



INDIANA BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES CASE MANAGEMENT

Technical Proposal

JULY 6, 2021

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State of Indiana RFS 22-67778

Attachment D – Technical Proposal Template

Instructions:

Respondents shall use this template Attachment D to prepare their Technical Proposals. In their Technical Proposals, Respondents shall describe their relevant experience and explain how they propose to perform the work, specifically answering the question prompts in the template below.

Please review the requirements in Attachment A (Scope of Work) carefully – the requirements in the SOW should inform how Respondents complete their Technical Proposals in this template as the “Sections” referenced below correspond to the sections in the SOW.

Respondents should insert their text in the provided boxes which appear below the question/prompts. Respondents are allowed to reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

Respondents are strongly encouraged to submit inventive proposals for addressing the Program’s goals that go beyond the minimum requirements set forth in Attachment A of this RFS.

For all areas in which subcontractors will be performing a portion of the work (except where prohibited), clearly describe their roles and responsibilities, related qualifications and experience, and how Respondent will maintain oversight of the subcontractors’ activities.

Technical Proposal

OVERVIEW

Please provide an overview of your proposal in the boxes below.

Company Background

- a. Describe your experience providing Case Management Services*
- b. Provide specific examples of how you have worked collaboratively with individuals and families, as well as state and waiver provider partners to address day to day issues, as well as changing program needs and priorities*
- c. Describe any notable accomplishments for your company you feel would be relevant to this proposal.*
- d. Describe any lessons learned from any sanctions, corrective actions, or formal complaints that you have been subject to (including for non-case management services), both in Indiana or other states*

a) Describe your experience providing Case Management Services

CareStar Holdings Inc. is a for-profit, healthcare organization that serves as an industry leader in the field of long-term Case Management, Assessment Services, Population Health Management and Innovative Technology and Software Development. CareStar was founded in 1988 in Cincinnati, Ohio and has since devoted nearly thirty-three (33) years to our mission of “Improving Communities by Improving Lives.”

CareStar’s Case Managers serve over 17,000 consumers in Home and Community-Based Services (HCBS) Waiver Programs and are experienced and knowledgeable in Long-Term Services and Support. Our team of Case Managers are skilled in completing in-depth Assessments for individuals requiring HCBS Case Management Services, including children, adults and seniors, who have Intellectual Disabilities/Developmental Disabilities (ID/DD), are chronically ill or have medically complex conditions. Our efforts support the development of delivery systems, appropriate resource utilization and quality checks that promote optimal independence and empowerment for those we serve.

Our organization employs over 450 employees across multiple States including healthcare clinicians and professionals with five (5) years’ average tenure and expertise in analyzing patterns of care, medical necessity and contract compliance, resulting in improvement of health outcomes. The capabilities and credentials of our personnel are strongly supported by CareStar’s Executive and Senior Management Teams, who provide a stable organizational structure and possess many years of healthcare experience.

CareStar’s Indiana operations (CareStar of Indiana, LCC), referred to as CareStar throughout this application, has a robust, successful history of facilitating Case

Management Services and support for Individuals with Intellectual Disabilities/Developmental Disabilities (ID/DD). CareStar's service to the State of Indiana and Individuals living with ID/DD extends back to 2013, when our application to become a Case Management provider for the Family Supports Waiver (FSW), Community Integration, Habilitation (CIH) Waiver and Medicaid participation was approved by the State of Indiana.

In its administration of the FSW and CIH Waiver programs, CareStar serves over 3,100 ID/DD Individuals statewide, through the talents and resources provided by its experienced team of Case Managers. Additionally, CareStar has been a Case Management provider for the Aged and Disabled (AD) and Traumatic Brain Injury Waivers (TBI) since 2006. Currently, we are providing Case Management Services for more than 150 individuals.

Collectively, CareStar measures the impact of our Case Management Services through several key quality metrics. One notable metric is the Satisfaction Rate of 97% among those served. Our consistently high Satisfaction Survey scores demonstrate our long-term leadership in waiver programs and a solid reputation from which to build and grow. In fact, our reputation as a leader in Case Management Services, advocacy and empowerment for Individuals with intellectual and Developmental Disabilities led CareStar to be solicited and selected to provide Intensive Support Coordination services and traditional Support Coordination services, across the State of Georgia, for its most vulnerable Waiver population, those with Intellectual Disabilities, Medical and Behavioral Health conditions. As a result, 20% of the organization's Case Management Services are devoted to supporting the needs of this population.

CareStar's leadership and Case Management Team work closely with State Departments of Developmental Disabilities, as well as stakeholders in the field, to provide feedback related to the wants, needs and preferences of individuals with disabilities and to monitor and improve the quality of services being delivered.

In the Developmental Disability field, CareStar is actively involved with various community outreach activities including stakeholder and advocacy groups, community education co-operatives and collaborations that support and advocate for individuals with disabilities. In serving those with Intellectual and Developmental Disabilities, we work to gather information, share community resources, identify trends and stay abreast of new initiatives that may impact individuals served.

Included in Appendix AA is a summary of programs in which CareStar provides Case Management Services. The programs identified span three (3) different states and seven programs where Case Management for individuals with Developmental and Intellectual disabilities is the focus of work.

b. Provide specific examples of how you have worked collaboratively with individuals and families, as well as state and waiver provider partners to address day to day issues, as well as changing program needs and priorities.

CareStar Clinical Leaders and Case Managers have always recognized that the most productive way to address needs, issues or concerns is through team collaboration. The stories noted below demonstrate how the collaborative process has been used with Individuals and families, as well as State and Waiver Provider Partners to address day to day issues and changing program needs and priorities. In sharing these stories, special attention has been given to protect the privacy of Individuals by using fictional names or other redacted identifying characteristics and details.

Ahmad's Family: Support through Case Management.

Based on prior, relevant volunteer experience, the Case Manager (CM) knew that simply providing a Pick List to a family with special language needs and expecting them to place calls was not a practical option and the family would require additional support. During the first Intake Meeting, the Case Manager worked with Ahmad's mother (Mom) to identify the services she thought would benefit her children (music therapy, recreational therapy, behavioral supports) and to obtain permission to contact the children's teachers for insight into their communication goals. As a result, a Music Therapist and an Arabic-speaking Behaviorist were secured. However, Mom soon reported that because of the COVID-19 Pandemic, the school implemented a telehealth-only protocol for the Therapists. Mom shared she was unable to connect to the e-learning platform from her home and the school did not have a translator available for technical support. The Case Manager, working with Mom and the school's tech support staff, set up the children's e-learning accounts. Using computer tablets and a variety of software applications, the Case Manager successfully navigated to the children's curriculum and schedules.

Ahmad's mother also requested assistance with understanding and responding to letters from the Social Security Administration, physicians and other entities because she could not comprehend the content. The Case Manager helped schedule appointments for the children with specific physician specialty groups. The Case Manager helped Mom complete an application for emergency incontinence supplies and assisted Mom with establishing a Patient Portal through an organization, so she could schedule appointments and email doctors directly. Also, the Case Manager helped Ahmad's Mother complete paperwork for the transition back to school, order school meals for her children during the stay-at-home portion of the pandemic, connect with an Achievement Center and its resources and taught Mom to properly format documents and use her cell phone to sign electronically.

During the pandemic, the children's Behaviorist was no longer able to serve the family. The Case Manager suggested using another resource and located a second Arabic-speaking Behaviorist. When a specialized ID/DD Provider recently opened a summer

camp program, the Case Manager assisted Ahmad's mother with applying for her children to attend.

Today, when the Case Manager visits, Ahmad's mother decides if she wants the Case Manager to contact a translator, as she has grown in trust and sometimes feels comfortable trying to "practice her English," and at other times technical/medical translations are needed. Today, thanks to the Case Manager, Ahmad's mother is a confident decision-maker for all aspects of her children's waiver services and she is a more empowered advocate for her children's medical care and education.

Andy's Story: Case Management and Bureau of Developmental Disabilities Services (BDDS) Support.

Being a Waiver Case Manager means looking outside of specific programs to get the individual and family the supports that best meet their needs. For one family, this meant exploring the option of using an Aged and Disabled Waiver. Andy is twelve (12) years old with a diagnosis of Cerebral Palsy. He is totally dependent on his grandmother for his physical care. He uses a wheelchair for mobility and a G-tube for all nutritional support. Andy is being raised by his grandmother and her ability to care for his intense physical needs is becoming difficult. Andy receives services on the Family Support Waiver as well as four (4) hours per week of Medicaid Prior Authorized (PA) services. The Case Manager made a referral to the local Area Agency on Aging requesting an assessment for a medical model waiver. The Case Manager also contacted the Medicaid PA provider and requested that those services be reassessed. Andy's grandmother contacted his physician to request support for increased PA services.

The Case Manager and family explored Supported Group Living options. The Case Manager coordinated an opportunity to discuss this option with the local Bureau of Developmental Disabilities Service (BDDS) Coordinator. During this meeting, a referral for Supported Group Living was completed. The BDDS Service Coordinator discussed the option of completing an application for the Community Integration and Habilitation Waiver. While immediate solutions for increased supports is pending, the Case Manager took steps to explore other State programs, Andy's grandmother has many viable options for the future.

Alex's Story: Case Management Collaboration.

Alex is a 28-year-old young man, who is dually diagnosed. The combination of his developmental disability and mental health diagnosis has resulted in Alex having trouble managing himself and making poor choices. These choices and behaviors have resulted in involvement with the Criminal Justice System. In this situation, the Case Manager (CM) coordinated with Alex's former Therapist and Advocate, Guardian, Residential Provider, Behaviorist and Therapist regarding the day-to-day aspects of his care and support. The Case Manager collaborated with Adult Protective Services and the Bureau of Developmental Disabilities regarding suggestions for meeting the terms

of his plea agreements. Case Manager has coordinated a volunteer position for Alex, as this was a requirement of his plea agreement, with the Distribution Center.

Additionally, the Case Manager collaborated with Bureau of Developmental Disability Services' District Manager to discuss team expectations about a specialized Group Living waiting list, its timing and what can be done in the meantime to keep Alex out of the Criminal System. This team meets monthly, rather than quarterly, because of the complexity of ongoing issues. Case Manager continues to use all team members and the resources to support Alex in remaining healthy and safe in the community.

c. Describe any notable accomplishments for your company you feel would be relevant to this proposal.

CareStar's work is supported and recognized through various initiatives and Awards. Our Accreditations and Awards, presented below, are a testament to our success in healthcare. Our leadership in home and community-based programs, population health management and continuous quality improvement aligns with our mission and enables us to help our partners improve care delivery and the health status of those they serve.

CARF

CareStar is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Through CARF accreditation, CareStar undergoes a rigorous peer review process. We demonstrated to a Team of surveyors during an onsite visit, our commitment to offering programs and services that are measurable, accountable and of the highest quality. CARF holds us accountable for meeting nationally and internationally recognized standards of performance. The three-year CARF accreditation CareStar earned represents the highest level of accreditation that can be awarded to an organization and shows CareStar's substantial conformance to the CARF standards.

QIO-Like

CareStar is proud to be a Quality Improvement Organization-like (QIO-like) Company Certified by the Centers for Medicare and Medicaid Services (CMS). As a leader in Case Management, Assessment, Technology and Software Development, CareStar uses this Certification to assist our customers with quality assurance, improved healthcare outcome and reduced costs.

Administered by CMS, a QIO-like Organization is made up of a group of expert healthcare clinicians and professionals contracted to complete utilization reviews and analyze patterns of care related to medical necessity and quality review. The QIO-like Certification is one of CMS' most significant programs to improve quality and efficiency of healthcare delivery.

