



Maryland

**DEPARTMENT OF BUDGET
AND MANAGEMENT**

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QUESTIONS AND RESPONSES # 2
PROJECT NO. F10B0600055
Employee Assistance Program
July 16, 2020

Ladies/Gentlemen:

This List of Questions and Responses, questions #30 through # 50, is being issued to clarify certain information contained in the above named RFP. The statements and interpretations of contract requirements, which are stated in the following questions of potential Offerors, are not binding on the State, unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.

30. RFP section 2.2.5 and 2.3.7.2 - 60 open enrollment benefit fairs and up to 60 wellness fairs per year. Are the 60 open enrollment events 1 hour each? If no, how many hours is each event? Are the 60 wellness events 1 hour each? If no, how many hours is each event? Will the contractor do its own presentation or are we 1 component of a larger presentation. Please elaborate on the format.

Response: The open enrollment benefit fairs range from 1-3 hours depending upon location and expected level of participation. The open enrollment fairs do not include a formal presentation, but each contractor is expected to be ready to explain the program to employees as they visit, along with providing printed materials and promotional items. The wellness fairs are typically 2-3 hours and may include a formal presentation by the contractor depending on the topic. In this setting, the contractor may be the only presenter or a component of a larger presentation.

31. RFP section 2.3.1 - Contractor Responsibilities and Tasks. This states the State is seeking a contractor to deliver quality, relevant and timely "managed behavioral health care services". This seems to be left over from another RFP and should be replaced with Employee Assistance Program (EAP) services.

Response: This language describes the EAP as a component of a broader effort to provide quality behavioral health services. The specific stand-alone EAP services requested are enumerated in subsections 2.3.1.1 and 2.3.1.2, and Sections 2.3.2 through 2.3.12.

32. RFP section 2.3.5- EAP Supervisory Referral Process. *Would the state be open to an improved process for supervisory referrals? Typically, an EAP supervisor referral process begins with a performance or management consultation with the referring party. This allows the EAP to fully understand the extent of the performance problem as well as any other workplace risks or liabilities related to the employee and his/her issue. The consultant would recommend one or more clinically appropriate interventions. Next, the master's level EAP consultant would typically immediately conduct a telephonic clinical assessment with the employee to understand, not only the work-related problem but the underlying issue that is fueling the performance problem (which is often unknown to the employer). Based on that assessment, we can immediately manage any urgent or high-risk issues (ex. domestic violence, suicidal/homicidal ideation), which may not be apparent to the workplace and to ensure the employee quickly gets to the right EAP counselor, necessary social services, or appropriate level of specialized treatment/medical care. The current process prevents an initial intake and assessment, which should occur much more quickly than the current requirements allow. Improving this process could prevent workplace violence, accidents, injury, death, turnover or other costly or traumatic events.*

Response: No, the State is not amendable to any alterations to the supervisory referral process outlined in the RFP and declines to amend RFP Section 2.3.5 as requested.

33. RFP section 2.3.5.1 - EAP Supervisory Referral Process. *States an active employee is entitled to 2 supervisory-referral episodes per EAP plan year. Does this mean an employee could only be referred by a supervisor 2 times? However, the employee could self-refer at any time according to 2.3.3.3. Please confirm. Please explain the rationale for this limitation.*

Response: The State has increased the supervisory referrals from one (1) episode per year (under the current contract) to two (2) episodes per EAP plan year as described in the RFP. Yes, however, an employee may self-refer for an unlimited number of episodes each year as outlined in Section 2.3.3.3.

34. RFP section 2.3.2.6 Printed Materials. *In addition to the printed 20,000 to 25,000 printed brochure per year will electronic, print ready materials suffice? In not, what is the expectation for printing and supplying other promotional and education materials?*

Response: Electronic, print ready materials are always useful for specific needs as they arise but we expect the selected vendor to print the materials necessary for in-person events. The State would expect a supply of other promotional items to be made available during these live events (exact item(s) to be determined). Some smaller agencies that do not hold an Open Enrollment event and occasional targeted campaigns, may require additional printing and distribution. Exact need is determined on an annual basis.

