

# Self-Directed Advocacy Network of Maryland, Inc.

Participants, Families, Friends, Support Brokers & Other Professionals advocating for those receiving self-directed waiver services.  
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## RFP MDM0031045446-Financial Management & Counseling Services Questions from the SDAN – July 26, 2019

The Self-Directed Advocacy Network of Maryland, Inc. (SDAN) represents the interests of individuals who self-direct their services under the DDA Waivers. We have several areas of broad concern regarding the FMS contract with related questions delineated below.

### Scope of Work: Identical to 2018 RFP

**Section 2. Contractor Requirements: Scope of Work** is virtually unchanged from the contract that was posted in June of 2018 and eventually cancelled, with the exception of minor changes or additions in wording, renumbering of sections, changing OHS to LTSS, and adding Section 2.4 Deliverables and information requirements related the EVV. **Sections where questioners pointed out that information was missing is still missing the same information.** [Section 2.3.1.b.4); Section 2.3.3.b.26 (second one as there are two 26es); and others]. None of the concerns or questions raised by the 2018 RFP have been addressed or clarified by this RFP.

Consequently, SDAN continues to have the same strenuous objections to this RFP as was so stated last year, along with additional concerns noted below.

1. **SDAN opposes the awarding of this extremely large contract to one bidder.** Selecting multiple vendors for each program would ultimately benefit both the State and consumers. Choosing multiple providers who must then compete for customers prevents the pitfalls associated with state employees awarding a lucrative contract as a monopoly. It also protects the rights of consumers. Competition breeds excellence; monopolies foster complacency. As written, this RFP significantly expands the FMS duties far beyond those of fiscal management and acting as an employer agent. *Given the impact of the FMS's expanded role on the non-administrative portions of participant programs*, SDAN asserts that participants must be able to choose between FMS providers. We note that Targeted Case Management (TCM) Agencies are also designated as administrative services, but DDA now insists that participants are offered choice of TCM providers. FMS providers should be no different.

**Recommendation A:** DDA recipients of these services would be better served if the FMS supports were a waiver service with multiple, highly qualified providers available to participants; i.e., participants have a choice of their service provider, which is NOT required when the service is categorized as an administrative service. SDAN believes that competition leads to better and more cost-effective services for all. CMS allows this to be a waiver service; making it an administrative function awarded to one contractor is Maryland decision with which we strongly disagree.

**Question A: Why does DDA feel that this service is better provided as an administrative service rather than a waiver service?** When asked that question during comments related to an amendment to the current waiver, the response was, "The FMS has historically been an administrative service." SDAN points out the support brokers have historically been a required service, yet that was changed.

**Question B: How is the change to the support broker service of benefit to the participant?**

**Question C: How is maintaining the FMS service as an administrative function of benefit to the participant?**

**Recommendation B.** Should the state not agree with Recommendation A above, award a part of this contract to AT LEAST two entities so that participants have choice of service providers.

**Question: How is having only one FMS of benefit to the participant?**

2. **SDAN opposes the inclusion of counseling services in this contract for individuals self-directing under the DDA.** While this service may be the only option for those under the LTSS portion of the contract, it is not necessary for any DDA participant to receive counseling services from the FMS, and, in fact, represents a duplication of services. One addition to the RFP's "Scope of Work" section included the statement that, "the counseling services do not and do not [sic] supplant or replace the Support Broker service in the DDA programs." (Page 3 of RFP). However, the spreadsheet for the submission of the financial bid assumes that all individuals who need FMS services also need counseling services, which is currently not true and, supposedly, will not be true if this contract moves forward. SDAN sees strong potential for the state paying twice for the exact same service.

CMS requires that counseling services be **available** to participants. While Support Broker services are optional, they are available. Individuals who opt out of using a support broker are not left without counseling services, however. In that case, those participants have other, free supports available to them per all three DDA waivers from the Independent Regional Advocates and well as Coordinators of Community Services (CCS).

