



**THE BUREAU OF DEVELOPMENTAL
DISABILITIES SERVICES (BDDS)
Of the DIVISION OF DISABILITY and
REHABILITATIVE SERVICES (DDRS) of the
FAMILY AND SOCIAL SERVICES AGENCY
(FSSA)**

CASE MANAGEMENT SERVICES

Respondent Clarification

September 3, 2021

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Clarification for Case Management Services

September 3, 2021

Mr. David Brandon-Friedman
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, Indiana, 46204

Dear Mr. Brandon-Friedman:

CareStar of Indiana, LLC (CareStar) is pleased to provide the attached information in response to questions following our Proposal Review by the Bureau of Developmental Disabilities Services (BBDS) of the Division of Disability and Rehabilitative Services (DDRS) of the Family and Social Services Agency (FSSA) regarding the Case Management Services.

We are confident that, in reading the additional information, CareStar's Proposal will demonstrate our commitment to serve the Department and provide needed services as described in the bid to individuals statewide. We are proud to present the additional responses that fulfill all requirements of the RFS.

The Executive Team of CareStar of Indiana, LLC is prepared and eager to provide an Oral Presentation on Tuesday, September 14 at 9:30 am.

Considering our successful history of more than fifteen (15) years and experience in Case Management, Performing Assessments, Personal Services and navigating complex relationships involving the State of Indiana agencies and communicating with stakeholders, CareStar, Inc. is confident in our ability to serve the Bureau of Developmental Disabilities Services (BBDS) of the Division of Disability and Rehabilitative Services (DDRS) of the Family and Social Services Agency (FSSA).

We look forward to serving individuals in Indiana for many years to come.

Sincerely,



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Response to Clarifying Questions

1) For any of the Satisfaction Surveys cited in your proposal, please detail how many surveys were distributed and how many surveys you received back.

CareStar offers satisfaction survey respondents four (4) methods of providing feedback, including online via CareStar's website, text, email or traditional mail. For Indiana's Home and Community-Based (HCBS) Waiver respondents, secure text and email are the most preferred survey methods among Individuals or their Guardians.

Using random sampling techniques, CareStar works to solicit a response from all Individuals or Guardians at least annually. From April 2020-March 2021, CareStar distributed a total of 8,454 surveys to Individuals/Guardians who are enrolled in the DDRS Waiver Program with an average of 2,114 surveys sent per quarter. There were 295 surveys distributed to Individuals/Guardians enrolled in the A&D/TBI Waiver Program with an average of 74 surveys sent per quarter.

During that same timeframe, CareStar received 827 satisfaction survey responses, representing a 9% rate of return. Our satisfaction score for the time period, April 2020-March 2021 was 97% and our satisfaction score for the second quarter of 2021 was 98.4%.

2) How do you utilize the Plan-Do-Check-Act cycle?

CareStar routinely utilizes the Plan-Do-Check-Act (also known as the Plan-Do-Study-Act) cycle to improve the outcomes among Individuals served. The use of the Plan-Do-Check-Act Cycle can be characterized as part of CareStar's culture, in that, it is implemented formally, with workgroups and informally among staff working to address smaller scale issues. The following examples illustrate how the Plan-Do-Check-Act (PDCA) Cycle has been implemented in both Indiana and Ohio's Home and Community-Based Waiver Programs.

A) Ohio based Clinical Managers and Quality Improvement staff observed a significant increase in risky behaviors and potentially adverse health and safety scenarios among Individuals served. In these situations, a Health and Safety Action Plan (HSAP) is developed. The HSAP Plan is designed to mitigate or reduce the impact of non-compliant behaviors or health risks. The spike in HSAP activity led to focused collaboration among Clinical and QI personnel and resulted in a re-evaluation of the HSAP process. Subsequently, this re-evaluation led to the development of a HSAP Process Checklist and Flow Sheet along with staff education. As these changes were implemented, QI Supervisors continued to conduct clinical record reviews to assess trends and patterns toward a reduction in negative outcomes of noncompliant behavioral and health risks.

B) Indiana's Clinical Supervisors noted an opportunity to improve Individual choice and satisfaction when unforeseen circumstances require an internal reassignment of Case Managers. While CareStar always offers the Individual and their family/guardian a choice of Case Managers, there are times when a change becomes necessary; for instance, when a Case Manager relocates to a different geographic area of the State.

