



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: HOME AND COMMUNITY BASED WAIVER PROGRAM CASE MANAGEMENT

CONTRACT NUMBER: CSP901116

EFFECTIVE DATES: 07/01/15 TO 06/30/17

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP901116 that opened on 05/15/15. 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 OHIO 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.

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

www.ohio.gov/procure

MUTUTALLY AGREED UPON CLARIFICATIONS:

At the inception of the Contract, the Program Eligibility requirement in Section 6.1.2 will be 20 calendar days for priority assessments and 45 calendar days for non-priority assessments. After which time the Ohio Department of Medicaid (ODM) implements the LOTISS case management system, the State may update this section to reflect the requirements listed in the RFP.

MUTUALLY AGREED UPON AMENDMENTS TO CONTRACT REQUIREMENTS EFFECTIVE 07/01/16:

*PART SIX: SCOPE OF WORK AND SPECIFICATION OF DELIVERABLES:

The federal government requires Home and Community-Based Services (HCBS) programs to ensure the health and welfare of each individual; it is also the fundamental goal of the relationship among the Ohio Department of Medicaid, the Recovery Management Contractors, and the Provider Oversight Contractor.

The following changes to the Scope of Work do hereby become a part hereof. In the event that language conflicts with the Original Contract, the requirements listed herein will prevail.

In order to better meet the needs of individuals with severe and persistent mental illness (SPMI) and significant substance use disorders (SUD), Ohio has used options available through its Medicaid program to create the Specialized Recovery Services Program (SRSP). This program offers an array of HCBS that are person-centered, recovery-oriented, and aimed at supporting individuals in the community. SRSP modernizes and improves the delivery of mental health and SUD services to better meet the recovery needs of those currently eligible, but also builds a foundation to ensure a robust continuum of supports and evidence based options will be available in the future.

Specialized Recovery Services Program is not a one size fits all program and is individualized for each individual's needs and goals in the program. Individuals in SRSP have the key voice, with support as needed, in directing planning and service delivery, and indicating who they want to be involved. Person-centered services are delivered pursuant to a written person-centered plan of care, called a Person-Centered Services Plan that is developed through a process led by the individual, including people he or she has chosen to participate. Specialized Recovery Services Program services can be offered in community based settings (e.g., individual's own home), as well as residential, employment, and day settings to help individuals live in the most integrated setting possible. All residential services must have home-like characteristics and may not be institutional in nature. For individuals receiving other Medicaid services, SRSP provides strong links between systems to ensure a comprehensive and coordinated approach to services.

This part describes the Project and what the Contractor must do to complete the Project satisfactorily. It also describes what the Contractor must deliver as part of the completed Project (the "Work" and "Deliverables"). The Contractor must meet all RFP requirements and perform the Scope of Work and Specification of Deliverables.

The role of the Contractor is to provide specialized recovery management services through the implementation and management of Ohio Department of Medicaid-administered HCBS programs and communicate directly with individuals at the local level. Recovery management services, supports and activities that link, coordinate and monitor the services, supports and resources provided to an individual enrolled on the SRSP. Specialized Recovery Management Services include, but are not limited to:

1. Administration of the Adult Needs and Strengths Assessment (ANSA),
2. Verification of the individual's residence in a home and community-based setting as described in rule 5160-44-01 of the Administrative Code,
3. Verification of the individual's qualifying behavioral health diagnoses as described in the appendix to rule 5160-43-02 of the Administrative Code,
4. Evaluation of all other eligibility criteria as described in paragraph (A) of rule 5160-43-02 of the Administrative Code,
5. Person-centered care planning, monitoring and updating the care plan, as described in rule 5160-44-02 of the Administrative Code,
6. Coordination of health services as described in paragraph (D) (2) (c) of rule 5160-43-01 of the Administrative Code, and Facilitation of community transition for individuals who receive Medicaid-funded institutional services. RM activities for individuals leaving institutions must be coordinated with, and must not duplicate, institutional and managed care plan discharge planning and other community transition programs

Specialized Recovery Management Services include Recovery Management functions and program management functions, as well as interfacing with the statewide Provider Oversight Contractor. The requirements of this section apply to all staff that will be performing Recovery Management Services, including subcontractors. Specialized Recovery Management Services must be conducted in accordance with all federal and state laws, federal and state Medicaid program requirements, and other requirements as required by the Agency

*Indicates requirement effective 7/1/16.

