CSP RFP Vendor Conference

Minutes

January 2, 2019

Vendor Attendees: Tita Yutuc (Family & Children's Center); Ann McDonald (Family & Children's Center); Jill Chaffee (Lutheran Social Services – via phone)

Question and *Answer*

1. **Is it acceptable to present the information requested in the RFP using our own financial forms, as long as the same information is presented?**
   Yes

2. **In order to provide all of the requested CSP services and to create a viable program (robust service offerings and adequate volume) we would need to include and provide services from the CCS service array as part of the overall program design. Will we be allowed to negotiate current CCS rates (Preferred Provider Solicitation) to ensure that they will better align with meeting the needs of the CSP program?**
   Unfortunately at this time, the rates for the current CCS Preferred Provider Solicitation are non-negotiable. We are however putting together a workgroup in early 2019 to address these specific rates and may be able to negotiate and/or offer an increase in rates at that time. We are very open to proposals that would be able to outline what a regional CSP program could look like with all of our requested program "wishes"; as well as what a regional program would look like if they were not necessarily able to provide all of our program "wishes" knowing that the requested service options are robust and may take time to grow within an agency and CSP program.

3. **Say something more about supported employment. There used to be an outcome about that service. Is it still expected to be a part of this?**
   If you refer to page 2 of the RFP, this service is now listed as a desired service, not a core service. The outcome was taken off due to available funding. While we would like this service to be a part of what is proposed, we aren't going to measure outcomes on something that may not be a fully functioning part of this program.

4. **Referring to the county contribution CAP on page 5. The $70,000 doesn't seem to support the number of consumers that lost their MA during the year at some point. Is the $658,000 a cap or the $70,000 a cap or both?**
   The $658,000 is a cap for the counties budgets at this time, and was split into two different funding streams based on estimated costs for each type of consumer. As stated above under the first bullet point, the $70,000 is only existing official non-MA consumers. This is not figuring any extra for consumers that lose their MA during the year, as the vendor should work to have Medicaid reinstated and/or back-dated. Vendor and counties will review this monthly and make further decisions on budgets, if consumers have no path to Medicaid reinstatement.

5. **On the Family Care rate, has Family Care been willing to negotiate this, historically?**
   The county has not been involved in negotiations with Family Care in the past and it is unlikely this change. We would encourage the vender to discuss this request/inquiry with the Family Care agencies directly.