Working through stages of the PDCA cycle, the Clinical Team developed and implemented a new process whereby Individuals and their family participate in a “meet and greet” with potential new Case Managers. This effort to secure the best fit for the Individual allows Individuals to conduct interviews with Case Managers prior to internal re-assignments being finalized. Clinical and Quality Improvement staff assessed the issue and developed an Internal Case Transfer Policy and Transfer Checklist to improve continuity of care and ensure the Individual’s needs are met in a timely manner. Individual/Family Satisfaction has improved since the implementation of the Internal Case Transfer Policy.

3) In the event you are not awarded a contract, how are you going to address situations where individuals are having difficulties meeting the required timeframe to choose a new CMCO.

Upon notification that CareStar is not awarded a contract, CareStar will activate our Transition Plan. Open communication, a person-centered approach and acknowledgment of potential stressors inherent to this process are strategies that will be used by the Case Manager in assisting Individuals who are having difficulties with the CMCO transfer. Knowledge of and rapport with the Individuals on their caseload will allow Case Managers to anticipate and recognize those Individuals who may struggle with this transition.

A consistent approach with all Individuals will be taken by the Case Managers. CareStar’s Case Manager will initiate contact with Individuals on their caseload to inform them of the need to select a new CMCO. During this contact, the Case Manager will inform the Individual or the Individual’s legal representative, if applicable, that CareStar will no longer be a provider of Case Management Services. The Case Manager will provide the timeline by which a new CMCO must be selected, typically sixty business days or as indicated by BDDS.

The Case Manager and the Individual will review the steps necessary for a successful transfer to a new CMCO and develop a timeline for each step in the process. The process will include steps such as:

- Ensuring the Individual’s (family’s) understanding of the reason for selection of a new CMCO is necessary.
- Determining and contacting all team members who should be involved in the transition process.
- Presenting the CMCO selection options and related BDDS materials.
- Discussing the traits of a Case Manager that are important to the Individual.
- Initiating contact with the selected new CMCO.
- Arranging a visit or meeting with the new CMCO Case Manager or Representatives, as desired by the Individual.

The timeline is an essential component of the transfer process. Involving the Individual in determining incremental timelines, to the extent allowable, gets buy-in and increases the

likelihood of cooperation. Setting expectations early on in the process for strict adherence to the mutually agreed upon timelines, sets the tone for a seamless transfer. CareStar's Case Manager will maintain frequent communication with the Individual to monitor progress toward selecting a new CMCO based on the established timeframe for doing so. Informed choice is critical to this process. A list of CMCO Providers, the current BDDS Information Guide on how to choose a provider, including questions to ask a prospective provider, and BDDS fact sheets will be given to the Individual.

Throughout the transfer process, the Case Manager will address concerns expressed by the Individual. The Case Manager will identify and remove barriers, as able, that may impede the selection of a new CMCO. Involvement of other team members may be needed to encourage the Individual to move through the steps and achieve a smooth transition.

4) In the event you are not awarded a new contract, how would you ensure that there are sufficient staff to serve individuals throughout the transition process?

In our 33 years of conducting business, CareStar has had many opportunities to transition work in and out of our organization. With each scenario, CareStar's goal is to effectuate a smooth, seamless transfer for those served. It is CareStar's belief that regardless of the service provider, the person receiving the service should not be adversely impacted by a change from one agency to another. Should CareStar not be awarded a contract, this philosophy will be upheld in CareStar's execution of a Transition Plan. CareStar's Transition Plan will ensure there are techniques, infrastructure and methodologies in place to allow an efficient and effective transition.

Retention of staff appropriate for the census is the goal. A clear understanding of the Program's caseload transition timeline is imperative for the development of a staffing forecast and a wind-down of operations. Caseload Reports will be reviewed to identify staffing needs by week. Clinical Operations and Human Resources (HR) staff will collaborate to establish transparent, consistent messaging to be delivered to our teams and affected employees. Meetings will take place with clinical teams to outline the plans for the program, the necessary interventions for case transfers and to reinforce available employment opportunities, if any, within CareStar. Staff have the opportunity to ask questions during the Team Meeting or in a confidential communication with program leaders and the HR Department.

Many employees love the populations they serve and the Program with which they are associated. However, to meet the future needs of the business and provide continual opportunities to employees over time, CareStar strives to advance employee skills through cross-training, skill development and external training. These opportunities provide mutual benefit to the employee and the company preparing both for the future. As such, the leaders of the Department to and from which the employee is transferring will closely monitor and manage the timing of the transition to ensure the Transition Plan goals are met. CareStar also employs a large pool of Flex employees, who are trained and certified for several Programs. CareStar utilizes these Flex employees to fill gaps in staffing levels during times of workload and staffing fluctuations.

