



**RFP 23-75072 – Member Support Services  
Attachment L: Use Case Scenarios Template**

**Respondent:**

**Indiana Legal Services, Inc.**

**Instructions:**

Request for Proposal (RFP) is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana employees and your organization's score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the scope of work detailed in the RFP document and supplemental attachments.

Please review the requirements in the RFP attachments carefully. Responses must focus on how those in need of the Indiana's Enrollment Services Program will be served and assisted. For each Use Case Scenario, the Respondent must provide a detailed step-by-step narrative of how the Respondent would handle the Use Case Scenario, including any anticipated follow-up needed.

Respondents must organize their response in the exact order of questions provided in this document followed by their answers. While text boxes have been provided below, the Respondent may respond in the format of their choosing provided their response maintains the order proposed in this template. Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. Attachments and exhibits may be provided in a separate file; however, the Respondents' response to the Use Case Scenarios must contain an adequate description of the contents. In other words, the Use Case Scenario response should stand on its own and must contain enough information to understand separate exhibits and attachments. **A response to each Use Case Scenario is a requirement for proposal submission. Failure to submit this form would impact your proposal's responsiveness.**

If submitted in PDF format, the files should not be locked.

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Scenario #	Scenario
Scenario #1	<p>On August 17, 2024 (weekend), a member sends an email to Member Support Services. The email states that the member is unhappy with the quality of care they received from their service coordinator under their Pathways for Aging managed care entity (MCE). The member states they are deaf, and they are concerned the service coordinator did not respect them or provide them with quality care.</p> <p>Provide a detailed, step-by-step narrative of how the Member Support Services Program would respond to this scenario, detailing at a minimum:</p> <ol style="list-style-type: none"> <li>How the Member Support Services Contractor will follow up with this member and in what timeframe;</li> <li>How the Contractor will engage interpretive or assistive communication as preferred by the member;</li> <li>How the Contractor or their representative will work with the member to develop a plan of action for resolution of the Issue that facilitates communication between the member and their MCE;</li> <li>How the Contractor or their representative may educate or inform the member about the Grievance process;</li> <li>How the Contractor or their representative may assist the member in navigating and/or filing a Grievance;</li> <li>How the Contractor may ensure continued support for this member should they wish to file a Grievance (assume the member determines they will file a Grievance);</li> <li>Timeline for every action taken;</li> <li>Any resource referral supports offered, to include date of referral and manner of referral.</li> </ol>
Scenario #2	<p>On October 17, 2024 (weekday), a member enrolled in both an MLTSS plan and Medicare plan calls the Contractor during normal business hours because they were denied a HCBS waiver service they believe they need to reside safely at home. The member speaks limited English and requests a Spanish-speaking interpreter.</p> <p>Provide a detailed, step-by-step narrative of how the Member Support Services Program would respond to this scenario, detailing at a minimum:</p> <ol style="list-style-type: none"> <li>How the Member Support Services Contractor will receive the call from the member;</li> <li>How the Member Support Services Contractor will provide Spanish translation services for the member;</li> <li>How the Contractor or their representative will work with the member to develop a plan of action for resolution of the Issue</li> </ol>

Scenario #	Scenario
	<p>that facilitates communication between the member and their MCE;</p> <ul style="list-style-type: none"> <li>d. How the Contractor or their representative may educate or inform the member about the Appeals process;</li> <li>e. How a representative will assist the members in filing an Appeal (see note below);</li> <li>f. Timeline for every action taken;</li> <li>g. Any resource referral supports offered, to include date of referral and manner of referral.</li> </ul> <p>Note: For the purposes of this scenario, assume in the process of discussing the Issue with the member, the member determines they want to file an appeal with their MCE.</p>

## **Use Case Scenario #1 – Response:**

ILS Response:

### **a. Follow-up:**

ILS Staff member will respond to the email by the end of business on August 18th.

### **b. Engage in Assistive Communication.**

As the member initiated the conversation via email, the staff member will first respond via email to determine whether this is the member's preferred method of communication or if they would prefer to communicate via text, online chat, or a TTY service such as Relay Indiana.

If the member resides in a healthcare facility, 45 CFR 92.101 and 92.102 requires health facilities receiving Medicaid assistance to provide language access for persons with limited English and for persons with disabilities. The facility's interpreter services could be utilized if the member is agreeable.

### **c. Plan of Action**

As part of the initial conversations with the member, the ILS staff member will discuss the issue with the member probing for examples of when the member felt they were not being respected or provided with quality care. The member will also be asked what changes they want to see in their care and what would successfully resolve their issue.

