



**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 23, 2021

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Transmittal Letter for Clarification for Case Management Services

September 23, 2021

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

Dear Mr. Brandon-Friedman:

Good day!

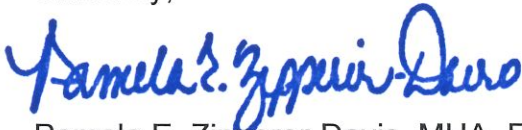
CareStar of Indiana, LLC (CareStar) is pleased to provide the attached information in response to questions following our Proposal Review and Oral Presentation by the Bureau of Developmental Disabilities Services (BBDS) of the Division of Disability and Rehabilitative Services (DDRS) of the Family and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

We are confident that, in reading the additional information, CareStar's Proposal will demonstrate our commitment to continue 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.

Considering our successful history of more than fifteen (15) years and experience in Case Management, Performing Assessments, Transition Services, Personal Services and navigating complex health needs 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 are honored and humbled to offer the attached answers. We look forward to serving individuals in Indiana for many years to come.

Sincerely,



Pamela E. Zipperer-Davis, MHA, FACHE, FACMPE
President, CareStar Holdings, Inc.
President, CareStar of Indiana, LLC
5566 Cheviot Road Cincinnati, OH 45247
Phone: 513-618-8300
Fax: 513-386-6950
pzipperer-davis@carestar.com

Response to Clarifying Questions

1. The scope of work states, “Case Managers must be W-2 employees, not contractors. For the purposes of this work, the State considers an employee as someone who is guaranteed a regular wage amount for an hourly, weekly, or other period of time, even when supplemented by a commission or other incentive, and not a flat fee payment as defined by the Internal Revenue Service (<https://www.irs.gov/newsroom/understanding-employee-vs-contractor-designation>). This employee definition and pay structure is directly related to the ability of a case management contractor to be conflict free in the service provision of case management.”

How does your current or future W-2 employees’ compensation structure align with the description above?

CareStar takes great care in delivering conflict-free Case Management Services. This includes a robust Conflict of Interest Policy and Conflict of Interest Survey, both of which are acknowledged and completed annually by each employee. This policy and acknowledgement include a requirement that employees notify the Company should there be a situation that could impact their ability to provide conflict free services.

Specifically related to the question above, CareStar’s current and future W-2 employees are perfectly aligned with the identified scope of work statements. All employees performing work under the DDRS Program contract currently, and as identified should CareStar be selected as a partner under this RFS, all meet the State’s requirements and interpretations of the IRS’ guidance on determining the difference between an employee and a contractor. All Case Managers are non-exempt employees, who are paid a regular wage for the work they perform. In addition, CareStar has taken great care to understand the markets in which we operate and therefore have implemented comprehensive healthcare, retirement, dental, vision, disability and other benefits for both part-time and full-time employees to minimize potential turnover. This has been a significant competitive advantage as our DDRS population and census has grown, we will continue to grow with the award of this RFS. Our infrastructure in place across the State is prepared for this opportunity.

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2. You mentioned as part of your long-term staffing plan that you would be cross-training staff from other programs to provide temporary coverage when CareStar experiences a staffing shortage or coverage issue in the BDDS waiver program. Can you detail what you mean by “other programs?”

How do you plan to ensure fidelity to BDDS waiver requirements regarding Case Manager qualifications and service delivery compliance/quality monitoring?

The reference to “other programs” is related to active, contracted work CareStar performs, where we have employees who conduct work and execute contracted responsibilities on CareStar’s behalf. Work for these other programs is conducted in Indiana and other States where CareStar has a presence. Specifically, regarding cross-training staff for the DDRS Program, we will engage those staff who reside in or near the borders of Indiana and meet the qualifications and requirements of the Program.

In ensuring fidelity to BDDS’ waiver requirements regarding Case Manager qualifications and service delivery compliance/quality monitoring, we hold every cross-trained employee to the same standard as an employee whose primary role is in the DDRS Program. Candidates for DDRS cross-training, whether Full-time or Part-time employees, they must first meet the program qualifications (e.g., education, credentials/licensure, experience, training, etc.). Staff who participate in DDRS cross-training will complete standard online training activities (Success Factors, Canvas, etc.) as well as participate in in-person program-related trainings offered internally.

CareStar remains cognizant of the need to provide refresher training opportunities at the time of activation if work in the DDRS Program is not continuous after cross-training is completed. We will incorporate a refresher course when the cross-trained employee is set to actively work in the DDRS Program. The work efforts of cross-trained staff are monitored closely and scrutinized for program compliance and quality in the same manner as conducted for newly hired employees for whom DDRS is their primary role.

