

Appendix FF: Resumes

The Resumes are included on the following page as a pre-printed technical insert.

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Sharon D. Higgins, RN, Vice President of Operations, CareStar, Inc.

Experience Summary CareStar Employment period: 17 years (2004 –present)

Varied and extensive experience in hospital and community-based settings. Ten years' experience in various roles of Provider Management Services, including: Provider Monitoring, Incident Management, Provider Billing Review, Structural/Compliance Reviews, and Medicaid Fraud Incident Reporting. Effective administrative leadership with healthcare teams supporting individuals across the life span, who have medical, intellectual, behavioral, or developmental disabilities or diagnoses.

Work Experience

2012-Present	Vice President, Operations. CareStar, Inc. Cincinnati, Ohio.
	Plan, organize, direct, and control the activities of the various Operations Divisions of the company. Oversee all operational functions including Clinical Services provision for multistate ventures, Transitional Services, Provider Management Services, CareStar Online Learning, and PR/marketing divisions. Lead the company towards the achievement of its operational objectives. Working with the President, represents the company in the community, with major customers, government agencies, shareholders, and the public.
2009-2012	Director, Provider Management Services (PMS). CareStar, Inc. Cincinnati, Ohio.
	Statewide oversight of the ongoing administration of PMS to include direct supervision of 10 PMS supervisory staff and 2 Provider Enrollment staff, who are responsible for conducting Structural Reviews (SR), investigating occurrences, resolving billing issues, updating provider status/database and liaison between CareStar staff and BLTCSS.
2008-2009	Manager, Provider Management Services (PMS). CareStar, Inc. Cincinnati, Ohio.
	Statewide oversight of 4 Provider Monitoring Supervisors, 3 Provider Monitors, 1 Billing Specialist, 4 support staff. Served as the liaison between agency and State partners, representing organization at meetings; participated on stakeholder committees, including OCHCH. Authored (drafted) Home Care Attendant form for Ohio Department of Medicaid (ODM).
2005-2007	Supervisor, Provider Monitoring. CareStar, Inc. Cincinnati, Ohio.
	Regional oversight of Provider Monitors and support staff to ensure standardization of process implementation. Conducted Provider Education classes for Ohio Home Care Waiver program providers.
2004-2005	Provider Monitor. CareStar, Inc. Cincinnati, Ohio.

	Conducted Structural Reviews and Incident Report Investigations. Investigated and resolved billing issues for Waiver providers. Created several tools and forms that were approved and utilized by the Ohio Department of Medicaid.
1994-1998	Field Nurse; Clinical Care Manager; Nurse Manager. MCH Services. Dayton, Ohio.
2000-2004	Provided direct care to Mom/Baby and Pediatric population in the home healthcare care arena. Supervised Field-based nursing (RN, LPN) staff in the assessment of care needs and provision of direct care. Ensured agency compliance standards with State regulation for Medicaid/Medicare.
1998-1999	Home Services Facilitator (Case Manager). Medical Case Management of America. Dayton, Ohio. Coordinated services for consumers participating in the Waiver Program; Led the development, implementation and coordination of the individual's care plan, including the authorization of the amount, scope and duration of services. Evaluated the appropriateness of services, quality and cost effectiveness of services, provider delivery of services. Evaluated the presence of negative outcomes for preventative interventions and changes in overall health, safety and the environment of the individuals.
1988-1993	Staff Nurse. US Air Force, Nurse Corps; Active Duty. Provided direct, skilled nursing care on a busy 40-bed Multi-Service Unit and a 30-bed Level III Neonatal Intensive Care Unit (NICU). Supervised junior nurses and medical technicians. Served as Preceptor for new nurses on station; Served as Unit Education Coordinator; Served as Unit Infection Control Monitor.
Education	
12/2001	MSA, Health Services Administration / Central Michigan University.
5/1987	Bachelor of Science, Nursing / Tuskegee University.
Licensure/Certifications	
1987-present	Registered Nurse

Barbara Cash, Clinical Director, CareStar, Inc.