The action plan will be a series of steps directed by the member that could lead to their desired resolution. The first step will be to discuss prior encounters with their service coordinator and how the member could have advocated for their care then. If the member is comfortable reengaging with the service coordinator directly, the ILS staff member will provide communication tools.

The member will also be informed about the Grievances and Appeals process.

Based on the member's direction, ILS will discuss with the service coordinator the issues raised by the member and the desired resolution. The member may or may not be part of the initial conversation based on the member's comfort level. If the member is not part of the initial conversation, a second conversation with the member will be arranged to discuss a resolution.

#### d. Grievances and Appeals

ILS will prepare a procedure for informing all members of their rights to submit a grievance or appeal during the issue review interview. The website will also include a detailed FAQ on grievances, appeals, and State Fair Hearing.

#### e. Assistance in Filing Grievances and Appeals

ILS has extensive experience helping individuals file petitions as part of the LTTS Ombudsman Program. The procedures developed for that program will be modified for the MTSS Member Services program. The same staff member who has been working with the member will provide instructions (in writing and orally) on the steps for filing and assist in completing forms. If, at any point in the process, the member decides not to file, the staff member will support that decision.

#### f. Continued Support

ILS values continuity in the interactions between the member and Pathways Member Services. The goal will be to have the same staff member engage with the member throughout the process, including the grievance file, review, and conclusion. Staff will be prompted to provide scheduled check-ins with members with open cases.

#### g. Timeline

- Return the email and establish the preferred communication process within one business day.
- If the member requests a communication process that requires additional assistance, arrange for assistance within two business days.
- Complete intake and develop an action plan within two business days of arranging assistance.
- Arrange for three-way communication with the care coordinator within three business days after completing an action plan
- If the member wishes to submit a grievance, help the member prepare documentation within five business days from the conversation with the care coordinator.
- Follow up with the member at least weekly until the case is resolved.

#### h. Resources Offered

The case management system will track any referrals made by staff to the member.

## **Use Case Scenario #2 – Response:**

### **a. Follow-up:**

Outreach materials will be available in Spanish. The 800 number navigation system will be available in Spanish, directing the caller to a fluent Spanish-speaking Pathways Member Services Representative or their voicemail. The initial call, therefore will lead to a live conversation or call back within one business day by a Spanish-speaking member services representative.

### **b. Spanish Translation Services**

The member will be directed to a Member Services Representative fluent in Spanish. Approximately 10% of ILS's current Intake Specialists are fluent in Spanish, and the goal will be to have at least two fluent Spanish Pathways Member Services Representatives. Suppose one of those representatives is not available. In that case, the ILS staff receiving the call will engage LanguageLine to inform the member that another staff member will follow up the next day.

### **c. Plan of Action**

As part of the initial conversations with the member, the ILS staff member will gather all materials related to the HCBS waiver denial and discuss with the member why they believe they can safely stay in their home. The member will also be asked what outcome they want to achieve in their care and what would successfully resolve their issue. Education materials related to HCBS waivers will be provided to the member in Spanish. (Part of staff training will include HCBS waiver processes, and a protocol for helping members navigate the process will be developed.)

With the HCBS waiver denial documentation in hand, the Member Services Representative would likely consult with legal counsel regarding the level of legal representation the member will need. A referral to ILS's Senior Law Project may be warranted.

The member will also be informed about the Grievances and Appeals process.

Based on the member's direction, ILS will engage with other family members and caregivers to gather more information to support the HCBS waiver application.

#### d. Grievances and Appeals

ILS will prepare a procedure for informing all members of their rights to submit a grievance or appeal during the issue review interview. The website will also include a detailed FAQ on grievances, appeals, and State Fair Hearing.

#### e. Assistance in Filing Appeal

ILS has extensive experience helping individuals file petitions as part of the LTTS Ombudsman Program. The procedures developed for that program will be modified for the MTSS Member Services program. The same staff member who has been working with the member will provide instructions (in writing and verbally) on the steps for filing and assist in completing forms. If, at any point in the process, the member decides not to file, the staff member will support that decision.

#### f. Timeline

- Return call and begin intake within one business day.
- Complete intake and action plan within three business days (members often need time to gather documents and records)
- Consult with legal counsel within one business day.
- If the member wishes to submit an appeal, help the member prepare documentation within five business days.
- Continue to follow up with the member at least weekly until the case is resolved.

#### g. Resources Offered

The case management system will track any referrals made by staff to the member.