35. RFP section 2.3.3.1 c. - Training Program for peer-to-peer support. *Would different agencies have their own peer-to-peer support team? If so, how many agencies? How many peers would you anticipate being trained in total?*

Response: To clarify, this inquiry relates to RFP Section 2.3.6.1 c (not 2.3.3.1 c). The vendor's proposed peer-to-peer support training program should be geared towards training large and small groups of Employees (volunteer peer specialists). As stated in Attachment B (B-7 optional services) the state projects 50 annual units for peer-to-peer support training. Please also see notes a. and d. of Attachment B (B-7 optional services).

36. RFP section 2.3.10.1 - Utilization Reports. Reports require contractor to include the “number of sessions for ineligible participants”. Please provide an example of when this would happen.

Response: This occurs when an individual (a person not identified in the states eligibility file) gains access to counseling services but is later found to be ineligible for EAP service. Verification of eligibility must occur prior to referral for counseling sessions based on employee eligibility files provided by the State. This process will require mutual refinement if dependents and household members are included as eligible.

37. RFP section 2.3.10.3 - Employee Appointment Report. Contractor is required to provide a weekly report of all employee appointments scheduled for the previous work week by email on Monday at 5:00. Please confirm this is for supervisory referrals only as explained in 2.3.5.5 f. (please note a typo in this section, which references Section 2.3.10.4 – we think it is referencing 2.3.10.3). If the State is expecting a weekly report for all self-referrals for the previous work week is this just the number of appointments scheduled? Please elaborate on the expectation and explain the purpose for this level of reporting. This information seems to be required in utilization reports as defined in 2.3.10.1 and would be redundant and administratively burdensome. Also, because self-referrals are confidential, we would not be able to provide names or any identifying information. Please consider amending/removing this requirement.

Response: The information provided in the Employee Appointment Report referenced in 2.3.10.3, along with all reports as required in RFP section 2.3.10, pertains only to supervisory referrals. This information is necessary for the internal collaboration of State records. However, please note that all Utilization reports referenced in 2.3.10.1 require the disclosure of identified information for all referral types (self-referrals and supervisory referrals). Moreover, see Amendment # 2 (item #1) which corrects the typographical error in section 2.3.5.5 f to 2.3.10.3 (from 2.3.10.4) as mentioned above. The State is not requiring submission of a weekly report for self-referrals, only supervisory referrals. The State declines to amend RFP Section 2.3.10.1 as requested.

38. RFP section 3.10.3 - Account Executive as Key Personnel. The State requires 1 Account Executive with appropriate experience and credentials as Key Personnel. The typical role of an Account Executive is to provide high level oversight of all program activities as required as well as to provide organizational consultation, troubleshooting, report card and utilization reporting and to ensure a successful implementation, program promotion, high-quality, contract compliance and overall satisfaction. However, throughout the RFP the state requires the Account Executive (the only required Key Personnel) to perform many tasks, many of which are administrative tasks.

The following are examples:

- (a) P section 2.3.5. EAP Supervisory Referral Process 2.3.5.2. States “the Account Executive shall schedule the initial appointment, conduct appropriate follow-up and all required documents” 2.3.5.4 States “the Account Executive shall confirm that all required information is contained on the referral form before processing the referral”. 2.3.5.5. States “Account Executive shall mail an appointment letter”. These and other requirements in this section are administrative tasks, which don’t require such a high level of clinical licensure as an Account Executive. These administrative tasks are typically performed by a masters level EAP team member or a team member with a bachelor’s degree and a minimum of 3 years’ experience. These individuals and tasks are overseen by an Account Executive to ensure compliance, but not personally performed by an Account Executive. Please confirm this is okay.

Response: Yes. The Account Executive may delegate administrative tasks internally. However, the Account Executive shall be the sole point of contact for the State and is ultimately responsible to ensure completion of all required administrative tasks.

