



### REQUEST FOR PROPOSAL

RFP NUMBER: CSP904413  
INDEX NUMBER: JFS002  
UNSPSC CATEGORY: 84110000, 93150000

The state of Ohio, through the Department of Administrative Services, Office of Procurement Services, on behalf of the Office of Medical Assistance, the Ohio Department of Aging and the Ohio Department of Developmental Disabilities is requesting Proposals for:

#### STATEWIDE FINANCIAL MANAGEMENT SERVICES

**OBJECTIVE:** The purpose of this RFP is to obtain one statewide Contractor to provide financial management services for the PASSPORT and Choices waiver programs that are operated by the Ohio Department of Aging (ODA), the SELF waiver program operated by the Ohio Department of Developmental Disabilities (DODD), the HOME Choice program, the Ohio Access Success Project, the Ohio Home Care waiver program, and the Integrated Care Delivery System (ICDS) waiver programs operated by the Office of Medical Assistance.

RFP ISSUED: February 1, 2013  
INQUIRY PERIOD BEGINS: February 1, 2013  
INQUIRY PERIOD ENDS: March 1, 2013 at 8:00 AM  
PROPOSAL DUE DATE: March 15, 2013 by 1:00 PM

Offeror must submit both a "Technical Proposal" and a "Cost Proposal" as a part of its Proposal package. These are two separate components which shall be submitted in separate sealed envelopes/packages, clearly identified on the exterior as either "Technical Proposal" or "Cost Proposal" with the respective RFP Number and due date on each. Offeror must submit this signed cover page with its technical Proposal.

Submit Sealed Proposals to:

Department of Administrative Services  
Office of Procurement Services  
Attn: Bid Desk  
4200 Surface Road  
Columbus, OH 43228-1395

Note: Please review the [Proposal Instructions](#) on our Web site.

<b>Offeror Name and Address:</b>  _____  _____  _____  _____  E-Mail Address: _____  Phone Number: (     )     -     _____, Ext. _____	<b>Name/Title:</b>  _____  _____  Signature: _____  By submitting a response to this RFP, and signing above, Offeror acknowledges, understands and agrees to comply with the RFP requirements and confirms all the instructions and links have been read and understood.
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RFP GLOSSARY OF TERMS

AA:	Affirmative Action
AR:	Authorized Representative
Contractor:	Vendor after Award
CMMI:	Center for Medicare and Medicaid Innovation
CMS:	Centers for Medicare and Medicaid Services
CSP:	Competitive Sealed Proposal
DAS:	Department of Administrative Services
DODD:	Department of Developmental Disabilities
EDI:	Electronic Data Interface
EOD:	Equal Opportunity Division
FE/A	Fiscal/Employer Agent
FEIN:	Federal Employer Identification Number
FMS:	Financial Management Services
HCBS:	Home and Community Based Service
HIPAA:	Health Insurance Portability and Accountability Act
ICDS:	Integrated Care Delivery System
ICF/MR	Intermediate Care Facility/Mentally Retarded
HCAS:	Home Care Attendant Service
HOME:	Helping Ohioans Move, Expanding Choice
Mandatory:	Must, Will, Shall
MFP:	Money Follows the Person
NF:	Nursing Facility
OAC:	Ohio Administrative Code
OAKS:	Ohio Administrative Knowledge System (Ohio's Accounting System)
OBG:	Ohio Business Gateway
ODA:	Ohio Department of Aging
Offeror:	Vendor Submitting Proposal
OMA:	Office of Medical Assistance
OPS:	Office of Procurement Services
ORC:	Ohio Revised Code
PAA:	PASSPORT Administrative Agencies
PASSPORT:	Pre-Admission Screening System Providing Options and Resources Today
RFP:	Request for Proposal
SELF	Self-Empowered Life Funding
SOS:	Secretary of State
UNSPSC:	The United Nations Standard Products and Services Code

1.0 EXECUTIVE SUMMARY

1.1 INTRODUCTION This is a Request for Competitive Sealed Proposals (RFP) under Section 125.071 of the Ohio Revised Code (ORC) and Section 123:5-1-08 of the Ohio Administrative Code (OAC). The Department of Administrative Services (DAS), Office of Procurement Services, on behalf of the Office of Medical Assistance (the Agency), is soliciting competitive sealed proposals (Proposals) for Statewide Financial Management Services. If a suitable offer is made in response to this RFP, the state of Ohio (State), through DAS, may enter into a contract (the Contract) to have the selected Offeror (the Contractor) perform all or part of the Project (the Work). This RFP provides details on what is required to submit a Proposal for the Work, how the State will evaluate the Proposals, and what will be required of the Contractor in performing the Work.

This RFP also gives the estimated dates on page one, for the various events in the submission process. While these dates are subject to change, prospective Offerors must be prepared to meet them as they currently stand.

1.2 CONTRACT PERIOD Once awarded, the term of the Contract will be from July 1, 2013 through June 30, 2015. The State may solely renew all or part of this Contract at the discretion of DAS for a period of one month and subject to the satisfactory performance of the Contractor and the needs of the Agency. Any other renewals will be by mutual agreement between the Contractor and DAS for any number of times and for any period of time. The cumulative time of all mutual renewals may not exceed four (4) years and are subject to and contingent upon the discretionary decision of the Ohio General Assembly to appropriate funds for this Contract in each new biennium.

1.3 BACKGROUND The Office of Medical Assistance (OMA), which is responsible for administering the Medicaid program in Ohio, has received permission over the years to operate numerous home and community based service (HCBS) waiver programs in Ohio. The purpose of this RFP is to obtain one statewide Contractor to provide financial management services for the PASSPORT and Choices waiver programs that are operated by the Ohio Department of Aging (ODA), the SELF waiver program operated by the Ohio Department of Developmental Disabilities (DODD), the HOME Choice program, the Ohio Access Success Project, the Ohio Home Care waiver program, and the Integrated Care Delivery System (ICDS) waiver programs operated by OMA. Future initiatives include the Single HCBS waiver program. The Contractor must be experienced in providing financial management services to support participants in directing their own services enrolled on HCBS waiver programs.

Title XIX of the Social Security Act (Medicaid) was enacted in 1965 to provide grants to states for medical assistance programs. Medicaid is a matching entitlement program that provides necessary medical services to low income families, elderly individuals, and persons with disabilities. Under section 1915 (c) of the Social Security Act, states are permitted to request, and the Secretary of the Department of Health and Human Services to approve, waivers of Federal requirements in order to provide HCBS to Medicaid eligible individuals who are at risk of institutionalization.

1.3.1 OHIO DEPARTMENT OF AGING PASSPORT WAIVER PROGRAM. The Pre-admission Screening System Providing Options and Resources Today (PASSPORT) waiver program, approved in 1984, offers Medicaid eligible elderly and disabled individuals age 60 and over, who have a nursing facility level of care, an alternative to institutionally-based care through home and community-based services and supports. The approved services include: personal care; chore; homemaker; adult day service; home delivered meals; emergency response services; independent living assistance; social work counseling; nutritional consultation; home medical equipment and supplies; minor home modification, maintenance and repair; transportation; community transition services; enhanced community living and non-medical transportation. This waiver program currently serves approximately 30,000 individuals throughout the state. However, as individuals transition to the ICDS Duals Project, approximately 13,000 will remain on the PASSPORT program. It is anticipated that of those remaining on the PASSPORT program, approximately 1,300 participants will use the services of a fiscal agent to process payroll and assist with the management of federal, state and local taxes, payroll processing, employment forms, and workers compensation.

The ODA has contracts with thirteen (13) regional authorities across the state of Ohio, referred to as Passport Administrative Agencies (PAAs) for the daily operations of the waiver programs. (See Supplement A). The PAAs are responsible for disseminating information concerning the waiver program to potential participants, assisting individuals in waiver program enrollment, conducting level of care evaluation activities, providing case management activities, recruiting and certifying providers, processing claims and paying providers.

The PAA case manager plays an active role assessing the participant's needs and, together with the participant (and/or authorized representative), developing the participant's individualized service plan to meet those needs. If the participant has an assessed need for personal care services, the use of participant direction is discussed in the service planning process. The participant has employer authority to manage the provider(s) of personal care service and ODA has a set participant directed provider reimbursement rate for this service. The participant in the PASSPORT waiver program may appoint an authorized representative (AR) to act on his or her behalf to assist with directing services. Spouses, parents, step-parents, legal guardians and the person serving as the AR may not be a service provider for the consumer. Participants may select service providers from a list of ODA-certified (qualified) and available service providers or the participants may recommend a provider for certification.

- 1.3.2 OHIO DEPARTMENT OF AGING CHOICES WAIVER PROGRAM. The Choices waiver program, approved in 2001, is a consumer directed waiver program. The Choices waiver program is a statewide program and provides: adult day service, alternative meal service, home care attendant, home delivered meals, personal emergency response systems, pest control, specialized medical equipment and supplies, and minor home modification, maintenance and repair. Choices serves elderly and disabled individuals age 60 and over, who are Medicaid eligible and have a nursing facility level of care, and as a prerequisite for Choices enrollment, must be a current participant in the PASSPORT waiver program. The Choices waiver program currently serves approximately 600 individuals.

The purpose of the Choices waiver program is to provide participants with an alternative to agency-based home care by allowing participants to direct their in-home services. The Choices program enables participants to act as the employer of record with the authority to hire, train, direct and fire the direct service workers who provide the majority of the hands on care through the home care attendant service (HCAS.) Direct service workers may include relatives, friends, and neighbors. The participant in the Choices waiver program may appoint an authorized representative (AR) to act on his or her behalf to assist with directing services. Spouses, parents, step-parents, legal guardians and the person serving as the AR may not be a service provider for the consumer.

Choices participants design their service plan in conjunction with their case manager. The participant evaluates the current PASSPORT service plan and determines what services are needed to safely maintain them at home. The participant's budget is based on the service plan budget prior to leaving the PASSPORT program. The participant has employer authority to manage the provider(s) of the HCAS and limited budget authority to determine worker pay rates in accordance with the tasks performed for the direct service workers. Participants use the services of a fiscal agent to assist with the management of federal, state and local taxes, payroll processing, employment forms, and workers compensation.

- 1.3.3 OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES SELF WAIVER PROGRAM. The Ohio Department of Developmental Disabilities (DODD) began operating Ohio's first participant-directed HCBS 1915c Medicaid waiver for individuals with developmental disabilities in July 2012. To be eligible for enrollment, individuals must be Medicaid-eligible and have an ICF/MR Level of Care. This new waiver, entitled the Self-Empowered Life Funding (SELF) waiver, requires that all participants on the waiver must exercise budget authority or employer authority for at least one service the individual receives under the waiver. Budget Authority, or the allowance to allocate resources to waiver services to manage an individual's budget while remaining with the waiver's cost limitations, is applicable to all but four (4) of the waiver services under the SELF waiver. The services that are eligible for budget authority under the SELF Waiver are: Community Inclusion, Integrated Employment, Support Brokerage, Community Respite, Remote Monitoring, Remote Monitoring Equipment, Participant/Family Stability Assistance, Functional Behavioral Assessment, Clinical/Therapeutic Intervention, and Residential Respite. The services that are excluded from budget authority are: Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, and Non-Medical Transportation.

In addition, the SELF waiver allows for two (2) options of Employer Authority: Common Law Employer, where the individual is the Employer of Record, and Co-Employer, where the individual enters into an agreement with a third party entity who will direct the worker on the individual's behalf. Due to the diversity of economic areas in Ohio, and to help ensure statewide implementation of the SELF Waiver, DODD is requiring the Offeror to engage in Co-Employer Authority in conjunction with the participant where circumstances warrant that arrangement. The Employer Authority option is applicable to five services under the SELF waiver. The SELF Waiver is available statewide and has the capacity to serve up to 1,000 individuals in this second year of the waiver and up to 2,000 individuals by the third year of the waiver. Participants use the services of a fiscal agent to assist with the management of federal, state and local taxes, payroll processing, employment forms, and workers compensation.

- 1.3.4 OFFICE OF MEDICAL ASSISTANCE HOME CHOICE (MONEY FOLLOWS THE PERSON) DEMONSTRATION PROGRAM. The Office of Medical Assistance was awarded a Money Follows the Person (MFP) grant from the Centers for Medicare and Medicaid Services (CMS). This grant, administered by the Bureau of Long-Term Services & Supports, is known as the HOME Choice (Helping Ohioans Move, Expanding Choice) Demonstration Program. Working in concert with sister state agencies, this program was built on existing long term services and supports. MFP supplemental and demonstration services wrap around and fill gaps in the current qualified home and community based service programs. HOME Choice services were developed to assist older adults and persons with disabilities to move from qualified long-term institutions and hospitals to home and community-based settings.