Safety, Quality, Informatics and Leadership Program

CareStar's Medical Director, Daniel B. Barnes, MD, is Board Certified in Family Medicine and a graduate of the University of Kentucky, College of Medicine in 1996. Among his many accomplishments, Dr. Barnes completed the Safety, Quality, Informatics and Leadership Program from Harvard Medical School in August 2020.

The Safety, Quality, Informatics and Leadership Program is a fifteen (15) month, post-graduate program, designed for those who hold leadership roles related to clinical quality and patient safety. Participants in this program master strategies to optimize organizational structure and improve the delivery of healthcare programs and services.

CISSP

CareStar's Director of Information Technology is a Certified Information Systems Security Professional (CISSP). The independent information security certification is granted by the International Information System Security Certification Consortium, also known as (ISC)². Through the CISSP certification process, participants demonstrate the aptitude and experience needed to effectively design, implement and manage a strong, effective cybersecurity program.

ANSA Certification

Our organization administers the Adult Needs and Strengths Assessment (ANSA) to perform eligibility assessments for Ohio's Specialized Recovery Services Program (SRSP). SRSP is a statewide 1915(c) Waiver serving members with Severe and Persistent Mental Illnesses. CareStar began performing ANSA assessments statewide with the initiation of SRSP in April of 2016. CareStar's expertise with the ANSA and the Praed Foundation is based on having more than 200 trained and certified employees, and having conducted approximately 40,000 initial and annual assessments.

CPHQ

CareStar proudly recognizes the employment of Case Management and Quality Improvement personnel who have earned credentials as a Certified Professional in Healthcare Quality (CPHQ). The National Association of Healthcare Quality (NAHQ) supports CPHQ certification. There are 13,000 professionals, worldwide with CPHQ certification. One of the 13,000 professionals is a CareStar of Indiana, LLC employee.

NAHQ describes the "purpose of certification in the healthcare quality field is to promote excellence and professionalism. The program certifies individuals who demonstrate their knowledge and expertise in this field by passing a written examination. The CPHQ designation provides the healthcare employer and the public with the assurance that certified individuals possess the necessary skills, knowledge and experience in healthcare quality to perform competently."

HITRUST

CareStar and CareStar Information Systems (CSIS), including our infrastructure, platform and Corporate Network have earned Certified status for information security by the Health Information Trust (HITRUST) Alliance. With the HITRUST CSF Certified Status, our infrastructure, platform and Corporate Network meet key healthcare regulations and requirements for protecting and securing sensitive and private healthcare information, significantly improving the security environment encompassing third-party privacy, security and compliance. This certification validates our commitment to meeting key healthcare regulations and protecting sensitive private healthcare information. Only a few elite healthcare providers have earned this highly sought-after credentialing. By including Federal and State regulations, standards and frameworks and incorporating a risk-based approach, the HITRUST CSF helps organizations address challenges through a comprehensive and flexible framework of prescriptive and scalable security controls, ultimately potentially saving our customers billions of dollars for healthcare breeches.

BBB Torch Award

CareStar was awarded the 2020 BBB Torch Award for Marketplace Ethics that was presented by the Cincinnati Chapter of the Better Business Bureau. This award recognizes businesses who go above and beyond to exemplify ethical behavior.

d. Describe any lessons learned from any sanctions, corrective actions, or formal complaints that you have been subject to (including for non-case management services), both in Indiana and other states.

While CareStar is fortunate to have achieved a high level of program compliance with a very limited number of CAPs or Sanctions, a recent response to a CAP and Sanction issued by BDDS allowed us to enhance our tracking practices for required Case Manager Trainings. We even expanded this improved, centralized process across other programs, in other States. Responding in this manner, demonstrates CareStar's willingness to accept constructive critiquing and grow from our experiences.

CareStar has learned that the effectiveness of sanctions, corrective actions or formal complaints can be measured by the way the behavior, structure or practices of our organization are changed or improved. CareStar's Executive Management Team supports investing in a full-time Quality Improvement (QI) Supervisor, who has the necessary training, resources and authority to design and implement robust policies and procedures that support quality service delivery. Establishing a clear tone from the top ensures that every person employed by CareStar knows who is responsible for preventing sanctions and, that if an employee reports an issue, leadership will take it seriously.

CareStar has conducted risk assessments to account for sanction-related risks across programs. These risk assessments are reviewed annually. Areas of risk are updated

to account for changes that are identified through audits of internal policies and practices. Strong quality assurance controls ensure that CareStar can prevent, identify and respond to compliance concerns. Policies must be translated into day-to-day activities that allow Case Managers as well as administrative staff to effectively manage compliance within each program. Establishing well-designed quality assurance and data management controls around programmatic processes is key. CareStar staff are required to attend regular and structured training to reinforce an understanding of policies, procedures and rules that govern the work being performed within each program.

Compliance and Approach to Correction

- a. *What measures or steps would you take to address AND prevent corrective actions or findings issued by BQIS?*
- b. *What quality assurance approaches would you employ to identify systemic issues? Please include supervision strategies as well as technical approaches*
- c. *What quality assurance approaches would you put into place to timely address specific, limited situations as they arise?*
- d. *Describe your company's consideration of compliance requirements AND quality services in the delivery of case management.*
- e. *Describe how you plan to provide ongoing comprehensive quality assurance. Please include how you will apply culture of quality concepts and data analysis as part of the quality assurance approach.*
- f. *Provide a description of a proposed quality assurance plan, addressing the points outlined in Section 5.3.1, or provide a preliminary draft of your quality assurance plan.*
- g. *Provide a narrative about your proposed Compliance Officer and the potential activities this role would oversee and/or conduct. Please also attach a resume or CV.*

a. What measures or steps would you take to address AND prevent corrective actions or findings issued by BQIS?

CareStar's robust continuous quality improvement activities help us self-identify potential issues and prevent them before they result in formal findings by BQIS requiring corrective action. Retrospective comprehensive clinical file reviews completed by program Supervisors with dependable inter-rater reliability produce actionable data that is evaluated for improvement opportunities by the QI Supervisor and Director and other experienced program leaders as appropriate. This workgroup considers Root Cause Analysis to clearly define the problem, then designs feasible and practical tests and measures the change. Test data is collected and analyzed for measurement against established quality benchmarks to prevent recurrence and determine when desired improvement is achieved.

If corrective actions or findings are issued by the State of Indiana, CareStar's Director will initiate its CAP Resolution Protocol as detailed in Section 6.4, Corrective Actions and Sanctions, of this RFS. The multi-disciplinary CAP workgroup is a collaborative effort between the Director, QI Supervisor and other CareStar personnel from various departments or positions. This work group will standardize processes not optimized. The QI Supervisor will lead the discussion to facilitate process improvement and to identify underlying root causes or contributing factors that influence suboptimal performance to fully address and resolve all compliance issues.

CareStar's QI Supervisor will oversee ongoing monthly monitoring of the identified issues and reporting of outcomes will be provided to program leadership on a monthly or quarterly basis as appropriate. In the event of a formal CAP/sanction process, CareStar and representatives from the State Agency will meet, as warranted, to discuss progress relative to improvement efforts and resolution of the CAP.

b. What quality assurance approaches would you employ to identify systemic issues?

CareStar employs many different methods to identify systemic quality issues and determine the prevalence and severity of those events. These methods include self-reporting, supervisory assessment of staff feedback, prospective or retrospective clinical case file reviews, analysis of data against established benchmarks and the involvement and feedback from persons served and their support networks.

Supervisors will conduct in-person small group meetings with their Case Management Team. Educational content provided may include new processes and protocols as well as updates and reminders on current practice standards and quality assurance measures. These meetings will offer a chance for face-to-face interaction between Case Managers and their Supervisor. The collective exchange of ideas allows the Supervisor to identify opportunities for training, evaluate the team's performance and determine if knowledge-based performance deficits are related to a specific Case Manager or the entire team.

Retrospective clinical case file reviews are used to identify quality deficits. Clear, standardized performance objectives, quality measures, reviewer guidelines and inter-rater reliability evaluations, are the hallmark of CareStar's ongoing clinical case file review process. Reviews will be performed by both Clinical Supervisors and the Quality Improvement (QI) Supervisor. This method promotes inter-rater reliability and ensures dependable review data that can be used for analysis and development of performance improvement initiatives. CareStar will generate data from the BDDS-approved Assessment and Case Management System, per the method available in the system and analyze the data on required performance metrics for trends and patterns. Additional performance data, gathered from clinical record reviews or other internal tracking tools used by CareStar, will be included to complete the trend analysis.

The Director and Supervisor will monitor monthly operational reports and quality metrics. If timeliness, customer service or quality of work decrease in any way, Root Cause Analysis and other quality improvement methodologies will focus on compliance-related trends and patterns and provide remediation of sub-standard performance by offering solutions for continuous quality improvement.

Active involvement of Individuals and their family or community support network raises the expectations of Case Manager performance. CareStar will seek feedback in the form of quarterly Satisfaction Surveys (via phone, email, text or Internet) and Internet-based opportunities for dialogue around our quality performance. Satisfaction Survey Responses are aggregated and analyzed for trends and patterns and evaluated in terms of number and of Case Managers cited in either negative or positive responses. Established system-level quality metrics outcomes are summarized and publicized both internally (via company email) and externally (via the company's website).

All identified issues from all data sources are investigated for what has gone wrong (Root Cause Analysis, a.k.a. RCA), as well as what different ways the issue might go wrong in the future (Failure Modes and Effects Analysis, a.k.a. FMEA), with consideration given to the interrelationships between individual employees, departments, Persons-Served and technology. Findings are summarized and evaluated for individual versus systemic failures.

CareStar leadership reviews all company policies and procedures annually and as necessary to prevent potential systemic failures. RCA and FMEA findings are synthesized and used to create a "road-map" leading to the development of necessary corrective actions and improvement of quality. Leadership staff review the identified quality deficits to prioritize needs, select practices for improvement and appropriately allocate resources to ensure that the organization's commitment to interventions and improvement are sustained over time.

c. What quality assurance approaches would you put into place to timely address specific, limited situations as they arise?

CareStar will use up-to-date technology, querying tools, data collection and real-time work reviews to evaluate the quality of Case Management functionality and enhance quality outcomes. Whether a quality concern is systemic or confined to a particular time, place or person, the process for improvement is based on the well-established Plan-Do-Study-Act (PDSA) model.

For a swift response to issues isolated by time, place or person, CareStar leadership will scale the scope and size of improvement activities to support rapid-cycle or multiple-cycle PDSA. Through this process, we will capitalize on our existing strengths, which involving our dedicated workforce. CareStar's unique culture of finding purpose in serving others attracts employees that seek to improve processes to achieve optimum satisfaction for the person served and are willing to participate in the improvement process.