MUTUALLY AGREED UPON AMENDMENTS TO CONTRACT REQUIREMENTS EFFECTIVE 07/01/16:

*6.1 RECOVERY MANAGEMENT COVERED SERVICES

Below are the covered services available to an individual enrolled in the specialized recovery services program as defined in rule 5160-43-04 of the administrative code.

"Recovery management" is the coordination of all services received by an individual and assisting him or her in gaining access to needed Medicaid services, as well as medical, social, education, and other resources, regardless of funding source.

"Individualized placement and support – supported employment" (IPS-SE) is the implementation of evidence-based practices allowing individuals to obtain and maintain meaningful employment by providing training, ongoing individualized support, and skill development to promote recovery.

IPS-SE is an evidence based practice which is integrated and coordinated with mental health treatment and rehabilitation designed to provide individualize placement and support to assist individuals with a severe and persistent mental illness obtain, maintain, and advance within competitive community integrated employment positions.

"Peer recovery support" provides community-based supports to an individual with a mental illness with individualized activities that promote recovery, self-determination, self-advocacy, well-being, and independence through a relationship that supports the person's ability to promote his or her own recovery.

Peer recovery supporters use their own experiences with mental illness to help individuals reach their recovery goals

*6.1.1 INTAKE & INFORMATION AND REFERRAL

Prior to the implementation of the Specialized Recovery Services Program the contractor shall determine program eligibility for identified individuals before July 25, 2016. Program eligibility shall be determined within 45 days of when the individual is assigned to the contractor. Individuals who have been identified as being potentially eligible for the Specialized Recovery Services Program will be referred to ODM via the BLTCSS mailbox. BLTCSS will randomly assign the individual to an identified entity who will assign a recovery manager. The recovery manager and IE will be responsible for completing the assessment and answering any calls and/or inquiries about the program.

Eligibility determination is the process by which the Recovery Management Contractor assesses an applicant for enrollment into an Ohio Department of Medicaid-HCBS program, and the steps that follow the determination. Individuals interested in making application to the Specialized Recovery Service Program once the Ohio Benefits Long Term Care front door system is implemented will be referred to the Single Entry Point Agency in their area. Recovery management providers who also serve in the role as a SEP must assure that document and billing of activities is clearly documented and billed separately.

1. The SEP will complete a Long Term Care Questionnaire to determine if an individual has indications of a Serious and Persistent Mental Illness.
2. If indications are present, the SEP will complete the SRSP pre-screening questions in order to determine if a referral to SRSP should be made.
3. Additionally the SEP will validate if the individual is currently on Medicaid or if they need assistance with a Medicaid application.
4. If the SEP determines that the individual should be referred to SRSP they will send an e-mail to the BLTCSS mailbox with subject line SRSP referral along with the individuals name, address, phone number, e-mail address and Medicaid number (if available). Upon receipt of the referral ODM will randomly assign the individual to an Independent Entity (IE) within the region where the individual resides. The referral will then be sent to the assigned IE. Upon receipt of the referral the IE will assign a Recovery Manager.
 1. When appropriate, the Recovery Management Contractor refers and/or assists the applicant to access other community resources in obtaining necessary services. This may include linking them and/or making a referral for them to the county department of job and family services, the county board of developmental disabilities, Passport Administrative Agency, adult protective services and/or any other community resources that may be able to meet the applicant's immediate needs.
 2. If the applicant is residing in an institution, the Recovery Management Contractor must discuss the HOME Choice program with the applicant. The HOME Choice program assists with transitioning individuals from the nursing facility to a home setting by providing goods and services. If the applicant is interested in HOME Choice, the Recovery Management Contractor must complete an Ohio Department of Medicaid 02361 form "*HOME Choice Application.*" Information about the HOME Choice program can be found at <http://medicaid.ohio.gov/FOROHIOANS/Programs/HomeChoice.aspx> .
 3. At any time during the eligibility determination process, the Recovery Management Contractor may deny enrollment in SRSP if the Recovery Management Agency has not made contact with the applicant after at least three attempts to contact the applicant at varying times, and on at least three different days. The Recovery Management Contractor must maintain documentation of all attempts to reach the applicant. If the Recovery Management Contractor has knowledge of an individual's behavioral health support provider it is expected that they attempt to engage them in helping to contact the individual prior to denying enrollment in the SRSP.

