

Please clarify the following regarding the items within Attachment E (Business Proposal):

- 1 In your response to Section 2.3.3, you share a target of having 15% of case handling staff speaking fluent Spanish by 2024. Is this specific to this RFP, or is it a broader company goal?

This target percentage is a broader goal of Indiana Legal Services under its current strategic plan.

Please clarify the following regarding the items within Attachment F (Technical Proposal):

- 2 In your response to Section 3d, you state you will train staff using established processes derived from ILS's Medicaid and Medicare expertise. Please clarify the proposed training processes by providing specific examples.

Training opportunities will include:

- The Senior Law Project of ILS presents an annual full day training in April on "Medicaid for the Elderly and Disabled in Indiana," with the 35th annual training being held on April 28, 2023. The 2023 training included a 249-page Manual plus 93 pages of Appendices. This training is videotaped and will be made available to LTSS ombudsmen.
- ILS develops and presents internal trainings on an as needed basis. For example, ILS presented trainings available to all of its staff on March 17 and March 21, 2023 to prepare for "Medicaid unwinding."
- ILS participates in the Committee on Regional Training (CORT), a four-state consortium of legal services providers that provides substantive law and skills trainings to staff. CORT provides monthly virtual trainings on a variety of topics, including public benefits, plus periodic in-person or virtual trainings. For example, CORT will conduct a virtual training on Public Benefits on September 6th, 13th, and 20th, 2023.
- ILS also utilizes trainings available from other organizations. For example, we have access to trainings provided by the National Center on Law and Elder Rights (NCLER), which is funded by the Administration on Community Living (ACL) to provide training, case consultation, and technical assistance to legal services staff. It regularly provides new trainings and has a library of past trainings which the LTSS ombudsmen would be able to view. It has several trainings on Medicare, Medicaid and Dual Eligibles, and Long-Term Services and Supports, including a training on Managed Long-Term Services and Supports (LTSS) and Service Authorization. See <https://ncler.acl.gov/Legal-Training/Health-LTSS.aspx> for a full list of its current library of trainings on Medicare, Medicaid, and Long-Term Services and Supports.

- 3 In your response to Section 3, you discuss referring members to take legal action as part of the advocacy process. Please clarify the situations and timeline in which you would direct members to use legal intervention.

This question can be answered best in terms of specific facts applying to a given member. But generally, we would refer a member to consider legal action only if we concluded, based on specific facts pertaining to that member, that the managed care entity was acting contrary to the member's legal rights.

- 4 In your response to Section 3, you reference the "LTSS Ombudsman" several times. Please clarify whom you are referencing here and your use of "LTSS Ombudsman". Is this the Long-Term Care (LTC) Ombudsman? If so, please clarify how you will leverage your LTC Ombudsman duties to support the member support services work.

Our response should have referred to the Long Term Care (LTC) ombudsman program rather than the LTSS Ombudsman. As each LTC Ombudsman regularly visits the nursing homes and the assisted living facilities in that Ombudsman's area, where a personal visit is needed or requested, we will, with the member's consent, utilize the LTC Ombudsman to conduct the personal visit, especially in those areas where it would require significant travel time for an LTSS Ombudsman to meet with the member.

- 5 Please clarify your proposed timelines for member issue assignment, handling, and resolution in accordance with Section 4e ii.

Assignment – The presumption will be that the individual receiving the call will carry the issue to resolution. If we develop other issue assignment protocols based on expertise, language, etc., the assignment would be made within one business day of the call.

Handling – In our model, each person will be responsible for resolving the calls they receive. They will be provided with resources and information to assist in resolution, and a supervisor will be available to provide assistance (this model could shift to allow for more specialization depending on what we learn about the subject matters raised in calls). We will use case management software (LegalServer – a system independent from the case management software we use for legal work) to monitor completion of assignments. We will direct staff to resolve calls on a first-in/first-out basis unless circumstances dictate otherwise (for example, the need to connect with an outside party who is not immediately available).

Resolution – Our goal will be speedy resolution of all issues. We understand, under Section 16 of the scope of work, that we are required to resolve 98% of all issues within the time frame approved in the member interaction plan (16.1.2). We cannot commit to a specific timeline under this requirement without more knowledge of the types of issues that will be raised, and we would need to negotiate regarding which issues count toward this requirement (for

example, situations in which we try repeatedly to reach the member but cannot reach them). We tentatively suggest that a timeline of 10 business days for resolution might be feasible although many issues could be resolved in a shorter time. LegalServer can generate reports allowing frequent review of open issues to police these timelines.

- 6 Please clarify your understanding of the grievance and appeals process in accordance with Section 5.

Each managed care entity is required to have a grievance process and an appeals process. Grievances allow members to express dissatisfaction with services that are not adverse benefit determinations, such as poor treatment or long waiting times. Appeals contest adverse benefit determinations and must be filed within 60 days of notice of the determination. Generally appeals must be exhausted before resort to the state fair-hearing process.

- 7 Regarding your response to Section 5 and the SoW prohibitions on providing legal representation, please clarify how you propose to educate members about legal representation and referrals beyond the MSS responsibilities.