Page 304 of the Community Pathways Waiver (CPW) describes the services for individuals who self-direct received from CCSes as:

**The CCS** will provide supports that enable the participant to identify and address how to meet his or her needs and goals, including but not limited to:

1. Provide information to the participant to support informed decisions about what service design and delivery (Self-Directed Services versus Traditional Services) will work best for the participant and their support network in accordance with their needs and goals;
2. Explain roles and responsibilities and Support Broker and FMS available supports in the Self-Directed Service Model;
3. Provide information related to self-directed waiver service options, Support Brokers, and FMS services and providers for the participant to choose;
4. Facilitate the timely development and revision to the Person-Centered Plan and budget designed to meet the individual's needs, preferences, goals, and outcomes in the most integrated setting and in the most cost effective manner;
5. Provide information, make referrals, and assist participants with applications for services provided by community organizations, federal, State and local programs and community activities; and
6. Monitoring the provision of services and conducting related follow-up activities.

Page 305 of the CPW describes the support of the independent advocate as:

**Advocacy Specialists** self-directing services support include:

1. Provide information, **technical assistance**, and training on self-direction, self-advocacy, and the availability of advocacy services across the State;
2. Facilitate and build relationships with self-advocates, self-advocacy groups and providers;

3. Support other self-advocates to learn about and understand DDA services;
4. Provide general support to people receiving services from DDA; and
5. Develop and conduct additional topic specific training that meets the needs of Self-Advocates in their regions such as cyber bullying and using technology.

**Recommendation:** DDA participants should access the waiver service: Support Brokerage for their counseling needs if they so choose to receive that professional support. Support Brokers are individuals who are trained in and specialize in the DDA waiver programs. If participants opt out of these services, they can receive less specialized counseling through other, already established avenues in the waiver; thus avoiding the potential for double payment for services. SDAN is concerned that the same service will be both an “administrative service” and “waiver service” at the same time under the same waivers. To do so, seems like a duplication of services.

**Question: What is the reasoning behind creating a duplication of professional counselors for the DDA portion of the contract under the FMS provider?**

3. **Unanswered Questions and Confusion over Program Requirements Not Addressed in 2018 and still reflected in current RFP.**

Before the RFP was pulled in 2018, five entities had asked 156 questions. At least 52 of these questions did not have any response from DDA. Information provided at the pre-proposal conference on June 24, 2019, indicated that substantial program difference still exist between the needs of OHS/LTSS and DDA.

SDAN is aware of at least 70 questions, comments, or recommendations that have been submitted to the Contract Officer as of 7-12-19, yet, to date, no answers have been provided to any of these questions. Many of these questions are identical to questions which had been asked in 2018 and could have been clarified if this RFP had actually been rewritten. However, except for the minor changes mentioned above, no changes were made to the **Scope of Work** section. In fact, many of the references to other section use the number of those sections **from the original 2018**. Hence, some of the new questions this year state: “no such section exists.”

**Recommendation A:** Should the state not agree with our recommendation that this service be a waiver service for DDA participants, extend the deadline for proposals to not before September 30, 2019, to allow for the state to correct the many issues with numbering and references in the current RFP and address all questions and clarifications submitted by potential bidders and advocacy groups both this year and last. By some estimates this is an \$8-10 million contract. It should be very clear what the expectations are for the bidders to service the participants and, therefore, get the best bids possible. If OHS/LTSS needs a contract sooner, then split those duties out and proceed with their needs at this time, but postpone the DDA portion until there is more clarity around the needs. DDA’s self-direction programs have endured many changes in the past year, with the upcoming full implementation of the LTSS software system between now and July 1, 2020, SDAN is concerned that too many changes happening simultaneously will stressing the system unnecessarily.

**Question A: Since the LTSS/Maryland PCP software program is going through a test period from December 1, 2019, to June 30, 2020, with full implementation expected July 1, 2020, what is the benefit of adding the transition from the current FMS providers to one new contractor at the same time when the current FMSes will have to be involved with the transition to LTSS in order to continue to provide services?**

**Recommendation B:** When answers to questions are provided, ensure that responses are clearly delineated as to which agency it applies to or if the answer applies to both AND that a response from both agencies is provided to each question.

**Question B: Will both contracting entities commit to answering all questions submitted and indicating which response corresponds to which agency?**

4. **Substantive Difference in Program Requirements.** This RFP is for two very different programs with different rules and requirements, procedures and anticipated outcomes from each monitoring agency. Last year, a clarification document addressed some of those differences, but no such document has been provided with this RFP to date.

**Recommendation A:** Rewrite the RFP to explicitly state whether or not each service expectation applies to each program and if so, what, if any difference in expectations between the programs exist.