(b) RFP section 2.3.2.3. Critical Incident Response (CIR) – This states the Account Executive shall facilitate in person CISM services. Please confirm, the Account Executive can send a properly trained and credentialed clinical team member in the event the Account Executive cannot personally perform the services at the requested time. These events require a quick turnaround and following the substitution provisions required by Section 3.11.3 would not be feasible.

Response: Yes, the Account Executive may assign a properly trained and credentialed clinical team member to provide CISM counselling services in the event the Account Executive cannot personally perform the services at the requested time. However, the Account Executive shall remain the sole point of contact for the initiation of the CISM services process until such notification is received by the DBM Employee Relations Officer or Contract Manager that a clinical team member is assigned to the case.

39. Technical RFP Attachment T-1, Section III EAP Network: In order to complete an accurate member access to providers report, we need a list of all State of Maryland employees' zip codes. Please confirm this will be provided. Also, typical access reports allow for different distance criteria for urban, suburban and rural zip code. May we provide what is standard or provide the number of all providers within 10, 20 and 30 miles for each zip code?

Response: Census information will be provided to all Offerors upon receipt of a complete and signed NDA as referenced in section 4.31.1. Offerors shall utilize the census data to respond to the network requirements as requested in Technical RFP Attachment T-1, Section III EAP Network.

40. Technical RFP Attachment T-4: EAP Provider Network Access the access criteria for psychiatrists is 2 in 10. This is not a typical requirement for an EAP. It is a typical requirement of a managed behavioral health care and the health plan. Therefore Managed Behavioral Health Care/Health Plan vendors (that also sell EAP services) will have psychiatrists by default (although they are not used to provide EAP sessions) whereas stand-alone EAPs (those not selling health plan provider networks) won't have many psychiatrists in their networks. Please consider removing psychiatrists access criteria.

More information: The EAP is an "excepted benefit" under the ACA. An EAP doesn't provide medical care or any form of specialized treatment. The purpose of an EAP is to consult with the workplace on organizational issues, which may impact groups of employees, provide consultation to supervisors on employee performance and/or behavior issues and to conduct initial assessment to self and supervisor referred individuals to determine the level of risk and urgency of an individual's and to determine if the individual requires long-term care, specialized treatment or medical care OR if the individual's issues can be successfully resolved within the scope of 5 hours of short-term counseling or problem-solving EAP sessions. Although EAPs of all types should have psychiatrists available for high-risk or complicated case consultation, if the EAP counselor conducting the clinical assessment determines an individual needs a psychiatrist that would be considered specialized healthcare and treatment and the EAP should connect the individual to a psychiatrist covered by the individual's health plan.

Response: Utilizing the census data, Offerors shall provide the requested access information for each type of available provider as listed. The State is not requiring any specific number of providers in each category. However, the State is seeking this information on the Technical RFP Attachment T-4: EAP Provider Network Access to ascertain the Offerors capability based upon its existing provider network. The State declines to amend Technical RFP Attachment T-4: EAP Provider Network Access as requested.

41. Technical RFP Attachment T-9, PG-4, Implementation. Overall rating of 4.5 or greater on a scale of 1 -5 must be received. How many SOM DBM staff members will be scoring the EAP provider? Please share the measurement tool SOM DBM staff will be using to evaluate implementation. If this isn't already developed, can they be mutually agreed upon?

Response: The implementation rating is provided by the Contract Manager. The measurement tool will be based off of objective and verifiable completion of each activity and the actual dates of completion for each activity as outlined in the implementation schedule in section 2.3.7.1. Each activity will be rated 1-5 and the aggregate must be 4.5 or greater to meet the required Performance Guarantee in PG-4 of Technical RFP Attachment T-9: Implementation.

42. Technical RFP Attachment T-3, PD-6 Critical Incident Response and Stress Debriefing Support and on-site training of State Manager/Supervisory personnel upon request. Please elaborate on the training of State Managers/Supervisor. Is this training for making proactive referrals to the EAP, constructive confrontation of employees with signs of deteriorating job performance, how to make referrals and what to expect from the EAP? Or, is this training specifically related to Critical Incident Response and Stress Debriefing support? Is this a 1 hour, 90 minute or 2-hour training? How many training sessions per year?