We will explain to members that they can represent themselves in an appeal hearing and educate them how to do so. We will also explain that members can seek legal representation, such as by applying for legal assistance to ILS or another legal services provider or by retaining a private attorney.

- 8 In your response to Section 6a, you describe leveraging LTC Ombudsmen to provide in-person meetings with members. Please clarify how and why the LTC Ombudsmen will be leveraged for in-person visits. Also, clarify how this involvement may impact the work capacity of MSS representatives and LTC Ombudsmen, as well as the steps you will take to mitigate any potential conflicts.

As explained above in the response to #4, the LTC Ombudsmen are located in each area and regularly visit the nursing homes and assisted living facilities in their areas. Utilizing LTC Ombudsmen, especially in areas where a visit by an LTSS ombudsman will require significant travel, will avoid the drain on work capacity caused by significant travel time. Although the focus of LTC Ombudsmen is on the quality of care in facilities while the LTSS ombudsmen will address managed care issues, there will be some overlap, as managed care issues can affect the quality of care received. As the LTC Ombudsmen are already regularly visiting facilities, these personal visits should not significantly impact their work capacity. Conflicts will be avoided by first obtaining the member's consent before involving an LTC ombudsman.

- 9 Regarding your response to Section 6b, please clarify how members will be made aware of their option to request mailed physical copies of the digital member materials available to them online. Also, clarify ILS's ability to meet the associated printing capacity requirements.

In our intake process, we will ask members whether the member has internet access allowing the member to obtain access to our website. If the answer to this question is negative, we will offer to provide physical copies of digital member materials relating to the member's issue. We budgeted \$10,000 annually for printed materials, which should allow us to print and send materials requested by members.

- 10 Section 6d references the website that ILS will develop. Please clarify how you propose this website will interact with FSSA's website.

As we read it, the Scope of Work does not reference interaction between the MSS website and FSSA website. We understand the Scope of Work to instruct that the MSS website itself provide complete information on MSS, the Pathways program, managed care, and other network services. We would refer to the FSSA website to ensure that all information on the MMS website is current. Other interaction could be negotiated.

- 11 In your response to Section 10c, you describe offering your staff time off, including 11 holidays and 17 leave days. Please clarify your acceptance of the State's holiday schedule and your ability to staff the MSS program on all State business days as described in the Scope of Work.

Under ILS's general approach to paid time off, we will provide employees of the MSS program with the same number of leave days as other employees and additional leave days to account for holidays on which some of them will be required to work. This accommodation requires us to have sufficient staff for the program to operate the program during all of the times required under the contract. Our proposal is aimed at providing sufficient staff to staff the program on all the business days required in the scope of work, 12 hours per day.

- 12 In your response to Section 10e, you describe what you call the "ILS model of person-centered advocacy and support". Please clarify the specific tenets of this model, and describe if the model is based on any industry frameworks such as The Learning Community or LifeCourse.

For legal assistance, our services are person-centered as the client determines the goals of the representation. We provide trainings to staff so that they can better understand our clients, including trainings on racial equity, LGBTQ, and trauma informed care. Our model is not based on a specific industry framework; we utilize materials from various organizations and consultants to educate our staff.

- 13 Regarding your response to Section 12, please clarify the process and timeline for notifying the State of a disaster.

ILS's Disaster Plan, which remains under revision, will list entities to be contacted as soon as possible, and in no event less than 24 hours, after a disaster. The Pathways program contact will be included on that list.

- 14 In your response to Section 18a, you describe limiting staff to 4 hours answering phone calls a day. Please clarify how you plan to mitigate the impact of limited phone call answering time for staff members on meeting performance measures, specifically as it relates to call answer times.

ILS's proposal is calculated to have sufficient staffing to provide telephone service during all the times required by the Scope of Work, with staff spending 4 hours per day on the telephones (in 3 shifts to cover 12 hours) and spending the rest of their time following up on calls they have received. This model is similar to the one used in North Carolina.

It also is similar to the model ILS already uses for its call center for intake of new applicants for our legal services. That call center operates only 4 hours per day, 5 days per week. Those employed on his line spend the remainder of their time (3.5 hours daily) calling out to individuals who apply for our services on-line and performing other intake-related tasks.

- 15 In various Sections of your response, you discuss leveraging internal knowledge-sharing to help provide better services. In other response locations, you reference the separation of the MSS project from other ILS work. Please clarify the proposed level of separation between the MSS program and other ILS projects, as well as the internal standards that will be employed to ensure the privacy and security of members' personal information while also benefiting from the internal knowledge sharing you describe.

There will be a separate database for members' information that will be separate from the database used for our legal assistance cases. Access to the MSS database will be restricted to MSS staff. MSS staff will be instructed not to share personal information about a member without the member's consent. ILS operates several issue specific listserves, including for public benefits, that include non-ILS staff. ILS staff have been instructed not to post client specific information on these list serves. MSS staff will be able to participate in these list serves and will be able to post questions or comments, so long as they do not post client specific information. Similarly, MSS staff will be able to consult with non-MSS staff without revealing personal information. The member's consent will be required before the member's information can be shared with non-MSS staff.