*Indicates requirement effective 7/1/16.

MUTUALLY AGREED UPON AMENDMENTS TO CONTRACT REQUIREMENTS EFFECTIVE 07/01/16:

4. If the applicant does not meet program eligibility criteria for an Ohio Department of Medicaid HCBS program, the Recovery Management Contractor must, with the applicant's permission, refer the applicant to other appropriate resources. . The Recovery Management Contractor must provide the applicant with the contact information for the appropriate local agency.
5. Within three business days of the completion of the determination, the Recovery Management Agency must enter the HCBS application status into the Ohio Department of Medicaid-approved financial eligibility system.

For individuals enrolled in SRSP, the Recovery Manager (RM) will determine if the beneficiary meets targeting and functional need criteria for SRSP using established criteria. The individual conducting eligibility assessments and developing a person-centered recovery plan cannot be a provider of other SRSP services.

Information that may be used to determine eligibility or enrollment includes, but is not limited to:

- Assessment data
- Reports from other professionals and team members
- Ongoing monitoring
- Other information requested by or received from members of the individual's team.

The applicant or authorized representative must agree to participate in the Ohio Department of Medicaid-administered HCBS program assessment and enrollment processes. This agreement is formally documented with the individual's signature on the *Individual on SRSP Agreement and Responsibilities* form and shall be obtained upon enrollment, but no later than, the Person-Centered Services Plan development date.

The Recovery Management Contractor will provide to the individual, upon enrollment and as appropriate, the phone numbers of the Recovery Management Contractor, Recovery Manager, and the Medicaid Hotline. The Recovery Management Contractor must also educate the individual enrolled in an HCBS program about his or her right to contact any of these entities for assistance or to notify them of concerns.

At the conclusion of the assessment process, the Recovery Management Contractor must make a recommendation to the IE whether the applicant or individual on a waiver program should be enrolled or maintain enrollment on the waiver program. The Recovery Management Contractor must maintain documentation of each assessment and evidence gathered to make the determination. If, at any time during the assessment process or while enrolled in the SRSP program, the applicant or individual fails to meet any of the eligibility or enrollment criteria, the Recovery Management Contractor must recommend to the IE that the person for denial or disenrollment and inform him or her of hearing rights.

Review and approval of participant Person-Centered Services Plans will be conducted by the contractor pursuant to state-approved policies and procedures.

When Specialized Recovery Services Program services are the responsibility of a managed care plan, the plan will review person-centered plans as part of the plans' utilization management activities. If an individual in the Specialized Recovery Services Program is assigned to/enrolled in a comprehensive care management program operated by an accountable entity (e.g., patient centered medical home, or managed care plan) the individual and the Recovery Manager will participate in the care planning processes as a member of the trans-disciplinary team which is directed by the accountable entity's care manager. The Person-Centered Services Plan developed by the individual and the recovery manager will be incorporated into the individualized care plan developed and maintained by the entity accountable for the comprehensive care management. The IE's are expected to contract with MyCare managed care plans when approached by the plan. The entity accountable for comprehensive care management will work with the recovery manager to coordinate the individual's full set of Medicaid (and Medicare) benefits and community resources across the continuum of care, including behavioral, medical, LTSS, and social services.