CareStar's workforce and recruitment plans are consistently reviewed and modified as a natural part of program operations. CareStar has developed a pipeline methodology to increase flexibility and mitigate the potential for program growth or employee turnover to negatively impact CareStar's contract compliance. The goal is for our pipeline to consist of 1-3 ready, willing and able candidates in identified geographies, who have successfully completed the Recruitment Process and are waiting for positions to open. When this pipeline is full, the number of days a position remains vacant is minimized.

Through these processes, CareStar can sustain excellent performance over long periods and, in between, respond to volume changes to ensure Individuals served receive the best services and supports.

5) If a case manager leaves your organization for another CMCCO, will you share the name of the CMCO to which they moved with the individuals served by the departing case manager? Will you share that information with the State?

CareStar will take the necessary and reasonable actions to ensure the protection of business assets for the health and safety of the Individuals served and, CareStar's sustainability. As such, each employee when hired reviews and agrees to abide by certain confidential information, trade secret and conduct policies. Many of these are also encompassed in an employment agreement signed by employees prior to beginning employment. Further, on an annual basis during employment, each employee again reviews and acknowledges their responsibility under these policies.

Information contemplated by and included in the requirements to maintain confidential information and trade secrets is information maintained in personnel records and information related to Individuals served. These employment records may or may not contain information related to departing employee's future employment. Therefore, CareStar will not share with an Individual served or the State knowledge of a former employee leaving to work for another CMCO, even if known, unless it is required by contract or law. Further, CareStar has taken great care and much expense to ensure employees and former employees maintain confidentiality, including assurances that personal information of the Individuals served while at CareStar is not shared with other entities.

CareStar's focus, when an employee leaves the organization, is an effective transfer of duties to a new CareStar Case Manager for the continued great service to, as well as the health and safety of, the Individual served. It is our firm belief the Individual will receive the best service from CareStar.

6) Please identify any familial relationships within your company's supervisory employees and officers.

Currently, there are no familial relationships within CareStar's Supervisory employees and officers.

7) What would happen if no case manager at your organization agrees to take a particularly challenging case? Under what circumstance would your company refuse to accept a challenging case?

CareStar prides itself on our ability to work successfully with Individuals who may be viewed by other organizations as “challenging.” We meet people where they are and work with them from a position of nonjudgmental, respectful support. We have a great track record of working with “hard to place” Individuals to transition them from an institutional setting into the community and maintaining them safely in the community. We accepted a “challenging case” in 2017 at the request of the State and maintained that case for 4 years, which is the longest CMCO assignment, to our knowledge. We routinely accept referrals from providers who seek us out when dealing with “challenging cases” because these providers know of our reputation and success in this space and have confidence that we will strive diligently to meet the needs of the Individual. While maintaining professional boundaries, we focus on establishing rapport and demonstrating genuine empathy as methods to overcome many of the perceived “challenges.”

It is not uncommon in the field of Social Services for Case Managers to experience feelings of frustration from time to time but, at CareStar, it is not acceptable for any employee to refuse an assignment based on the presumption that the Individual is challenging. In fact, we prefer to focus on the positive and emphasize the feelings of satisfaction that will result from a Case Manager successfully working through frustrations to meet the needs of an Individual. To facilitate successful engagement, we offer Case Managers several tools, including opportunities to collaborate with co-workers and Supervisors in a “think tank” to devise creative strategies to address difficult situations. Routine Team Meetings are held where “challenging” cases are discussed and Team suggestions offered.

CareStar would be cautious of accepting a referral if there was a high probability that doing so would place staff in the path of known or severely probable, grave physical danger. We do expect complete transparency from the referral source and disclosure of any information available to allow us to make informed decisions regarding staffing assignments and to enable us to contemplate the best case management approach. CareStar’s program leaders will evaluate such situations on a case-by-case basis and determine how best to proceed. It is worth noting that we are not acutely aware of any instances where a case was refused based on it being “challenging.”

8) How will the case manager to supervisor ratio scale during rapid growth?