**Question A: Why does this RFP combine these two very different programs into a single contract?**

**Recommendation B:** Split this RFP into two separate RFPs; one for each agency.

**Question B: Did OHS/LTSS and DDA consider other options before settling on the use of a single contractor for both agencies? If so, what were they and why were they rejected?**

5. **Competency-Based Evaluations.** Section 2.3.6.b. states: “Prior to the counselor establishing a date the POS may begin for a Participant, each counselor will evaluate the Participant’s understanding of each objective and be prepared to formally attest to his or her full understanding of the requirements necessary to perform the role of an employer and abide by programmatic requirements.” 2.3.6.h.4) states the contractor will, “Develop, implement, and maintain a competency-based online examination for Individuals/Participant and employees to cover the information presented in the online training courses. Section 2.3.8.c. states, “As a Mandatory Reporter, the Contractor must develop and implement, prior to the Go Live date, written policies, procedures and internal controls **to monitor participants and representatives’ performance as common law employers and identify remediation and additional training needed and recommend termination from the self-direction services option for participants/representatives as needed.**” [emphasis added] Section 2.3.9.5)t. discusses Quality Assurance and Performance Reports. One required report is the Self-Direction Enrollment Timeliness Report “that indicates the date that contractor was notified of Participant’s approval for self-direction by Contract Monitor, their status (enrolled, pending, **declined** [emphasis added]) and the date of enrollment, if applicable;”

Last year, one potential bidder pointed out that “the development and implementation of an online training platform with competency-based evaluation, scoring and certification is **beyond the typical scope of Financial Management and Counseling Services.**” [emphasis added] SDAN contends that all of the items listed should be outside the scope of any FMS Contract. SDAN reiterates that there should NOT be any kind of competency test related to self-direction or evaluation by the FMS related to common law employer skills or the recommendation of termination or declining entering self-directed services by the FMS short of a determination that the participant and/or his representative committed Medicaid fraud.

SDAN maintains that ALL participants are capable of self-directing with supports as identified by their team. The FMS representatives have not been part of these teams in the past and their role should not be expanded to include any kind of evaluation of participants or the participants’ staff in regard to competency. This is a significant expansion and change to the FMS role that was vehemently protested by stakeholders last year by letters written to the Governor. Yet this section of RFP is UNCHANGED from last year’s RFP.

**Recommendation:** Remove any reference to competency based testing or evaluation to be made by the FMS. Be sure that supports are available to all participants to fill these skill gaps, including delineating on the service agreement what members of the individual's team will fulfill each employer and/or budget authority. This would include utilizing the service of the Support Broker to ensure that these employer and self-directing functions are completed according to established policies and procedures.

**Question A: Why is an FMS being tasked with administering a competency evaluation?**

**Question B: What is the purpose of this competency evaluation?**

**Question C: Is it the expectation of DDA or OHS/LTSS that this will exclude some participants from self-directing their services?**

6. **Unfair Advantage.** Per **Section 2.3.3.g**, the FMS/Counseling provider will receive referrals for both Financial and Counseling Services from "DDA Regional Offices." At that time, the Contractor will provide a brochure that contains information about both the Contractor's Fiscal Management and Counseling Services. There is no indication that DDA participants will be informed that working with an independent support broker is another way in which they can receive counseling services, which presents the FMS/Counseling contractor with an unfair advantage related to participant information regarding their choices. Despite what was stated at the pre-proposal conference on June 24, 2019, that individuals who are working with a support broker will not be assigned a counselor from the FMS, **Section 2.3.4.c.1)** requires the FMS/Counseling contractor to "Assign and identify a counselor to each Program Individual/Participant." As stated earlier, this could potentially allow for not only duplication of services but the payment for the same service twice.

**Recommendation:** Do not assign an FMS counselor until the participant has been informed about his/her choices and understands the difference between having an independent support broker who works for the individual versus having a counselor under contract with the state.

