

REQUEST FOR PROPOSALS

ADDENDUM # 2

ISSUED: 05/07/2015

**RFP NUMBER: CSP901116
INDEX NUMBER: MAC001**

THIS SOLICITATION CONTAINS AN EMBEDDED MINORITY SET- ASIDE COMPONENT

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

HOME AND COMMUNITY BASED WAIVER PROGRAM CASE MANAGEMENT

Attached is page 28 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 update the timeframe requirements of section 6.1.2 PROGRAM ELIGIBILITY to 10 days for priority assessments and 30 days for non-priority assessments.

PROPOSAL DUE DATE:	May 15, 2015 by 1:00 PM
OPENING LOCATION:	Department of Administrative Services General Services Bid Desk 4200 Surface Road Columbus, Ohio 43228-1395

6.1.2 PROGRAM ELIGIBILITY. Enrollment in an Ohio Department of Medicaid-administered waiver is predicated on an individual meeting the eligibility and enrollment criteria set forth in Rule 5160-46-02 of the Ohio Administrative Code including, but not limited to, being determined to have an institutional level of care (i.e., an intermediate level of care or a skilled level of care) as defined in Rule 5160-3-08 of the Ohio Administrative Code. The level of care determination is performed by the Contractor as part of the comprehensive waiver assessment. A Contractor-employed registered nurse (RN) or licensed social worker (LSW) or licensed independent social worker (LISW) must schedule and conduct a face-to-face evaluation with the individual and any other parties the individual wants present, and examine the individual's long term service and support needs (i.e., activities of daily living, instrumental activities of daily living, natural supports, cognition, health status, behavioral health status, safety and environment). The comprehensive assessment also drives the service planning process. The individual is informed of his or her level of care and waiver eligibility determination(s) by the Contractor and is issued fair hearing/appeal rights in accordance with Chapter 5101:6 of the Ohio Administrative Code.

All level of care determinations are subject to approval by the Ohio Department of Medicaid. Prior to enrollment, the Contractor must complete the comprehensive assessment and develop a Person-Centered Services Plan, which will begin services within 30 days of the program eligibility date. The Contractor shall conduct, complete and finalize the face-to-face annual reassessment, and determine and render the decision of level of care and program eligibility within 365 days of the previous determination. The process for reevaluation of level of care is the same. For more information and requirements on program eligibility, please refer to Attachment Ten – Case Management Guide.

The Contractor will document assessment information and program eligibility on the applicable Ohio Department of Medicaid-approved Level 2 HCBS NF-Based Waiver Assessment tool. Program eligibility shall be determined within *10 calendar days for priority assessments and within *30 calendar days for non-priority assessments assigned to the Contractor.

The Contractor must ensure that an RN, LSW or LISW conducts the Level 2 Assessment with each applicant and individual to determine program eligibility. A denial of a level of care recommendation made by an LSW/LISW will require a second Level 2 Assessment by an RN to validate the results. The Contractor shall inform the applicant of program eligibility or ineligibility and due process rights.

6.1.3 ASSESSMENT. An assessment is the process of evaluating the waiver program applicant/individual's personal goals, strengths, and cognitive, social and psychological statuses, as well as his/her needs, and resources. A RN, LSW or LISW will perform the assessment with the applicant/individual and others chosen by the applicant/individual at his/her place of residence or in another setting, as appropriate. The Level 2 Assessment is conducted using the Ohio Department of Medicaid-approved assessment tool and must be conducted both in-person and by documentation review as needed in order to completely and thoroughly assess the strengths, needs, goals, and preferences of the applicant.

Any significant change experienced by the individual will require a visit conducted by the Contractor within three calendar days of the Contractor's notification to assess for changes to the individual's service and support needs. For more information on assessments, please refer to Attachment Ten - Case Management Guide.

6.1.4 SERVICE AUTHORIZATION AND INITIATION. A Person-Centered Services Plan must be developed, services authorized, and waiver services initiated within thirty (30) calendar days of the eligibility determination date. For more information and requirements on assessments, please refer to Attachment Ten - Case Management Guide.

The Person-Centered Services Plan must provide the applicant or individual with the minimum amount of medically necessary services that will ensure the applicant or individual's health and welfare. If the

*Indicates update.