Q#	Question Reference	RFS Section	Subsection	Page #	Date	Question	Response
1	Applicant Eligibility	Introduction	1.3 Eligible Applicants	2	1/2/2025	The HES program is designed to facilitate the purchase of devices and supports that enhance safety, independence, health outcomes, and meaningful community participation while reducing reliance on staff assistance. Given the intent and structure of HES, I believe that allowing CCOs to bid on this RFS could significantly benefit individuals and provide efficiency for OPWDD through: 1. Administrative Efficiency: CCOs are already responsible for creating and managing Life Plans for HCBS Waiver participants. Including them as eligible providers would reduce duplicative administrative burdens by centralizing service planning and delivery, ensuring better alignment between Life Plan goals and HES services. 2. Improved Service Coordination: By allowing the same entity that oversees an individual's Life Plan to coordinate their HES services, individuals would experience a more seamless process. This alignment would minimize delays, enhance communication between stakeholders, and ensure HES services are directly tied to assessed needs. The current requirement that applicants be a registered Assistive Technology provider through the waiver is an impediment to the CCO's providing this service. Would OPWDD consider revising the RFS to permit CCOs to bid as eligible	As described in the HES RFS application, to be considered for HES certification, a provider must be a Not-for-profit OPWDD certified Assistive Technology (AT) provider. Additionally, HES is a HCBS Waiver Service and may not be provided by CCOs per the March 2014 Federal Home and Community-Based Settings rule, 42 CFR 441.301(c)(1)(vi), requiring that "Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person centered service plan" (i.e., Life Plan).

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						providers for HES? If not, could you provide additional context on the rationale for their exclusion?	
2	Assessment of Outcomes	General Requirements	2.1 Desired Outcome and Program Requirements: Assessment	5,6	1/3/2025	The desired outcome for this program is increased independence, promotion of safety in the home, empowering a person to live in the most integrated setting and minimize the need for staffing. It appears these outcomes can be achieved both by remote support and other types of assistive technologies. Is the expectation of the assessment under this RFR only for remote support devices?	Both 24-ADM-02 and the HES RFS stipulate that the assessment is for all Home-Enabling Supports, not just Remote Supports. The HES Provider must assess the person to evaluate their needs and goals. The assessment will determine the type of HES to be acquired. If Remote Supports are identified as the best option for the person, an additional assessment is completed by the Vendor.
3	Billing Limits	General Requirements	2.1 Desired Outcome and Program Requirements: Billing, Claiming, and Cost Limits	7,8	1/3/2025	This section refers to active supports or active on-demand supports. Since some of the remote support vendors charge according to time spent on calls, does there need to be an assessment as to whether the person wanting the support may exceed the $5,000 available as a maximum spend for this service?	24-ADM-02 and the HES RFS do not require this type of assessment; however, HES Providers should review the cost breakdown of Remote Support and/or other subscription-based services to ensure costs projections are within the annual $5,000 spending limit.

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4	Billing	General Requirements	2.1 Desired Outcome and Program Requirements: Billing, Claiming, and Cost Limits	7,8	1/3/2025	Is the $5,000 limit what applies to the remote support vendor while the provider can bill for services outside of the $5,000 based on the one-time assessment, start-up, and troubleshooting fee schedule? I'm just looking for clarification as to what falls under the $5,000 cap and what is outside of that cap.	Yes, as desribed in both 24-ADM-02 and the HES RFS, the costs of devices, technology and subscription service fees paid to Vendors fall within the $5,000 annual cap. Administrative type fees paid to the HES Provider are billed outside of the $5,000 annual cap. For further information on billing, claiming, and cost limits please refer to: 24 ADM 02
5	Provider Responsibilities	General Requirements	2.1 Desired Outcome and Program Requirements: Acquisition	6	1/3/2025	If a person served chooses to no longer receive this type of support, who is expected to be responsible for picking up the equipment from the person's home? Would it be the vendor or the provider?	The 24-ADM-02 and HES RFS both stipulate that the HES Provider must contract with Remote Support and HACS Vendors. Remote Supports and HACS are billed by the HES Provider and are responsible for the contract arrangement with Remote Supports and HACs vendors; therefore, details for equipment pick up should be established in the contract between the HES Provider and vendor(s).