Focus on rapid tests under varying conditions

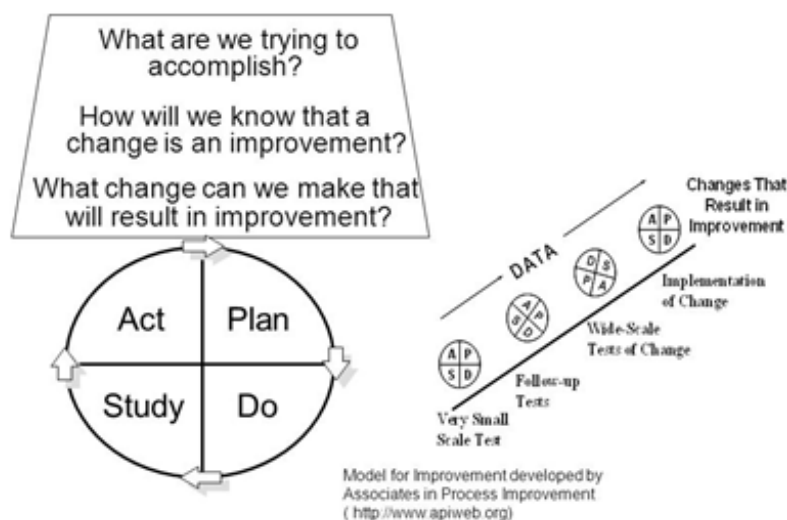


Figure 1: Rapid Improvement Model

Qualified and interested employees form a work group that includes appropriate program leadership. The work group defines the problem, designs feasible and practical tests and measures the change. Since not all change is an improvement, data is continuously collected and analyzed for measurement against established quality benchmarks.

This cycle is repeated until the desired improvement has been achieved, at which time the CareStar Education Team synthesizes knowledge obtained from improvement activities and creates educational and training materials and methods. The Education Manager works with the Director and Supervisors to determine What to Teach, Who to Teach, When to Teach and How to Teach.

Educational content provided may include new processes and protocols as well as updates and reminders on current practice standards and quality assurance measures. CareStar's Quality Improvement Supervisor will play an integral role in educational development by providing data and record review to identify performance trends. In addition to in-person small group meetings, CareStar's methods of instruction may include informational sharing and educational exchanges, such as virtual classroom video conferencing, webinars and self-study courses as appropriate.

CareStar's proven ability to respond promptly, thoroughly and appropriately to specific, limited situations is in the experience and expertise of our field staff and leadership team. One of the most important ways to ensure quality outcomes is through knowledge. Education and training on evidence-based practices provides a framework to establish quality benchmarks and performance expectations for our Case Managers. CareStar provides in-depth training upon hire and then at least monthly throughout employment. The quality of Case Manager performance is routinely measured by their Clinical Supervisor.

Supervisory observation will occur with new Case Management staff throughout the orientation and new employee cycle. On an ongoing basis, Case Management staff will receive one-on-one time with their Clinical Supervisor at least Monthly. Caseload review, current caseload assignments and critical issues will be reviewed during these meetings. More frequent monitoring, observation or interaction is available and would be implemented as necessary to promote optimal job performance and quality Person-Centered-Case Management for the Individuals we serve.

Each Case Manager undergoes a Performance Evaluation review ninety (90) days from date of hire and annually thereafter. Performance Evaluations include individualized performance goals and core competencies essential for the achievement of optimal service delivery by using inputs from Supervisor observation, prospective and retrospective reviews. Supervisors closely monitor Case Managers for the first 90 days of employment (probationary period), which consists of review, discussion and feedback with additional training if necessary. Regular webinar in-service training and support is provided to all clinical staff to maintain their knowledge and high-quality performance.

d. Describe your company's consideration of compliance requirements AND quality services in the delivery of case management.

According to Webster's Dictionary, compliance is defined as, "conformity to fulfilling official requirements," such as fulfilling requirements outlined in a contract for services. Meanwhile, quality is the degree of excellence of a product or service that satisfies a given need. Compliance and quality are not identical in nature, nor are they opposing forces.

True compliance in healthcare is more than just conformity to rules and regulations and can be divided into three broad areas: clinical compliance, performance standards and evidence-based guidelines that provide quality outcomes of Case Management of specific types of individuals and situations. Quality includes compliance, but across a larger spectrum as it evaluates the total picture for the individual. Compliance measures data. Quality examines outcomes and asks, "Did our service support the individual in achieving empowerment, independence and self-determination. High compliance in all areas allows Case Managers to efficiently deliver high quality, person-centered services.

CareStar's approach to compliance monitoring is data driven. Using CareStar's robust and secure Data Warehouse and reporting tools, large amounts of data can be managed quickly. CareStar's Quality Improvement Supervisor and Data Analyst will capture data associated with quality performance measures and complete an analysis of the data. The QI Supervisor and Data Analyst will run reports from the BDDS database, identify patterns and trends and use techniques such as Root Cause Analysis (RCA), Flow Charts and Failure Modes Effects Analysis (FMEA) to identify strategies to support health and safety and ensure continuous quality of eligibility assessments, development of PCISP and Case Management activities, consistent with BDDS-established standards and Individual needs. Analyses are disseminated to Case Management staff in an understandable format to ensure compliance, quality, efficiency and cost-effectiveness of services.

e. Describe how you plan to provide ongoing comprehensive quality assurance.

A basic approach utilized across our programs has been to develop data collection and reporting to monitor performance on key program quality measures and compliance requirements. Performance data is frequently measured against pertinent regulatory standards. If there is no prescribed standard, the QI Supervisor will use a comparative, evidence-based benchmark or prior performance data to measure improvement over time.

Evaluating and improving quality is a team effort and is best achieved through a collaboration between, the QI Supervisor and personnel representing a cross section of departments or positions, that have a stake in improving quality for area in which they are responsible and where a standard or process is not optimized. The QI Supervisor facilitates improvement process (root cause analysis, cause and effect diagrams, flow charts, etc.), to identify underlying causes and contributing factors for suboptimal performance. Once underlying causes have been identified, a quality improvement initiative is designed and implemented to achieve performance improvement.

When underlying causes of performance issues form gaps in understanding, the gaps have been addressed with education using a variety of methods, including provision of checklists and guideline tools or education provided in-person, online, via video conference and webinar. Competency-based post tests are used to ensure understanding. Targeted case reviews or collection and analysis of data from the electronic health records are used to determine if performance has improved following the improvement initiative. Assessment for improvement of skills, such as Case Management interviewing skills, may take the form of supervisory shadowing to assess for desired interviewing methods and outcomes.

For continuous quality improvement, CareStar sets annual goals for its performance and collects and analyzes data on several performance measures for each contracted service program to report its performance relative to the effectiveness and efficiency of services, service access and beneficiary satisfaction with services.

Data and outcomes of quality initiatives are used to keep Stakeholders and CareStar Supervisors, Managers and Executive Management abreast of staff performance, track achievement of business objectives, establish future performance targets and most importantly, assess the needs and outcomes of persons served and associated family members as related to the access to and effectiveness of services and thus assists in the development of Quality Improvement initiatives.

A culture of quality is realized when everyone, at all levels of the organization, acknowledge and recognize, that errors can happen. In this environment, employees foster and environment of trust and transparency where they may freely and openly communicate errors as an opportunity for learning, accountability and strategizing solutions that ensure Individuals' wellbeing. CareStar's Core Values, CareStar Rule and CareStar's Employee Handbook provides employees with the foundation to facilitate a cultural of quality.

f. Provide a description of a proposed quality assurance plan, addressing the points outlined in Section 5.3.1, or provide a preliminary draft of your quality assurance plan.

Within fifteen (15) days of the execution of this contract, the QI Supervisor, in conjunction with the Director, will be responsible for the development and submission of a Quality Assurance Plan that addresses statewide delivery of Case Management services, oversight of Case Managers and verification of adherence to all policies, guidelines and applicable Case Management service requirements.

The following paragraphs serve as an outline of key topical areas that are planned for inclusion in CareStar's comprehensive Quality Assurance Plan. CareStar may present additional topics in the final Quality Assurance Plan document.

CareStar's Governing Body and Quality Improvement

CareStar has an active governing body. The CareStar Board is responsible for the functions of CareStar. The partnership with the Board contributes to the successes of our CareStar programs. The Board is involved with approving budgets, strategic planning and organizational direction. The Board has a direct role in providing oversight to Executive Management to minimize exposure to risk, monitor quality and ensure that programs have the necessary resources in which to operate.

Board Members are expected to be active participants in ensuring CareStar's success. It is expected that our Board Members educate themselves about CareStar affairs, services we provide, understand the financial situation, question/analyze decisions and take responsibility for CareStar's development. CareStar's President, Pamela E. Zipperer-Davis, is a member of our Board as well as Dr. Daniel B. Barnes, CareStar's Medical Director and member of the Quality Committee.

CareStar's Executive Team meets with the Board quarterly. The Board is composed of a diverse group of professionals:

- Two Board-Certified Family Medicine physicians.
- A seasoned business executive and consultant.
- An experienced marketing, service excellence and strategic planning professional.
- An experienced professional in the Criminal Justice System.
- An executive with operational experience in the healthcare and business management fields.

CareStar has a Quality Committee. In addition to the President, members of this committee include the Vice President of Operations, Manager of Quality Improvement and Dr. Daniel B. Barnes, MD., who has served as CareStar's Medical Director since 2016.

Dr. Barnes graduated from the University of Kentucky, College of Medicine, in 1996 and is Board Certified in Family Medicine. Board certification is a testament that the physician is highly qualified in the field in which they practice. 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.

The Quality Committee meets at least twice annually.

Oversight of Case Management Services

The QI Supervisor and Supervisory Team will use various audit tools, tracking mechanisms, BDDS reporting and joint visits with the CM and Individual as mechanisms to ensure timely and accurate completion of Case Management Services. Oversight will include adherence to Case Management requirements outlined in the 1915c Waiver Service Definitions, service standards, manuals and policy directives.

Staff Coverage

Supervisors are required to evaluate staffing coverage and will work to assess potential staffing needs related to shifts in census. The methods employed to ensure sufficient staff coverage will consider geography, capacity and Case Manager caseloads.

Verifying Employee Qualifications

CareStar implements a two-pronged approach in verifying employee qualifications. This process ensures Case Managers and support staff meet both the educational, as well as, the background check requirements before hire.

Per CareStar's Criminal Background Check Policy, an applicant will not be permitted to begin employment with CareStar until the applicant successfully completes all required background checks. Further, an employee may not be permitted to transfer into a position until the employee has completed all required background checks for the position.

CareStar's range of background checks currently include Office of Inspector General (OIG) exclusion list review, criminal history, motor vehicle driving history for positions with driving as an essential function, professional and personal reference checks, national and State-specific registry database searches and professional licensure verification checks. These checks are compliant with 460 IAC 6-10-5 as stated in the RFS.

Review of Case Management Activities

The QI Supervisor will collaborate with appropriate Supervisors to develop and execute an Audit Plan that addresses both prospective and retrospective documentation reviews. The plan will ensure an annual review of all Case Managers' documentation.

g. Provide a narrative about your proposed Compliance Officer and the potential activities this role would oversee and/or conduct. Please also attach a resume or CV.

CareStar agrees and fully supports the development of a Compliance Officer position as described in the Case Management Request for Services (RFS). In our organization, the functions and responsibilities outlined in the RFS' Compliance Officer position are fulfilled by CareStar's Quality Improvement (QI) Supervisor position. As such, the position of Compliance Office required in this project will be referred to as the QI Supervisor throughout this response.

CareStar's Compliance Officer for Indiana's CIH and FSW Waiver Programs will be fulfilled by Quality Improvement Supervisor Jenny Greer. Jenny will maintain a full-time position but will not carry a caseload and, as such, will not be conducting quality or compliance reviews on her own work.

The QI Supervisor position is responsible for spearheading the development and administration of the Quality Assurance Plan. The person in this position works to ensure that mechanisms are in place to level-set the quality of CM activities and confirm congruency with BDDS practices, including the identification and response to rule and regulatory issues and contributions to Case Manager training initiatives. The

QI Supervisor will work collaboratively, with appropriate parties, to address quality issues and report these issues to BDDS/BQIS as per regulation and within the framework of the semi-annual touch point, quarterly and monthly meetings.