The program uses "transition coordinators," unique to the HOME Choice program, to facilitate individual transition out of the long-term care facility or hospital by helping the individual locate housing, purchase materials and supplies for living and connect with community services. They also work closely with the institution's discharge planning staff and the individual's case manager. Both transition coordinators and case managers become a part of the individual's institutional discharge planning team. The transition coordinator role ends 90 days post the individual's discharge from the qualified institution

The HOME Choice case manager provides traditional case management services and works closely with the transition coordinator. Case management is a collaborative process of assessing, planning, facilitating and advocating for options and services to meet the individual's health and safety needs. All HOME Choice individuals will be assigned a case manager through the Contractor that administers their waiver program or Medicaid state plan services. Case managers begin their work with an individual as plans for institutional discharge are coming together and community services and supports are being arranged. Once a HOME Choice individual has moved into the community, the case manager and the individual work closely to determine what HOME Choice services and other community services will meet the individual's assessed needs prior to the time of discharge. There are currently over 2,900 participants in the HOME Choice program and over 500 active HOME Choice providers. The awarded Contractor will make payment to all the service providers for HOME Choice participants and manage the participant goods and services budget.

- 1.3.5 OFFICE OF MEDICAL ASSISTANCE PAYMENTS TO OHIO OLMSTEAD TASK FORCE. The HOME Choice Consumer Advisory Council is a cross-disability group convened by OMA and the Ohio Olmstead Task Force that is charged with advising the state, general Assembly members, and interested parties on principles, standards and policy initiatives impacting Ohio's long-term services and supports system. It is established in Ohio's MFP Operational Protocol. The Operational Protocol is a document required by CMS for participation in the MFP program that describes how Ohio is implementing both its transition program and its balancing activities. The Operational protocol states that the HOME Choice Consumer Advisory Council's purpose is to monitor the HOME Choice Transition Program and ensure full participation of Ohioans with disabilities.

The Council also is charged with monitoring the State Profile Tool, which provides an overview of Ohio's progress in balancing the system of long-term services and supports, and monitoring the implementation of balancing recommendations. To aid and advance its efforts and those of the Olmstead Task Force, the Council will work in collaboration and coordination with OMA and the Ohio Olmstead Task Force to identify, develop and implement deliverables (e.g., projects such as a statewide housing conference; products such as a video; and materials such as brochures, pamphlets, reports, etc.). The awarded Contractor will make payment to the Olmstead Task Force for all the deliverables approved by OMA.

- 1.3.6 OFFICE OF MEDICAL ASSISTANCE OHIO ACCESS SUCCESS PROJECT. The Ohio Access Success Project, commonly referred to as the Success Project, was originally funded through a combination of federal grant and state general revenue funds; now funded solely with state funds. The Success Project expands Ohio's capacity to serve more long term care individuals in the community. The program is geared to assist individuals living in nursing facilities who desire to live in a community-based setting, and who can make that transition with relatively minimal assistance with linkages to community services and supports.

The program provides qualified nursing facility residents wishing to relocate to a community-based setting with one-time funding of up to \$2,000 to assist with relocation expenses. These expenses may include, but are not limited to, rental deposits, utility deposits, home modifications, and household goods. Individuals may also receive waiver program or Medicaid state plan services in the community. Individuals must rely on family, friends or facility staff to provide assistance with discharge planning and relocation as no formal transition coordination or case management services are available through the Success Project. The estimated number of participants is 45 per year. The awarded Contractor will reimburse goods and services for Success Project participants and manage each participant's goods and services budget.

- 1.3.7 OFFICE OF MEDICAL ASSISTANCE OHIO HOME CARE WAIVER PROGRAM. Created in 1998, the Ohio Home Care Waiver program offers HCBS to individuals age 59 and younger who require services due to a physical disability or who have chronic medical conditions that require nursing care. In addition to nursing and personal care, the Ohio Home Care Waiver program provides a wide range of services to individuals to prevent or delay institutional placement or to improve the individual's independence. Waiver program eligibility and administrative case management are currently managed by an entity under contract with OMA. The Ohio Home Care Waiver program currently serves more than 8,600 individuals, however, as individuals transition to the ICDS Duals Project, approximately 5,550 individuals will remain on the Ohio Home Care Waiver program and 150 participants may use the services of a fiscal agent to assist with the management of federal, state and local taxes, payroll processing, employment forms, and workers compensation. The Ohio Home Care waiver program has been approved by CMS for operation through June 30, 2016 and self-direction will be a component of the Ohio Home Care waiver program.

- 1.3.8 OFFICE OF MEDICAL ASSISTANCE INTEGRATED CARE DELIVERY SYSTEM (ICDS) WAIVER PROGRAM. Congress recently created a new federal Center for Medicare and Medicaid Innovation (CMMI) to encourage states to integrate physical, behavioral, and long-term care services into a seamless and comprehensive care experience for Medicare-Medicaid enrollees. H.B. 153 authorized Ohio Medicaid to seek approval through CMMI to design and implement a Medicare-Medicaid Integrated Care Delivery System. Ohio's development of the integrated care delivery system is a work in progress. The goal of the integrated care delivery system program is to comprehensively manage the full continuum of Medicare and Medicaid benefits for Medicare-Medicaid Enrollees, including long-term services and supports.

Approximately 182,000 Ohioans are covered by both Medicare (because they are over age 65 or disabled) and Medicaid (because they have low income). Because Medicaid and Medicare are designed and managed with almost no connection to each other, the long-term care services, behavioral health services and physical health services that are provided to individuals who are eligible for both programs are poorly coordinated. The result is a diminished quality of care, which is reflected in high costs to the Medicaid system and to taxpayers. While dual-eligible individuals make up only 14 percent of total Ohio Medicaid enrollment, they account for 40 percent of total Medicaid spending. It is anticipated that 26,000 individuals will be eligible for the ICDS waiver program, and approximately 2,000 of those individuals will self-direct their care. Participants would use the services of a fiscal agent to assist with the management of federal, state and local taxes, payroll processing, employment forms, and workers compensation.

- 1.3.9 SINGLE HOME AND COMMUNITY BASED SERVICE WAIVER. H.B. 153 also authorizes OMA to create a single HCBS waiver program to serve individuals with a nursing facility (NF) level of care in the community. This initiative will include adults and seniors currently enrolled on Ohio's five NF-based waiver programs: the PASSPORT, Choices and Assisted Living waiver programs administered by ODA, and the Ohio Home Care and Transitions II Aging Carve-Out waiver programs administered by OMA. The new waiver program will not affect individuals enrolled on the Individual Options, Level One and SELF waiver programs administered by DODD. This initiative work had been started and then paused. OMA may re-examine the possibility of implementing this waiver program at a later date.

#### 1.4 SCOPE OF WORK

- 1.4.1 OBJECTIVES. The State's objective is to secure a Contractor to perform the Project on behalf of the Office of Medical Assistance in accordance with the terms, conditions, and laws related to the OMA's HOME Choice Demonstration Program, the Ohio Access Success Project, the Ohio Home Care waiver, the ICDS waiver program, the ODA's PASSPORT and Choices Program, and DODD's SELF program, and any future initiatives related to the delivery of home and community based services. It will be the selected Contractor's obligation to ensure that the personnel the Contractor provides are qualified to perform their portions of the Project.

- 1.4.2 DEFINITIONS. Contractor will function within one or more of these options depending on participant choice:

- A. "Co-employer option" means Contractor shall function as the co-common law employer of staff recruited by the participant. The participant directs the staff and is considered the co-employer of the staff (also known as "managing employer"). The Contractor conducts all necessary payroll and human resource functions and is legally responsible for discharging the employment related functions and duties for participant-selected staff in conjunction with the participant based on the roles and responsibilities identified in the service plan. Both Contractor and participant are equally liable for any employment related issues.
- B. "Common law employer option" means the participant is the sole legally responsible and liable employer of staff selected by the participant. The participant (or their representative) hires, supervises, and discharges staff. The participant (or the representative) is liable for the performance of necessary employment related tasks and uses Contractor as the fiscal employer/agent (FE/A), to perform necessary payroll and other employment-related functions as the participant's agent in order to ensure that the employer-related legal obligations are fulfilled.
- C. "Goods and Services/Billing Agent option" means the participant is receiving goods and services and/or receiving services from a provider. In which case, Contractor shall pay claims.

- 1.4.3 STAFF REQUIREMENTS. The Contractor shall demonstrate significant expertise by assigning staff to key leadership roles for this Project. Key staff will require submission of personnel profiles (Forms 5.2.5 and 5.2.6) and resumes. Proposals lacking necessary evidence of the appropriate education and experience shall be disqualified from consideration.

- A. The Contractor shall maintain a current organizational chart (including any subcontractors) and submit to appropriate state agencies, upon request.
- B. The Contractor's staff must be at least 18 years of age AND be US citizens or documented immigrants.
- C. The Contractor must require criminal background checks per Ohio Administrative Code rule 5123:2-1-05.1 for all staff members related to this project before hire.
- D. The Contractor shall identify, by name, the key staff project manager that will be assigned to this project. This project manager must possess, at minimum, a Bachelor's degree in public health, economics, sociology, business administration, and accounting or other related discipline, and at least four (4) years experience performing project management of a similar service. It is also preferred that the project manager have 24 months of experience with Medicaid information systems.
- E. The Contractor shall identify, by name(s), at least one key staff member with a bachelor's degree in accounting and eight (8) years of applicable experience or a master's degree in accounting and two (2) years of applicable experience. It is also preferred that the accountant have 24 months of experience with Medicaid information systems.

F. The Contractor shall identify by name(s), at least one key staff system analyst assigned to this project. The system analyst must have completed an undergraduate program in information technology or a related field with a minimum of four (4) years of experience with various database management systems, programming languages and with auditing system edits and data integration procedures. It is preferred that the systems analyst have a Master's Degree in Computer Science or a related field. It is also preferred that the systems analyst has twenty-four (24) months of experience with Medicaid information systems.

1.4.4 READINESS REVIEW. The awarded Contractor shall complete and satisfactorily meet the criteria in the Readiness Review within thirty (30) calendar days from the contract effective date. The readiness review will determine if systems, written policies and procedures, and internal controls for monitoring are in place for the project work outlined in the scope of this request. The Contractor shall allocate necessary resources to ensure all data exchange testing and validation is done at least thirty (30) calendar days prior to the inception of programs "go-live" target dates. There is no payment to the Contractor for this review. See Attachment One for the "Financial Management Services (FMS) Readiness Review" tool.

1.4.5 TRANSITIONING RECORDS FROM CURRENT FMS VENDORS. The awarded Contractor shall develop and implement a system to transfer all PASSPORT and Choices waiver program participants and related records from the Ohio Department of Aging's current FMS vendor. The Contractor shall develop and implement a system to transfer all records for HOME Choice, Ohio Access Success, and the SELF waiver program participants and related records from the Office of Medical Assistance' current FMS vendor. This transfer of records will occur after the readiness review and there will be no payment to the Contractor during the transition period from current FMS vendors.

1.4.6 REQUIRED CONTRACTOR COMPUTER SYSTEMS. The awarded Contractor shall have an electronic financial management system(s) throughout the duration of the Contract at no cost to OMA, ODA, or DODD. OMA, ODA, and DODD shall have access to the system. Data integrity and security are an important element of system utilization. The cost of required access technology is to be absorbed by the Contractor. The Contractor is responsible for the purchase of all software and hardware. For the duration of the contract, the Contractor must agree to be responsible for any development costs and related ongoing software maintenance charges for modifications and enhancements to the Contractor's electronic system. As needed, the appropriate state agency representatives will be included in the Contractor's discussions, meetings, and project testing for system modifications and new system modules impacting the administration of the programs described in this Contract. Contractor system functions, transactions, and data must be in compliance with any and all HIPAA requirements and other applicable federal and state system standards and requirements.

Upon the termination of the Contract, the Contractor must provide on an electronic medium and data layout acceptable to each state agency, of all of the Project data in the Contractor's internally developed system, at no cost to OMA, ODA, or DODD, in accordance with a transfer plan to be agreed upon between each state agency and the Contractor at least thirty (30) calendar days prior to the conclusion of the Contract. This transfer plan must be developed and shared with OMA, ODA, and DODD within ninety (90) calendar days of the start of the contract. The Contractor must update the transfer plan quarterly and this plan must be made available to OMA, ODA, or DODD when requested. The Contractor shall have a disaster recovery plan for restoring software and master files and hardware backup if management information systems are disabled and for continuation of client payroll and invoice payment services.

The Contractor shall have secure web-based access (portal) for all State agency use, its designee use and provider use. Providers and each state agency must be able to submit time sheets and claims by web based data entry and or/uploads. If providers do not choose to use the portal, the Contractor must scan all claims and receipts for goods and services and upload those into the shared system. The Contractor must have the ability to send and receive large files through a secure FTP or other mechanism like ShareFile by Citrix. The Contractor shall maintain an up-to-date secure website which includes program information, organizational information, and other information as required throughout this RFP. The Contractor must explain what updates will be done to any materials or the website before they are completed. The Contractor's website must adhere to State IT Policy ITP F.35 Moratorium on the Use of Advertisements, Endorsements and Sponsorships on State-Controlled Websites (see Section 5.0, Links).

1.4.7 GENERAL WORK REQUIREMENTS.

- A. The Contractor shall obtain and use a unique and new Federal Employer Identification Number (FEIN) for the sole purpose of acting as Ohio's statewide fiscal employer/agent (F/EA) for individuals on the PASSPORT and Choices waiver programs and the SELF waiver program who elect the common law employer option and use this FEIN for the vendor F/EA functions.
- B. The Contractor shall maintain all applicable permits, registrations, licenses, and insurance.
- C. The Contractor shall maintain an F/EA policies and procedures manual specific to Ohio and current with Federal, State, and Local rules and regulations. The manual must delineate all tasks related to this Project and identify those tasks that a reporting agent will perform. The manual must include what monitoring will occur between the selected vendor and the reporting agent.

