



Index No.: JFS001  
Contract No.: CSP900614  
Eff. Date: 01/20/15

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. 3

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

Attached are pages 2 and 3 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 notify that, following mutual agreement, section 6.1.3 has been modified effective 01/20/15.

All other prices, terms and conditions remain unchanged.

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

David Colopy, CPPB  
david.colopy@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):

1719  
Public Consulting Group, Inc.  
5511 Capital Center Drive, Suite 550  
Raleigh, NC 27606  
Thomas Aldridge  
taldridge@pcgus.com

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.

- \* 3. Following mutual agreement, paragraph 6.1.3 shall be modified to:

6.1.3 CONDUCTING SITE VISITS WITH MODERATE OR HIGH RISK PROVIDER TYPES WHO ARE APPLYING FOR A MEDICAID PROVIDER AGREEMENT OR ARE APPLYING TO BE REVALIDATED/RE-ENROLLED. The Contractor shall conduct unannounced onsite visits of provider types identified as moderate or high risk in the appendix to Ohio Administrative Code rule 5160-1-17. These visits may be conducted at the time of application or re-enrollment/revalidation during pre/post enrollment and/or at the request of the Ohio 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	\$625,000.00 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: [taldridge@pcgus.com](mailto:taldridge@pcgus.com)

Mr. John Shaughnessy  
 Practice Area Director

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

\* Indicates modification to section 6.1.3 effective 01/20/15.

SUMMARY OF AMENDMENTS

<b>Amendment Number</b>	<b>Effective Date</b>	<b>Description</b>
3	01/20/15	This amendment is issued to modify section 6.1.3 upon mutual agreement, effective 01/20/15.
2	12/05/14	This amendment is issued to change the FY15 provider oversight fee, effective 12/05/2014, to reflect the costs associated with fifty-seven percent more incidents to investigate than originally estimated for FY14. This amendment is also issued to update the contract analyst.
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.