CareStar's QI Supervisor will work in conjunction with the Director and Clinical Supervisors to design tools and reviews of select processes and/or areas of operation to measure performance and quality. Resultant data will be synthesized to provide improvement recommendations to program leaders. The QI Supervisor will serve on workgroups and committees as requested and as a member of the Risk Management team, the QI Supervisor will lead investigations related to potential HIPAA violations and associated investigations. Jenny Greer's resume may be viewed in *Appendix BB*.

SECTION 4. – Plan and Program Information

Please explain how you propose to respond to Section 4 by answering the question prompts in the box below, if applicable.

Section 4.2.1 – Enrolled Medicaid Provider

- a. *Describe how you plan to comply with Medicaid provider enrollment requirements. Address the following aspects:*
 - i. *Estimated timing*
 - ii. *Any structural changes for your company*
- b. *Include a draft application for enrollment (see Bidder's Library for application information).*

a. Describe how you plan to comply with Medicaid provider enrollment requirements.

Since 2006, CareStar has been a Case management Provider for the Indiana Aged and Disabled (AD) and Traumatic Brain Injury Waiver (TBI).

CareStar of Indiana, LLC became a Medicaid Certified Provider of Case Management Services for the Community Integration and Habilitation (CIH) and the Family Support Waivers (FSW) in August of 2013.

CareStar is proud to acknowledge that our status as a Certified Medicaid Provider has remained in good standing, without interruption and is unencumbered by any regulatory or compliance issues. Therefore, no structural changes are required or pending for our company.

b. Include a draft application for enrollment.

As an established Case Management Provider, a draft application is not warranted. However, evidence of our Medicaid certification is available upon request.

Section 4.2.2 – Commitment to Statewide Coverage

- a. *Describe how you will ensure statewide coverage of case management services. Address the following aspects:*
 - i. *Your company's approach to staffing that ensures adequate geographic statewide coverage and considers:*
 1. *How you assign Case Managers to Individuals. Be sure to address:*
 - a. *What factors are considered*
 - b. *How you plan to balance the varying complexities of individual cases for Case Manager caseload*
 - c. *Process for Individuals to request specific Case Managers*
 - b. *If you currently do not provide statewide coverage, describe your plan to transition to do so.*
 - c. *Provide an overview of how you plan to fulfill your responsibilities overseeing your Case Managers and ensuring quality case management services.*
 - d. *Describe how your Case Managers will provide services and support with a person-centered approach and how you plan to encourage and ensure this, and monitor or measure for effectiveness.*
 - e. *Provide an overview of your current case management team, including number of employees, geographic coverage, and caseload.*
 - i. *Please share any timing concerns you may have with assuming and delivering case management services statewide within the stated timelines*

a. Describe how you will ensure statewide coverage of case management services.

CareStar has experience in establishing and maintaining statewide coverage for Case Management Services as we currently cover all counties in Indiana. Supervisors, Human Resources staff and the State Director ensure each County has adequate Case Management coverage to serve CIH and FSW Waiver participants with excellence.

Using the Case Manager Report that is available on BDDS Case Management Portal, Supervisors will monitor capacity of each Case Manager. When a Case Manager is identified as approaching a full caseload of forty-five (45), the Supervisor and State Director will strategically determine the most appropriate geographic area to target for building capacity to accommodate the forecasted staffing requirements.

Concurrently, a Position Requisition Form will be submitted to Human Resources requesting that a position be posted in the targeted area on established recruiting websites. Using these recruiting tools optimizes our ability to attract qualified Case Manager candidates. CareStar's Human Resources Team is experienced, responsive and supportive in implementing this targeted hiring strategy.

Case Managers will be selected and hired to serve their local community and coverage area. With this approach, we can leverage team members' familiarity with the services, providers and resources that are unique to their residential area. This expectation also supports an enhanced level of expertise in community's culture. Armed with the

knowledge and understanding of the community's culture and resources, CareStar's Case Managers can optimize community supports for CIH and FSW Waiver participants.

CareStar believes the relationship between the Individual and their Case Manager is unique and built on a foundation of respect, dignity and trust. Once that relationship is established, every effort will be made by the Case Manager to nurture and support that professional bond.

Supervisors ensure that Case Management assignments are thoughtful and consider personal factors pertaining to the Individual, including geographic location, personal preferences and cultural sensitivity. Integrated with those decisions are Supervisory considerations related to the Case Manager's strength, experience and capacity.

During initial contact with the Individual or family, CareStar thoroughly discusses with the Individual how the Case Manager's proximity and knowledge of the services, resources and providers will be beneficial in optimizing independence in the community.

The Supervisor's first consideration in assigning Case Managers is the Individual's choice. Supervisors and Intake Coordinators regularly review Case Manager's caseload to ensure that there is a balance of Community Integration and Habilitation (CIH) and Family Support Waiver (FSW) Individuals and to confirm that the number of pending transitions is manageable. To balance caseloads, these factors are considered:

- Individuals who are dually diagnosed with a secondary mental health disorder.
- Individuals for whom English is a second language.
- Individuals who have complex needs related to maintaining health and wellness.
- Individuals who have difficulties with social adjustment.

When an Individual requests a specific Case Manager by indication on the Pick List or by contacting CareStar to request a change, the Intake Coordinator will work directly with the Clinical Supervisor and Case Manager. CareStar will make every attempt to honor the request of the Individual, considering Case Managers' caseloads and locations. If the requested Case Manager has a full caseload, the Clinical Supervisor and Case Manager will review the cases and determine what adjustments can be made to accommodate the request. If adequate adjustments are not feasible, the Supervisor will contact the requestor and offer a choice of other available Case Managers. The Individual or family will be given the opportunity to interview or meet with Case Managers who are available to provide services in their area. In all instances, such changes will comply with the process outlined by FSSA/DDRS/BDDS/BQIS service standards.

b. If you currently do not provide statewide coverage, describe your plan to transition to do so.

Currently and without interruption since becoming a CMCO, CareStar provides Case Management services to Individuals throughout all 92 counties in the State of Indiana.

c. Provide an overview of how you plan to fulfill your responsibilities overseeing your Case Managers and ensuring quality case management services.

CareStar's current Supervisory staffing model entails a team of up to 15 Case Managers per Supervisor with Supervisors having no assigned Case Management responsibilities. This model of service delivery allows full support and back-up coverage to the Case Management Team. This model allows the Supervisor to attend meetings as a resource and have availability when needed to support the team. This staffing model allows the Supervisor ample time to share knowledge and experience with the team as well as ensure quality Case Management Services are being provided.

"My Case Manager is very thorough and does an amazing job advocating for me"



Satisfaction Survey 2021

New Case Manager training is a rigorous, 5-week process. Each week involves several days of working in-person with the Case Management Supervisor and with other Case Managers, shadowing them and participating in hands-on training. See Section 5.4, entitled, "Training of Case Managers," which provides a comprehensive review training methods and topics). Supervisors have specific areas of

expertise in topics such as PCISP's, LOCSI's and LifeCourse tool. Each Supervisor provides training in their area of expertise during the new hire orientation and onboarding process.

Supervisors provide direction and feedback to all Case Managers through the utilization of monthly case reviews, quarterly internal document audits and weekly review of caseload audit reports. They conduct 1:1 supervisory meeting as well as monthly Case Management team meetings. These monthly meetings provide an opportunity to build team comradery, connect to company culture, share resources and network. It also allows the Case Managers time to ask questions, share experiences and participate in creative problem-solving. The monthly meetings are used as group sessions to inform, review and educate team members on program changes and to present other relevant information and educational opportunities.

d. Describe how your Case Managers will provide services and support with a person-centered approach and how you plan to encourage and ensure this and monitor or measure for effectiveness.

CareStar ensures that each Case Manager, as well as their Supervisor, have initial and continuous training on Person-Centered Planning, Person-Centered Individual Support

Plans and the use of the PCISP Rubric. Training will also feature use of LifeCourse training modules and tools, such as Life Trajectory, Integrated Supports, Charting the LifeCourse Experiences, Life Stage Questions and Person-Centered Mapping. Case Managers have annual training on Person-Centered topics, such as cultural and linguistic competence, relationship building, human rights, advocacy, strengths-based planning, health literacy and empowerment of the Individual for self-advocacy. This education provides Case Managers with the foundation to build effective Person-Centered Services.

CareStar Supervisors verify that each Case Manager utilizes these trainings when aiding the Individual with Facilitation of Individual Support team meetings. CareStar values the importance of Individuals being the conductor of their life course and partners with them to ensure that their voice is heard. This allows the team to help develop and implement the Individual's goals, values and choices in a meaningful and positive way.

Care Star Case Managers are trained to prioritize the Individuals' cultural preferences, language preferences, strengths, interests and future vision. This focus on the Individual allows the Case Manager to guide the Individual in their direct interactions with perspective service providers and other resources within the community. The Case Manager supports the Individual in facilitating interactions with their support staff, service providers and other points of contact within their home and community.

All CareStar Supervisors monitor that person-centered training is completed regularly and consistently by Case Managers. All Case Managers participate in a two-day Person-Centered Planning training by an accredited trainer within their first year of employment. Additionally, Supervisors identify experienced Case Managers, who could benefit from reviewing this training. Supervisors monitor that this training translates into quality Person-Centered Maps that guide the Person-Centered Individual Support Plan (PCISP). In addition, the Supervisor will attend team meetings when invited or necessary, review PCISPs using the Rubric and supporting documentation and provide direct communication and feedback to the Case Manager. CareStar also has a Mentor Program in which all new Case Managers are paired with an experienced Case Manager, referred to as a "Buddy," to offer addition support, guidance and mentorship to aid in the successful delivery of person-centered and effective Case Management Services.

e. Provide an overview of your current case management team, including number of employees, geographic coverage, and caseload.

CareStar's FSW and CIH Waiver Programs currently have seventy-one (71) Case Managers and 5 Supervisors that provide services to over three thousand one hundred (3,100) Individuals statewide. Current staffing patterns support one (1) Supervisor for every fifteen (15) Case Managers. CareStar will comply with the caseload expectation of forty-five (45) Individuals as noted in the RFS. Under current circumstances, our staffing model will not require restructuring of our current Case Management

assignments. This means Individuals and families are expected to maintain continuity of Case Management Services when this RFS contract is implemented.

CareStar does not foresee any timing concerns with assuming and delivering Case Management Services statewide within the stated timelines. Refer to Section 5.1 for detailed description of recruiting and hiring Case Managers. In Indiana, positions have been filled with qualified candidates and candidates have been maintained in a pipeline status for future open positions. To address rapid growth, CareStar will comply with the bundling of qualified Case Managers in the hiring process.

SECTION 5. – Description of the Contractor’s Responsibilities

Please explain how you propose to execute Section 5 by answering the question prompts in the boxes below. In answering these questions, please provide any relevant experience you may have.

Section 5 – Description of the Contractor’s Responsibilities - Overview

- a. *Describe how you will support case managers to ensure functional, effective and positive Individualized Support Team dynamics (facilitation, coordination with other providers, collaboration with guardians, etc.) with a focus on working toward shared outcomes for the team in support of individuals’ wants and needs.*
- b. *Describe how you will support case managers to deliver case management to be strength-based, person-centered, and offer opportunities for integrated supports to individuals in BDDS waiver services, as well as individuals transitioning into waiver services and how you plan to monitor these activities for effectiveness.*
- c. *Provide specific examples of your proposed incorporation of all life domains and life stages within the context of a person, their family, and community in the delivery of person-centered case management, and the outcomes you believe your approach will have on individuals receiving services.*
- d. *Provide a summary of how you will ensure complete, accurate and timely data entry into the state’s case management system and your approach for monitoring this.*

a. Describe how you will support case managers to ensure functional, effective, and positive Individualized Support Team dynamics (facilitation, coordination with other providers, collaboration with guardians, etc.) with a focus on working toward shared outcomes for the team in support of individuals’ wants and needs.