***6.1.2 PROGRAM ELIGIBILITY**

Enrollment in the Specialized Recovery Services Program is predicated on an individual meeting the eligibility and enrollment criteria set forth in rule 5160-43-02 of the Ohio Administrative Code. This would require that an individual meet all the following requirements: Be at least twenty-one years of age, be determined eligible for Ohio Medicaid in accordance with Chapters 5160-1-1 to 5160-1-5 of the Ohio Administrative Code, be a recipient of social security administration disability benefits under title II of the social Security Act [42 U.S.C. 402 (4/7/200)], have a behavioral health diagnosis as listed in appendix (A) of 5160-43-02 of the Ohio Administrative Code, participate in an initial assessment using the ANSA and obtain a qualifying score, demonstrate needs related to the management of his other behavioral health as documented in the ANSA, have a least a risk factor require one or more of specialized recovery services to maintain stability, improve functions and prevent relapse, maintain residence in the community and be assessed and found that, if not for the provision of home and community-based services for stabilization and maintenance purpose, he or she would decline to prior levels of need.

The Contractor must ensure that the recovery manager conducts the ANSA with each applicant and individual to determine program eligibility. The Contractor shall inform the applicant of program eligibility or ineligibility and due process rights.

*Indicates requirement effective 7/1/16.

MUTUALLY AGREED UPON AMENDMENTS TO CONTRACT REQUIREMENTS EFFECTIVE 07/01/16:

*6.1.3 PROVIDER REQUIREMENTS

Recovery managers and reviewers at the independent entity conducting the state evaluation for eligibility determination and recommendation of the Person-Centered Services Plans of care must be a registered nurse or hold a bachelor's degree in social work, counseling, psychology, or similar field and have a minimum of 3 years post degree experience working with individuals with SMI.

Supervision of staff at the independent entity/entities who are performing eligibility determinations/redeterminations and authorizing Person-Centered Services Plans is provided by clinically licensed staff from the fields of social work, nursing, psychology, or psychiatry. All individuals must be trained on the eligibility evaluation and assessment tools and criteria used by the State.

*6.1.5 ACUITY LEVEL

All individuals enrolled in the Specialized Recovery Services Program will be assigned an acuity level 2.

*6.1.6 CONTACT SCHEDULE

Recovery manager contact is a face-to-face visit, phone conversation, email exchange or other electronic communication with an individual that ensures, and results in, the exchange of information between the recovery manager and the individual. Electronic communications without response are not considered a recovery manager contact.

A recovery manager visit is a face-to-face encounter between an individual and a recovery manager that takes place in the individual's residence. Meetings and encounters at locations other than the individual's place of residence are considered visits only when completed in an institutional or other service delivery location (i.e., adult day health center) for the purpose of completing an assessment and/or discharge plan. Recovery managers must interact (i.e., converse, make visual contact and otherwise engage the individual at his or her functional ability) during every recovery manager visit.

For more information and requirements on contacts, please refer to Attachment Fifteen - Recovery Management Guide.

	Frequency of Individual Contact	Timing of In-Person Visit
Acuity Two	Maximum of 30 calendar days between contacts.	Minimum of 3 visits in 6 months, maximum of 60 calendar days between visits.

	Frequency of Individual Contact	Timing of In-Person Visit
	Within 24 hours of event discovery	A face-to-face event-based assessment will be within 3 calendar day following the event discovery. If the recovery manager decides to move the annual reassessment date due to the significant event, the recovery manager will complete a full assessment as required.

NOTE that event-based assessments are not to be billed as assessments, as these assessments are considered ongoing case management of the individual.

*6.1.7 RECOVERY MANAGER TO INDIVIDUAL RATIOS

To meet the case manager to individual ratio, the Contractor shall not assign more than 60 individuals to one recovery manager.

*6.1.10 MANAGING AND MONITORING DAILY RECOVERY MANAGEMENT AND CARE COORDINATION ACTIVITIES

The Contractor will manage the day-to-day operations of all recovery management and care coordination activities by region as awarded under the Contract, which includes:

- Face-to-face eligibility evaluation,
- Person-centered service planning, monitoring, and updating the service plan,
- Coordination of health services, and
- Facilitation of community transition for individuals who receive Medicaid-funded institutional services.