Experience Summary

CareStar Employment period: 15 years (2006-present)

Barbara has been working with individuals with developmental disabilities and intellectual disabilities (ID/DD) and the aged and disabled population for over 38 years. She has experience in direct service, behavioral interventions, case management, contract implementation and new business development. She has been in management and leadership roles for over 25 years. These roles have been implemented with a focus on the dignity of individuals and earning the respect of those she leads.

Work Experience

2009 - Present	<p>Clinical Director. CareStar, Inc. Cincinnati, Ohio.</p>
	<p>Promoted to this position in January 2009. Implements and manages Waiver Case Management services through Indiana Division of Aging. Obtained contract for Money Follows the Person services through the Indiana Division of Aging 9/2013-12/2015. Obtained certification as provider of Waiver Case Management services through Indiana Division of Developmental Disability and Rehabilitative Services 2013. Led CareStar Indiana to successful 3-year CARF accreditation 2013, and contributed to continued successful accreditation in 2016, 2019. Primary responsibility for clinical functions related to the provision of Case Management Services and other direct services to consumers of HCBS waiver services. Provided direction, support and mentoring to Clinical Supervisors to help assure compliance with Program Rules and requirements, achieve consistency in the application of waiver rules and best practices, CareStar policies and procedures, and promote optimal service delivery.</p>
2006 - 2009	<p>Case Manager. CareStar, Inc. Cincinnati, Ohio.</p> <p>Case Management position with supervisory responsibility related to the provision of Case Management services and direct service to consumers served through HCBS waiver services. Guided, supported, and evaluated the Case Manager's individual efforts by focusing on ongoing service delivery and compliance issues, staff development, and assistance to Case Managers with both daily caseload and crisis management. Transitioned consumers and staff through changes in corporate structure. Provided Case Management services to consumers receiving Waiver services through the Indiana Division of Aging in compliance with state rules and company quality standards. Managed a case load of up to 32 individuals. Ensured the accurate and timely maintenance of complete client records in compliance with regulatory requirements and agency internal policy and procedures.</p>

1993 - 2006	Assistant Director / Case Manager. Factors LTD. Indianapolis, Indiana.
	Acted as Case Manager's Team leader. Guided, supported and evaluated case management staff using a Case Management Rubric tool. Completed case reviews, compliance reviews, and staff development. Acted as Factors, Ltd. Representative with providers and with the State of Indiana. Contributed to the grow of the company serving over 600 consumers and 27 case managers. Developed individualized support plans with consumers and their support teams to address community and natural supports were in place to ensure quality outcomes. Provided coordination with community and waiver services funding sources. Participated in State Work groups to develop Individual Support Plan tool. Implemented State Case Management system within Factors, Ltd.
1988-1993	House Manager. REM Indiana. Indianapolis, Indiana.
	Performed a variety of duties such as training, and monitoring health and behavioral status of individuals living in supported group living home. Developed and implemented goals and learning strategies. Provided oversight for consumer finances. Handled the day-to-day management of the home where individuals lived. Assessed progress and notes all difficulties and successes. Provided training and ongoing support to in home staff. Developed staffing schedules and assessed staff performance.
1986-1988	Behavioral Skills Technician. North Willow Intermediate Care Facility. Indianapolis, Indiana.
	Responsible for assisting behavior analyst to implement behavior reduction and skills acquisition treatment plans. Assisted individuals with intellectual and developmental disabilities with day-to-day activities, monitoring behavior, record and collect data on progress towards goals and display and model positive interactions with clients.
Education	
1984	Bachelor of Science in Psychology - IUPUI (Indiana University Pursue University Indianapolis).

Jennifer Greer, RN, CareStar Inc.

Experience Summary

CareStar Employment period: 16 years(2004-present)

Jenny is a registered nurse with 26 years of experience in various nursing fields, including hospital nursing, home care, case management, incident management, and quality improvement. Jenny has worked with individuals in all stages of life and in multiple capacities, giving Jenny a more complete picture of the patient's needs. In her current role as Quality Improvement Supervisor, Jenny leads and participates in key projects associated with continuous quality improvement, staff education and health and safety issues. Jenny collaborates with various department and program Managers to develop and implement quality improvement related processes and tools such as chart audits, individual satisfaction surveys and focused reviews.