CareStar has a strong commitment to maintain person-centered practices as the focus for our work with Individualized Support Teams (IST) Beginning at the interview process, perspective Case Managers are questioned about their strengths with respect to listening, probing and clarifying and their practices in being sensitive to privacy issues and understanding differences. These capacities are key to becoming a good facilitator in the IST collaboration process Upon employment orientation includes training in

Person Centeredness; then ongoing training and 1:1 coaching focuses on collaboration rather than control and patience rather than precipitous decision making.

CareStar has a solid working relationship and reputation with service providers across the State and a demonstrated ability to seek out potential new providers when resources are scarce for a particular Individual. Because we have been a trustworthy partner in solving problems and seeking solutions, providers are willing to cooperate and collaborate with us to gain strong outcomes that support the wants and needs of the people we serve.

Case Management is viewed as a partnership between the Individual or Guardian and the Case Manager, in which the Case Manager advocates for the Individual and assists in navigating needed services and supports. This expectation is shared with the Individual from the initial contact with CareStar during the intake process; and displayed throughout the working relationship. Through the IST, CareStar's partnership will focus on integrating supports and services with the context of the Individual, family and community. When the Individual chooses CareStar as their Case Management provider, they will be sharing an important part of their life with the Case Manager. To this end there must be a level of trust, professionalism, respect and good will.

While the Individual served is the focus of our activities, we recognize that the role of parents and guardians is integral to the success of the IST. Case Managers may spend time with the parent or guardian to help them understand the transitions that the Individual is making. Conversely, the Case Manager may need to help the Individual understand the team process and their role in that process. It is the role of the Case Manager to assist each person involved with the Individual Support Team to participate in planning and problem-solving in the most positive and effective manner.

Sharing the responsibility and satisfaction of completing discovery tools like Person-Centered Planning Maps, LifeCourse Tool for Decision Making Supports and the Integrated Supports Star, is a method CareStar uses to focus the Team on working toward shared outcomes in support of Individuals' wants and needs.

b. Describe how you will support case managers to deliver case management to be strength-based, person-centered, and offer opportunities for integrated supports to individuals in BDDS waiver services, as well as individuals transitioning into waiver services and how you plan to monitor these activities for effectiveness.

Each CareStar Case Manager receives intensive 2-day Person-Centered Planning/Mapping training during their first year of employment. This training sets the stage for skill development to provide strength-based, person-centered services for Individuals served. This training also addresses team facilitation and introduction to LifeCourse tools. CareStar has identified four (4) Person-Centered Planning maps that must be completed for every Individual served:

- What an Individual's typical week looks like.
- People and Places in the Individual's life.
- The Individual's gifts and capacities.
- An Action Plan.

The Life Course tools Case Managers receive specific training to implement include:

- The Integrated Supports Star.
- Life Trajectory.
- Life Domains.
- Life Stages.

"She always gets back to me right away. She actually listens and respects me as a parent. I couldn't ask for anyone better."

Satisfaction Survey 2021



CareStar ensures that each Case Manager understands and can apply the PCISP Rubric. Approximately 30% of PCISP's are reviewed and measured, annually, in accordance with the Rubric. Supervisors complete these quality reviews monthly with QI auditing for inter-rater reliability. Feedback is recorded on an Internal Audit form and then provided to and reviewed with the Case Manager at least annually. Case

Managers participate in BDDS PCISP Training Series to be certified in PCISP Basic Proficiency. Proficiency for developing quality PCISP's will require continuous learning, which CareStar is committed to providing. By using facilitation skills, Case Managers ensure that all voices are included in the Person-Centered Individual Support Plan (PCISP) and reflected in the outcomes developed.

CareStar Case Managers provide education and information regarding integrated supports to Individuals and families. Integrated supports will include supports that are waiver funded, funded based on eligibility, community supports that are available to anyone, informal supports provided by family and friends and supports gained by using technology. Supervisors and Case Managers continually research, investigate and explore integrated supports by networking with a wide variety of resources including, but not limited to, local high schools, community centers, financial institutions, recreational and sports clubs, Faith-based groups, local businesses, neighborhood associations, Facebook groups and friendships. Formal and eligibility-based supports are readily found by using Internet searches. Supervisors provide training to Case Managers on relationship-based approach to supports that are strength-based supports built on providers' knowledge, strengths, interests, circumstances and needs. Case Managers will guide the IST to consider integrated supports when addressing outcomes. Using the LifeCourse tool and Person-Centered Planning maps, a picture of the Individual's current formal and integrated supports will be identified.

When an Individual is transitioning from an institutional setting, the Case Manager will implement the same person-centered, strength-based approach. At the Intake Meeting, which is also the beginning of the PCISP development, the individual's IST will be identified. IST members will include supports within the institutional setting, family,

friends or guardian(s) that are currently involved or have been involved in the person's life, formal supports that could include Waiver providers and healthcare providers. All team members must be invited to participate by the Individual. Using LifeCourse tools and Person-Centered Planning maps to develop discovery documents, a picture of the Individual's current formal and integrated supports will be identified.

CareStar has developed a document that guides Case Managers through a six (6) month transition process for Individuals in an institutional setting. While it is acknowledged that all transitions may not require six (6) months to complete, the guide identifies the PCISP development process and IST Meeting timelines. During the transition process Case Managers are required to complete weekly documentation that details the activities completed to move the transition forward. A transition spreadsheet is maintained detailing the Individual name, RID#, type of transition, intake date and CM assigned. An assigned Supervisor reviews weekly case notes for all Individuals in the transition process. Case notes are reviewed to ensure the documentation is entered weekly and reflects tasks that are focused on transition activities, including PCISP development and IST activities. Bi-weekly, the Management Team reviews the status and progress of each Individual in the transition process. These reviews highlight barriers to the transition process and allow for problem solving. Case Managers will continue to follow the BDDS transition process as required in the BDDS Portal.

c. Provide specific examples of your proposed incorporation of all life domains and life stages within the context of a person, their family, and community in the delivery of person-centered case management, and the outcomes you believe your approach will have on individuals receiving services.

While the PCISP is the documented road map for implementing person-centered services, person-centered Case Management is a philosophy, culture and belief. Person-centeredness must be the mind-set of every interaction, decision and action of a Case Manager. CareStar has a well-defined culture guided by The CareStar Rule *Appendix CC* that is taught annually and lived daily. CareStar has been providing Person-Centered Planning and Mapping training to all Case Management Staff since 2015. Person-Centered practices have been incorporated in our services since our certification as a Case Management provider in 2013. CareStar uses a combination of Person-Centered Planning and LifeCourse tools to begin the discovery process. Maps, Support Star Portfolio, questions that address life domains and life stages are all tools that can be used to "discover" the person. The Person-Centered Planning Maps CareStar has chosen to complete with the Individual will identify the roles of the Individual (son, friend, employee, sports star), the community the person has been or is a part of the people who are important and how their time is spent. CareStar believes that this discovery process must be the beginning. With permission from the Individual, involving people who are important to the individual, will lead to richer information for each life domain.

LifeCourse framework and LifeCourse Tools are developed for Individuals, families and of all abilities and at any age or stage of life to develop a vision for a good life. Case

Managers will facilitate this process in implementing person-centered Case Management.

LifeCourse identified six (6) life domains.

- Daily Life and Employment.
- Community Living.
- Safety and Security.
- Healthy Living.
- Social and Spirituality.
- Citizenship and Advocacy.

And six (6) life stages.

- Prenatal/Infancy.
- Early Childhood.
- School Age.
- Transition.
- Adulthood.
- Aging.

The gathering of information that incorporates life domains and life stages will be implemented in a wide variety of ways, (IST meetings, via email, individual meetings, etc.) providing the most opportunities for those persons the Individual has identified to participate in the process. Those participating in this process may require education, examples and modeling of the use of the tools. A variety of tools will be used to gather information, maps, Integrated Supports Star and Life Trajectory. Examples of questions for each life stage, life domain and map will be provided to the Individual and those the individuals choose to participate in the discovery and planning process that will prompt ideas and responses. Using the information provided and always acknowledging that the Individual and those that support the Individual are the primary authorities, Case Managers can begin to build supports that provide choice and opportunities.

CareStar Case Managers are creative in gathering information in a person-centered manner. In 2018, as life domains and PCISP were first introduced, a Case Manager from CareStar partnered with an Individual to begin the new planning process. The Individual was very computer and technology literate and had family as well as paid supports. The Case Manager introduced the concept, the tools and the outcome to be achieved (information from the Individual). A list of questions that addressed the six (6) life domains and the individual's life stage were emailed to the Individual. Within a week, the Individual had answered every question provided for every domain. The Individual clearly wrote responses in a strength-based manner, identifying gifts, relating life experiences and sharing successes. The information the Individual provided wrote the first PCISP.

The gathering of the information to address life domains must be followed by the development of outcomes. The information provided in each life domain will prompt discussions regarding what is currently happening in that domain and what the Individual would prefer to be different in that domain. It is not a requirement that all domains have identified outcomes. Outcomes will be the items that will lead the Individual to their vision of their preferred life.

Outcomes are the “Action Plan” for the IST. It is these actions that will be assigned and owned by the Individual and the responsible team member, paid provider, informal support, community resource, etc. It is the Case Manager’s responsibility to ensure that the outcomes identified and the Action Plan put in place, will lead to what the Individual has identified as their good life. Creativity, networking, resource identifications and problem-solving, are all skills needed to actively partner with team members to support successful outcomes. CareStar Case Managers are experts utilizing these skills through use of tools and resources electronically maintained for ease of access and Individualization per team need.

Delivering Case Management Services in a person-centered manner, will empower Individuals and their families, to lead and facilitate the narrative of their life journey. Outcomes that person-centered services will have for Individuals receiving services include:

- The Individual will lead the design and implementation of formal and informal supports.
- Community, non-paid supports are the first resource to address needs.
- Outcomes identified by the Individual are supported and lead to the Individual’s vision of their preferred life.
- The Individual actively participates in all decisions.
- The Individual is assisted to learn about and exercise rights that will lead to realization of self-determination.
- The Individual has opportunities to explore, learn and pursue new roles.
- The Individual understands informed choice.

d. Provide a summary of how you will ensure complete, accurate and timely data entry into the state’s case management system and your approach for monitoring this.

The State’s Case Management System is a user-friendly tool for data entry and reporting. CareStar will equip all Case Managers with a specially configured laptop to protect against unauthorized login and will include requisite security software and encryption features, as well as secure Internet access to the State’s Case Management System. Additionally, staff will be issued a mobile phone loaded with secure Wi-Fi hotspot, texting and translation functionality. These tools will allow for efficient and timely secure access for data entry.

During the New Hire Orientation process, staff will receive specific training as it relates to use of the State's Case Management System. This training is identified in *Appendix DD* as described in Section 5.4. Training addresses all functions currently used within the system and how to enter information accurately and completely. How to Guides, Power Point presentations, screen shots and videos providing instructions on use of the functionalities currently within the Case Management System, are housed in a shared drive that is accessible to all staff. As the functionality in the Case Management System expands, training resources will be expanded and additional training implemented.