- Monitoring the individual's health and welfare
- Periodically assessing the individual's needs, service goals and objectives
- Annually assessing the individual's program eligibility
- Scheduling, coordinating and facilitating meetings with the individual and his or her interdisciplinary team
- Authorizing services in the amount, scope, and duration to meet the individual's needs

*Indicates requirement effective 7/1/16.

MUTUALLY AGREED UPON AMENDMENTS TO CONTRACT REQUIREMENTS EFFECTIVE 07/01/16:

- Linking and referring the individual to needed service providers
- Developing and reviewing the Person-Centered Services Plan for ODM-administered services
- Monitoring the delivery of all services identified in the individual's Person-Centered Services Plans
- Transition planning for significant changes, including those changes that occur prior to enrollment on the waiver program and at significant life milestones such as entering or exiting school, work, etc.
- Identifying and reporting incidents, as well as prevention planning to reduce the risk of reoccurrence

This also includes:

Continued individual eligibility, case consultation, supervision, staff utilization, training, conducting chart audits, and other individual-related functions and Deliverables outlined in this RFP and in accordance with federal and state program requirements.

The Contractor must be a source of support for individuals. Recovery manager job descriptions must be clear, and evaluation and accountability must be a part of the Contractor's monitoring of its recovery managers. The ratio of recovery manager to clinical supervisor must be

12:1. Clinical supervisors will hold in-person team meetings with their recovery managers at least monthly. Clinical supervisors must also hold one-on-one monthly supervision meetings with recovery managers. Recovery managers and clinical managers must be assigned work only within one region if a contract for more than one region is awarded to the Contractor. For more information and requirements, please refer to Attachment (insert number here) - Recovery Management Guide and 5160-43-04 of the Ohio Administrative Code.

*6.1.12 ONGOING MONITORING OF SERVICES AND OUTCOMES

One of the Contractor's primary responsibilities is providing ongoing monitoring of the appropriateness of service delivery and the outcomes identified in the Person-Centered Services Plan. During all recovery manager contacts and visits, the Contractor is responsible for evaluating the health and safety of the individual, reviewing any changes in condition with the individual, reviewing any recent incidents or occurrences, reviewing the current Person-Centered Services Plan including behavioral Acknowledgment of Responsibility (AR) plans and whether either need revised or updated, reviewing availability of family supports or free services, and reviewing provider documentation and discussing satisfaction with services and providers with the individual. For more information and requirements on ongoing monitoring, please refer to Attachment Fifteen - Recovery Management Guide and 5160-43-07 of the Ohio Administrative Code.

The Contractor must take immediate actions to ensure the individual's health and welfare. The Contractor must make all appropriate referrals to regulatory and protective agencies. The Contractor must develop the Person-Centered Services Plan for individual and monitor service implementation and quality. The Contractor staff must successfully complete training on incidents and the internal policy and procedures for reporting incidents. New staff must successfully complete training within 60 days of initial employment. Documented evidence of the completion of this training must be made available to the Ohio Department of Medicaid upon request.

*6.1.13 INDIVIDUAL FUNDING LEVEL FOR SPECIALIZED RECOVERY SERVICES PROGRAM INDIVIDUALS

There is no funding level assignment associated with the Specialized Recovery Services Program. For individuals enrolled on the Specialized Recovery Services Program, the recovery manager will develop the plan which will be reviewed and approved by the independent entity.

*6.1.15 PRIOR AUTHORIZATION

Prior Authorization of Person-Centered Services Plans will be conducted by the independent entity/entities contracted with the state pursuant to state-approved policies and procedures, when the Specialized Recovery Services Program services are the responsibility of the plan.

*6.1.17 INCIDENT MANAGEMENT AND ALERTS PROCESS

The Ohio department of Medicaid (ODM) or its designee (hereafter referred to as ODM) shall operate an incident management system that includes responsibilities for reporting, responding to, investigating and remediating incidents. This rule sets forth the standards and procedures for operating that system. It applies to ODM, its designees, individuals and providers of specialized recovery services (hereafter referred to as providers).