- D. The Contractor shall manage a live statewide toll-free telephone number to answer questions or discuss problems with program participants or program providers. Normal working hours shall be from 7:00 a.m. to 6:00 p.m. Eastern Standard Time, Monday through Friday, with only State holidays observed. A voice message system must be used during non working hours.
- E. The Contractor shall use technology in communicating with individuals, providers, and each state agency. At a minimum, the Contractor shall maintain a fax line twenty-four (24) hours a day and have a secure internet/email communication.
- F. The Contractor shall provide alternative formats, if requested. Alternative formats include material in large print, on disk, in Braille, and the use of translators and interpreters when necessary.
- G. The Contractor shall establish and maintain a Telecommunication Device for the Deaf (TDD) line. The number must be listed on Contractor's letterhead, brochures, and any other forms or public materials.
- H. The Contractor shall interface with the applicable billing system operated by each state agency and conduct HIPAA compliant Electronic Data Interface billing. For specific billing processes for state agencies, please see Supplements B and C.
- I. The Contractor shall have a natural disaster plan for allowing extra time (if needed) for participants and providers to send in timesheets for payroll and claims for invoice payment.
- J. The Contractor shall alert each appropriate state agency about unauthorized invoices and other payment authorization issues or discrepancies.
- K. The Contractor shall alert each appropriate state agency if it becomes aware of any change in a participant's program status.
- L. The Contractor shall establish and provide ongoing customer service in order to respond to calls from participant employers, vendors, and individual providers regarding issues such as withholdings and net payments, lost or late checks, reports and other documentation received from the agent or other questions regarding the services or payment of labor expenses.
- M. The Contractor shall respond within one (1) business day to telephone calls or letters or inquiry.
- N. The Contractor shall respond to complaints within one (1) business day and resolve all complaints within five (5) business days. The Contractor shall track the nature of the complaint and action taken to include in the quarterly report for submission as required by each appropriate state agency.
- O. The Contractor is mandated to report any act of negligence, abuse, or exploitation of any participant employer to appropriate state agencies upon discovery. If the Contractor becomes aware of any change in the participant's program status, the Contractor shall report any incidents to the appropriate state agency upon discovery.
- P. The Contractor shall participate in ongoing quality management and evaluation activities including but not limited to a readiness review. Each state agency reserves the right to conduct performance evaluations at any time throughout the year to provide assurance that the Contractor is in compliance with the Contract.
- Q. The Contractor shall attend all scheduled meetings convened by each state agency program manager. At a minimum, the key staff assigned to this project shall attend these meetings.
- R. The Contractor must be culturally sensitive, consistent with consumer-direction philosophy, and able to communicate effectively with diverse population of individuals.

#### 1.4.8 PASSPORT, CHOICES, SELF, OHIO HOME CARE, AND ICDS WAIVER PROGRAM REQUIREMENTS.

- A. The Contractor shall process payroll twice a month: on the 15<sup>th</sup> and the last day of the month.
- B. The Contractor shall complete and file the IRS Form SS-4 and required state forms so each participant employer can receive a FEIN number and be established as the employer of record for their workers. The Contractor shall maintain copies of the IRS FEIN notification letter and the filed Form SS-4 in the participant's file.
- C. The Contractor shall operate a system for retiring individual's FEIN and all state and federal records when the participant employer is no longer the permanent employer.
- D. The Contractor shall execute an IRS Form 2678, Employer/Payer Appointment of Agent and receive written IRS employer agent authorization for each participant employer it represents. The Contractor shall maintain copies in each participant employer's file.
- E. The Contractor shall execute an IRS Form 8821, Tax Information Authorization, with each participant employer it represents. The Contractor shall maintain copies in each participant employer's file.
- F. The Contractor shall complete and file the appropriate state forms recognized by the state unemployment and income tax agencies to be a fiscal agent.
- G. The Contractor shall prepare and distribute individual worker employer packets to the participant employer and provide instruction on how and when each of the forms should be completed by the participant employer and the worker. The Contractor shall provide the packet to the participant employer within three (3) business days of the request and the packet shall include:
  - 1) Information about the F/EA's services and operations.
  - 2) One page employment application form that collects basic information on a worker.
  - 3) Blank and sample time sheets with instructions for completion. The term "time sheet" is used generically to refer to any mechanism which collects information about days and hours worked by the employee.
  - 4) Participant Employer/Employee Agreement Form.
  - 5) Immigration and Naturalization Service Form I-9.
  - 6) Employment Eligibility Verification Form.

- 7) IRS Form W-4.
  - 8) Employees Withholding Allowance Certificate and associated federal (if requested) and state income tax and SUTA withholding forms.
  - 9) IRS Notice 797.
  - 10) Possible Federal Tax Refund Due to the Earned Income Credit (EIC).
  - 11) IRS Form W-5.
  - 12) Earned Income Credit Advanced Payment Certificate with instructions on how and when each form should be completed by the participant employer and his or her consumer directed provider.
  - 13) A list of the forms the participant employer should keep a personal copy of and which completed forms should be submitted to the F/EA for processing.
  - 14) Information regarding the availability of the communication mechanism, including the hours the representative is available, and the response period for messages and mail inquiries.
  - 15) Examples of expenditure reports and information that explains these reports.
- H. The Contractor shall collect, process, and maintain all forms in a record for each participant employer's individual provider.
- I. The Contractor shall prepare and execute a written agreement between the F/EA and the participant employer detailing the responsibilities of each party, and respond to questions or provide clarification regarding this agreement before being signed by both parties.
- J. The Contractor shall prepare and distribute materials that serve as a resource for participant employer. The materials should describe the responsibilities that the participant employer accepts when hiring their own providers and provide detailed, step-by-step explanations for meeting their responsibilities. The Contractor shall include examples of required forms to be completed and detailed instructions.
- K. The Contractor shall assist the participant employer with the application for Workers' Compensation and Unemployment Compensation.
- L. The Contractor shall complete and submit the Ohio New Hire Report (see Section 5.0, Links).
- M. The Contractor shall provide training for the employee on accurate time reporting, completion of time sheets, and Medicaid Fraud. The Contractor shall provide periodic information and training to participant employees as changes occur in procedures, reporting, or systems.
- N. The Contractor shall collect, process, and verify timesheets of each participant employer's workers for the authorized services as outlined in the participant's service plan and individual budget.
- O. The Contractor shall verify that the service billed and hours worked are in the approved service plan prior to making payment.
- P. The Contractor shall submit claims based on individual provider time sheets to the appropriate billing system operated by each state agency (ODA, OMA, and DODD) using HIPAA compliant Electronic Data Interface (EDI) billing. Submission must occur within five (5) business days of receiving the time sheets. Payment by the Contractor to the individual providers will be made after receiving EDI remittance advice for verified time sheet billing from ODA's, DODD's, or OMA's billing system. Contractor shall make individual provider payroll payments on the 15<sup>th</sup> and the last day of each month.
- Q. The Contractor shall withhold, file, and deposit FICA, FUTA, and SUTA taxes in accordance with federal, IRS, Department of Labor, applicable state and local rules and regulations for participant employers and their individual providers.
- R. The Contractor shall withhold, file, and deposit federal, state, and local income taxes in accordance with federal, IRS, applicable State Department of Taxation, Worker Compensation rules, Unemployment Compensation, and local tax code.
- S. The Contractor shall assure participant employers' individual providers are paid hourly rates in accordance with the federal and state Department of Labor Fair Labor Standards Act (FLSA).
- T. The Contractor shall make advance payments of federal Earned Income Credit (EIA) to eligible individual providers.
- U. The Contractor shall comply with the IRS regulations using the Electronic Federal Tax Payment System (EFTPS).
- V. The Contractor shall comply with all program electronic filing requirements.
- W. The Contractor shall assure participant employers are in compliance with federal and state income and employment taxes, FICA, statutory benefits [e.g., unemployment (FUTA/SUTA)], disability and worker's compensation insurance, and labor laws related to the employment of their workers.
- X. The Contractor shall file year-end taxes and forms and follow end of year tax processes including but not limited to applicable W-2's and 1099's.
- Y. The Contractor shall process payroll for participant employers in accordance with applicable federal, state, and local rules and regulations.
- Z. The Contractor shall prepare and submit the required reports to all State/County agencies and individuals/representatives.
- AA. The Contractor shall determine when a participant employer is no longer a permanent employer and file and pay final State Income Tax (SIT) and State Unemployment Tax (SUTA) on their behalf and retire their tax accounts and ID numbers.
- BB. The Contractor shall broker workers' compensation insurance. The Contractor shall have a plan in place to monitor the process and pay workers' compensation insurance premiums for each individual it represents in accordance with Ohio's worker's compensation insurance law and for maintaining the relevant documentation in each individual's file.
- CC. The Contractor shall process all judgments, garnishments, tax levies, or any related holds on an

- employee's funds as may be required by local, state, or federal laws.
- DD. The Contractor shall implement a system for processing workers' direct deposit.
- EE. The Contractor shall withhold other deductions as authorized by the employee.
- FF. The Contractor shall provide participant employers any request for information within five (5) business days.
- GG. The Contractor shall keep lists of certified employees who agree to be on a registry, and provide referrals to individuals seeking employees in their geographic area of interest.

#### 1.4.9 END OF YEAR FEDERAL TAX PROCESS REQUIREMENTS.

- A. The Contractor shall have a system for refunding over-collected FICA to applicable individual-employers and support service workers in accordance with IRS regulations and maintain the relevant documentation.
- B. The Contractor shall prepare and distribute IRS Form W-2 for individuals' workers per IRS instructions for agents and maintain the relevant documentation.
- C. The Contractor shall prepare and distribute IRS Forms W-3 in the aggregate for all individuals the Agent represents per IRS instructions and maintain the relevant documentation.

#### 1.4.10 HOME CHOICE PROGRAM REQUIREMENTS.

- A. The Contractor shall collect, process, and verify that invoices for goods and services are authorized as outlined in the participant's service plan and individual budget and in accordance with rules. The Contractor shall process and pay goods and services invoices within five (5) business days.
- B. The Contractor shall verify that claims for demonstration and supplemental services are authorized as outlined in the participant's service plan and that the appropriate unit rate for that service (per rule) is correct before the claims are processed and paid within five (5) business days.
- C. The Contractor shall establish and maintain separate individual program participant and provider accounts and records in a secure and confidential manner as required by HIPAA, federal, state, and local regulations.
- D. The Contractor shall reconcile provider/participant claims to payments made on a monthly basis.
- E. The Contractor shall have a process in place to close out a participant's records when informed by OMA that the participant has disenrolled from the HOME Choice program.
- F. The Contractor may need to re-open a participant's record if informed by OMA that the participant has re-enrolled into the program.
- G. The Contractor shall follow end of year tax processes including, but not limited to, applicable 1099's for service providers.
- H. The Contractor shall transfer funds electronically (direct deposit) to providers for payment if requested.
- I. The Contractor shall assist providers and give technical assistance as needed with submission of invoices or claims.
- J. The Contractor shall send separate invoices to OMA for reimbursement of goods and services and demonstration service payments, reimbursement of supplemental services, and Contractor check processing fees on the 15<sup>th</sup> calendar day of the following month; the first invoice submission following the first full month of Contract.

#### 1.4.11 ACCESS SUCCESS PROJECT AND OHIO OLMSTEAD TASK FORCE REQUIREMENTS.

- A. The Contractor shall process and pay OMA approved invoices to Ohio Olmstead Task Force on behalf of the HOME Choice Consumer Council members within five (5) business days after receipt from OMA.
- B. The Contractor shall process and pay OMA approved invoices for goods and services for Access Success participants as authorized within five (5) business days after receipt from OMA.
- C. The Contractor shall establish and maintain separate individual Ohio Access Success program participant accounts and records in a secure and confidential manner as required by HIPAA, federal, state, and local regulations.
- D. The Contractor shall send an invoice to OMA for reimbursement of Ohio Olmstead Task Force invoice payments and related Contractor check processing fees on the 15<sup>th</sup> calendar day of the following month; the first invoice submission following the first full month of Contract.
- E. The Contractor shall send an invoice for reimbursement of Access Success participant goods and services and related Contractor check processing fees on the 15<sup>th</sup> calendar day of the following month; the first invoice submission following the first full month of the Contract.

#### 1.4.12 PASSPORT, CHOICES, OHIO HOME CARE, AND ICDS WAIVER PROGRAM REPORTING REQUIREMENTS.

- A. The Contractor shall produce twice monthly statements for each participant employer and provide a report to the appropriate state agency contract manager accounting for all payments made to individual providers. The Contractor shall include in these statements and the report to appropriate state agency the name and identification number of the employer, the employer's workers' name and identification number, wages, taxes, and insurances paid for the current period and year-to-date compared to the amount authorized for the current period and year-to-date. The reports will be in an agreed upon format. The Contractor shall submit these reports no later than five (5) business days following the pay period.