It is not our intention that cross-training completely eliminates the need to provide training at the time the employee initiates work in the DDRS Program. Rather, having had previous exposure to DDRS work requirements and expectations, the employee’s “learning curve” is shortened when the need arises to actively work in the program is determined. This methodical, structured approach to staffing has proven effective for CareStar over many years.

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3. The CareStar of Indiana organizational chart indicates that CareStar's quality improvement staff is not in reporting line to the Indiana State Director. You provided more information about your quality improvement staff in your first written response to evaluation clarifying questions, indicating that CareStar's quality improvement staff conduct QA/QI efforts for all States and programs in CareStar's portfolio.

Can you detail how CareStar ensures its quality team and Indiana State Director are in meaningful and regular communication and actively engaged in feedback loops? Please include a description of any reports, tools or other documentation that the quality improvement staff use to communicate with the Indiana State Director and Indiana programs regarding quality assurance or quality improvement efforts.

CareStar's Quality Improvement Department is focused on working with State (Program) Directors and key leadership positions, within that program, to provide an objective, evidence-based analysis and assessment of quality data to reduce staff variation, standardize workflow and facilitate processes, in order to improve outcomes for Individuals served. This team approach helps bring together the State Director, QI Improvement Personnel and subject matter experts from across the program or organization into an active dialogue/workgroup to address quality issues. The system is designed to ensure there are checks and balances to maintain compliance.

To maintain an objective, conflict-free approach in both Quality Improvement (QI) and Quality Assurance (QA) activities, our Quality Improvement Supervisors report to the Quality Improvement Manager rather than maintaining a direct reporting relationship to the State Director. This structure is deliberate and does not limit or impede the QI Manager, QI Supervisor (Compliance Officer) or QI support staff from regular meaningful communication and collaboration with Indiana's State Director or members of the Indiana Supervisory Team, rather it supports a team-based model of Quality Assurance and Quality Improvement.

The Quality Improvement Manager reports to the Quality Committee of the Board of Directors, chaired by Daniel Barnes, MD. This ensures objectivity, oversight and accountability.

Organizational charts are limited by their two-dimensional nature, and as such, do not capture the robust level of engagement that members of the Quality Improvement Department (Manager, Supervisor, QI Assistants) actively have with the State Director position. To illustrate that point, either singularly or as a group, CareStar's QI Manager and QI Supervisor average one (1) to two (2) quality focused discussions and team collaborations with Indiana's State Director per week. The range of methods used to facilitate discussion and support feedback include virtual teleconferences, email and

telephone contact. Areas of discussion are ongoing and include, but are not limited to,

- Review of quarterly Patient Satisfaction Survey Data.
- Training on CARF's new standards for Performance Improvement and Performance Measurement (PIPM).
- Development of CARF's PIPM worksheet to establish quality measures and measurement processes related to Efficiency, Effectiveness, Service Access and Patient Satisfaction.
- Twice monthly, and as needed, follow-up on data collection and trends seen in CARF's PIPM process as well as discussion on other CARF standards in the areas of Health and Safety, Rights, Service Delivery, etc.
- Quarterly Chart Audits.
- Regular meetings to refine the Chart Audit Process, including updates to the review tool and reviewer guidelines.
- Initial development of key contractual performance measures for placement within an electronic dashboard.
- Quarterly Quality Metrics for Indiana and across CareStar.
- Review of any deficiencies in training or education.
- After-hours call process and staff coverage.

While regular, meaningful communication and collaboration between the State Director and the Quality Improvement Department is already in place, the level of interaction between CareStar's Quality Department and the State Director will continue to grow and evolve under this proposal, both internally and externally, with the State Agency and other stakeholders.

CareStar's QI Department, in conjunction with the State Director and Indiana's Supervisory leadership have developed a range of reports, tools and other documents for use in evaluating and responding to QI/QA activities. In addition to the Training, Visits Due and Internal Case Transfer documents and reports provided in the original response, CareStar is pleased to feature the following QI/QA reports, worksheets and narrative to describe our quality discussions. While other documents can and will be used, these examples best represent avenues of communication between QI and the State Director.

Patient Satisfaction Review Tools and Workbooks

As described in CareStar's initial proposal, CareStar conducts Patient Satisfaction Surveys on a Quarterly basis. There are two key reporting formats that QI, the State Director and Supervisory Team review upon aggregation of quarterly data. The first document, seen directly below, is an excerpt of a report detailing information contained within Indiana's Patient Satisfaction Surveys for the second quarter of 2021. Following that illustration is a report labeled, "Comment Code Categories," here all

comments positive, negative and neutral are summarized for review and discussion regarding trends and patterns. Indiana's Supervisors are charged with informing their Case Management Team about Satisfaction Survey results and following up on any questions or concerns contained in the Satisfaction Survey.