**Question A: How does DDA propose that individuals will be informed of the difference between these choices and that participants and their teams have all the information needed to make an informed choice?**

**Question B: How will participants access independent support brokers under this model?**

7. **Section 2.2.1** indicates that Financial Management and Counseling Services are **required** for Self-Directed Services. **Given this statement, why did DDA make the support broker services in the current waiver optional rather than maintain them as a required service as in the two previous waivers?**

8. **Section 2.2.1.** It is our understanding that only agencies that provide waiver services, not administrative services related to the waiver, are required by CMS to be an Organized Health Care Delivery System (OHCDS). **What is the reason that the FMS under this RFP as an administrative services needs to be an OHCDS and provide at least one direct waiver service either directly or through a subcontractor?**

9. **Section 2.2.1.b.** Counseling Services: Counseling Services are not included in the CMS definition of financial management services in support of self-direction, CMS Code 12010. They best fit under information and assistance in support of self-direction services or CMS Code 12020. This is the same code used for Support Broker services provided to participants as a waiver service in all three DDA waivers. **Please explain how the same service can be both administrative and a direct waiver service and how this is not a duplication of services?**

**10. Section 2.3.1 General Operations:** Requires the contractor to establish separate divisions to separately carry out financial management services and counseling services. While the FMS tasks cannot be delegated to another agency, the counseling services can be delegated to subcontractors approved by the Contract Monitors. These services are then in direct competition with the independent service providers of the Support Broker services, yet the individual participants do not have a choice over who provides the counseling services. **How is this not a violation of the waiver service requirements that there is no limit of choice of waiver service providers?**

**11. Section 2.3.1.b.4)** has the word “and” at the end of the paragraph, but there is no information following the “and.” **Please complete the missing information.**

**12. Section 2.3.2:** Preferred Service Requirements seem to exclude the current FMS providers who have effectively and efficiently provided services to the SDS participants in Maryland for 14-15 years; even continuing to provide services without a formal contract and making multiple accommodations to DDA for services and processes not envisioned when the contract was initiated. These FMSes have been the backbone of the SDS program in Maryland. They should not be excluded by preferred service requirements that are not truly necessary to do an exemplary job.

The current RFP, which is the same as the one written last year despite intense stakeholder rejection of having one FMS contractor that provides counseling services, seems to be designed for a large out-of-state contractor which operates on economy of scale. While the winning bidder will have a nominal presence in the state and will likely use some state contractors, most of the funding provided by Maryland taxpayers will flow out of Maryland. In addition, once the RFP is awarded, the current providers will necessarily begin the shut-down process, which will result in the unemployment of many Maryland residents. We do not suggest a “lock” for them because of past services; but we do oppose locking them out. We also note that these two agencies are a part of an infrastructure that has supported one of the most successful self-direction programs in the country. Once they are dismantled – on the mere promise of something better – there is no going back.

**Recommendation:** Remove the preferred requirements/higher scoring for providers who have worked with more than one state entity; have at least one year of experience with electronic tracking and reporting; and one year experience providing counseling services.

**Question A: Please explain the reasoning for these preferred requirements and why they will not result in the automatic exclusion of otherwise highly qualified entities?**

**Question B: How is the Department’s apparent decision to make a single award to an out of state contractor the best option for the State, its taxpayers, and the stakeholders of these programs?**

**13. Section 2.3.3.a** requires that the contractor maintain a local office in the State of Maryland. **Please explain how one location in the state of Maryland would be able to provide the hands-on, team involvement required of entities that provide counseling (12020) services?**

**14. Section 2.3.3.c.** states, “The participant, authorized representative, or guardian/legal representative who wants to SD their services become the common law employer of records for the Workers they hire.” **How could anyone other than the participant be the common law employer of record?**

**15. Section 2.3.3.b.26) [second #26]** This section is yet another expansion of the FMS role: “Document and report the relationship between the participant, Support Broker (if applicable), and any paid provider in the following categories:” However, no categories are provided after the colon despite questions from at least two bidders about the missing information last year. SDAN has several concerns about responses to those questions in 2018.

One response stated, “Relationships include, but are not limited to, family relationships such as mother, brother, cousin, etc; legal relationships such as power of attorney, rep payee, guardianship, or legal business relationship; spousal or dating relationships; and informal relationships such as friendships or neighbors. Any reported relationship should be documented and reported.”

**Question A: What are the “categories” referred to in the RFP but not listed?**

**Question B: What is the anticipated outcome of such “relationship” monitoring by the FMS and reporting to Contract Monitors?**

Participant teams are usually aware of the relationships, formal and informal, of the participants with staff and providers. The team will monitor these relationships for benefit to participants and what is in the best interest of the participant. Information about some relationships (Legal Guardian, Legally Responsible Person, and natural or adoptive parent, step parent, or sibling) are required to be part of the participant’s PCP. Since plans are in the LTSS Maryland data base system, no additional reporting of these relationships should be necessary.