- B. The Contractor shall produce a semi-annual report to the appropriate state agency contract manager noting payment of Workers Compensation premium listing the name of employer, amount paid, period covered, and date of payment. The Contractor shall submit these reports July 31 and January 31 for the previous six months.
- C. The Contractor shall produce a quarterly report to the appropriate state agency contract manager related to Call Center statistics, individual worker hire employment packets distributed, time sheets processed, payments delivered, participant data, worker data, number and type of complaints and resolutions, and payroll services. The report shall be for the quarter period and captured by individual month. The Contractor shall submit the report no later than fifteen (15) business days after the quarter-end.
- D. The Contractor shall provide to the appropriate state agency contract manager any additional or ad hoc reports (such as documentation regarding federal or state audits) as requested in a format mutually agreed upon by agency and Contractor. There will be no additional payment for the generation of such reports. The Contractor shall also be able to make revisions in the data elements or format of any required report upon request by the appropriate state agency and without any additional cost.
- E. The Contractor's shared system must allow state agency staff to query all fields and extract data from the system without technical intervention in order to perform quality checks.
- F. The Contractor shall conduct and analyze a participant satisfaction survey, using a sample size and instrument approved by each appropriate state agency, in a time frame negotiated with said state agency.

#### 1.4.13 SELF WAIVER PROGRAM REPORTING REQUIREMENTS.

- A. The Contractor shall produce in either electronic or paper format, as requested, to participants, guardians, designees, support brokers, county boards of developmental disabilities, DODD, and OMA a monthly report which includes, at a minimum:
  - 1) Participant name and waiver span
  - 2) Participant's date of birth
  - 3) Participant (Client) identification number
  - 4) Medicaid Billing number
  - 5) Provider identification number
  - 6) Provider name delivering services
  - 7) Participant directed goods and services (vendor and items purchased)
  - 8) Identification of support broker per participant (if applicable)
  - 9) Service Code
  - 10) Total number of units and dollars authorized by service, by participant
  - 11) Total dollars authorized and funding level (\$40,000/\$25,000)
  - 12) Rates associated and amount paid to provider of waiver service
  - 13) Date of service
  - 14) Date of submission
  - 15) Reimbursement amount
  - 16) Patient liability collected per participant (if applicable)
  - 17) Participant's remaining balance in their current waiver span year
  - 18) Percentage of dollars remaining for waiver span year
- B. The Contractor shall produce a quarterly report to the appropriate state agency contract manager related to Call Center statistics, individual worker hire employment packets distributed, time sheets processed, payments delivered, participant data, worker data, number and type of complaints and resolutions, and payroll services. The report shall be for the quarter period and captured by individual month. The Contractor shall submit the report no later than fifteen (15) business days after the quarter-end.
- C. The Contractor shall produce an annual report to DODD and shall include, at a minimum:
  - 1) A breakdown of the total number of participants receiving each waiver service available, including the identification number of those participants and of those participants, whether or not they selected co-employer/common law option (or both) and which services were selected within each option.
  - 2) Number, type, and amount of all payments made to providers per provider.
- D. The Contractor shall provide to the appropriate state agency contract manager any additional or ad hoc reports (such as documentation regarding federal or state audits) as requested in a format mutually agreed upon by agency and Contractor. There will be no additional payment for the generation of such reports. The Contractor shall also be able to make revisions in the data elements or format of any required report upon request by the appropriate state agency and without any additional cost.
- E. The Contractor's shared system must allow state agency staff to query all fields and extract data from the system without technical intervention in order to perform quality checks.
- F. The Contractor shall conduct and analyze a participant satisfaction survey, using a sample size and instrument approved by each appropriate state agency, in a time frame negotiated with said state agency.

1.4.14 HOME CHOICE REPORTING REQUIREMENTS.

- A. The Contractor's shared system must allow state agency staff to query all fields and extract data from the system without technical intervention in order to perform quality checks and to examine utilization and expenditures by the following fields, at a minimum:
- 1) Service type (code & name)
  - 2) Population type
  - 3) County
  - 4) Provider name
  - 5) Participant name
  - 6) Transition Coordination deliverables submitted
  - 7) Transition Coordination deliverables by participant
  - 8) Number of hours used and balance remaining by date spans entered
- B. The Contractor shall produce a text file containing quarterly service usage by participant. This file shall be submitted to the HOME Choice Information Manager on a quarterly basis. Quarterly file submission shall occur on or before the first business day of February (October 1-December 31 service usage), May (January-March service usage), August (April-June service usage), and November (July-September service usage). File structure detail will be provided upon award of the contract.
- C. The Contractor shall also provide to the appropriate state agency contract manager any additional or ad hoc reports (such as documentation regarding federal or state audits) as requested in a format mutually agreed upon by agency and Contractor. There will be no additional payment for the generation of such reports. The Contractor shall also be able to make revisions in the data elements or format of any required report upon request by the appropriate state agency and without any additional cost.
- D. The Contractor shall conduct and analyze a provider satisfaction survey, using a sample size and instrument approved by each appropriate state agency, in a time frame negotiated with said state agency.

1.4.15 SANCTION PROCESS OMA, ODA, and DODD will identify operational deficiencies by giving the Contractor a Notice of Operational Deficiency (NOD). The NOD will require the Contractor to develop a plan of correction (POC) for any instance of noncompliance. A POC is a document that is part of the process to improve identified operational deficiencies. This plan of correction will be monitored by the appropriate state agency. The NOD and POC will also be filed with DAS and may result in a Complaint to Vendor.

- 1.5 CONFIDENTIAL INFORMATION The process to procure goods and services by DAS is open to inspection by the public. DAS makes available prices (offered and accepted), terms of payment, Proposal materials, evaluation scores, product information, and other types of information DAS uses in evaluating and/or awarding the Contract, consistent with Ohio's public records law. DAS will seek to open the Proposals in a manner that avoids disclosing their contents. Additionally, DAS will seek to keep the contents of all Proposals confidential until the Contract is awarded. Further, the DAS will open for public inspection all Proposals provided to the DAS in response to this RFP after award.
- 1.6 REGISTRY OF OFFERORS DAS will prepare a registry of Proposals containing the name and address of each Offeror. The registry will be on the Office of Procurement Services Web site and open for public inspection after the Proposals are received.
- 1.7 INSTRUCTIONS  
Link to Web site for Instructions is available in Section 5.1.
- 1.8 REQUIRED REVIEW  
Offerors shall carefully review the entire RFP and all the referenced Web links. Offerors shall promptly notify DAS through the inquiry process of any ambiguity, inconsistency, or error they discover. Notifications must be received by the deadline for receipt of questions in the inquiry process.
- 1.9 NUMBER OF PROPOSALS TO SUBMIT Offeror must submit one (1) original, completed and signed in blue ink, and seven (7) copies for a total of eight (8) Proposal packages. The Offeror must also submit a complete copy of the Proposals on a CD in Microsoft Office (Word, Excel, or Project) 2003 or higher, format and/or PDF format as appropriate.

2.0 EVALUATION OF PROPOSALS

2.1 MANDATORY REQUIREMENTS The following Table 1 contains items that are Mandatory Requirements for this RFP.

Determining the Offeror's ability to meet the Mandatory Requirements is the first step of the DAS evaluation process. The Offeror's response must be clearly labeled "Mandatory Requirements" and collectively contained in Tab 2 of the Offeror's Proposal in the "Offeror Required Information and Certification" section.

DAS will evaluate Tab 2 alone to determine whether the Proposal meets all Mandatory Requirements (accept/reject). If the information contained in Tab 2 does not clearly meet every Mandatory Requirement, the Proposal may be disqualified by DAS from further consideration.

2.2 TABLE 1 - MANDATORY PROPOSAL REQUIREMENTS

Mandatory Requirements	Accept	Reject
1. Offeror has shown evidence of compliance with IRS, State and Local regulations and with no current outstanding audit findings by these regulatory authorities as it relates to the FMS process. Evidence may consist of an attestation indicating no outstanding audit findings related to IRS, State and Local regulations or documentation from IRS, State and/or Local authority indicating satisfaction of audit findings. Evidence could also include the report from auditor.		
2. Offeror has shown evidence of approval from the IRS under Section 3504 of the IRS code and IRS Revenue Procedure 70-6 to operate as a Fiscal/Employer Agent. Offer shall submit copy of official notice from IRS indicating approval as F/EA in accordance with Sec 3504 IRS Rev. Proc 70-6. Date on official notice will satisfy the evidence of the minimum 3 years' experience as required in Mandatory Requirement 3. This notice will also substantiate ability to be an F/EA as noted in Mandatory Requirement 4.		
3. Offeror has shown evidence of, at a minimum, three years experience as Fiscal/Employer Agent in accordance with Section 3504 of the IRS code and IRS Revenue Procedure 70-6.		
4. Offeror has shown evidence of ability to be the employer of record under co-employer authority.		
5. Offeror has shown evidence of ability to interface with the applicable billing systems operated by each state agency and conduct HIPAA compliant Electronic Data Interchange (EDI) billing. Evidence shall include a current trading partner agreement with another entity as evidence of HIPAA compliant Electronic Data Interchange (EDI) billing.		
6. Offeror has shown evidence that it is capable of operating by reimbursement ONLY. Funds will not be advanced to the selected Offeror. A letter from the Offeror's financial institution that its funds are not encumbered in any way (i.e. liens, judgments, etc.) that would render them unable to "reimburse" the State's providers.		
7. Offeror provides a Disaster Recovery Plan for restoring software and master files and hardware backup if management information systems are disabled and for continuation of payroll and invoice payment systems.		

If the State receives no Proposals meeting all of the mandatory requirements, the State may elect to cancel this RFP.

2.3 PROPOSAL EVALUATION CRITERIA If the Offeror provides sufficient information to DAS in its Proposal, demonstrating it meets the Mandatory Requirements, the Offeror's Proposal will be included in the next step of the evaluation process which involves the scoring of the Proposal Technical Requirements (Table 3), followed by the scoring of the Cost Proposals. In the Proposal evaluation step, DAS rates the Proposals based on the following listed criteria and the weight assigned to each criterion. The possible points allowed in this RFP are distributed as indicated in the Table 2 - Scoring Breakdown. Each Proposal passing the Mandatory Requirements will be evaluated by an evaluation committee made up of a representative(s) from DAS, Agency team members, and potentially a subject matter expert or an independent consultant.

2.4 TABLE 2 - SCORING BREAKDOWN

Criteria	Maximum Allowable Points
Proposal Technical Requirements	806 Points
Proposal Cost	686 Points
Total	1,492 Points

The following scale (0-9) will be used to rate each Proposal on the criteria listed in the Technical Proposal Evaluation table.

DOES NOT MEET 0 POINTS	MEETS 5 POINTS	EXCEEDS 7 POINTS	GREATLY EXCEEDS 9 POINTS
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DAS will score the Proposals by multiplying the score received in each category by its assigned weight and adding all categories together for the Offeror's Total Technical Score in Table 3. Representative numerical values are defined as follows:

DOES NOT MEET (0 pts.): Response does not comply substantially with requirements or is not provided.

MEETS (5 pts.): Response generally meets the objectives (or expectations).

EXCEEDS (7 pts.): Response indicates the objectives will be exceeded.

GREATLY EXCEEDS (9 pts.): Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

2.5 TABLE 3 - TECHNICAL PROPOSAL EVALUATION

Criterion	Weight	Rating (0 to 9)	Extended
Offeror shall provide the following:			
1. A description of the Offeror's current operational capacity of the organization and evidence of its ability to absorb the additional workload resulting from this project (Form 5.2.3).	3		
2. Evidence of Offeror's previous experience and its expertise described in a minimum of three (3) previous projects, similar in size, scope and complexity, in the previous five (5) years. Details of the similarities are included (Form 5.2.4).	5		
3. Evidence that Offeror has provided financial management services for older adults, persons with developmental disabilities, and persons with behavioral needs.	5		
4. Evidence that Offeror has at least two (2) years experience with federally or state-funded programs in the last two (2) years.	5		
5. A proposed transition plan and program close-out procedures in order to transition program participants from one financial management service provider to another financial management service provider.	5		

Criterion	Weight	Rating (0 to 9)	Extended Score
6. Results of completed satisfaction surveys regarding Offeror's financial management services within the last two (2) years.	3		
7. Evidence that Offeror has a staffing plan with a contingency plan that shows the Offeror has the ability to add more staff if needed, including its ability to provide qualified replacement staff.	4		
8. The Offeror's personnel profile summary (Forms 5.2.5 and 5.2.6) demonstrates that the Project Manager assigned to this project possesses, at a minimum, a Bachelor's degree in public health, economics, sociology, business administration, accounting or other related discipline and at least four (4) years' experience performing project management of a similar service and twenty-four (24) months experience with Medicaid information systems.	5		
9. The Offeror's personnel profile summary demonstrates that one (1) staff member has a bachelor's degree in accounting and two (2) years' experience. The staff member must also have twenty-four (24) months of experience with Medicaid information systems. It is preferred that staff member has a master's degree in accounting or CPA certification.	4		
10. The Offeror's personnel profile summary demonstrates that one (1) system analyst has been assigned to this Project. The system analyst must have completed an undergraduate degree in information technology or a related field with a minimum of four (4) years of experience with various database management systems, programming languages and with auditing system edits and data integration procedures. The systems analyst must also have twenty-four (24) months experience with Medicaid information systems. It is preferred that the systems analyst have a Master's degree in computer science or related field.	4		
11. The description of the Offeror's customer service process.	4		
12. Proposed plan of how the Offeror will monitor operations to assure quality.	5		
13. Proposed plan to educate individuals on the employment authority process.	4		
14. Proposed plan to educate individuals and providers on the payment processes.	4		
15. Evidence that Offeror will meet the record keeping policies and procedures for the Work.	4		
16. The description of the Offeror's IT structure and technology plan for performance of the Work, including its capacity, and if any expansions will be necessary in order to meet all the requirements of the Work. The description should provide evidence and detail on how Offeror will meet all requirements of the shared computer system.	5		
17. Evidence that Offeror has a detailed end of year tax process and close out.	4		
18. Evidence of Offeror's ability to produce reports as required in the scope of work.	4		
19. Evidence of a natural disaster recovery plan for allowing extra time (if needed) for participants and providers to send in timesheets for payroll and claims for invoice payment.	3		

Criterion	Weight	Rating (0 to 9)	Extended Score
20. Evidence that Offeror has the ability to adapt to changes in federal and state Medicaid laws, rules, and policies. Offeror must describe how the Offeror will communicate changes to those individuals or providers affected by the changes.	4		
21. Evidence that Offeror has EDI experience and support to comply with applicable billing systems operated by each state agency.	5		
22. Offeror is Ohio based (scored as meets or does not meet only)	1		

Total Technical Score: \_\_\_\_\_

In this RFP, DAS asks for responses and submissions from Offerors, most of which represent components of the above criteria. While each criterion represents only a part of the total basis for a decision to award the Contract to an Offeror, a failure by an Offeror to make a required submission or meet a mandatory requirement will normally result in a rejection of that Offeror's Proposal. The value assigned above to each criterion is only a value used to determine which Proposal is the most advantageous to the State in relation to the other Proposals that DAS received.