Using reporting functions currently within the Case Management System, timely entry of case notes, level of care screening instrument (LOCS), annual service plans, monitoring checklists, annual PCISP's, Incident Reporting, document uploads will be reviewed bi-weekly. If compliance issues are noted the specific issue or Case Manager will be identified and a more aggressive monitoring routine will be implemented.

Information placed in the state's Case Management System can be readily queried. QI and Data Analyst will have access to the State's Case Management system. CareStar will continue its strong commitment to quality assurance and quality improvement through its Data Analyst positions, whose work is devoted to data validation, analysis and implementation of a full array of activities to support contract compliance program-wide. CareStar's Data Analyst will perform data collection, analysis and reporting functions. Quality improvement methodologies will focus on compliance related trends and patterns and provide remediations to address sub-standard performance by offering solutions for continuous quality improvement. CareStar will utilize its expertise in electronic data collection and reporting to monitor compliance.

Section 5.1 – Recruitment and Hiring of Case Managers and Average Caseloads

- a. *Describe your plan for maintaining an average caseload per Case Manager that is manageable and ensuring an average caseload size of no more than forty-five (45) cases across full-time Case Managers who actively provide case management services to Individuals receiving waiver services. Describe how you will ensure the recruitment and hiring of Case Managers will be facilitated in a manner that ensures statewide coverage and maintains delivery of at least the minimum requirements of the case management service and maintains qualified case managers.*

a. Describe your plan for maintaining an average caseload per Case Manager that is manageable and ensuring an average caseload size of no more than forty-five (45) cases across full-time Case Managers who actively provide case management services to Individuals receiving waiver services.

CareStar is deeply committed to hiring the right employees for the individuals served, and our business, when and where they are needed. The contract clearly states in Section 5.1 of the Scope of Work, that the average number of cases is (45). CareStar utilizes program-specific requirements, such as these, to develop a workforce and recruitment plan. This plan contemplates the initial program census, census growth rate

and turnover rate to determine the number of employees needed by the contract start date and subsequently through the year.

It is especially important for the success of our company that candidates represent the culture of our organization. Our job descriptions form the foundation of our many important processes and set the expectation for job applicants and potential employees. These job descriptions, then, are built with the specific requirements established by the State, Program and individuals served. CareStar serves over 20 Programs across five (5) States, including the State of Indiana and the Division of Developmental and Rehabilitative Services (DDRS), each with their own staffing requirements. Therefore, CareStar is prepared to continue serving DDRS with excellence and with employees meeting the requirements outlined in 5.1 of the Request For Services, including the various applicable sections of any supporting documents provided (e.g., Case Management Documentation For Application, Case Management Service Definition, etc.). Particularly, our employees who provide Case Management and assessment services will possess the qualifications clearly identified in the Compliance Section of the Case Management Service Definition document requiring the Case Manager possess one (1) or more of the following qualifications:

- Hold a bachelor's degree in one of the following specialties from an accredited college or university:
 - Social work, Psychology, Sociology, Counseling, Gerontology, Nursing, Special education, Rehabilitation or related degree if approved by the FSSA/DDRS/OMPP.
 - Be a registered nurse with one-year experience in human services; or hold a bachelor's degree in any field with a minimum of one year full-time, direct experience working with persons with intellectual/developmental disabilities.
- Holding a master's degree in a related field may substitute for required experience.
- The Case Manager must meet the requirements for a qualified intellectual disability professional in 42 CFR 483.430(a).

Recruitment Process Overview

The CareStar Recruitment Process is designed to fill open positions within 30 days of process commencement and by any project, program commencement dates. However, more time is allotted for harder to fill positions in rural counties where the candidate pool is not as broad as in more population dense areas of the State. CareStar has had great success recruiting and attracting talented employees to the Company across the State ensuring compliance to internal caseload benchmarks and, therefore, great services to the individuals for which we advocate and are responsible. CareStar is fully prepared and able, through slight modification of our recruitment process timeline benchmarks, to staff the Program to ensure caseloads maintain compliance with the average 45-case limit as identified in Sections 5.1 of the RFS. CareStar accomplishes this through robust Sourcing, Interview, Background Check and Offer Processes, as

well as consistent evaluation of program staffing sustainability. Each of these elements is further described below.

Sourcing

CareStar is fully staffed to carry out our current duties in serving all 92 Counties in Indiana. However, open positions are advertised on the most popular recruiting websites targeting specific geographic areas where open positions exist. For example, CareStar utilizes a multipurpose applicant tracking system for much of the recruitment need, including, but not limited to, job creation and distribution. This applicant tracking system allows CareStar to post open job positions across multiple job boards with a single click. All applications and job candidates received are stored in the Applicant Tracking System, where members of CareStar Human Resources Team and Hiring Managers can locate candidates, resumes, and contact information, as well as interact with the candidate through the process. To solidify a robust candidate pool, CareStar will post open positions in the most populous cities across the State with a strong post-secondary education institution presence. Indiana's strong educational systems inherently provide a large pool of individuals eager to serve individuals on the Program. Talent hotspots, in the below most populous cities, have enabled CareStar's growth over the years:

Central

- Indianapolis Metropolitan Area.
- Terre Haute.
- Richmond.
- Muncie.
- Lafayette.
- Kokomo.

South

- Evansville.
- Jeffersonville.
- Bloomington.
- Columbus.
- Vincennes.
- Madison.

North

- Hammond.
- Erie.
- South Bend.
- Fort Wayne.

Interviewing

This Applicant Tracking System also serves as a centralized communication method between CareStar and its applicants. By identifying and carefully reviewing applications, CareStar determines which candidates possess the expertise, education, licensure, experience, and other various requirements that meet the demands of our Company. Hiring Managers verify candidate's skills and knowledge through multiple processes, including questionnaire or survey responses, web-based interviewing and face-to-face interviewing. CareStar's flexibility in implementing these processes and full utilization of technology has allowed us to continue strong hiring trends throughout our history and especially through the pandemic when various restrictions were in place and precautions were recommended. In addition, many of these processes are automated within the system to improve the ease of communication, the efficiency of the process and the candidate's experience with CareStar.

Background Check and Reference Checks

Equally important as the flexibility in our processes to staff Programs meeting the myriad of State and Contractual requirements, is the flexibility needed to comply with State and Federal background check requirements.

Once the interview is complete, CareStar completes thorough reference and background checks tailored to the individual Program requirements. Our Applicant Tracking System allows CareStar to send automated emails to candidates once they have been approved by the Hiring Manager. CareStar's recruitment team utilizes an online software product to accompany electronic fingerprinting, where applicable by State and Program, to run a nationwide criminal search as part of the process of running a complete background check.

In addition, many individual State contracts, including Indiana, require specific types of background checks, which CareStar accommodates seamlessly through system flexibility and efficient process development. CareStar's range of background checks currently include criminal history, motor vehicle driving history for positions with driving as an essential function, professional and personal reference checks, national and state-specific registry database searches, and professional licensure verification checks. These checks are compliant with 460 IAC 6-10-5 as stated in the RFS.

Per CareStar's Criminal Background Check Policy, an applicant will not be permitted to begin employment with CareStar until the applicant successfully completes all required background checks. Further, an employee may not be permitted to transfer into a position until the employee has completed all required background checks for the position.

Salary Analysis

The final stage of CareStar's hiring process is the job proposal where CareStar offers fair and consistent salaries through an effective Compensation Program. This Compensation Program establishes internal job grades and benchmarks, in conjunction with external benchmarks, to ensure both internal and external equity. This is a key element of CareStar's employee acquisition and retention strategy across the geographies in which we operate.

CareStar utilizes a nationally recognized database to assist in all compensation analyses. This database allows CareStar to research market trends that run parallel with the offered position, tailored for the position's specific location, experience, education, licensure and skill requirements. This professional database and service, along with CareStar's strong history and relationships with DDRS, DD Providers and other Case Management Companies, allows CareStar to see market trend fluctuations and more quickly respond to ensure salaries remain competitive and continue to serve as an employee attraction and retention strategy.

Extending the Offer

Only after successful completion of the Recruitment Process (e.g., Sourcing, Interviewing, Background Check and Salary Analysis), will the candidate be offered a position and begin employment with CareStar. To memorialize this step, CareStar provides an official offer letter, as well as notifies the candidate of the great total compensation package provided to employees. In addition to pay, other benefits of being employed by CareStar include, but are not limited to, flexible work schedules, insured healthcare plans with a nationwide coverage network for employees and their families and 401(k) with a generous Safe Harbor company matching contribution. CareStar employees also share in the equity of the company through a shared ownership benefit, the CareStar Employee Stock Ownership Plan (ESOP).

Long-term Program Sustainability

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 negatively impacting CareStar's contract compliance. Our pipeline consists of 1-3 ready, willing and able candidates for each region of the State, 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 start-up new programs, sustain excellent performance over long periods and, in between, respond to volume changes to ensure individuals served receive the best services and supports.

Section 5.2 – Management of Case Managers

- a. *Provide an overview for how you plan to manage Case Managers in accordance with the responsibilities outlined in Section 5.2.1 in the SOW, including any relevant experience and expertise.*
- b. *Describe your support and supervision structure and how you plan to ensure adequate support for Case Managers, and their ability to collaborate and be responsive to BDDS/BQIS inquiries and support efforts.*
- c. *Describe your management plan for ensuring that Case Managers are providing case management services in alignment with the Waiver Service Definition, and that services are delivered in accordance with conflict-free requirements for case management.*
- d. *Describe how you will support Case Managers in their reporting duties as outlined in Section 5.2.2.2, including how you will track and collate their reported information.*

a. Provide an overview for how you plan to manage Case Managers in accordance with the responsibilities outlined in Section 5.2.1 in the SOW, including any relevant experience and expertise.

In Section 5.2.1, the Statement of Work (SOW) focuses on the assignment of Individuals to Case Managers and the Individual's right to exercise choice in requesting a change in Case Managers. CareStar believes that Case Management is a partnership between the Individual/Guardian and the Case Manager. This philosophy is communicated with the Individual at the time of initial contact and throughout their working relationship, when an Individual chooses CareStar as their Case Management provider, the Individual will be sharing important aspects of their life with the Case Manager. To this end, the Case Manager works to nurture a mutual level of trust, professionalism, respect, and goodwill.

CareStar's Intake Coordinator works in conjunction with the Supervisor on the assignment of newly enrolled Individuals. From that collaboration, the Supervisor will make the determination regarding the prospective Case Manager assignment based on the complexity of the Individual's case in relationship to the Case Manager's level of expertise and experience, in addition to current caseload, capacity and geographical location.

When an Individual selects CareStar as their Case Management Company from the CMCO Pick List and requests a specific CareStar Case Manager, that request should also be noted on the Pick List. When that occurs, the Intake Coordinator will work directly with that Supervisor and specified Case Manager for assignment. We will honor the request of the Individual to the best of our ability, considering the Case Managers' caseloads and locations. At any time, an Individual is welcome to express freedom of choice and request a specific Case Manager by contacting the Director, a Supervisor or a Case Manager.

If, at any time, an Individual requests a new Case Manager, the Director or Supervisor will ensure that the Individual's request will be honored. Then, CareStar leadership will determine why the relationship with the current Case Manager is not meeting the Individual's needs and what the individual would like from a new Case Manager. If the

request was due to performance issues, the Supervisor will attempt to remedy the issues first by discussing concerns with the Case Manager. If the chosen Case Manager has a full caseload of 45 clients, then the Supervisor and Case Manager will triage the cases and determine what arrangements can be made, if any, to fit the request. If arrangements cannot be made to fit the request, CareStar will offer the Individual a choice of other Case Managers who have capacity. CareStar gives Individuals an opportunity for introductory meetings, called “meet and greets,” with potential Case Managers and/or interviews conducted by the Individual to secure the right fit for the Individual. By allowing this opportunity for Individual choice, CareStar hopes to build a partnership of trust with all Individuals served.