**Question C: Explain why any relationship outside of what is called for in the waiver should be disclosed to the FMS or why the FMS would need to report any other relationships to the Contract Monitors.**

**16. Section 2.3.3.b. 32)** is another remarkable expansion of the FMS role appears in regard to the tracking of public funds. In response to a question posed on this section last year, specifically regarding the tracking of Social Security, the Department’s response was: “The specification is intended to require all public funds, regardless of source, to be tracked according to state and federal standards.” The implication of this response, in light of the concern of the question and the wording of the section that refers to “public funds (i.e., Medicaid, State, Social Security), is that the FMS will track each participants’ use of their SSI or SSDI funds. **Why is tracking the use of personal funds in any way part an FMS contract, which is clearly limited to self-directed services?**

**17. Section 2.3.3.b.34)** tasks the Contractor to “Manage the access to the Health Risk Screening Tool (HRST) database containing the Participant Health Information of the Participant in SDS. The selected Contractor will serve as the gatekeeper for the FMS agency to allow access for their staff to monitor the HRST status and payment if indicated.” Currently, the FMS agencies have no reason to access participants’ HRST scores other than the documents included in the plan. The HRST is administered and overseen by the Coordinator of Community Services. One prospective bidder questioned this section last year: “Can MDH confirm that the selected Offeror is only required to manage access to the Health Risk Screening Tool (HRST) database for its own employees and subcontractors?” DDA response was, “No the offeror does not manage access to the HRST.” Since nothing about this section was amended, the confusion still exists. **What is the HRST role referred to in this section and why would the FMS contractor need any access to the HRST database?**  
**Section 2.3.3.c.2) Please explain this service: “Assisting Participants who choose to SD their services with a Counseling and Financial Management Services provided by the Coordinator of Community Services (CCS).**

**18. Section 2.3.3.f.14)** indicates that the contractor must implement a system to notify Participant employers and Contract Managers if payroll will be distributed over five business days late. SDAN recommends that employees be notified within one day (including nonbusiness days) since many employees live paycheck to paycheck and need to make other arrangements should payroll payment be delayed. DDA staff has often implied that current FMS providers have performed poorly. They have also indicated that one of the intentions of this RFP is to improve services to participants. Inserting into the RFP such a lax policy on this basic payroll duty belies DDA’s stated intention of improving FMS performance. Current providers make extraordinary efforts to get employees paid ASAP. Any new contractor should be held to those standards as well. **Why would it be acceptable for employees not be paid for up to one week later than expected?**

**19. Section 2.3.3.f.18)** describes a requirement for a “tracking, reporting and responding to occurrences of timesheet overbilling and timesheets that cannot be paid due to missing or erroneous information.” SDAN notes that when support brokers are involved in the processing and review of timesheets before submission to the FMS, these kinds of occurrences are SIGNIFICANTLY reduced. **Why would DDA provide for the tracking of these errors rather than the prevention of these errors due to the involvement of a professional support broker?**

**20. Section 2.3.4.a: What is the role of the support planner for CFC and CPAS services in the development and monitoring of LTSS plans, and how is the involvement of the FMS Counseling service NOT a duplication of this service?**

**21. Section 2.3.4.c’):** Per DDA Ms. Sastogue’s statement at the pre-proposal conference on June 24, individuals who utilize support broker services will NOT have a counselor through the FMS. However, this section explicitly states that “within forty (40) Business Days of the project launch meeting, the Contractor shall contact each Program Individual/Participant, identify itself as the new Program Contractor and explain that it will become the Program Individual’s/Participant’s new **FMS and Counseling Service Provider.**” [emphasis added] **Section 2.3.4.c.1)** states, “Assign and identify a counselor to each Program Individual/Participant.” **How will DDA ensure that Program Individuals/Participants who are served by Support Brokers to not receive a notification that someone else is now responsible for those services?**

**22. Section 2.3.4.d. Why is there not provisional language in this section that indicates that these services are not provided to individuals who receive services from support brokers and that support brokers will perform these orientations, trainings and other needed supports instead of an FMS counselor?**

**23. Section 2.3.9.a.r):** Many participants utilize the same staff for CFC and DDA services. Having one or both programs incur an overtime expense because the hours of the two programs go over 40 hours a week will cause a hardship to many participants. Often the one or two employees who provide both services are the only employees qualified and willing to work with the participant. Workers shortages and the inability to find other qualified staff will force many individuals to pay overtime rates. Often it is parents or siblings who provide CFC and DDA services and they are limited to working only 40 hours a week under DDA and not receiving any overtime pay. This overtime tracking would not occur if a different FMS was responsible for each of the two programs. It may keep participants from self-directing both programs.