The Ohio Department of Medicaid has the authority to designate other agencies or entities to perform one or more of the incident management functions set forth in Rule 5160-43-06 of the Ohio Administrative Code.

Among other things the rule sets forth the following:

*Indicates requirement effective 7/1/16.

MUTUALLY AGREED UPON AMENDMENTS TO CONTRACT REQUIREMENTS EFFECTIVE 07/01/16:

- The Ohio Department of Medicaid and its designees must assure the health and welfare of individuals enrolled on an Ohio Department of Medicaid-administered HCBS programs. Further, the Ohio Department of Medicaid, its designees and providers are responsible for ensuring individuals are protected from abuse, neglect, exploitation and other threats to their health, safety and well-being.
- Upon entering into a Medicaid provider agreement, and annually thereafter, all providers, including all employees who have direct contact with individuals enrolled in the program, must acknowledge in writing, they have reviewed this rule and related procedures.
- Upon an individual's enrollment in the program, and at the time of each annual reassessment, the recovery manager shall provide the individual and/or the individual authorized representative or legal guardian with documentation about how to report abuse, neglect, exploitation and other incidents. The recovery manager shall secure from the individual, authorized representative and/or legal guardian written confirmation of receipt of the documentation and it shall be maintained in the individual's case record.
- The rule identifies those activities that are considered an incident and/or an alert in the Ohio Department of Medicaid-administered HCBS program.
- The rule sets forth incident reporter responsibilities including identification of those incidents that must be reported immediately.
- The rule sets forth the recovery manager and independent entity's responsibilities upon learning of an incident, including ensuring the individual's health and welfare.
- The rule sets forth the Ohio Department of Medicaid and its designees' responsibilities including incident investigation and follow-up.

*6.1.21 INITIAL CASELOAD ASSIGNMENT; ANNUAL CHOICE OF CONTRACTOR; TRANSFER OF INDIVIDUALS TO ANOTHER CONTRACTOR; CASELOAD MANAGEMENT

Individuals on fee-for-service Medicaid will have a choice of the two identified entities in the region of residency.

*6.1.23 TRAINING

In addition to staff orientation training listed in the Clinic Management Guide, recovery managers must be trained in:

1. person-centered services planning,
2. how to administer the Adult Needs and Strengths Assessment (ANSA) tool and receive ANSA certification ,
3. evaluating home and community based services (HCBS) settings,
4. health insurance portability and accountability act (HIPAA) privacy requirements,
5. 42 CFR part 2 confidentiality of alcohol and drug abuse patient records, and
6. Incident management (including incident reporting, prevention planning, and risk mitigation).
7. Trained in meeting state conflict of interest standards

The Contractor shall perform staff orientation training on all of the following topics within five days of the effective date of the contract. New staff shall successfully complete orientation training within 30 days of initial employment. The Contractor must develop and provide training for all recovery management staff performing clinical and/or clerical functions under this Contract.

The Contractor shall document the completion of orientation and annual training, and shall make the documentation available to the Ohio Department of Medicaid upon request.

*6.2 CONTRACT MANAGEMENT REQUIREMENTS.

*6.2.4 HIRING AND MAINTAINING QUALIFIED STAFF

For the purpose of performing the scope of work, the Contractor shall maintain staff that meets the following criteria, at a minimum:

- Be an Registered Nurse; or have a
- Bachelor's degree in social work, counseling, psychology, or similar field;
- Have a minimum of 3 years post degree experience working with individuals with serious mental illness (SMI);

*Indicates requirement effective 7/1/16.

MUTUALLY AGREED UPON AMENDMENTS TO CONTRACT REQUIREMENTS EFFECTIVE 07/01/16:

- Be trained in administering ANSA, which includes participating in a web based training
- Be trained in person centered planning,
- Be trained in evaluating HCBS living arrangements,
- Be trained in HIPAA privacy requirements,
- Be trained in 42 CFR part 2 confidentiality of alcohol and drug abuse patient records,
- Be trained in incident reporting,
- Meet state conflict of interest standards.