Work Experience

	<p>Quality Improvement Supervisor. CareStar. Cincinnati, Ohio.</p>
<p>2014-2015</p> <p>2018-Present</p>	<p>Completes chart audits and health and safety reviews, assessing for program compliance and best practices. Reviews results with Case Managers, providing education as needed. Duties include analyzing data and presenting findings to Management. Additional duties include: Reviewing Monthly Reports related to Compliance Standards, Coordinating Satisfaction Surveys, using Likert Scale to complete summaries, creating Quality Improvement Processes/Compliance Indicators and collaborating with Management on implementation processes, monitoring compliance with after-hours customer service routine and urgent calls.</p>
<p>2016-2018</p>	<p>Incident Management Supervisor. CareStar, Inc. Cincinnati, Ohio.</p> <p>Reviewed incident reports submitted for accuracy of documentation, prevention planning and follow-up. Assisted in the development of Policies and Procedures to ensure Incident Management business goals and objectives are met. Participated in quality improvement activities, including but not limited to, data analysis, participate in Quality Improvement Committee activities/meetings, team projects and monitoring tasks. Participation in Protection from Harm bimonthly meetings.</p>
<p>2015-2016</p>	<p>Case Manager. CareStar. Cincinnati, Ohio.</p>

2004-2014	Case Managed a diverse population of individuals on a Medicaid Waiver, ages birth through 60, who have chronic, complex medical conditions and disabilities. Provided initial and ongoing assessment of functional status, condition, community and natural supports to ensure quality outcomes and health and welfare. Developed individualized service plans with program participants and the home health care team to meet needs, coordinate all funding sources and identify and mitigate risks to health and welfare. Ensured medically necessary care needs were met and funding sources were utilized efficiently and per national standards.
1998-2004	<p>Clinical Care Manager and Visit Nurse. Maternal Child Healthcare Services. Cincinnati, Ohio.</p> <p>Completed Mom-Baby Assessments and IV Therapy Visits. Promoted to a Supervisor role. Duties included supervising Clinical Staff, ensuring the quality of Nursing Staff, developing plans of care and coordinating communication between Team Members and Physicians.</p>
1995-1998	<p>Floor Nurse. Children's Hospital Medical Center. Cincinnati, Ohio.</p> <p>Directed patient care, including assessments and planning for the needs of the pediatric population. Utilized the nursing process and collaborated with the Physician and families in providing needed care.</p>
Education	
1995	Diploma in Nursing - Christ Hospital School of Nursing.
Licensure/Certifications	
1995	Ohio Registered Nursing License.
2013	Kentucky Registered Nursing License.

April Johnson, Case Manager, CareStar

Experience Summary

CareStar Employment period: 7 years (2014-present)

Has 14 years' experience in the healthcare and case management field with a focus on assisting individuals and families to access services needed to live their desired life, as well as ensure that all their needs are met. This time includes over 12 years of working with individuals in the State Medicaid Waiver Program, understanding the policies and procedures of that program, including data collection, entry, and submission of all information by required deadline. Experience also includes face to face interactions with individuals receiving services, as well as coordination of team efforts to meet individuals needs and desires.

Work Experience

2014-Present	<p>Case Manager. CareStar of Indiana. Indianapolis, Indiana.</p>
	<p>Has extensive experience working with individuals that are participating in the Medicaid Waiver Program, and have been diagnosed with a developmental disability, to increase independence in the least restrictive environment possible. This includes assistance to identify and coordinate services based on the individuals wants and needs, including facilitating quarterly and annual meetings, and home visits. Additional experiences include coordinating with a team of service providers to ensure the needs of the individuals are being met, while respecting their choice and view for their life. In this position, there is frequent contact with individuals and their families. This position includes preparation and submission of all related paperwork by a specified deadline, while ensuring confidentiality.</p>
2012-2014 2008-2011	<p>Case Manager. IPMG.</p>
	<p>Experience included working with individuals that have been diagnosed with a developmental disability. This included facilitating quarterly and annual meetings, as well as home visits, with individuals, participating in the Medicaid Waiver Program. Additional experiences included coordinating with a team of service providers to ensure the needs of the individuals were being met. In this position, there was frequent contact with individuals and their families. Position included preparation and submission of all related paperwork by a specified deadline.</p>
2011-2012	<p>QDDP. Help at Home.</p>
	<p>Worked with individuals that had been diagnosed with a developmental disability and were receiving services through a Medicaid Waiver. Responsibilities included interviewing and hiring staff, identifying and scheduling staff for the hours each</p>