CareStar has experienced rapid growth company-wide for several years. Certain programs administered by CareStar have seen census increases in the hundreds, to even over a thousand Individuals within a calendar year. Because of this experience, we are adept in successfully preparing for and scaling to meet the needs of Individuals during periods of rapid census growth and are skilled in deploying specific strategies to expand our capacity as needed.

A ratio of 15:1 Supervisor to Case Managers has been an effective rate for program success. The Supervisors are not routinely assigned cases to allow availability for clinical

supervision of Case Managers and temporary coverage of caseloads during Case Manager absences due to FMLA, terminations, resignations or other reasons. Program leadership will keep a watchful eye on the census growth and the geographical areas where we are seeing an uptick in new cases. This helps leadership strategize where we may be anticipating hiring of new staff and what areas of the State we need to advertise for additional Case Management positions. Program leadership has frequent, regularly scheduled meetings with members of the Human Resources (HR) Department in anticipation of census growth and the need for additional staff.

CareStar will utilize an online staffing software application to house our recruitment and hiring processes. Open positions are posted on various job search sites. The staffing application has functionality that allows grouping of applications by geographic location, which provides hiring managers with an efficient application selection and review process. As interviews take place, potential candidates move through the HR Review process.

We will intentionally identify, develop and nurture existing staff who demonstrate leadership talent. This practice allows us to promote from within the organization and maintain a steady pool of prepared CareStar leaders. To the extent possible, we will use this succession planning model to move an experienced Case Manager into a supervisory position and backfill the Case Manager's vacated position. Simultaneously, we will create and maintain a pipeline of awaiting, external supervisory candidates who are ready to step into a supervisory position when called upon to do so. Case Managers who are targeted for a supervisory position may be introduced to supervisory activities at a cadence that will not interfere with the ability to maintain a caseload. As the need to add another Supervisor becomes imminent, we will initiate a seamless transition of the caseload to an onboarded pipeline Case Manager. This structured and methodical "caseload building" process maximizes Individuals' satisfaction and optimizes staff retention and success in acclimating to the new role. We will continue this scalable, sustainable infrastructure for the duration of the rapid growth period and beyond.

9) How are supervisors trained? How is their knowledge validated?

CareStar's concept of thoughtfully assessing and planning a Case Manager's advancement into a Supervisory role is actively pursued at CareStar. As an organization, we believe it is best to promote from within. We purposely seek to promote Case Managers who possess strong knowledge of the Case Manager role to a Supervisory role.

A newly promoted CareStar Case Manager will undergo a Supervisory orientation that, typically, occurs over a four (4) week period, but may vary depending on the Supervisor's demonstrated competency.

During the training period, the new Supervisor (Mentee) will learn general administrative responsibilities of the supervisory role. During this period, the Mentee will work alongside and "shadow" a current, Supervisor (Mentor) to allow greater exposure to the new role from a supervisory perspective.

The Mentee will be included in the Mentor's Team Meetings and monthly 1:1 Supervisor meetings with Case Managers. The new Supervisor, with oversight of the Mentor, will participate in direct calls with Case Managers regarding Individuals, to learn how a Supervisor addresses a variety of issues that may arise.

Recognizing that people learn in many ways, we will provide training in multiple formats. The new Supervisor will participate in program-specific trainings provided via CareStar Learning, which is CareStar's online training application, as well as via video-conference or in-person training sessions led by a BDDS Representatives or current CareStar Supervisor who has been vetted through competency testing and experience as a subject matter expert. The new Supervisor will be provided independent study time to review written program-related materials that highlight current program guidance.

Where appropriate, program-specific trainings covering a variety of topics will include competency testing with minimum passing scores required. Examples of topics to be included are:

1. Supervisory access to, and responsibilities and navigation of, State systems, which may include, but not be limited to: BDDS Portal, INsite, Incident Reports, JIRA, LOCSI, Success Factors, Liberty Traks, Apricot.
2. Managing and assisting with Medicaid eligibility issues.
3. Transitions Processes.
4. Intake Process and onboarding of new clients.
5. Complaint Process.
6. Audit Process.
7. Mortality Reviews Follow-Up.
8. Incident Reports Follow-Up.
9. CARF Certification Requirements.

The new Supervisor will be assigned a small number of direct report Case Managers approximately two (2) weeks into the training period. The number of Case Managers reporting to the Supervisor will increase as the new Supervisor demonstrates understanding and competency.

