

STATE OF OHIO  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
GENERAL SERVICES DIVISION  
OFFICE OF PROCUREMENT SERVICES  
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE  
AMENDMENT NO. 1

TO: DEPARTMENT OF MEDICAID  
FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES  
SUBJECT: CONTRACT FOR HOME AND COMMUNITY BASED WAIVER CASE MANAGEMENT SERVICES

Attached are pages 1 and 2 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to change the provider oversight fee, effective 1/1/2014, to reflect the costs associated with fifty-seven percent more incidents to investigate than originally estimated for FY14. This amendment is also issued to note a mutually agreed upon change in section 6.1.7 Operating An Alerts Process of the Request for Proposal (RFP) CSP900614 effective 4/1/2014. Lastly, this amendment serves to acknowledge the agency name change from Office of Medical Assistance to Department of Medicaid.

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Carol Cook, Contract Analyst  
carol.cook@das.ohio.gov

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

Affected Contractor(s):

OAKS Vendor No. 0000001719  
Public Consulting Group, Inc.  
5511 Capital Center Drive, Suite 550  
Raleigh, NC 27606  
Thomas Aldridge  
taldrige@pcgus.com



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MANDATORY USE CONTRACT FOR: DEPARTMENT OF MEDICAID \*- HOME AND COMMUNITY BASED SERVICES PROVIDER OVERSIGHT

CONTRACT NUMBER: CSP900614

EFFECTIVE DATES: 07/01/13 TO 06/30/15

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP900614 that opened on 3/29/2013. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Department of Medicaid \* as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

Questions regarding this and/or the Services Contract may be directed to:

Carol Cook, Contract Analyst  
carol.cook@das.ohio.gov

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

[www.ohio.gov/procure](http://www.ohio.gov/procure)

\*denotes change.

\*NOTES

1. Upon mutual agreement, the requirement of "within one business day" shall change to "within twenty-four hours" in a paragraph 6.1.7 of Request for Proposal (RFP) CSP900614 effective 4/1/2014.

6.1.7 OPERATING AN ALERTS PROCESS. The Contractor shall report critical incidents regarding any individual on the Ohio Home Care waiver, the Transitions II Aging Carve-Out waiver, and the ICDS waiver program to the Office of Medical Assistance within twenty-four hours of the incident submission. The Contractor shall report critical incidents regarding any individual on the HOME Choice program to the Office of Medical Assistance and the HOME Choice Operations Unit within twenty-four hours of the incident submission.

2. All parties acknowledge the agency name change from Office of Medical Assistance to Department of Medicaid.

COST SUMMARY

TITLE: OFFICE OF MEDICAL ASSISTANCE- HOME AND COMMUNITY BASED SERVICES PROVIDER OVERSIGHT

CONTRACT NO.: CSP900614-1

UNSPSC CODE: 85121700

EFFECTIVE DATE OF SERVICES: July 1, 2013

ITEM No.	DESCRIPTION:	FY14 COST	FY15 COST
24826	STRUCTURAL REVIEWS	\$1,251.00 each	\$1,251.00 each
24834	PROVIDER APPLICATIONS	\$17.55 each	\$17.55 each
24835	ONSITE VISITS	\$803.29 each	\$803.29 each
24836	PROVIDER OVERSIGHT FEE	**\$625,000.00 monthly	\$448,267.00 monthly

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

OAKS Vendor ID No.: 0000001719  
 Public Consulting Group, Inc.  
 5511 Capital Center Drive, Suite 550  
 Raleigh, NC 27606

CONTRACT NO.: CSP900614-1 (06/30/15)

TERMS:  
 Net 30 Days

CONTRACTOR'S CONTACTS:

Mr. Thomas Aldridge  
 Manager

Telephone: (704) 957-4975  
 FAX: (704) 372-9385  
 Email: [taldrige@pcqus.com](mailto:taldrige@pcqus.com)

Mr. John Shaughnessy  
 Practice Area Director

Telephone: (617) 901-7389  
 FAX: (617) 426-4632  
 Email: [jshaughnessy@pcqus.com](mailto:jshaughnessy@pcqus.com)

\*denotes new section.

\*\*denotes change.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
1	1/1/2014	This amendment is issued to change the provider oversight fee, effective 1/1/2014, to reflect the costs associated with fifty-seven percent more incidents to investigate than originally estimated for FY14. This amendment is also issued to note a mutually agreed upon change in section 6.1.7 Operating An Alerts Process of the Request for Proposal (RFP) CSP900614 effective 4/1/2014. Lastly, this amendment serves to acknowledge the agency name change from Office of Medical Assistance to Department of Medicaid.