Once the technical merits of a Proposal are evaluated, the costs of that Proposal will be considered. It is within DAS' discretion to wait to factor in a Proposal's cost until after the conclusion of any interviews, presentations, demonstrations or discussions. Also, before evaluating the technical merits of the Proposals, DAS may do an initial review of costs to determine if any Proposals should be rejected because of excessive cost. DAS may reconsider the excessiveness of any Proposal's cost at any time in the evaluation process.

2.6 COST PROPOSAL POINTS DAS will use the information Offeror gives on the Cost Summary Form to calculate Cost Proposal Points. DAS will calculate the Offeror's Cost Proposal points after the Offeror's total technical points are determined, using the following method:

Cost points = (lowest Offeror's cost/Offeror's cost) x Maximum Allowable Cost Points as indicated in the "Scoring Breakdown" table. The value is provided in the Scoring Breakdown table. "Cost" = Total Not to Exceed Cost identified in the Cost Summary section of Offeror's Proposal. In this method, the lowest cost proposed will receive the maximum allowable points.

The number of points assigned to the cost evaluation will be prorated, with the lowest accepted Cost Proposal given the maximum number of points possible for this criterion. Other acceptable Cost Proposals will be scored as the ratio of the lowest Cost Proposal to the Proposal being scored, multiplied by the maximum number of points possible for this criterion.

An example for calculating cost points, where Maximum Allowable Cost Points Value = 60 points, is the scenario where Offeror X has proposed a cost of \$100.00. Offeror Y has proposed a cost of \$110.00 and Offeror Z has proposed a cost of \$120.00. Offeror X, having the lowest cost, would get the maximum 60 cost points. Offeror Y's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$110.00 (Offeror Y's cost) equals 0.909 times 60 maximum points, or a total of 54.5 points. Offeror Z's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$120.00 (Offeror Z's cost) equals 0.833 times 60 maximum points, or a total of 50 points.

Cost Score: \_\_\_\_\_

2.7 FINAL STAGES OF EVALUATION The Offeror with the highest point total from all phases of the evaluation (Technical Points + Cost Points) will be recommended for the next phase of the evaluation.

Technical Score: \_\_\_\_\_ + Cost Score: \_\_\_\_\_ = Total Score: \_\_\_\_\_

If DAS finds that one or more Proposals should be given further consideration, DAS may select one or more of the highest-ranking Proposals to move to the next phase. DAS may alternatively choose to bypass any or all subsequent phases and make an award based solely on the Proposal evaluation phase.

2.8 REJECTION OF PROPOSALS DAS may reject any Proposal that is not in the required format, does not address all the requirements of this RFP, or that DAS believes is excessive in price or otherwise not in the interest of the State to consider or to accept. In addition, DAS may cancel this RFP, reject all the Proposals, and seek to do the Work through a new RFP or by other means.



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3.0 COST SUMMARY

- 3.1 SUBMISSION The Cost Summary shall be submitted with the Proposal (under separate cover labeled as the Cost Proposal). All prices, costs, and conditions outlined in the Proposal shall remain fixed and valid for acceptance for 120 days, starting on the due date for Proposals. No price change shall be effective without prior written consent from DAS, Office of Procurement Services.

The Offeror's total cost for the entire Work must be represented as the firm, fixed rate. All costs for furnishing the services must be included in the Cost Proposal.

- 3.2 THE OFFEROR'S FEE STRUCTURE The Contractor will be paid as proposed on the Cost Summary after the Agency approves the receipt of product(s)/services and continued completion of all deliverables. All costs must be in U.S. Dollars.

- 3.3 REIMBURSABLE EXPENSES None; there will be no additional reimbursement for travel or other related expenses. The State will not be responsible for any costs not identified.

3.4 BILL TO ADDRESS

The Office of Medical Assistance -BLTCSS  
P.O. Box 182709  
50 W. Town St., 5<sup>th</sup> Floor  
Columbus, OH 43218

Attn: Accounts Payable Manager  
Ohio Department of Aging  
50 W. Broad St., 9<sup>th</sup> Floor  
Columbus, OH 43215

Attn: MDA  
Ohio Department of Developmental Disabilities  
30 E. Broad St., 13<sup>th</sup> Floor  
Columbus, OH 43215

- 3.5 CONTRACTOR LIMITATIONS. The Contractor or any of its subcontractors may not provide direct home health or waiver program services to any individuals enrolled in any of the programs in this Contract through the entire term of the Contract.

- 3.6 FINANCIAL ABILITY. Once awarded the contract, the Contractor will have an audit of their financial statements performed in compliance with Generally Accepted Auditing Standards (GAAS) every year. Copies of the audited financial statements and reports produced using the above standards shall be submitted to DAS within six (6) months of the end of the Contractor's financial reporting period. If the State determines within three (3) months of the receipt of the audit that the Contractor's financial ability is inadequate, the contract is subject to termination after receipt of a formal intent to terminate the contract. In any case, a 30-day notice shall be given by the State.

- 3.7 SUBPOENAS, COURT ORDERS, AND LEGAL NOTICES. Any subpoena or court order received by the Contractor which relates to the Scope of Work and deliverables under the Contract shall be directed to the Office of Medical Assistance, with a copy also forwarded to the Contractor's legal counsel. Upon receipt, the Contractor's legal counsel shall promptly contact the Office of Medical Assistance' legal counsel to determine how to proceed. The Contractor shall also notify the Office of Medical Assistance of any litigation or other legal matters which involve or otherwise pertain to the Scope of Work under this Contract. In the event that the Contractor possesses or has access to information and/or documentation needed by the Office of Medical Assistance with regard to the above, the Contractor agrees to cooperate with the Office of Medical Assistance in gathering and providing such information and/or documentation.

- 3.8 PUBLIC RECORD REQUESTS. The Contractor is responsible for responding to any request for records which it receives related to the Contract, and shall promptly notify the Office of Medical Assistance of any such request that the Contractor receives. The Scope of Work under this Contract involves certain information which is subject to confidentiality, safeguarding, and/or public records requirements, and the Contractor agrees and understands that it is bound by all state and federal laws which pertain thereto. Upon receipt of any request for records related to the Contract, the Contractor shall determine whether the requested records are exempted from release under the provisions of Ohio Revised Code Section 149.43, or if the records are otherwise made confidential by another state or federal law. If the Contractor determines that any of the requested records, or portions thereof, are public records and are therefore required to be produced under Ohio Revised Code Section 149.43, the Contractor shall promptly prepare the records and make them available to the requester for inspection or copying. If the request is ultimately denied, in part or in whole, the Contractor shall provide the requester with an explanation, including legal authority, setting forth the reasons for denial.

3.9 PREVAILING WAGE REQUIREMENTS. The Contractor will be required to comply with prevailing wage standards, as established in ORC 4115.03-4115.16.

Offerors are to complete this form fully according to directions given. Offerors must use the estimated monthly program individuals to submit their cost proposal. The costs that are submitted must be by deliverable and by State Fiscal Year (SFY) and must be clearly stated.

In addition, The Offeror must give a breakdown on a separate sheet of paper on how the Offeror arrived at the fees.

Offeror Name: \_\_\_\_\_

7/1/13-6/30/14-SFY14 Contract Fees:	(a) Estimated Monthly Volume	(b) Offeror's Rate:	7/1/14-6/30/15-SFY15 Contract Fees:	(a) Estimated Monthly Volume	(b) Offeror's Rate:
Check Processing Fee for Claims Paid	1100 checks		Check Processing Fee for Claims Paid	1200 checks	
PMPM rate for Common Law Employer Option	1000 members		PMPM rate for Common Law Employer Option	1100 members	
PMPM rate for Co-Employer Option	100 members		PMPM rate for Co-Employer Option	110 members	
Total	N/A	N/A	Total	N/A	N/A

**Note:** SFY 14 and 15 costs are required, but contract renewal for SFY 16 and 17 is contingent upon availability of necessary funding, satisfactory Contractor performance in SFY 14 and 15, all required funding and contract approvals, and will be by mutual agreement. In addition, programs may be transitioned out of the contract during any state fiscal year.

All work done under the contract to be awarded as a result of CSP904413 will be paid according to the rates/fee payment structure. No other compensation for the selected Contractor's services will be permitted.

The Contractor may submit invoices for monthly PMPM rates based on the actual number of program individuals assigned to the Contractor for services in a given month, multiplied by the specific rate for the program (or programs) in which the individuals are enrolled. The projections made in the RFP are estimates only, based on best information available to the Office of Medical Assistance at this writing, and are not to be taken as a guarantee of actual reimbursements that will be realized by the Contractor.

All costs must be in U.S. Dollars.

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

3.10 PERFORMANCE BOND The Offeror must include with its Cost Proposal a letter of commitment from a bonding company that will be equal to at least 3% of the total amount of the Contract.

3.11 FINANCIAL STATEMENTS The Offeror must submit its most recent financial statements and describe their financial stability as stated in Proposal Instructions, Section 5.1.4

4.0 AWARD OF THE CONTRACT

- 4.1 CONTRACT AWARD DAS intends to award the Contract based on the schedule in the RFP, if DAS decides the Work is in the best interests of the State and has not changed the award date.

DAS expects the Contractor to commence the Work upon receipt of a state issued purchase order. If DAS awards a Contract pursuant to this RFP and the Contractor is unable or unwilling to commence the Work, DAS reserves the right to cancel the Contract and return to the original RFP process and evaluate any remaining Offeror's Proposals reasonably susceptible of being selected for award of the Contract. The evaluation process will resume with the next highest ranking, viable Proposal.

- 4.2 CONTRACT If this RFP results in a Contract award, the Contract will consist of this RFP including the Terms and Conditions, all forms, written addenda to this RFP, the Contractor's accepted Proposal and written authorized addenda to the Contractor's Proposal. It will also include any materials incorporated by reference in the above documents and any purchase orders and amendments issued under the Contract. The general terms and conditions for the Contract are contained in the following link:

<https://procure.ohio.gov/Zip/RFP%20Instructions/5.3%20Terms%20and%20Conditions.pdf>.

If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows:

1. The one-page Contract Signature Page, Form 5.2.2
2. The RFP, as amended, including the Terms and Conditions;
3. The documents and materials incorporated by reference in the RFP;
4. The Executive Order. EO2011-12K incorporated by reference in the RFP;
5. The Contractor's Proposal, as amended, clarified, and accepted by the State; and
6. The documents and materials incorporated by reference in the Contractor's Proposal.

Notwithstanding the order listed above, amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent amendment will take precedence over anything else that is part of the Contract.

