# REQUEST FOR PROPOSALS

# ADDENDUM # 1

# ISSUED: 02/27/2013

RFP NUMBER: CSP900714
INDEX NUMBER: MAC001

The State of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Office of Medical Assistance is requesting proposals for:

## Home and Community Based Waiver Program Case Management

Attached are pages 29, 103 and 140 to this Request for Proposal (RFP). Remove the corresponding page(s) from the existing RFP and replace with the attached.

Reason for Addendum: This addendum is issued to amend the text on pages 29, 103 and 140.

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| PROPOSAL DUE DATE: | March 29, 2013 |
| OPENING LOCATION: | Department of Administrative Services<br>General Services Bid Desk<br>4200 Surface Road<br>Columbus, Ohio 43228-1395 |

6.1.4 ACUITY LEVEL. Each individual, regardless of the Office of Medical Assistance-administered waiver program on which they are enrolled, will be assigned an acuity level based on the Office of Medical Assistance -approved individual acuity level tool. All individual acuity levels are to be assigned by the Contractor Clinical Supervisor.

The Contractor will be responsible for assigning acuity levels for every new individual within six months of being enrolled on any the Office of Medical Assistance-administered waiver program using the Office of Medical Assistance individual acuity level tool. The acuity level tool is used to identify individual needs taking several issues into consideration, such as: medical complexity, mental health concerns, active or recent history of alcohol or other substance abuse or addiction, limited natural supports, cognitive impairments, multiple hospitalizations, and history of multiple provider changes. For more information and requirements on acuity, please refer to Attachment Ten - Case Management Guide.

6.1.5 INDIVIDUAL CONTACT SCHEDULE. An individual contact is defined as a telephone call or an e-mail exchange with individual or authorized representative. For more information and requirements on contacts, please refer to Attachment Ten - Case Management Guide. The following individual contact and visit schedule must be maintained for the first six months of enrollment for both Level One acuity and Level Two acuity individuals:

| Length of Individual Enrollment | Frequency of Individual Contact | Timing of In-Person Visit |
|---|---|---|
| First Month | Minimum of 2 contacts with no more than 14 calendar days between contacts. | Within 20 calendar days following the Effective Date of waiver program. |
| Months 2-3 | Monthly contact | Monthly, maximum of 30 calendar days between visits. |
| Months 4-6 | Monthly contact | Minimum of 2 visits, maximum of 45 calendar days between visits. |
| Significant Event | Within 24 hours of event discovery. | A face-to-face event-based assessment* will be conducted no later than the end of the third full calendar day following event discovery. If the case manager decides to move the annual reassessment date due to the significant event, the case manager will complete a full assessment and level of care as required. |

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

6.1.6 LEVEL ONE ACUITY CASE MANAGEMENT. Level One Acuity Case Management is provided to individuals with chronic long-term illnesses, whose conditions are considered medically stable and who are able to demonstrate their ability to safely direct their own care in accordance with state program rules. Level One Acuity Case Management will be provided to individuals who are able to safely direct their own care or live with family or friends who are able to direct their care. Each Level One Acuity individual must have been enrolled on the waiver program for more than six months. The case manager to individual ratio must not exceed one (1) case manager per 60 individuals.

- The individual on a waiver program changes residence.
- The individual on a waiver program has three incidents within 90 days.
- Change of funding source to Medicaid (i.e., from Medicare or private insurance).
- The individual on a waiver program receives a new mobility device.
- The individual on a waiver program has not used waiver services for 30 days.

## Ongoing Assessment

The Case Management Contractor must assess the waiver individual's changing care needs on an ongoing basis and address needs as they arise. The Case Management Contractor is not required to complete the entire Office of Medical Assistance-approved eligibility assessment tool when conducting an ongoing assessment. However, the Case Management Contractor may include communication with the participant, authorized representative, providers, and other members of the team in order to promptly and appropriately address the waiver individual's individual circumstances.

This includes both increases and decreases in service needs, and includes the following:

- Change in health status.
- Loss or addition of a voluntary caregiver.
- A change in location or residence.
- The individual on a waiver program has three incidents within 90 days.
- Change of funding source to Medicaid (i.e., from Medicare or private insurance).
- The individual on a waiver program receives a new mobility device
- The individual on a waiver program has not used waiver services for 30 days.

**Visit** means a face-to-face encounter with an individual in his/her home. Meetings and encounters at locations other than the individual's home or when the individual is not present are *not* considered visits. Case managers *must* interact (converse, make visual contact, and otherwise engage the individual at his/her functional ability) during every visit.