The Program Director will meet with the new Supervisor on a weekly basis for the first ninety (90) days, longer if needed, to provide additional training and support as needed and to closely monitor progress. During this 90-day period, audit reports will be run at random intervals, but at least bi-weekly, to ensure program compliance is maintained by Case Managers assigned the new Supervisor. A Mentor or the Director will attend Team Meetings held by the new Supervisor with her/his Team of Case Managers during this 90-day period.

Supervisors who were external hires, will complete a modified new Case Manager Orientation Program prior to participating in the new Supervisor orientation program described above. This additional training will provide assurances that the Supervisor understanding the program and expectations of the Case Management role.

In addition to the required BDDS trainings, all Supervisors will participate in quarterly trainings. These trainings will focus on topics identified by the Supervisors, Director, or BDDS as areas of opportunity. These trainings will be presented by a CareStar Supervisor, who has been adequately trained and determined competent in the topic being presented. In some instances, trainings may be achieved through a train-the-trainer approach where a fraction of the Supervisors receive training and bring information back to the rest of the group. Where practical, all Supervisors will attend training sessions to receive information from the same source, at the same time.

10) How many regions do you divide the State into? Are these regions different from the Central, South and North designations mentioned in your proposal? How do they relate to the BDDS districts?

The Central, South and North designations, referenced in the proposal, were intended to highlight how larger, well-populated cities, across the State, are better suited for the recruitment of new employees. This reference was not intended to imply that CareStar operates under a Regional concept, where geographic boundaries are established or could be compared to BDDS districts.

Rather, CareStar's Service Model, works to establish or cluster Supervisory and Case Management Positions in or near communities where DDRS participants live. For example, a larger number of Supervisors and Case Managers live and work in the greater Indianapolis area because there are larger numbers of program participants there as compared to more rural communities across the State.

11) You state that survey topic will vary quarterly. Please elaborate upon how topics are determined, what data is developed from them, and whether the same rotation of topics is used every year?

Although we noted that CareStar's satisfaction survey questions "may" vary, our satisfaction survey questions have remained constant for many years. Our goal is to maintain consistency in the core questions in order to better gauge the quality of care equally for each Individual.

With consistent satisfaction survey questions, CareStar is better able to analyze trends and patterns of the survey responses. CareStar does recognize there could be a quality issue that may need to be evaluated and a specific survey question may need to be developed in response to this identified quality issue. CareStar is open to collaborating with the State to develop any new, specific satisfaction survey question, if needed. Any satisfaction question developed for a specific topic would be limited in scope and used only to evaluate that specific quality issue.

12) Can you clarify the structure of your Quality Improvement team, including roles, responsibilities and qualifications of those on the team?

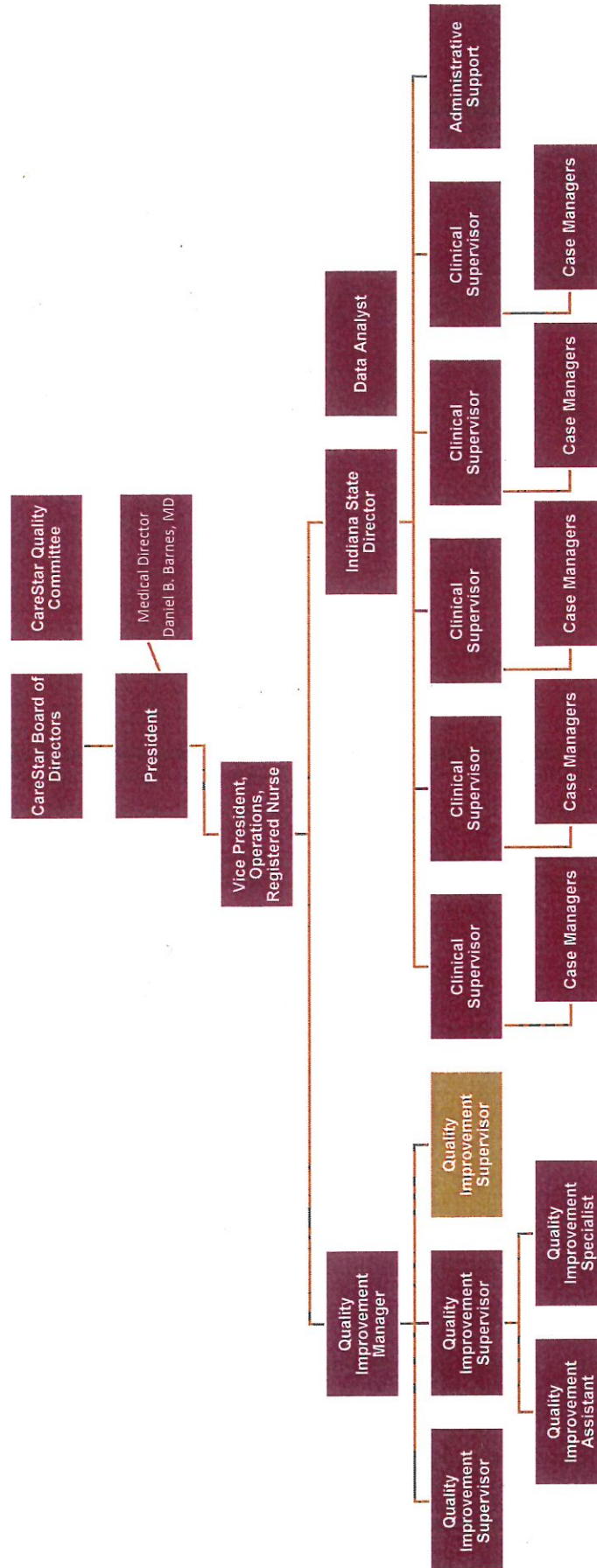
At CareStar, the concept of quality and providing quality service extends beyond the designation of a person or department. Simply put, the responsibility of providing quality rests with all employees, starting with the Board of Directors and flowing through