## 5.0 LINKS

To be applicable to all Proposals and subsequent award(s), including sections named below:

### 5.1 Instructions

- 5.1.1 Proposal Instructions
- 5.1.2 Evaluation of Proposals
- 5.1.3 Proposal Format & Documentation Required

### 5.2 Forms

- 5.2.1 Offeror Required Information
- 5.2.2 Contract Signature Page
- 5.2.3 Offeror Profile
- 5.2.4 Offeror Prior Projects
- 5.2.5 Offeror's Candidate References
- 5.2.6 Offeror's Candidate Education, Training, Experience
- 5.2.7 Offeror Performance Form
- 5.2.8 Contractor/Subcontractor Affirmation and Disclosure

### 5.3 Terms and Conditions

- 5.3.1 Performance and Payment
- 5.3.2 Work and Contract Administration
- 5.3.3 Ownership & Handling of Intellectual Property & Confidential Information
- 5.3.4 Representations, Warranties and Liabilities
- 5.3.5 Acceptance and Maintenance
- 5.3.6 Construction
- 5.3.7 Law & Courts

### 5.4 Additional Resources

EOD Reporting	<a href="http://eodreporting.oit.ohio.gov/searchEODReporting.aspx">http://eodreporting.oit.ohio.gov/searchEODReporting.aspx</a>
Office of Budget and Management	<a href="http://obm.ohio.gov/LandingPages/Vendor/default.aspx">http://obm.ohio.gov/LandingPages/Vendor/default.aspx</a>
Office of Procurement Services	<a href="http://procure.ohio.gov/proc/index.asp">http://procure.ohio.gov/proc/index.asp</a>
Ohio Shared Services	<a href="http://www.ohiosharedservices.ohio.gov/Home.aspx">http://www.ohiosharedservices.ohio.gov/Home.aspx</a>
Ohio Business Gateway	<a href="http://business.ohio.gov/">http://business.ohio.gov/</a>
Ohio Secretary of State	<a href="http://www.sos.state.oh.us/SOS/Businesses.aspx">http://www.sos.state.oh.us/SOS/Businesses.aspx</a>
State IT Policy ITP F.35	<a href="http://das.ohio.gov/LinkClick.aspx?fileticket=i9-nf_G9W7E%3d&amp;tabid=107">http://das.ohio.gov/LinkClick.aspx?fileticket=i9-nf_G9W7E%3d&amp;tabid=107</a>
Ohio New Hire Report	<a href="https://oh-newhire.com/">https://oh-newhire.com/</a>
HIPAA Ohio	<a href="http://hipaa.ohio.gov/abouthipaa.htm">http://hipaa.ohio.gov/abouthipaa.htm</a>
Internal Revenue Service	<a href="http://www.irs.gov">http://www.irs.gov</a>
United States Citizenship and Immigration Service	<a href="http://www.uscis.gov">http://www.uscis.gov</a>
Department of Labor	<a href="http://www.dol.gov">http://www.dol.gov</a>

All links are subject to change in accordance with state of Ohio laws, Ohio Revised Code, Ohio Administrative Code, Executive Orders or any other updates issued by the state of Ohio, Department of Administrative Services, and the Office of Procurement Services. It is the Offeror's responsibility to read and be aware of any changes, corrections, updates or deletions to any information included in the link(s) above.



Office of  
Procurement Services  
Service · Support · Solutions

6.0 Guide for Proposal Submission.

This guide outlines steps for submission of a Proposal in response to the advertised Request for Proposal. This guide does not contain the complete instructions for preparing and submitting a Proposal and anything stated herein shall not be considered a term or condition of the Contract. The complete instructions can be found in section 5.1.1, Proposal Instructions.

- 6.1 \_\_\_\_\_ Read the entire document, including all Web site links. Note critical items such as: Mandatory Requirements; goods or services required, submittal date and time; number of copies to submit; contract requirements; reporting requirements; minimum qualifications; read and understand the terms and conditions.
- 6.2 \_\_\_\_\_ Take advantage of the “question and answer” period specified in the schedule of events. Questions must be submitted on-line in the Inquiry Process as explained in the Instructions. See section 5.1.1, Proposal Instructions.
- 6.3 \_\_\_\_\_ Follow the format required in the RFP Instructions when preparing the response in chronological order. Provide point-by-point responses to all sections in a clear and concise manner. See section 5.1.3, Proposal Format & Documentation Required.
- 6.4 \_\_\_\_\_ Use the forms provided; i.e. Signed RFP Cover Page, Offeror Required Information, Contract Signature Page, Offeror Profile and Prior Projects, Key Personnel forms, Disclosure Form, and Cost Summary Form, See section 5.2, Forms.
- 6.5 \_\_\_\_\_ Provide complete answers/descriptions. Do not assume the State or any evaluation committee member will know what the Offeror’s capabilities are or what items/services the Offeror can provide, even if previously contracted with the State. The Proposals are evaluated based solely on the information and materials provided in the Offeror’s response.
- 6.6 \_\_\_\_\_ Check the State’s Web site for RFP addenda. It is the responsibility of the Offeror to be aware of additional information posted on the Web.
- 6.7 \_\_\_\_\_ The following documents may be submitted with the Proposal or within five (5) business days of request from the Office of Procurement Services: Secretary of State Certification, Affirmative Action, proof of insurance. No award will be made without this documentation. Offeror’s Proposal may be eliminated from further consideration upon failure to submit within the specified time frame
- 6.8 \_\_\_\_\_ If not a current vendor of the state of Ohio, the Offeror will download both the W-9 and Vendor Information Form and submit to Ohio Shared Services (OSS) at [vendor@ohio.gov](mailto:vendor@ohio.gov). See section 5.4, Additional Resources.
- 6.9 \_\_\_\_\_ Review and read the RFP Document again to make sure that you have addressed all requirements. Read and understand Supplements, if applicable. Offeror’s original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and used to score the response.
- 6.10 \_\_\_\_\_ Offeror’s response must be submitted on time. Late Proposals are never accepted. Make sure the response is labeled on the exterior of the envelope/package with the RFP# and due date, and whether the packet is for the Technical Proposal or the Cost Proposal. Do not place the Cost Proposal in the Technical Proposal.

ATTACHMENT ONE  
Vendor Fiscal/Employer (F/EA)  
Financial Management Services (FMS) Organization  
Readiness Review

I. GENERAL WORK REQUIREMENTS

Establish a unique and new federal employer identification number (FEIN) for the sole purpose of acting as the statewide F/EA (Fiscal/Employer Agent) for Ohio's program participants and use this FEIN for the F/EA function.

1. Does the Vendor F/EA FMS organization have a separate FEIN specifically to file the IRS Form 2678 (*Employer Appointment of Agent*) and other federal tax forms and to make federal tax payments on program participants' behalf?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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2. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for obtaining a FEIN for each program participant it represents as agent and for maintaining copies of the program participant's IRS Form SS-4 (*Application for Employer Identification Number*) and IRS FEIN notification with FEIN in the program participant's file?

System in Place: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Written Policies: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Written Internal Controls: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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3. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for retiring program participants' FEINs when they are no longer employers and maintaining a copy of the FEIN retirement letter and related correspondence with the IRS in each applicable program participant's file? (Note: If the program participant is deceased, the IRS must be informed of this and the date of death in the FEIN retirement letter.)

System in Place: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Written Policies: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Written Internal Controls: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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4. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for preparing and submitting a signed IRS Form 2678 (*Employer/Payer Appointment of Agent*) for each program participant it represents as agent and for maintaining a copy of the form in the program participant's file?

System in Place: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Written Policies: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Written Internal Controls: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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5. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for receiving written authorization (IRS 1997C Letter) from the IRS to be the agent for each program participant it represents and for maintaining a copy of the written authorization in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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6. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for revoking the IRS Form 2678 for each program participant it no longer represents in accordance with IRS requirements and for maintaining documentation (copy of the IRS Form 2678 completed for revocation and the IRS LTR 4228C acknowledging the revocation) in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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7. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for obtaining an IRS LTR 4228C (confirmation of IRS Form 2678 revocation from the IRS) and for maintaining a copy of the IRS LTR 4228C in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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8. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for submitting a signed IRS Form 8821 (*Tax Information Authorization*) for each program participant it represents and for maintaining copies of the form in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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9. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for renewing IRS Forms 8821 for each applicable program participant every three years and for maintaining copies of the renewals in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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10. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for revoking an IRS Form 8821 when it no longer represents a program participant and for maintaining a copy of the revoked form in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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11. If the Vendor F/EA FMS organization uses a reporting agent to perform some of the agent tasks, does it have a system in place and written policies, procedures and internal controls for executing an IRS Form 8655, (*Reporting Agent Authorization*) between itself and the reporting agent and for maintaining documentation in each program participant's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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12. If the Vendor F/EA FMS organization uses a reporting agent to perform some of the agent tasks, does it have a system in place and written policies, procedures and internal controls for revoking the IRS Form 8655, *Reporting Agent Authorization* between itself and the reporting agent when it no longer uses a reporting agent and for maintain documentation in each program participant's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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13. If the Vendor F/EA FMS organization uses a reporting agent to perform some of the agent tasks, does it have a system in place and written policies, procedures and internal controls for obtaining a signed informed consent statement from each program participant the Vendor F/EA FMS organization represents stating that the program participant knows the Vendor F/EA FMS organization is using the reporting agent to perform some of the agent tasks, listing the tasks the reporting agent will perform, and stating that the program participant concurs with this and for maintaining the signed statement in each program participant's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Maintain all applicable permits, registrations, licenses, and insurance.

14. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for obtaining approval to act as the authorized agent (for state income tax, unemployment tax and workers' compensation in accordance with Ohio law) for each program participant it represents, and for maintaining documentation in each program participant's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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15. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for revoking its approval to act as the authorized agent (for state income tax, unemployment tax and workers' compensation in accordance with Ohio law) when it no longer represents a program participant, and for maintaining documentation in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Maintain an F/EA policies and procedures manual specific to Ohio and current with Federal, State, and Local rules and regulations. The manual must delineate all tasks related to this project and identify those tasks that a reporting agent will perform. The manual must include what monitoring will occur between the selected vendor and the reporting agent.

16. Does the Vendor F/EA FMS organization have a comprehensive Vendor F/EA FMS organization policies and procedures manual that includes all policies and procedures related to the tasks associated with performing the Vendor F/EA FMS functions, including the role and tasks of any reporting agent used, any overlapping communication and data transmission tasks and tasks related to monitoring the reporting agent's performance, and internal controls for monitoring the completion of all Vendor F/EA FMS organization and reporting agent tasks, when applicable. The document must be available in an electronic format.

Yes  No

If not, why and what is the organization's plan for correcting the situation?

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17. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for updating its Vendor F/EA FMS organization policies and procedures manual at least annually, and as needed?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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18. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reviewing and updating all IRS rules, forms, instructions, notices and publications related to Vendor F/EA FMS organizations, household employers and domestic service workers, along with preparing, filing and depositing federal taxes on behalf of program participant household employers it represents? (Key website: [www.irs.gov](http://www.irs.gov))

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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19. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reviewing and updating all applicable US Citizenship and Immigration Service (US CIS) rules, forms (i.e., Form I-9, *Employment Eligibility Verification*) and instructions? (Key web site: [www.uscis.gov](http://www.uscis.gov))

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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20. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reviewing and updating all applicable federal Department of Labor rules, forms and instructions related to household employers and domestic service employees pertaining to the Federal Fair Labor Standards Wage and Hour rules? (Key website: [www.dol.gov](http://www.dol.gov))

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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21. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reviewing and updating all Ohio income tax withholding rules, forms, instructions and manuals related to Vendor F/EA FMS organizations, household employers and domestic service workers, along with preparing, filing and depositing state taxes on behalf of program participant household employers it represents?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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22. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reviewing and updating all Ohio unemployment insurance tax rules, forms, instructions and manuals related to Vendor F/EA FMS providers, program participant household employers and domestic service workers, and preparing, filing and depositing state taxes on behalf of program participant household employers it represents?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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23. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for staying up-to-date with Ohio workers' compensation insurance laws pertaining to program participant household employers who hire personal care and other support workers and for submitting premiums?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Maintain a disaster recovery plan in place for all electronic and hard copy program information.

24. Does the Vendor F/EA FMS organization have a disaster recovery plan for electronic and hard copy files in place and documented?

\_\_\_\_ Yes \_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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25. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for testing and updating its disaster recovery plan for electronic and hard copy files?

System in Place: \_\_\_\_ Yes \_\_\_\_ No

Written Policies: \_\_\_\_ Yes \_\_\_\_ No

Written Internal Controls: \_\_\_\_ Yes \_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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26. Does the Vendor F/EA FMS organization have a back-up strategy to recreate billing cycles to detail level claims for a specified period of time?

System in Place: \_\_\_\_ Yes \_\_\_\_ No

Written Policies: \_\_\_\_ Yes \_\_\_\_ No

Written Internal Controls: \_\_\_\_ Yes \_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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Maintain a current organizational chart (including any subcontractor F/EA FMS organizations) and submit to DODD, OMA, or ODA, upon request.

27. Does the Vendor F/EA FMS organization have an organizational chart for the organization and for the Vendor F/EA FMS function? Obtain copy of the chart.

\_\_\_\_ Yes \_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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28. Are the key management and staff in place and is the level of staffing (FTEs) and staff qualifications and experience sufficient to provide effective Vendor F/EA FMS services? Obtain job descriptions of all Vendor F/EA FMS management and staff positions and resumes of current management and staff.

\_\_\_\_ Yes \_\_\_\_ No

If not why and what is the organization's plan for correcting the situation?

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29. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for ensuring that staffing is maintained at a level that ensures Vendor F/EA FMS functions can be performed?

System in Place: \_\_\_\_ Yes \_\_\_\_ No

Written Policies: \_\_\_\_ Yes \_\_\_\_ No

Written Internal Controls: \_\_\_\_ Yes \_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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Conduct criminal background checks pursuant to Ohio Administrative Code (OAC) § 5123:2-1-05.1 for all staff members related to this project before hire.

30. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for conducting criminal background checks pursuant to OAC § 5123:2-1-05.1 for all staff members related to this project before hire?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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31. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for ensuring staff members who work on this project do not have disqualifying convictions?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Interface with the applicable billing system operated by each state agency and conduct, where appropriate, HIPAA compliant Electronic Data Interface billing. Vendor F/EA FMS organization will work with each state agency to create a plan for building capacity to transfer data/connect with each state agency's systems and Vendor F/EA FMS organization will allow for use of 3-alpha billing codes.

32. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for interfacing with the applicable billing system operated by ODA, OMA and DODD; for conducting, where appropriate, HIPAA compliant electronic data interface billing; and for allowing for use of 3-alpha billing codes?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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33. Does the Vendor F/EA FMS organization have the capacity to transfer data/connect with each state agency's system?

Yes  No

If not, why and what is the organization's plan for correcting the situation?

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34. Are the Vendor F/EA FMS organization's location, size, and equipment (including computer hardware and software) adequate to effectively provide Vendor F/EA financial management services in accordance with the contract's requirements?

Yes  No

If not, why and what is the organization's plan for correcting the situation?

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35. Does the Vendor F/EA FMS organization have the IT expertise and flexibility to work with each state agency's systems to electronically process and track information for payroll and claims according to each state agency's specifications?

Yes  No

Other General Requirements.

36. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for promptly alerting OMA, DODD and ODA about unauthorized invoices and other payment authorization issues or discrepancies including, but not limited to, when the organization becomes aware of an issue related to a program participant's performance as an employer (e.g., untimely timesheet filing or over reporting of worker's hours), an incident of financial fraud, a program participant's inability to perform required tasks or an issue related to a provider's performance (e.g., billing for more units than authorized, unauthorized services billed by provider, billing for disenrolled program participant, duplicate claims submission, etc.) ?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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37. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reporting acts of neglect, abuse, or exploitation of a program participant to OMA, DODD, or ODA upon discovery?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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38. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reporting changes in a program participant's program status to OMA, DODD or ODA upon discovery?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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39. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for transferring all current program participants and providers and related records from previous F/EA FMS organizations?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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40. Does the Vendor F/EA FMS organization have an electronic financial management system in place and written policies, procedures and internal controls for giving access to each state agency at no additional cost to each state agency?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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41. Does the Vendor F/EA FMS organization have a secure web-based access (portal) for all state agency use, its designee use, and provider use at no additional cost to each state agency?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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42. Does the Vendor F/EA FMS organization have the ability to send and receive large files through a secure FTP or other mechanism and does the Vendor F/EA FMS organization have an up-to-date website with program information and organizational information?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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43. Does the Vendor F/EA FMS organization have a system in place and written policies and internal controls to allow extra time for participants and providers to send in timesheets for payroll and claims for invoice payment if necessary because of a natural disaster?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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## II. MANAGEMENT OF INDIVIDUALS' BUDGETS

Establish and maintain separate individual program participant and provider accounts and records in a secure and confidential manner as required by HIPAA, Title XIX, and state regulations.

1. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for establishing and maintaining current program participant, support worker, provider and Vendor F/EA FMS organization files in a secure and confidential manner as required by HIPAA, Title XIX of the Social Security Act, and state regulations?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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2. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for establishing and maintaining archived program participant, support worker, provider and Vendor F/EA FMS organization files in a secure and confidential manner as required by HIPAA, Title XIX of the Social Security Act, and state regulations?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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3. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for verifying a program participant's enrollment on each state agency program and any associated waiver span of the program participant, prior to reimbursing providers?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Collect, verify, and process invoices for goods and services authorized and as outlined in the participant's service plan and program participant budget.

4. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for receiving and maintaining program participants' initial and updated service plans and budgets?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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5. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for establishing and maintaining a separate and discrete bank account into which all payments received from the state for self-directed services are immediately deposited and that allows for electronic funds transfers out?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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6. Does the Vendor F/EA FMS organization have a bank account that to the extent permissible prevents creditors of the Vendor F/EA FMS organization from in any way encumbering or acquiring funds in the bank account?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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7. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for prohibiting the withdrawal of funds except for payment of services and Vendor F/EA FMS organization's administrative fees?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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8. Does the Vendor F/EA FMS organization have an information technology system in place and written policies, procedures and internal controls for receiving and disbursing program participants' Medicaid budget funds and tracking budget funds received, disbursed and any remaining balances for each program participant individually and in the aggregate?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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9. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for billing each state agency for providers' services (e.g., support worker payroll and approved program participant-directed goods and services vendor payment) provided to program participants and for Vendor F/EA FMS services rendered?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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10. When applicable, does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for processing program participants' patient liability?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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11. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reconciling provider/program participant claims/adjustments to payments made on a monthly basis?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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12. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for verifying that payments/adjustments made to providers are consistent with the regulations, requirements, limitations, and associated rules of the services provided?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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13. Does the FMS have a system in place and written policies, procedures and internal controls for closing out a program participant's account when it is informed by OMA, DODD or ODA of a program participant's disenrollment from the program?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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### III. CUSTOMER SERVICE SYSTEM

1. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for obtaining and evaluating program participants' feedback, experience and satisfaction with the receipt of services, which includes alternative methods for collecting this information (e.g., more than simply mail surveys) and using this information to make improvements to its systems, policies and procedures?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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2. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for operating a live statewide toll-free customer service telephone number to answer questions or discuss problems with program participants, representatives, support workers, providers, or county boards from 7:00 a.m. to 6:00 p.m. Eastern Standard Time, Monday through Friday with only State holidays observed?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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3. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for operating a voice messaging system where program participants, representatives, providers, providers, and designees may leave messages when the office is closed?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the Vendor F/EA FMS organization's plan for correcting the situation?

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4. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for returning calls to customer service and replying to letters of inquiry within one business day?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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5. How will the Vendor F/EA FMS organization effectively execute the philosophy of participant direction and being culturally sensitive in all business practices in order to communicate effectively with a diverse population of participants of all ages and with a variety of disabilities and chronic conditions?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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6. Does the Vendor F/EA FMS organization have a communication, corrective action, and complaint tracking system in place and written policies, procedures and internal controls for responding to complaints from program participants, representatives, providers, and designees within one business day and for resolving complaints within five business days?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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7. Is the system automated so that the nature of complaints and the action to resolve them is included in quarterly reports submitted to DODD, OMA, and ODA?

Yes  No

If not, why and what is the organization's plan for correcting the situation?

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8. Does the Vendor F/EA FMS organization have a system in place to and written policies, procedures and internal controls for responding to any request for information from a program participant or his/her representative within five business days?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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9. What is the system for communicating effectively with program participants who have a variety of functional impairments, including the need for large print/alternative formats, telecommunication devices for hearing and speech impairments, and access to translation services and to an interpreter?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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10. Are the necessary technologies and accommodations in place adequate to effectively operate Vendor F/EA FMS services? Check all that apply.

Toll free number (or other method for free calls from participants)  
 Internet web site  
 E-mail communication option  
 TDD LINE  
 Fax  
 Alternate/large print capabilities  
 Foreign language/American sign language capabilities

If all listed services are not available, why and what is the organization's plan for correcting the situation?

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11. Is the Vendor F/EA FMS organization's TDD line listed on its letterhead, brochures, and other public material?

Yes  No

If not, why and what is the organization's plan for correcting the situation?

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#### IV. RECORD MANAGEMENT AND REPORTING PROCESS

Provide monthly reports in either electronic or paper format, as requested, to participants, guardians, and designees, Support Brokers, County Boards of Developmental Disabilities, and DODD. The monthly reports shall include, at a minimum:

Participant Name and waiver span  
Date of Birth for Participant  
Participant (Client) ID  
Medicaid Billing Number  
Provider ID  
Provider Name delivering services  
Participant directed goods and services (Vendor and items purchased)  
Identification of Support Broker per participant (if applicable)  
Service Code  
Total number of units and dollars authorized by service, by participant  
Total dollars authorized & funding level (\$40,000 / \$25,000)  
Rates associated and amount paid to provider of waiver service  
Date of service  
Date of submission  
Reimbursement amount  
Patient liability collected per participant (if applicable)  
Participant's remaining balance in their current waiver span year  
Percentage of dollars remaining for waiver span year

1. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing monthly reports to participants, Support Brokers, County Boards of Developmental Disabilities, and DODD that meet the requirements of this contract deliverable?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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2. Does the FMS have a system in place and written policies, procedures and internal controls for providing monthly reports to DODD, OMA, and ODA tracking call center statistics and other items as outlined above?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Provide annual report to DODD. The annual report shall include, at a minimum:

- A. Breakdown of the total number of participants receiving each waiver service available, including the waiver number of those participants who select Employer Authority/Budget Authority (or both) and which services were selected within each authority.
- B. Number, type, and amount of all payments made to providers, per provider, for year-to-date.
- C. Annual aggregate report of those categories listed in IV.B. Per provider.

3. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing annual report to DODD that meet the requirements of this contract deliverable?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Provide twice monthly statement for each participant employer and provide a copy to OMA and ODA contract managers accounting for all payments made to individual providers. The statement must include the name and identification number of the employer, the employer workers' name and identification number, wages, taxes, and insurances paid for the current period and year-to-date compared to the amount authorized for the current period and year-to-date. The reports will be submitted no later than five business days following the pay period.

4. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing the twice monthly statement to OMA and ODA that meet the requirements of this contract deliverable?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Provide semi-annual report to OMA and ODA noting payment of workers compensation premium listing the name of employer, amount paid, period covered, and date of payment. These reports are submitted July 31, and January 31 for previous six months.

5. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing the semi-annual report to OMA and ODA that meet the requirements of this contract deliverable?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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6. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing additional or ad hoc reports to each state agency and revisions in the data elements or format of any required report at no additional cost to each state agency?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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7. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing each state agency the ability to query all fields and extract data from the organization's system without technical intervention in order to perform quality checks?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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8. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for conducting and analyzing a participant satisfaction survey, using a sample size and instrument approved by each state agency, in a time frame negotiated with said state agency?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Vendor F/EA FMS organization's shared system allows OMA HOME Choice staff to examine utilization and expenditures by the following fields, at a minimum:

- Service Type (code & name)
- Population Type
- County
- Provider Name
- Participant Name
- Transition Coordination deliverables submitted
- Transition Coordination deliverables by participant
- Number of hours used and balance remaining by date spans entered

9. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for allowing OMA HOME Choice staff to examine utilization and expenditures by the fields indicated above?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Vendor F/EA FMS organization shall produce a quarterly text file containing quarterly service usage by participant for OMA home choice. Quarterly file submission occurs on the first business day of February (October 1 to December 31 service usage), May (January to March service usage), August (April to June service usage), and November (July to September usage).

10. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for producing a quarterly text file containing quarterly service usage by participant for OMA HOME Choice?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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V. PAYMENT FOR PARTICIPANT DIRECTED GOODS AND SERVICES

1. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for receiving, verifying, processing and paying invoices for program participants' goods and services rendered and included in program participants' individual service plans and budgets within five days of receipt?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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2. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for developing and maintaining a database that is effective in processing invoices for program participants' goods and services and tracking and responding to occurrences of invoices for goods and services that cannot be paid due to missing or erroneous information?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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3. Does the FMS have a system in place and written policies, procedures and internal controls for reconciling receipts, invoices, and payments for program participant's goods and services?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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4. Does the FMS have a system in place and written policies, procedures and internal controls for submitting claims/adjustments at least monthly, in the format prescribed by each state agency for reimbursement of payments made for goods and services in a format acceptable to each state agency? Claims/adjustments for payment shall be submitted within three hundred thirty days after the home and community-based services waiver service is provided.

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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#### VI. END OF YEAR TAX PROCESSES

1. If a provider has been determined to be an independent Vendor F/EA FMS organization, does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for obtaining a completed and signed IRS Form W-9 (*Request for Taxpayer Identification Number Certification*) from each independent Vendor F/EA FMS organization working for a program participant and for maintaining a copy of the form in each applicable independent Vendor F/EA FMS organization's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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2. For each independent Vendor F/EA FMS organization who has been paid \$600 or more in a calendar year, does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for processing an IRS Form 1099-Misc for that independent Vendor F/EA FMS organization and for maintaining documentation in each independent Vendor F/EA FMS organization's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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File year-end tax forms and follow end of year tax processes including but not limited to applicable W-2's and 1099's.

3. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for issuing 1099 forms and working with appropriate state agency to handle 1099 adjustments?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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**VII. PAYMENT FOR ALL OTHER WAIVER OR PROGRAM SERVICES**

1. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for transferring funds electronically to providers for payment if requested (i.e. direct deposit)?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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2. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for assisting providers and/or giving technical assistance as needed with submission of timesheets/invoices/claims?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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3. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for submitting claims/adjustments through each state agency at least monthly for reimbursement of payments made to providers for services?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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**VIII. Payroll Processing and Assistance with Participants to Manage their Workers**

1. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for collecting, processing, and verifying timesheets of the participant's workers for the authorized services as outlined in the participant's service plan and individual budget?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Maintain employer related records on behalf of the participant.

2. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for collecting and processing an IRS Form W-4 from each support worker it processes payroll for and for maintaining a copy of the form in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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3. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for collecting and processing a completed and signed Ohio Form IT 4, when applicable, for each support worker it processes payroll for and for maintaining a copy of the form in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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4. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for assisting program participants in verifying support worker's citizenship and alien status by collecting and maintaining a completed US CIS Form I-9, *Employment Eligibility Verification* for every support worker it processes payroll for and for maintaining a copy of the form in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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5. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for processing criminal background checks in accordance with OAC §5123:2-1-05.1 on prospective support workers employed by program participants, for maintaining copies of the documentation in the support workers' files, and for ensuring that persons are not employed as support workers if they have disqualifying convictions?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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6. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for verifying each support worker's social security number and for maintaining the appropriate documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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7. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for verifying the state of residence for each support worker and for maintain the appropriate documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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8. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for ensuring support workers are paid in compliance with federal and state wage and hour rules for regular and overtime pay?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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9. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reporting new hires to ODJFS pursuant to R.C. 3121.891 and for maintaining documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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10. Has the Vendor F/EA FMS organization designed and produced a timesheet and instructions for support workers?

Yes  No

If not, why and what is the organization's plan for correcting the situation?

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11. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for producing, distributing, collecting, verifying and processing support workers' timesheets and maintaining copies in the support worker's file? Payroll must be issued no later than five (5) working days after receiving the completed timesheet and paid twice a month, on the 15<sup>th</sup> and the last day of the month.

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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12. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for developing and maintaining a database that is effective for tracking and responding to occurrences of time sheet over billing and timesheets that cannot be paid due to missing or erroneous information?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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13. Does the Vendor F/EA FMS organization, have a system in place and written policies, procedures and internal controls for determining if the program participants' support workers are family members who might be exempt from paying into to FICA, FUTA and SUTA, and for processing them accordingly?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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14. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for withholding FICA (Medicare and social security taxes) and federal income tax withholding for all program participants it represents and their support workers per payroll period and for maintaining documentation in the Vendor F/EA FMS organization's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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15. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for filing FICA (Medicare and social security taxes) and federal income tax withholding using an IRS Form 941, *Employers Quarterly Federal Tax Return*, quarterly in the aggregate with its separate FEIN for all program participants it represents, along with the IRS Forms 941 Schedule R and Schedule B as appropriate, and for maintaining a copy of each IRS Form 941, Schedule R and B filed and other documentation in the Vendor F/EA FMS organization's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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16. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for depositing FICA and federal income tax withholding in the aggregate for all program participants it represents using the Vendor F/EA FMS organization's separate FEIN, in accordance with IRS depositing rules for Vendor F/EA FMS organizations and for maintaining documentation in the Vendor F/EA FMS organization's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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17. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for withholding Federal Unemployment Tax (FUTA) for all program participants it represents per payroll period and for maintaining documentation in the Vendor F/EA FMS organization's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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18. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for filing FUTA using an IRS Form 940, *Employer's Annual Federal Unemployment Tax Report*, and Form 940 Schedule R, annually in the aggregate using the Vendor F/EA FMS organization's separate FEIN for all program participants it represents and for maintaining documentation in the Vendor F/EA FMS organization's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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19. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for depositing FUTA in the aggregate using its separate FEIN quarterly for all program participants it represents per FUTA depositing requirements for Vendor F/EA FMS organizations and for maintaining documentation in the Vendor F/EA FMS organization's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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20. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for registering program participants as employers, establishing an account and obtaining identification number for Ohio income tax filing and payment purposes for each program participant it represents and for maintaining documentation in the program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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21. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for registering program participants as employers, establishing an account and obtaining an identification number for Ohio unemployment tax filing and payment purposes for each program participant it represents and for maintaining documentation in the program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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22. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for retiring a program participant's Ohio income tax account and identification number when a program participant no longer is the employer of support workers and for maintaining documentation in the program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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23. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for retiring a program participant's Ohio unemployment tax account and identification number when a program participant no longer is the employer of support workers and for maintaining documentation in the program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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24. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for withholding a support worker's Ohio income tax for each program participant it represents and for maintaining documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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25. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reporting a support worker's Ohio income tax for program participants it represents per state requirements and for maintaining documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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26. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for depositing a support worker's Ohio income tax withholding for each program participant it represents per state requirements and for maintaining documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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27. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for reporting and depositing out-of-state income tax withholding, as required by the state or requested by the support worker, for support workers who reside outside of Ohio and for maintaining documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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28. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for paying Ohio unemployment taxes for the support workers of each program participant it represents per state payment schedule and for maintaining documentation in the program participant's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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29. If applicable, does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for withholding and filing local taxes related to employment and for maintaining documentation in the program participant's and/or support worker's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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30. If applicable, does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for depositing local taxes related to employment and for maintaining documentation in the program participant's and/or support worker's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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31. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for managing the application of all garnishments, levies and liens on support workers' payroll checks in an accurate and timely manner and for maintaining documentation in the support worker's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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32. If applicable, does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for withholding and paying union dues for each support worker and for maintaining documentation in the support worker's file?

System in Place:  Yes  No

Written Policies:  Yes  No

Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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33. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for paying program participants' support workers within the time period required by O.R.C. 4113.15 and for maintaining documentation in each support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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34. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for processing support workers' direct deposit and for maintaining the documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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35. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for processing wage information requests from federal and state agencies and other qualified entities and for maintaining documentation and correspondence in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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36. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for refunding over collected FICA to applicable program participant-employers (or state or county government) and employees in accordance with IRS requirements and for maintaining documentation in the Vendor F/EA FMS organization's and support worker's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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37. Has the Vendor F/EA FMS organization a system in place and written policies, procedures and internal controls for preparing, filing and distributing IRS Forms W-2, *Wage and Tax Statement*, for program participants' support workers per IRS instructions for agents, for electronic filing when processing 250 or more IRS Forms W-2 and for maintaining documentation in the support worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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38. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for preparing, filing and distributing IRS Forms W-3, *Transmittal of Wage and Tax Statement*, in the aggregate for all program participants the organization represents per IRS instructions and for maintaining documentation in the Vendor F/EA FMS organization's files?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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39. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for processing returned payments (support worker payroll or program participants' goods and services provider payments) in accordance with the Ohio's Unclaimed Property Law and for maintaining documentation in the Vendor F/EA FMS organization's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Prepare and distribute worker employment packages within three business days of receiving program participant's referral.

40. Has the Vendor F/EA FMS organization developed Employment Packets for program participants' support workers that contain all required information about the Vendor F/EA FMS organization, employment application, federal and state forms and instructions, agreements and informed consent documents to enroll employees into the Vendor F/EA FMS organization's payroll system (e.g., employment application, IRS Form W-4, state Form W-4, if applicable, USCIS Form I-9, time sheet and instructions, time sheet due date and payday schedule)?

Yes  No

If not, why and what is the organization's plan for correcting the situation?

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41. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for producing and distributing Employment Packets that contain all required general information about the Vendor F/EA FMS organization, employment application, federal and state forms and instructions, agreements and informed consent documents to enroll employees into the Vendor F/EA FMS organization's payroll system (e.g., employment application, IRS Form W-4, state Form W-4, if applicable, USCIS Form I-9, time sheet and instructions, time sheet due date and payday schedule)?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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42. Does the Vendor F/EA FMS organization has a system in place and written policies, procedures and internal controls for collecting and processing all required human resource information contained in the Employment Packets and for maintaining copies in each worker's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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43. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for communicating and cooperating with program participants, designees, and providers to verify receipt of service plans?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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When requested, act as the Employer of Record should the participant select the Co-Employer option of Employer Authority.

"Co-employer option" means the Vendor F/EA FMS organization shall function as the common law employer of staff recruited by the program participant. The program participant directs the staff and is considered the co-employer of the staff (also known as "managing employer"). The Vendor F/EA FMS organization conducts all necessary payroll functions and is legally responsible for discharging the employment related functions and duties for program participant-selected staff in conjunction with the program participant based on the roles and responsibilities identified in the program participant's service plan. The Vendor F/EA FMS organization may function solely to support the program participant's employment of workers or it may provide other employer-related supports to the program participant, including providing traditional agency-based staff.

44. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for acting as the employer of record when a program participant selects the co-employer option of employer authority and selects the Vendor F/EA FMS organization to be the co-employer? See below for definition of co-employer option.

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Deposit federal withholding, FICA, FUTA, SIT, SUTA, and all state, locality, and school taxes. File quarterly and annual federal and state unemployment returns. Comply with the IRS regulations using the Electronic Federal Tax Payment System (EFTPS). Comply with all electronic filing requirements. Assure program participants are in compliance with federal and state income and employment taxes, FICA, statutory benefits [e.g., unemployment (FUTA/SUTA)], disability and worker's compensation insurance, and labor laws related to the employment of their workers.

45. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for depositing, filing, and complying with all requirements as stated above?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Provide instruction on how and when each of the following forms should be completed by the program participant and the worker:

Employment application form that collects basic information on the prospective employee  
Immigration and Naturalization Service (INS) Form I-9  
Employment Eligibility Verification Form  
IRS Form W-4, Employee's Withholding Allowance Certificate and associated State and local income tax withholding forms

The instruction must include information on which forms the program participant should keep as a personal copy and which forms should be submitted to the Vendor F/EA FMS organization for processing.

46. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing instruction on how and when each of the forms listed above should be completed by the program participant and worker?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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47. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for determining when a program participant is no longer a permanent employer and file and pay final SIT and SUTA on their behalf and retire their tax accounts and ID numbers?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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Monitor the process and pay worker's compensation insurance premiums for each participant it represents in accordance with Ohio worker's compensation insurance law and maintain relevant documentation electronically in each participant's file.

48. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for processing and paying workers' compensation premiums for each program participant it represents in accordance with the state's workers' compensation insurance law and for maintaining the documentation electronically in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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49. Does the Vendor F/EA FMS organization have a system in place and written policies, procedures and internal controls for providing wage information to the state workers' compensation agency to determine support workers' benefits when a claim has been submitted accordance with the state's workers' compensation law and for maintaining the documentation electronically in each program participant's file?

System in Place:  Yes  No  
Written Policies:  Yes  No  
Written Internal Controls:  Yes  No

If not, why and what is the organization's plan for correcting the situation?

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50. Does the Vendor F/EA FMS organization have a close out protocol process in place upon expiration of the contract and the ability to work with another vendor to insure a smooth transition for state agencies and their respective participants and providers?

System in Place: \_\_\_\_\_ Yes \_\_\_\_\_ No

Written Policies: \_\_\_\_\_ Yes \_\_\_\_\_ No

Written Internal Controls: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why and what is the organization's plan for correcting the situation?

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SUPPLEMENT A  
PASSPORT ADMINISTRATIVE AGENCIES



SUPPLEMENT B  
ODA FMS INVOICE PROCESS FOR PASSPORT AND CHOICES

ODA will pay Contractor invoice claims that have been adjudicated through the PASSPORT Information Management System (PIMS). The Contractor will submit administrative fee documentation and service fee backup documentation one time per month at an agreed upon date. ODA will review all documentation for completeness prior to submission to ODJFS for payment in accordance with the net 30 state guidelines.

ODA will provide the Contractor with a file called the Service Authorization Report. The Service Authorization report will serve as the mechanism by which the Contractor receives consumer, provider, and service related information from the ODA billing and service management system, PIMS. The Service Authorization Report will guide the Contractor's determinations on payment to employees. Service plan adjustments will be communicated through the Service Authorization Report and may be in the form of increases or decreases. The Contractor will be responsible for any payments that were not communicated on the Service Authorization Report.

Employee payroll will be twice monthly on the 15<sup>th</sup> and last day of the month. ODA and the Contractor will agree on the last day that timesheets will be submitted for inclusion in the payment for the service dates of the 1<sup>st</sup> -15<sup>th</sup> and the 16<sup>th</sup> – end of the month. The content of the Service Authorization report will be agreed upon by both parties prior to program implementation. ODA will upload the Service Authorization Report daily to the Contractor's specified secured share file location.

SUPPLEMENT C  
DODD FMS INVOICE PROCESS FOR SELF WAIVER

The Contractor will submit an invoice and supporting documentation for administrative fees once per month at an agreed upon date. DODD will review the invoice and documentation for accuracy and completeness prior to payment in accordance with the net thirty (30) state guidelines.

County Boards of Developmental Disabilities will provide the Contractor with a file called the Spending Plan. The Spending Plan will serve as the mechanism by which the Contractor receives individual, provider, and service information reflected in the individual's Individual Service Plan (ISP). The fields that comprise the content of the Spending Plan will be agreed upon by both parties prior to program implementation. County Boards of DD will upload the Spending Plan to the Contractor's specified secured share file location in the specified format. The Spending Plan will guide the Contractor's determinations on payment to employees and vendors. Service plan adjustments will be communicated through updates made to the Spending Plan and may be in the form of increases or decreases. The Contractor will be responsible for any payments that were not communicated on the Spending Plan.

Employee payroll for the individual's workers of the applicable services processed by the FMS vendor will be made twice monthly on the 15<sup>th</sup> and last day of the month. DODD and the Contractor will agree on the last day that timesheets will be submitted for inclusion in the payment for the service dates of the 1<sup>st</sup> -15<sup>th</sup> and the 16<sup>th</sup> – end of the month. After the Contractor has paid service providers and vendors for goods and/or services rendered, the Contractor will submit claims to DODD's Medicaid Billing System in the format prescribed by DODD. DODD will reimburse claims submitted by the Contractor once they have been processed through DODD's Medicaid Billing System (MBS) and adjudicated through the Medicaid Information Technology System (MITS).