Clinical Supervisors must be either a licensed RN as defined by the Ohio Board of Nursing with five years' paid clinical experience in Home and Community Based Service, or a LSW or LISW who hold a current, valid and unrestricted license to practice issued by the Counselor, Social Worker, & Marriage & Family Therapist Board in the State of Ohio, with five years' paid clinical experience in HCBS and one year management experience.

Supervision of staff at the independent entity/entities who are performing eligibility determinations/redeterminations and authorizing person centered plans is provided by clinically licensed staff from the fields of social work, nursing, psychology, or psychiatry.

All employees of and applicants for employment with the Contractor, or its subcontractors, who have or may have face-to-face contact with or enter the homes of individuals must complete criminal background record checks, such employees and applicants are subject to the same procedures and requirements as are the employees and applicants for employment with home health agencies as described in, and in accordance with Sections 109.572 and 5164.342 of the Ohio Revised Code, and Rule 5160-45-07 of the Ohio Administrative Code. Results of these checks must be kept in a separate, secure file maintained by the Contractor with restricted access by general personnel. Records of staff qualifications must be kept on file by the Contractor and must be maintained in accordance with specific licensure requirements.

*6.4 INTAKE INVOICING

Intake invoicing, based on a format defined by the Ohio Department of Medicaid, must be submitted to the Ohio Department of Medicaid monthly. The report must include information about initial contacts completed during the previous month (e.g., the Intake Invoice submitted in August must include information about initial contacts completed in July.) All reports are due by the 15th calendar day of the following month or on the next business day when the 15th falls on a Saturday, Sunday, or State or Federal holiday. The first invoice should be submitted following the first full month after the Appendices is initiated. Payment for initial contacts will be based on the Ohio Department of Medicaid acceptance of the monthly Intake Invoice accuracy.

*6.4.1 ASSESSMENT INVOICING

Assessment Invoicing, based on a format defined by the Ohio Department of Medicaid, must be submitted to the Ohio Department of Medicaid monthly. The Assessments Invoice must include information about initial Specialized Recovery Services Program assessments completed during the previous month (e.g., the Assessment Report submitted in August must include information about assessments completed in July.) All reports are due by the 15th calendar day of the following month or on the next business day when the 15th falls on a Saturday, Sunday, or State or Federal holiday. The first invoice should be submitted following the first full month after the Appendices is initiated. Payment for initial assessments will be based on the Ohio Department of Medicaid acceptance of the monthly Assessment Invoice accuracy.

*6.4.2 CASELOAD INVOICING

Identified Entity Caseload Invoices, based on a format defined by the Ohio Department of Medicaid, must be submitted to the Ohio Department of Medicaid monthly. The Identified Entity Caseload Report must include information about the number of waiver program specific cases managed during the previous month (e.g., the Caseload Report submitted in August must include information about the number of cases managed in July). All reports are due by the 15th calendar day of the following month or on the next business day when the 15th falls on a Saturday, Sunday, or State or Federal holiday. The first report must be submitted following the first full month of the initial Appendices period. Payment for the numbers of cases managed will be based on the Ohio Department of Medicaid acceptance of the monthly Caseload Report

RECOVERY MANAGEMENT GUIDE: The Guide overseeing Recovery Management Services for the Specialized Recovery Services (SRS) program has been added to the Contract as ATTACHMENT FIFTEEN.

*Indicates requirement effective 7/1/16.

COST SUMMARY

TITLE: HOME AND COMMUNITY BASED WAIVER CASE MANAGEMENT SERVICES

UNSPSC CODE: 85121700

EFFECTIVE DATE OF SERVICES: July 1, 2015

CINCINNATI REGION

CONTRACTOR: CARESTAR INC.

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25021	INITIAL CONTACT	\$40.00 each	\$40.00 each
25022	ASSESSMENT	\$257.00 each	\$262.00 each
25023	CASELOAD MANAGED	\$265.00 each	\$271.00 each
29624	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

CONTRACTOR: COUNCIL ON AGING OF SOUTHWESTERN OHIO

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25021	INITIAL CONTACT	\$61.00 each	\$63.00 each
25022	ASSESSMENT	\$232.00 each	\$239.00 each
25023	CASELOAD MANAGED	\$273.25 each	\$281.50 each
29625	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

CLEVELAND REGION

CONTRACTOR: CARESOURCE

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25024	INITIAL CONTACT	\$54.76 each	\$56.68 each
25025	ASSESSMENT	\$270.38 each	\$276.53 each
25026	CASELOAD MANAGED	\$288.82 each	\$296.19 each
29626	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

*Indicates addition of Identified Entity Caseload Managed line.

