CCP forfeit operating as a CCP in a certain geographic region as a condition to become a CCU in the region?

A1) No. It would be a potential conflict of interest. However, in order to serve as the CCU, an entity may choose to terminate a pre-existing CCP Service Provider agreement in PSA 12, subarea 5.

Q2) Can an agency operate as a CCP and CCU in the same geographic region and select distinct zip codes to operate as a CCP and then as a CCU and not overlap? Does this meet compliance standards?

A2) No. The Offeror must serve as the CCU for PSA 12, subarea 5, in its entirety.

Q3) Under H.1 -availability of appropriation- the section indicates CCU services will be reimbursed provided the state appropriates funds for CCU services. If services have been provided and the state realizes adequate funds have not been set aside- will the CCU vendors be reimbursed for services already rendered?

A3) By contract, the CCU will have a right to payment for services provided. If funds are not appropriated, the Department may terminate or suspend the Agreement in accordance with the language in H.1.

Q4) The POSM survey is referenced in section D.7.45- can Offerors receive a copy of this survey in preparation for RFP submission?

A4) See attached.

Q5) The RFP indicates CCU entities must maintain Medicaid Waiver staffing requirements. Can the waiver specific requirements be provided?

A5) CCUs are required to follow the staffing requirements set forth in Administrative Rule (see 89 Ill. Adm. Code 240.1400 through 240.1440). The staffing requirements must also comply with Medicaid Waiver requirements (see link: https://www.illinois.gov/hfs/SiteCollectionDocuments/Aging%20Waiver.pdf).
Q6) Do we need to submit the offer via overnight mail?

A6) No. It is at the discretion of entity by what means the offer will be timely delivered to the Department. Hand delivery shall also be allowed.

Q7) If awarded the contract, will the contract be renewable after the June 30, 2018, termination date?

A7) The Department reserves the right to extend the agreement for additional periods.

Q8) If awarded the contract, will the contract be exclusive to PSA 12, Subarea 5 during the contract period? Would it be possible to amend the contract to include other areas at a later time?

A8) Yes. The resulting agreement would allow the CCU exclusive service rights for this subarea. There will not be an option to amend at a later time to add additional subareas. Other subareas are under separate agreements.

Q9) Can you please clarify what you mean by "sufficient financial resources"? I looked at the regulation but there aren't clear financial guidelines.

A9) Per 89 Ill. Adm. Code 240.1310(g), the CCU must be fiscally sound (defined in 89 Ill. Adm. Code 240.160) or be able to demonstrate its ability to obtain financial resources as required during the performance of the agreement. A CCU must be able to continue in business, meeting all rule requirements, between the time services are initially provided and the time reimbursement is received from the Illinois Comptroller. The Department generally requires assets sufficient to cover 90 days of operating expenses as a reasonable business precaution to ensure continuity in the delivery of service in the case of payment delays.

Q10) When will the department sponsored training be provided to the Offeror awarded the subarea 5 CCU contract?

A10) The training unit at the Department will work with the CUU to schedule timely trainings.

Q11) Are there any particular language needs in subarea 5?

A11) CCUs are required to handle any language preferences needed by individuals. CCUs staff who are bilingual to help meet the needs of the area they serve. Access to translators is also necessary. Assessments completed with the use of translators are reimbursed at a higher rate. The previous CCU found need in the following languages: Spanish, Russian and Polish.
Q12) What is the billing process for services rendered? Forms? Methods- electronic? What is the anticipated turn-around time for service reimbursement that will be stated in the contract to the awardee?

A12) After services are provided, the CCU will submit its bill (called a Vendor Request for Payment) to the Department electronically through an Internet-based system, the Electronic Community Care Program Information System (eCCPIS) in accordance with 89 Ill. Adm. Code 240.1520. The billing must be received by the Department no later than the 15th day of the month following the month in which services were provided. Vouchering to the Office of the Comptroller then occurs. The CCU is paid at a fixed unit rate set for a service under its agreement. Payment is based on the number of units of service provided (and accepted for invoicing) per individual for a monthly service period. Payment is subject to the availability of appropriations during the State fiscal year. It could potentially take 90 calendar days or more for a payment cycle depending on processing times and the availability of balances in the State Treasury.

Q13) If an Offeror is operating as a CCP in area 12 and not subarea 5 can they still operate in area 12 as a CCP without conflict?