When an Individual’s case is transferred within CareStar, to a new Case Manager, an internal Transfer Checklist will be used to facilitate a smooth transition *Appendix EE*. This checklist ensures that the case is in order prior to the transfer. The checklist requires that meet and greets are completed prior to the transfer to a new Case Manager. A Supervisor will review the internal transfer checklist prior to the transfer being finalized to ensure all tasks have been completed. Using this checklist, ensures that any case transfer is done in a timely, efficient and respectful manner for both the Individual and the Case Manager.

b. Describe your support and supervision structure and how you plan to ensure adequate support for Case Managers, and their ability to collaborate and be responsive to BDDS/BQIS inquiries and support efforts.

As a statewide Case Management entity, CareStar will utilize standardized policies, procedures and training to ensure operational consistency and compliance of Case Management Services. Case Management performance will be monitored to ensure the guidelines, as detailed in the HCBS Waivers Provider Reference Module, the Case Management Service definition and any applicable FSSA/DDRS/BQIS service standards are being upheld.

“I am always happy to learn that we are getting another referral that is supported by CareStar. When I see that, I know I will be on an exceptional team that cares about choices for the individual and that their lives matter very much to the case managers.”

Satisfaction Survey 2021



In addition, CareStar’s staffing model provides a clear chain of supervision, support, and responsibility to facilitate adherence to contract requirements, best practices and service standards. Open, effective and purposeful communication between and among Director, Supervisors, Case Managers, Quality Improvement and Administrative Support staff helps build and support a responsive Management Team. CareStar’s Management Team includes the Vice President of Operations, Director and Supervisors. CareStar’s Supervisor’s primary

role is to support and train Case Managers. This group works together to successfully implement HCBS Waiver Case Management Services. Administrative Support Staff will be assigned to facilitate operations for administrative tasks that do not require Case

Management Certification. The Quality Improvement Supervisors uses established quality initiatives and data collection methods to measure performance against established standards set forth by BDDS and BQIS.

Overseeing performance of each Case Manager in upholding guidelines as detailed in the HCBS Waivers Provider Reference Module, the Case Management Service Definition and any applicable FSSA/DDRS/BQIS service standards will be the responsibility of the Management Team. Supervisors will monitor Case Manager performance by using reporting tools available in the BDDS Case Management Portal and auditing tools developed by CareStar, quality measurement tools (PCISP Rubric, PCISP guidelines, CRR guidelines) and by situational interactions with the Individual, family, providers and State personnel. Performance concerns are addressed by following the principles of aggressive discipline, using less severe forms of discipline to correct performance problems, minor acts, initial acts or incidents of misconduct and more severe forms of discipline for incidents of gross misconduct and more severe performance problems. Supervisor's partner with Human Resources to develop and implement performance improvement plans to address specific performance issues and support Case Managers success.

CareStar's expanded staffing plan allows for additional record reviews, increased employee support and increased educational awareness of topics and trends that lend to high performance Case Management services. CareStar will manage the day-to-day operations of all Case Management services including, but not limited to, continuing case review, supervision, training, conducting chart audits and customer service.

Case Managers are expected to cooperate fully with and respond promptly to BDDS and BQIS inquiries. CareStar welcomes the opportunity to interact and collaborate with representatives of BDDS and BQIS. CareStar will meet with representatives from BDDS and BQIS within 30 calendar days of contract implementation and proceed to develop required communication and collaboration processes. CareStar staff are supported in communicating in an open and transparent manner with local BDDS staff, BQIS contractors and State personnel.

CareStar proposes that recurring agenda-based meetings with BDDS and BQIS leadership be established to facilitate collaboration, consistent communication and information sharing. Meetings would occur as frequently as necessary and appropriate, but at least quarterly.

c) Describe your management plan for ensuring that Case Managers are providing case management services in alignment with the Waiver Service Definition, and that services are delivered in accordance with conflict-free requirements for case management.

Management Plan for the Provision of Service

As an experienced Case Management contractor for several HCBS programs, CareStar is well versed in its understanding of CMS waiver assurances and will continue to ensure that our Case Managers and Support personnel are educated on and comply with the State specific and Federal program requirements, rules and regulations outlined in this RFS.

CareStar leadership demonstrates its commitment to compliance by seeking clarification of requirements to confirm our understanding and adherence and by participating in stakeholder planning workgroups to propose and influence key revisions to program rules. CareStar will continue this practice in the State of Indiana.

CareStar will promptly revise existing policies/procedures and train staff, to facilitate a seamless transition and compliance with any changes or modifications in State and Federal program requirements and rules and regulations.

CareStar has adapted to many programmatic changes during its tenure, through use of organized, systematic, process integration. CareStar has successfully operationalized required changes in a timely manner while maintaining statewide standardization and without compromising service or quality. As changes in rules and regulations occur during the Contract's term, CareStar anticipates receiving notice of such from the State.

According to the Waiver Service Definition, "Case Management Service is defined as providing an array of services that assist Individuals in gaining access to needed Waiver and other Medicaid State plan services, as well as medical, social, educational and other services, regardless of the funding source for the services or community supports to which access is gained. Case Managers advocate alongside the Individual to ensure their access and opportunities for participation in all paid and unpaid services, programs and settings which allow for building social capital, skill development and personal fulfillment."

Case Managers are responsible for annual planning and PCISP development and updating. The PCISP will support the Individual's vision of a good life through offering opportunities for formal and informal supports. The Individual must be present and supported to facilitate the development of the PCISP as much as they are able. Included in PCISP development will be the addition of any risk plans identified by the Individual Support Teams (IST). Supervisors will use the Caseload Audit Report to proactively monitor timely completion of the PCISP. Using the Internal Audit tool for tracking, Supervisors will measure PCISP quality using the Rubric. Fifteen (15) PCISPs per Case Manager will be measured for quality according to Rubric standards, annually. The QI Supervisor will conduct sample audits for inter-rater reliability.

CareStar Case Managers will provide ongoing services based on person-centered principles. Person-Centered principles will be shown by convening meetings in a manner that is comfortable for the Individual or Guardian and include only those people

the Individual and/or Guardian choose to invite. Case Managers will also schedule time with Individuals that allow for conversations, relationship building and “getting to know each other” opportunities. These visits must be intentional, not a drop in visit. The importance of seeing the Individual’s home makes it necessary to have at least one IST meeting per year in that home. The Case Manager will meet face-to-face with the Individual at a minimum of every 90 days. This will be measured by timely completion of the Monitoring Checklist as noted in the Caseload Audit report.

During the face-to-face meetings, the PCISP will be reviewed and updated when the needs or circumstances of the Individual have changed, a service has been added or changed, at the request of the Individual or guardian or to record discussions during Team meetings regarding outcomes and related plan changes. The Internal Document Audit Tool will document that a BBDS signature page is completed and uploaded to the Document Library to verify that a face-to-face meeting was held and the Individual or guardian was present.

Case Managers are responsible for developing a Service Plan that supports the PCISP. Updates to the annual service plan will be made in a timely manner, by using the Caseload Audit Report and monitoring this report, at a minimum, on a bi-weekly basis. Supervisors will measure for timely (within 45 days of expiration) submission of annual Service Plans. Results of this monitoring will be distributed to Case Managers. Service delivery and utilization will be monitored by the Case Manager during 90-day face-to-face meetings, provider reports uploaded into document library on BBDS Portal, Paid Claim reports and by documentation requested of service providers. Results of these reviews will be noted in the 90-day Monitoring Checklist.

Case Managers will complete follow-up reports for all incidents when requested by BQIS. Follow-up reports are required every seven (7) days until the incident is closed by BQIS. This will be measured by using the Open IR Report within the BBDS Portal. Supervisors will review this report weekly. Follow-up reporting that has not been completed within seven (7) days will be completed by Supervisor to ensure information is submitted to BQIS.

Case notes are required to document interactions with or on behalf of the Individual served. Case notes must be entered within seven (7) calendar days. At least one documented meaningful Case Management activity will be noted monthly. The Missing Case Note report from the BBDS Portal will be used to measure that one case note has been entered monthly. The Internal Audit Report completed by Supervisors measures the quality of case notes. Fifteen (15) cases per year will be audited for each Case Manager. All case notes for at a minimum of 6 months will be read and assessed for quality. A quality case note will contain, at a minimum, the individual’s status, name and title of any person involved in activity, Case Managers actions, follow-up/follow-through on previous case note, future activities and resolutions needed, timeframe for each action.

Case Managers are responsible for disseminating information that includes the PCISP, Notices of Action and forms to the individual or guardian and the IST. To ensure information is available, documents will be uploaded and stored in the BDDS Portal document library. Email addresses of IST members will be noted in the relationship section of the Individual's profile within the BDDS Portal. Information will be sent via secure email. Any information not available via the Portal or email will be mailed or emailed.

Conflict Free Case Management

The purpose of CareStar's Conflict of Interest Policy and Compliance Plan are designed to ensure that all employees avoid activities which create a conflict of interest or the appearance of a conflict of interest with their responsibilities to CareStar and its contractors.

Applicants for employment will be interviewed and questioned regarding any possible conflict of interest. All employees will be asked to complete a brief questionnaire regarding other business and employment activities involving themselves and their immediate family and/or household members. It is the employee's responsibility to notify CareStar of any changes regarding additional business and employment activities. Supervisors will review any situation that presents the appearance of a conflict of interest and report their findings to the Department Director. The department Director will review all possible conflict of interest situations and determine if the activity conflicts with the company's interests and what action is necessary to resolve the conflict.

A conflict of interest exists if financial interests or other opportunities for personal benefit may exert a substantial and improper influence upon an employee's professional judgment in exercising any CareStar duty or responsibilities. Employees shall not use their positions to secure anything of value, financial gain or personal benefit that they would not ordinarily accrue in the performance of their official duties. Neither shall an employee accept any compensation from any other agency or individual for work performed in the course of their employment.

Each employee has the obligation to refrain from activities that conflict or interfere with company operations. CareStar reserves the right to determine when an activity conflicts with the company's interest and take whatever action may be necessary to resolve the conflict. If necessary, this action may include termination of employment. No employee will accept simultaneous employment with another employer when that employment would present a conflict of interest. This prohibition against outside employment includes, but is not limited to, waiver providers or other agencies with which CareStar does business. No employee shall hold an ownership interest in any business venture when such ownership interest could present a conflict of interest. This includes, but is not limited to, Case Management agencies, waiver provider agencies or other agencies with which CareStar does business or is in direct competition.

No employee may establish an outside business interest that would result in any conflict of interest. In addition, CareStar employees may neither have any personal or private financial dealings with any individual or business organization, other than regulated financial institutions, that furnishes merchandise, supplies, property or services to CareStar, nor may a CareStar employee maintain an investment in any such business. If an employee's immediate family or household member is employed by an Indiana waiver provider, it may create a conflict of interest and render the employee ineligible for employment by CareStar. Employees must notify their Supervisor of any such situation and understand that it may result in the loss of employment.