**Question A: How will the Department mitigate this effect of the dual tracking of hours?**

**Question B: Will parents and siblings be allowed to work more than 40 hours in combination between the two programs without receiving overtime pay?**

**24. Section 2.3.9.a.6).** SDS participants often use their budgets at varying rates during the year. While a lot of expenditures in the summer may indicate funds are being used at a rate too fast for funds, a slower period in the winter may more than offset that. These are the situations that support brokers and other members of the team track. **What is the purpose of informing the Contract Monitors about this situation versus just checking in with the team? What is the purpose of the contract monitor being informed is no expenses are incurred in one month? What would the consequences of that be?**

**25. Section 2.3.9.b:** “The contractor will identify trends and patterns of excessive billing or unusual circumstances such as the following indicators that must be documented and reported to Contract Monitor quarterly...” The RFP gives examples of “what would be considered an over the limit flag.” The very first flag identified in 2.3.9.b.1) is: “Participant self-directing their service.” This “flag” apparently includes *anyone* being served by the contractor.



This requirement may actually “flag” spending variations associated with health concerns, seasonal activities and family schedules.

**Question A: Does this reporting requirement mean that all individuals who self-direct their services are automatically “flagged” for potential fraud?**

**Question B: Will participant teams have the opportunity to respond to flagging before this information is submitted to the Contract Monitor?**

**26. Section 2.3.9.b.4)a)** seems to assign the contractor the task of determining if a family member should be staff for the Participant, which is a decision that should only be made by the participant and his/her support team. Items b), c), and d) also seem to address issues that would be better and more appropriately handled by the individual and his/her team.

**Question A: Is the intention of including these requirements in the FMS contract to make a member of the FMS a regularly participating member of each participant’s team?**

**Question B: If an FMS representative is to participate on the participant’s team, how does the Department envision that working?**

**27. Section 2.3.4.c** requires the Contractor to “have a notification system in place to alert the Contract Monitors of situations identified as potential misuse of authorized funds immediately upon discovery through a formal report submitted via electronic mail followed by a telephone call the next Business Day. **Is it LTSS or DDA’s intent to micromanage all self-directing participants and their teams and not have the FMS discuss any irregularities with said participant and team before filing such an alarming report?**

**28. Section 2.3.4.e.** only refers to DDA participants who self-direct under the Community Pathways Waiver. **Doesn’t this and all other sections of this RFP also apply to individuals who self-direct under the Community Support and Family Support Waivers?**

**29. Section 2.3.9.i.** appears to place responsibility for implementing the Office of Healthcare Quality’s Reportable Incidents Policy on the FMS contractor. This duty is currently performed most often by the Coordinator of Community Services because of their access to the reporting system. They obtain any information by keeping in close touch with the participant and his/her team. This new role for the FMS appears to be a duplication of services.

**Question A: How will this new FMS responsibility for Reportable Incidents be implemented?**

**Question B: How will sharing this duty with the CCS avoid the duplication of services?**

**30. Section 2.3.9.j** states that the contractor will have access to PCIS2. It is SDAN’s understanding that this program is being phased out and replaced by the LTSS Maryland system. For this reason and others, SDAN recommends the postponement of the DDA transition to the new provider to not sooner than July 1, 2020, so that the current providers can close out the files in PCIS2 and not complicate an already disruptive process for participants. **Why does the new contractor need access to PCIS2 when the new LTSS is to be fully functional by July 1, 2020?**

The Contractor timelines for completion of services do not seem to align with a start date sooner than 180 from the awarding of the contract of maybe even longer. **Please provide a timeline of what services are due and when to indicate what a realistic start date of this contract might be.**

- 31. Section 6.1. Will any independent disability advocates, family members or professionals familiar with self-direction outside of DDA be on the Evaluation Committee? Is so, how will these Committee members be selected?**
- 32. Will any stakeholders also be part of monitoring the services under this Contract?**
- 33. If Stakeholders will be involved in monitoring the contract, what form will that input take?**
- 34. How will participants resolve issues with FMS performance, in both particular instances and in general?**