Executive Leadership, Directors, Managers, Supervisors, Case Managers and Support positions. Collectively, all positions are part of the Quality Improvement Team.

CareStar's Medical Director, Daniel B. Barnes, MD, is Board Certified in Family Medicine. Dr. Barnes has been a member of the Board of Directors since 2014, and the Medical Director since 2016. Dr. Barnes graduated from the University of Kentucky, College of Medicine in 1996. In addition to his role as Medical Director for CareStar, Dr. Barnes is a practitioner with Mercy Health Physicians and has privileges at Mercy Health West Hospital in Cincinnati, Ohio. Dr. Barnes is Assistant Medical Director, Hospice of Cincinnati and is a member of its Board of Trustees. In August 2020, Dr. Barnes completed Harvard Medical School's Safety, Quality, Informatics and Leadership Program. This intensive post-graduate program provides participants with quality-oriented strategies to improve healthcare delivery systems.

Depicted below is the Organizational Chart for CareStar of Indiana, LLC. This chart mirrors the Organizational Chart presented in the original Request for Services Proposal (p. 63) and includes an expanded view of the CareStar's Quality Improvement Department, Executive Leadership and Governance. This diagram is useful in illustrating reporting relationships relative to CareStar's quality structure. The Quality Improvement Supervisor highlighted in gold, is the designated, Compliance Officer position identified for the project.

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From an organizational perspective, there are four (4) core components to CareStar's Quality Improvement Team, which include: the Board of Directors, CareStar's Quality Committee, the Quality Improvement Department and the Data Analytics Unit. These core components serve as the foundation of the CareStar's Quality Improvement Team. When standards, processes or quality metrics are not optimized, personnel representing a cross-section of departments or positions that have a stake in improving quality, are brought into the quality improvement discussion and provide input for any planned improvement activities. When performance measures return to expected levels, these adjunct team members may be retained or exchanged for other departmental staff that have insight to help resolve other quality improvement initiatives.

CareStar's QI Department leads and supports quality initiatives, across all programs and States in which we operate. Areas of focus include, but are not limited to, the reduction of harm, regulatory compliance, accreditation, performance measurement and process improvement. The QI Department is comprised of a team of individuals, including QI Manager, QI Supervisor, QI Specialist and QI Assistant positions.

Organizationally, the QI Department's reporting relationships are structured independent of any clinical program yet, at the same time, QI works collaboratively with the Department Director and key program personnel to identify quality issues and implement solutions to improve quality.

The QI Manager, Erin Hennessey, holds a Master's degree in Health Administration from Xavier University, is a Licensed Nursing Home Administrator and is a Certified Professional in Healthcare Quality (CPHQ), through the National Association of Health Care Quality (NAHQ). The QI Supervisor (Compliance Officer) assigned to this project, is Jenny Greer. Jenny is a Registered Nurse and has several years' experience as a QI Supervisor and will lead initiatives related to regulatory compliance, performance improvement and performance measurement and accreditation and attend meetings with BDDS as outlined in our original response.

END