



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

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 03/29/2013. 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:

\*David Colopy, CPPB  
david.colopy@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.
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.

- \*4. Following mutual agreement, paragraph 6.1.5 shall be modified to:

6.1.5 PERFORMING INCIDENT MANAGEMENT AND INVESTIGATION FOR INTEGRATED CARE DELIVERY SYSTEM (ICDS) WAIVER PROGRAM. The Contractor shall provide a secure data repository and tracking system where all ICDS plans will report their data on incidents for ICDS waiver program individuals. The Contractor shall provide the Ohio Department of Medicaid staff access to the system for reporting purposes. The system shall be designed so that the Ohio Department of Medicaid staff is able to query the shared system to run relevant summary and detail-level reports. The system shall be designed so that reports and applicable queries provide sufficient information for the Ohio Department of Medicaid to assess incident frequency by type, persons involved, incident history, investigation status and results, issues to be resolved, relevant incident dates, and follow-up.

The Contractor shall investigate the most serious incidents as specified by the Ohio Department of Medicaid for ICDS participants, including abuse, neglect, exploitation, misappropriation and death. The Contractor shall provide a secure data repository and tracking system where all ICDS plans will report their data on the top five most serious incidents for ICDS waiver program individuals. The Contractor shall maintain only substantiated incidents for ICDS plans for all other categories (or less serious incidents). The Contractor shall connect and communicate with the Ohio Department of Medicaid staff to obtain and share information relevant to the individual and the incident. The ICDS plans will be responsible for developing and implementing prevention plans for individuals on the ICDS waiver program. The Contractor shall be responsible for reviewing all prevention plans related to incidents as specified by the Ohio Department of Medicaid to assure that the plans address all causes and contributing factors to minimize the risk of reoccurrence of the incident, and shall report inadequate prevention plans to the Ohio Department of Medicaid.

In the event that the Contractor's investigation of an incident concerning an ICDS participant would involve a perceived conflict of interest (for example, Contractor has also sub-contracted to provide case management services for a managed care plan, and an incident occurs that would lead to the Contractor investigating itself), Contractor shall advise the Ohio Department of Medicaid which shall then lead that investigation.

\*Indicates modification to section 6.1.5 effective 02/17/15.

\*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: [taldrige@pcgus.com](mailto:taldrige@pcgus.com)

Mr. John Shaughnessy  
Practice Area Director

Telephone: (617) 901-7389  
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\*Indicates repagination to page 3.

\*SUMMARY OF AMENDMENTS

<b>Amendment Number</b>	<b>Effective Date</b>	<b>Description</b>
4	2/14/15	This amendment is issued to notify that, following mutual agreement, section 6.1.5 has been modified effective 02/17/15. Additionally, this amendment repaginates the Cost Summary and Contractor Index to page 3 and the Summary of Amendments to page 4
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.

\*Indicates repagination to page 4.