	individual needed, and completing the annual review for each of those staff members. Also, ensuring that the individual maintained health and safety, and that all needs were being met. In this position, responsibilities also included completing monthly reports detailing the individuals progress on each goal. This position required being available to staff individuals 24 hours a day, covering shifts as needed, completing weekly house visits, monthly house meetings, and taking part in quarterly team meetings.
Education	
5/2002	Bachelor of General Studies - Indiana University

Jeffrey E. Cox, Case Manager, CareStar, Inc.

Experience Summary

CareStar Employment period: 4 years (2017 – present)

Over 10 years' experience working in the healthcare industry, specifically with the geriatric population. Formerly the director of two Alzheimer's Care Units. Assisted families in discharge planning to include home healthcare, physician referrals and hospice care. Conducted hospital and at home assessments for the general population and the dementia care units. Provided case management services to individuals with developmental disabilities and intellectual disabilities, supporting teams and families to identify needs. Completed the MDS assessments for all units. Has 4 years' experience working in public assistance as a case manager.

Work Experience

2017-Present	<p>Case Manager. CareStar. Indiana.</p>
	<p>Comply with all required areas of 460 IAC. Facilitate team meetings for individuals, families and team members. Develop, implement, and monitor person-centered individual support plans. Complete fact-to-face observations and conversations with individuals. Assessing eligibility. Develop, implement and monitor use of service plan. Advocate with individual.</p>
2015-2016	<p>Director of Social Services. Golden Living Center- Bloomington. Bloomington, IN.</p>
	<p>Oriented the residents to the long-term/sub-acute care environment and assist with facility adjustment. Identified pertinent problems and needs. Evaluated changes in the mental and psycho-social needs of the residents. Participated in the interdisciplinary Care Plan meetings. Assisted the resident and family in discharge planning and placement. Team member of the Quality Improvement team.</p>
2000-2011	<p>Alzheimer's Care Director. Golden Living Center- Bloomington. Bloomington, IN.</p>
	<p>Coordinated the day to day operations and management of a 34 bed Mid-Stage Alzheimer's Unit and 16 bed Advanced Alzheimer's Unit. Developed, coordinated and implemented programs and services for individuals with cognitive impairment. Provided a therapeutic environment that maintains the highest level of physical, social and psychosocial well-being of the residents. Interviewed and assessed prospective residents and families prior to admission. Responsible for all social service and social activities form memory impaired residents.</p>

2000-2011	<p>Director of Sales and Marketing. Golden Living Center- Bloomington. Bloomington, IN.</p>
	<p>Responsible for sales growth by obtaining new admissions to the facility. Created and executed facility sales and marketing strategies. Built, trained, and directed and led internal staff of sales processes and initiatives. Developed and maintained an external network to share information about the company's full line of products and services to obtain referrals and new residents. Acted as first contact for residents and resident's family while determining the eligibility and healthcare needs. Conferred with physicians, nursing staff and other department heads to coordinate and schedule new facility admissions. Kept records of admissions and discharges and compiles occupancy/census data. Acted as a key member in ensuring optimal customer service.</p>
2012-2015	<p>Quality Assurance Coordinator. Rescare Workforce Services.</p>
	<p>Conducted case file/record reviews on a daily basis. Audited checklists to ensure contractual performance expectations are met. Submitted weekly QA reports to Project Coordinator. Presented feedback to management regarding areas that need improvement. Oversaw client satisfaction survey process for specific region.</p>
2012-2015	<p>Case Manager. Rescare Workforce Services.</p>
	<p>Provided case management with a focus on helping customers to prepare for employment that leads to self-sufficiency. Provided career guidance and support. Facilitated customer access to training, education and employment services. Authorize and coordinate supportive services. Assisted participants in working with other community and social service organizations. Conducted assessments that identify barriers to employment. Assisted participants with job placement.</p>
Education	
1991	Bachelor of Arts: Sociology - Hanover College