CLEVELAND REGION (Cont'd.)

CONTRACTOR: CARESTAR INC.

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25024	INITIAL CONTACT	\$40.00 each	\$40.00 each
25025	ASSESSMENT	\$257.00 each	\$262.00 each
25026	CASELOAD MANAGED	\$265.00 each	\$271.00 each
29627	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

COLUMBUS REGION

CONTRACTOR: CARESOURCE

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25030	INITIAL CONTACT	\$65.55 each	\$67.84 each
25031	ASSESSMENT	\$258.09 each	\$266.28 each
25032	CASELOAD MANAGED	\$272.43 each	\$282.67 each
29628	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

CONTRACTOR: CARESTAR INC.

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25030	INITIAL CONTACT	\$40.00 each	\$40.00 each
25031	ASSESSMENT	\$257.00 each	\$262.00 each
25032	CASELOAD MANAGED	\$265.00 each	\$271.00 each
29629	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

MARIETTA REGION

CONTRACTOR: CARESOURCE

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25033	INITIAL CONTACT	\$60.13 each	\$62.24 each
25034	ASSESSMENT	\$270.99 each	\$277.23 each
25035	CASELOAD MANAGED	\$290.35 each	\$297.90 each
29630	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

*Indicates addition of Identified Entity Caseload Managed line.

MARIETA REGION (Cont'd.)

CONTRACTOR: CARESTAR INC.

ITEM No.	DESCRIPTION:	FY16 COST	FY17 COST
25033	INITIAL CONTACT	\$40.00 each	\$40.00 each
25034	ASSESSMENT	\$257.00 each	\$262.00 each
25035	CASELOAD MANAGED	\$265.00 each	\$271.00 each
29631	*IDENTIFIED ENTITY CASELOAD MANAGED	N/A	\$107.60 each

*Indicates addition of Identified Entity Caseload Managed line.

*ATTACHMENT FIFTEEN
RECOVERY MANAGEMENT GUIDE

[Recovery Management Guide](#)

*Indicates addition of Attachment Fifteen.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

145250
CareSource
P.O. Box 8738
Dayton, OH 45401-8737

CONTRACT NO.: CSP901116-1

TERMS: Net 30 Days

CONTRACTOR'S CONTACTS:

Mr. Anthony Evans

Telephone: (937) 531-3472
FAX: (937) 396-3877
Email: anthony.evans@caresource.com

CONTRACTOR AND TERMS:

48935
CareStar, Inc.
5566 Cheviot Road
Cincinnati, OH 45247

CONTRACT NO.: CSP901116-2

TERMS: Net 30 Days

CONTRACTOR'S CONTACTS:

Mr. Thomas Gruber

Telephone: (513) 618-8300
FAX: (513) 386-6955
Email: tgruber@carestar.com

CONTRACTOR AND TERMS:

43157
Council on Aging of Southwestern Ohio
175 Tri County Parkway, Suite 175
Cincinnati, OH 45246

CONTRACT NO.: CSP901116-3

TERMS: Net 30 Days

CONTRACTOR'S CONTACTS:

Ms. Chandra Matthews-Smith

Telephone: (513) 618-2288
FAX: (513) 618-2315
Email: csmith@help4seniors.org

SUMMARY OF AMENDMENTS

Amendment Number	Effective Date	Description
2	07/01/16	This amendment is issued to update requirements for Recovery Management Services, add Attachment Fifteen - Recovery Management Guide, and add an Identified Entity Caseload Managed line item.
1	08/14/15	This amendment is issued to correct the Fiscal Year references in the Cost Summary and add page 5, Summary of Amendments.