Response: The training contemplated by Attachment T-3, PD-6 may include any or all of the trainings described in the question. The duration of the training may depend on the subject matter.

43. Throughout the Scope of Work (ex. Sections 2.3.3.1, 2.3.2.1, 2.3.3.5) and in Appendix 1 – Abbreviations and Definitions S EAP Assessment and AA. Intake Specialist it is required that intake is conducted by live, master's level EAP specialists. However in Attachment T-6, CC-4 it states "live licensed professionals" instead of "live master's level" EAP. Please amend this to "live master's level EAP specialist" so it is consistent with other requirements/definition.

Response: See Amendment # 2 (item # 2).

44. Technical RFP Attachment T-6, CC-13, Network Compliance. Offeror agrees to notify the State in writing with at least 60 days advance notice in the event that a contract for a provide (EAP counselor) terminates for any reason. Offerors have tens of thousands of providers (EAP counselors), some of which may never be used for SOM. Also, in many cases a provider is terminated suddenly or we are informed the provider is no longer practicing. We may not have such notice. Please consider omitting or revising to something more attainable.

Response: The Offeror shall provide a Provider Directory for all counselors proposed to provide service under the State of Maryland. The Offeror should explain the method to maintain an accurate, detailed description of network providers, especially providers accepting new patients. The Offeror shall also provide an accurate electronic version of its provider directory on a real-time basis. If the Offeror receives less than a 60 day notice of counselor termination, the Offeror shall immediately notify the State and provide documentation which substantiates the date that the Offeror gained knowledge of the counselor(s)

termination. The State declines to amend, CC-13 in Technical RFP Attachment T-6: Network Compliance as requested.

45. The Appendices Chart states that Appendix 3: EAP Supervisory Referral Form and Appendix 5 – Account Executive Assessment Form shall be submitted with the proposal. What exactly is required as these seem like sample State provided forms for use during service provision?

Response: The submission of the EAP Supervisory Referral Form and the Account Executive Assessment Form is not a proposal submission requirement. See Amendment # 2 (item 3).

46. Will the bidding system allow separate compressed (zipped) files to be uploaded?

Response: Each section of the Technical Proposal must be uploaded as a separate file onto eMMA as detailed in section 5.3.2 of the RFP.

47. Who is your current EAP Vendor and how long have they been serving the State?

Response: The current EAP provider is Janus Associates, Inc. t/a Business Health Services, who's current contract commenced on January 1, 2015 and expires on June 30, 2021. Further information related to the current contract can be found on the following webpage: <https://dbm.maryland.gov/contracts/Pages/contract-library/Services/EAP.aspx>

48. Why is the State currently going out to bid for EAP?

Response: See the response to Question # 47 above.

49. What is your current PEPM pricing and what does that PEPM pricing entail in terms of services, onsite time, etc.?

Response: Line item pricing is proprietary information and will not be released. Total proposed prices, as made public and published by the Board of Public Works on its Agenda items during the approval of the current contract, are available on the DBM website at: https://dbm.maryland.gov/contracts/Documents/ContractLibrary/Services/EAP/EAP_BPWAagenda3-S.pdf.

50. Is the State looking to expand upon your current EAP services offered to employees and their families?

Response: EAP services shall be provided to Active Employees, as defined in RFP Appendix 1, A. As stated in RFP Section 2.3.6.1, EAP services to family/household members of Active Employees is an Optional Service which may be provided under the contract only at the request and discretion of the State.

Remember proposals are due on July 24, 2020 no later than 2:00 p.m. If there are questions concerning this solicitation, please contact me via e-mail at Lola Tiamiyu at lola.tiamiyu1@maryland.gov .

Date Issued: July 16, 2020

By:

Lola Tiamiyu
Procurement Officer