A13) No. It would be a potential conflict of interest. However, in order to serve as the CCU, an entity may choose to terminate a pre-existing CCP Service Provider agreement in PSA 12, subarea 5.

Q14) Can we obtain a description of the definition of the services listed for each service code?

A14) Service activities for comprehensive care coordination/case management are outlined at 89 Ill. Adm. Code 240.260 and Subpart N.

Q15) How are the billing units for each service code calculated? By the hour, PMPM, per visit? Does this vary by code? Can we have a description of each service code billing unit calculation? Example, is the Care Management fee listed based on an hourly fee, or a PMPM?

A15) A CCU bills for each service activity that is completed for an individual. The CCU is paid at a fixed unit rate set for a service under its agreement. Payment is based on the number of units of service provided (and accepted for invoicing) per individual for a monthly service period. Payment is subject to the availability of appropriations during the State fiscal year.
Q16) Is there a limit to how many services a single patient can receive each month? Or is there a billing cap? Example, if a patient falls 4 times in a month will each f/u visit be a billable visit?

A16) Services are specific to each individual’s circumstances. There are guidelines related to the frequency of determinations at 89 Ill. Adm. Code 240.655.

Q17) How many clients will be transferred from subarea 5 to the awardee?

A17) See Section D.1.4 of the updated solicitation document (RFP on the Department’s website).

Q18) Do you plan on awarding one Offeror the subarea 5 contract or might it be divided between or among more than one company?

A18) The Department intends to award one CCU agreement for subarea 5.

Q19) Can we receive a list and description of all of the metrics used to measure the performance of a CCU?

A19) See attached.

Q20) Can you provide a transition time line to achieve the projected live date which includes all elements needed to get to a live status. Example, training, IT programming needed, billing training, etc. and the targeted completion dates for each required element?

A20) Services shall begin February 1, 2017. The Department will work with the awarded vendor to ensure systems are in place on the date of execution.

Q21) Would you be the exclusive CCU for this area?

A21) Yes.

Q22) Does the office location need to be within this area?

A22) No.

Q23) Will training be provided or can be attainable from IDOA?

A23) Yes.
Q24) Have there been issues with receiving payments from the state regarding the billing for services performed?

A24) Yes. Payment is subject to the availability of appropriations during the State fiscal year. It could potentially take 90 calendar days or more for a payment cycle depending on processing times and the availability of balances in the State Treasury.

Q25) It says the contract terminates June of 2018, is the contract not renewable?

A25) The Department reserves the right to extend the agreement for additional periods.

Q26) We provide in-home homemaker services currently through CCP; would we need to create a new entity to become a CCU for this area? Would we be able to open this entity once we confirm we have received the approval?

A26) No. It would be a potential conflict of interest. However, in order to serve as the CCU, an entity may choose to terminate a pre-existing CCP Service Provider agreement in PSA 12, subarea 5.

Q27) Is this service area available for a CCU because a previous one did not renew their contract or is this a new area?

A27) The service area is now available as the current CCU has requested termination of its current agreement.

Q28) Are some of those rates per hour of service or per task regardless of how many hours of assistance the task required? For example, case management 051 and 052 the rate is $12.83. Is that per hour of performed case management activity (i.e. helping with finding the doctor, scheduling the doctor’s visit, assistance with Medicaid Application, finding housing, etc.). Please advise.

A28) The CCU is paid at a fixed unit rate set for a service under its agreement. Payment is based on the number of units of service provided (and accepted for invoicing) per individual for a monthly service period.

Q29) If a company is both a provider and CCU can they share the same office space if they are servicing different zip codes or must they have a separate office space? If separate is required, can it be in the same office building?

A29) Possibly. If a CCU also provides other services in a different geographic area, it must:
1) maintain separate files for its work with the Department and the other services;
2) assure via policy and practice that CCU files cannot be accessed by non-CCU staff;
3) store files in a secure location; and
4) obtain a signed Release of Information from the participant/authorized representative prior to any referral being made for other services.
Q30) Can Care Coordinator supervisors also have a case load? Can all admin supervisory staff carry a case load in addition to their supervisory responsibilities? If so is there a case cap?

A30) Care Coordinator Supervisors may carry a caseload. Administrative Supervisory Staff may only carry a caseload if an individual is also a certified Care Coordinator. Caseloads must comply with the following ratio: at least 1 Full Time Equivalent FTE Care Coordinator per 200 participants.