Excerpt of Q2 2021 Indiana Satisfaction Surveys: Discussion Worksheet.

Start Date	In what state do you live? (Please choose from the drop-down menu below.)	In which program are you currently enrolled?	How satisfied are you with the level of respect shown to you by your CareStar Case Manager(s)?	Overall, how satisfied are you with the case management services CareStar provides?	If a friend were in need of similar help, would you recommend CareStar to him or her?	If you have any comments about CareStar or your Case Manager, please type them in the box below.	May we post your comments to our website?	Would you like to be contacted regarding your survey response? If yes, please provide the information below. Otherwise, you may click "Done" to end the survey now. IMPORTANT NOTE: By completing the contact information below, you are asking CareStar to contact you regarding your survey answers.	Email address	Phone
2021-04-09 11:34:17	Indiana									
2021-04-10 22:07:34	Indiana									
2021-04-12 10:33:03	Indiana									
2021-04-12 11:23:32	Indiana									
2021-04-13 13:21:51	Indiana									
2021-04-15 16:02:27	Indiana									

Comment Category Codes

"Code"/"Code"	A comment has more than one aspect to it as in POS/NEG: The comment contains both praise and criticism.
DME	Comment is related to Durable Medical Equipment.
H-MOD	Comment is related to Home Modifications.
NEG	Negative - Comment is critical of CareStar or CM.
NEU	Neutral - Comment is neither favorable or unfavorable.
POS	Positive - Comment is complimentary of CareStar or CM.
PROV	Comment is related to Providers.

Category	If you have any comments about CareStar or your Case Manager, please type them in the box below.	May we post your comments to our website?
POS		
POS		

Documentation Review/Chart Audit Tool

On a monthly basis, each Indiana Supervisor conducts at least 15 chart audits among the Case Managers on their team. Totaling nearly one thousand or more audits per year. The Chart Audit Tool is used in conjunction with an eleven (11) page instructional document that offers screen shots and narrative for consistency among reviewers.

The Audit Tool addresses a range of quality measures, including the completion of signatures, timeliness of documentation, quality of the PCISP, quality of communication notes and congruency in documentation. Indiana's Director, Supervisors and QI Staff review chart audit data and address areas for remediation.

Additionally, the Supervisor holds regular, one-on-one meetings, with the Case Manager to review Chart Audit results.

The Chart Audit Review Tool is comprised of an Audit tab and a Documentation Review tab. Excerpts of both tabs are presented below.

CareStar Indiana DDRS Chart Audit Tool													
Audit Tab													
Case Manager	Client	PCP Maps	CareStar Annual Releases (Client Rights, Form B, Grievance, HIPPA, Auth Release)	Guardianship	Service Plan Dates	Picklists	BDDS Signature Page Q1	BDDS Signature Page Q2	BDDS Signature Page Q3	BDDS Signature Page Q4	BSP and HRC (as applicable)	Documentation Uploaded within 30 Days	Notes

CareStar Indiana DDRS Chart Audit Tool							
Documentation Review Tab							
Case Manager	Client	Risk Plans	Quality Case Notes	Case Notes Entered within 7 days	Quality PCISPs	Congruent Documentation	Notes

CARF Performance Improvement and Performance Measurement Template

The Commission on Accreditation of Rehabilitation Facilities (CARF) is widely regarded as an organization whose accreditation process helps support quality of service for optimal outcomes. CareStar proudly received its third, three (3) year Accreditation in December 2019, which is the highest level of CARF accreditation. To achieve and maintain this accomplishment, the QI Team, Indiana's State Director and key personnel have regular discussions ranging from weekly to monthly, on a number of accreditation standards, including the review of data, how it compares to standards and discuss remediation, as indicated. After the review, outcome results are reported to the Quality Committee of the Board of Directors.

Two such CARF standards, relate to Performance Improvement and Performance Measurement (PIPM) in the areas of Efficiency, Effectiveness, Service Access and Patient Satisfaction. Below, is the template used, by QI, in collaboration with the State

Director in developing PIPM measures to enhance program quality. While the measures and goals are established at the beginning of a calendar year, and do not change, regular monitoring of performance data can result in process changes or other quality improvement initiatives.

CARF Performance Improvement and Performance Measurement Template.								
Indiana Division of Disability and Rehabilitative Services Program. Year: 2021.								
Program Measure	Stake Holders	Applied To	2020 Annual Result	2021 Annual Goal	Quality Improvement Action Plan	Plan Status	2021 Result	Influencing Factors
<i>Efficiency</i>								
<i>Effectiveness</i>								
<i>Service Access</i>								
<i>Patient Satisfaction</i>								
	IND	Individuals						
	FAM	Participant's Family						
	STF	Staff Members						
	STA	Indiana Dept of DD						

END