No employee may manage the case of any consumer for whom a member of the employees' immediate family or household provides services or supplies to an approved provider of any other waiver service. If this situation presents itself, it is incumbent on the employee to notify their Supervisor immediately to avoid potential conflict of interest or the appearance of a conflict. Immediate family member is defined as:

- Spouse.
- Natural or adoptive parent, child or sibling.
- Stepparent, stepchild, stepbrother or stepsister.
- Father-in-law, mother-in-law, son-in-law, brother-in-law, or sister-in-law.
- Grandparents or grandchild.
- Spouse of grandparent or grandchild.

No employee may accept gifts, tips or gratuities of any kind from Individuals or families.

All employees shall conduct themselves in a fair and ethical manner when dealing with Individuals, provider and contractors. CareStar will comply with all conflict-of-interest guidelines detailed by contractor.

d. Describe how you will support Case Managers in their reporting duties as outlined in Section 5.2.2.2, including how you will track and collate their reported information.

Reporting tools offer an objective means of evaluating the quality of services. Tools also provide Case Managers the opportunity to self-monitor for the timely completion of their reporting duties. CareStar is fully committed to maintaining data collection, process tracking and information sharing systems.

Clinical Supervisors and Case Managers will utilize the audit tracking tools in the BDDS Case Management Portal and additional reports developed and maintained by CareStar to manage and monitor work performance. The Caseload Audit and additional reports will be gathered for each Case Managers' caseload on a bi-weekly basis, thereby, proactively assisting Case Managers in maintaining compliance. The Case Management tasks that will be audited are:

- PCISP due date (45 days prior to expiration).

- LOCSI due date (45 days prior to expiration).
- Annual Service Plan due date (45 days prior to expiration).
- Monitoring Checklist Due Date (completed on the 16th of the month due through the 15th of the month following the month due).
- Open IR Report (follow ups due every seven days).
- Monitoring Checklist Required CAP Not Completed.
- Case Note Report.
- Initial Contact (contact completed within 30 days).
- Timely uploading of documents.
- Case Record Reviews.
- Mortality Reviews.
- Medicaid Eligibility.
- Transitions.

Each report outlines an expectation that all tasks will be completed within the identified timeframe. Supervisors will monitor proactively for expiration dates and begin developing plans directly with the Case Managers to ensure that items are completed within the required timeframe. Often, completion of the 90-day checklist meeting within the one (1) month window is affected by circumstances outside of the Case Manager's control. Cancellations and re-scheduling by those other than the Case Manager occur. When this is the case, the Supervisor will implement a plan with the Case Manager to ensure the visit is completed as soon as possible.

A dashboard to record all Case Record Reviews (CRR) and Mortality Reviews will be maintained that tracks the response timeframe. The CRR Dashboard will detail Area of Noncompliance, Corrective Action Plan, Remediation Required. Sub Questions and Additional Details will be collected monthly and collated and analyzed for trends and patterns in conjunction with Data Analytics staff and the QI Supervisor. Training programs will be developed and presented to staff in response to any measurements requiring remediation.

Section 5.4 – Training of Case Managers

- a. *Provide an overview of how you plan to organize and deliver your training operations, including but not limited to in-person training, on-demand web training, user manuals, and your proposed training schedule.*
- b. *Describe how you plan to incorporate best practices into the training program and provide examples, specifically addressing team collaboration in working toward shared outcomes, fostering individuals' independence, overall system navigation, and cultural competency concepts.*
- c. *Describe how you will coordinate training for Case Managers on additional non-waiver Medicaid services to support Individuals, such as resources to access broader employment supports, housing accommodation needs, and transition services and resources to support successful transition from institutional settings to HCBS settings.*
- d. *Describe how you will train Case Managers on researching and accessing available community services in their geographic region to support Individuals across life domains and across their lifespan.*

- i. Describe your familiarity with the LifeCourse framework and how you may incorporate the principles and tools in your trainings*
- e. Describe your plan to keep training curriculum materials up to date, especially in coordination with BDDS and BQIS, as BDDS and BQIS continually updates resource materials.*
- f. Describe your approach to validating that the training operations are yielding desired outcomes associated with principles and concepts associated with and aligned with BDDS' philosophical approaches to HCBS services.*

a. Provide an overview of how you plan to organize and deliver your training operations, including but not limited to in-person training, on-demand web training, user manuals, and your proposed training schedule.

Preparation for a newly hired Case Manager begins with the acceptance of the offer letter. Prior to orientation, the Case Manager receives a specially configured laptop from our Information Technology Department, which is deployed with specific access rights and security protections (e.g., firewall, malware and other data security features). Similarly, the Case Manager's cell phone is issued with specific applications and password protections to keep communications and data secure.

Concurrent with the start of orientation, the Human Resources Department ensures that a "Buddy" has been identified for the new Case Manager. The "Buddy" serves as an additional contact and resource for the Case Manager to use throughout the training period and supports the CM's navigation of a new work environment. Additionally, the CareStar's designated Site Coordinator ensures that the Case Management Access form and the Contractor's PSID Request form is submitted to allow access to the State's Data system.

Recently, many businesses were forced to devise a way to conduct business, including training employees, while adhering to social distancing guidelines. CareStar has had processes and technology in place to allow for both in-person and remote connectivity for many years. We value the impact of the face-to-face encounter, but we also recognize the effectiveness and efficiency of offering remote learning opportunities. Some training experiences are delivered orally by a presenter, while others are exclusively provided in written format via a policy manual, employee handbook or the like. Still other trainings are presented via CareStar's own innovative training platform that offers Case Managers a broad range of training topics that can be accessed 24 hours per day, seven days per week, via CareStar Learning. CareStar Learning provides modules followed by competency testing to confirm proficiency. Some trainings may offer multiple presentation options. Using tested and proven methods, we have struck a nice balance between the various training methods available, to create a training path for Case Managers to be successful in their role.

Day one of Case Manager training involves several key areas and begins with an administrative overview of employee benefits and completion of associated paperwork.

Following that session, the agenda moves to a review on laptop functionality and use of CareStar Learning. This discussion is followed by members of the Information Technology (IT) Department providing education on accessing electronic applications, basic equipment functions and how to contact IT support for assistance. For the remainder of orientation day, the Case Manager works one-on-one, either in-person or remotely, with the Supervisor, identifying and accessing community resources and ensuring, thorough return demonstration, ability to successfully access relevant websites, such as various State programs or websites.

Following the functional orientation, an intensive orientation program featuring elements of mentoring and shadowing is implemented. This complex, but organized orientation process is structured as a five-week program. Each week involves several days of shadowing and mentoring by the direct Supervisor and fellow Case Managers. During these shadowing and mentoring opportunities, the new team member will observe and participate in a broad spectrum of Case Management responsibilities. Key responsibilities will include, but are not limited to, Team Meetings, Person-Centered Individual Support Plan updating and development, intake process, Service Plan updating and development, Monitoring Checklist initiation and completion and Level of Care Screening Instrument completion. Fridays are reserved for remote trainings. Though each Supervisor is knowledgeable about and capable of independently executing all facets of the role, each Friday during the orientation period, a designated Supervisor will present an educational training covering topics about which the Case Manager has specific expertise. Below is the weekly schedule of orientation and training topics Supervisors provide.

- Week 1 training is on technology provided through CareStar to be used in the Case Management role. CareStar uses a range of technological tools to facilitate efficient Case Management. These applications are well regarded in the healthcare arena and can be used to simplify routine activities, such as:
 - Capturing electronic signatures.
 - Secure texting.
 - Dictating into the electronic record.
 - Teleconferencing.
- Week 2 is comprised of an in-depth training on using the BDDS Web Portal and developing Person-Centered Individual Support Plans (Part 1).
- Week 3 is devoted to training on the Intake process and the onboarding process of new clients. There is training on High-Risk Plans, followed by concluding the Person-Centered Individual Support Plans training (Part 2).
- Week 4 encompasses training on the Monitoring Checklist in the BDDS Case Management Portal, along with Incident Reporting, navigating Insite and Service Planning.
- Week 5 focuses on the various aspects of transitions.

The five-week, New Case Manager Training Spreadsheet, offers a comprehensive list of training activities and can be found in *Appendix DD* of this response. Even though each week has a primary focus, additional Case Management topics are incorporated and presented as appropriate and necessary.

All new Case Managers are provided with shadowing opportunities to foster exposure to best practices for meeting documentation expectations and person-centered practices. New Case Managers shadow at least three (3) Quarterly meetings and shadow two (2) Intake meetings. The Supervisor will coordinate shadowing opportunities with an experienced Case Manager or a Supervisor.

CareStar utilizes a secured, shared document library, which is a central repository for resources that are available to all CareStar Case Managers and Support personnel. Among these resources, is a “New Case Manager Training” folder, which contains resources that are commonly used by and beneficial to new team members. This information is accessible to those Case Managers who have completed the orientation phase of employment but need a refresher.

Supervisors arrange monthly meetings with their team of Case Managers, either in person or remotely. The agenda for these meetings addresses policy changes, clarification of processes or expectations and recognition of excellence. Community resource speakers or HCBS service providers, advocacy groups and State personnel are invited to present information and education about services or resources.

CareStar strives to establish a dynamic and supportive workspace for Case Managers. Staff are encouraged to collaborate and share ideas and to recognize the professional talents each person brings to the work. They can send secure emails to other CareStar Case Managers to collaborate, generate ideas and seek solutions to situations. Case Managers are encouraged to partner with fellow Case Managers in small-group settings to discuss strategics for managing challenging, case-specific matters.

Supervisors will have monthly one-on-one time with each Case Manager. These meetings are another method of providing Case Managers an avenue to request and receive support. Also, CareStar values the input of the Program Director in providing explicit direction and setting solid performance expectations for all program staff. The Director plays an active role in supporting Case Managers by sharing general updates and providing program-specific presentations during Case Management team Meetings.

b. Describe how you plan to incorporate best practices into the training program and provide examples, specifically addressing team collaboration in working toward shared outcomes, fostering Individuals’ independence, overall system navigation, and cultural competency concepts.

Best Practices

Employee development and ongoing training play an important role in CareStar’s year-over-year improvement, as the face of Home and Community-Based Supports and State systems are always changing, and new information arrives daily. Our Supervisory and Case Management Teams stay abreast of current and future changes by subscribing to work-related newsletters, reviewing State Agency websites and

materials and participating in workgroups and community programs. Knowledge gained from these reliable sources will be used to inform leadership on new training initiatives and drive professional development.

CareStar will use an annual training calendar to ensure that all required trainings, regulatory requirements and best practice standards are presented to staff during the calendar year. Training topics include but are not limited to:

- PCISP Rubric.
- CRR Interpretive Guidelines.
- PCISP Interpretive Guidelines.
- Facilitation.
- LifeCourse Tools.
- Person-Centered Planning/Mapping.
- BDDS Signature Page/Freedom of Choice.
- Timeliness.
- BDDS Required Annual Trainings.
- Technology.
- Customer Service.

CareStar will provide educational opportunities for staff to broaden their knowledge in other psycho-social and healthcare related topics. These trainings are conducted periodically throughout the year. Some previous trainings topics include:

- The Social Determinants of Health.
- The Underlying Dynamics of Emotional Abuse and Exploitation.
- Diffusion and De-escalation Regarding Situational Awareness.
- Behavioral Healthcare Basics: The Importance of Minding the Mind.
- Addiction and Medication Assisted Treatment.

To add variety to our instruction, CareStar invites, one-time per year, an outside entity to provide Person-Centered Planning, Facilitation and LifeCourse training. The training provides the Case Manager a “toolbox” of specific collaboration skills on in working with an Individual’s team. Case Managers are given tools and resources from the National Center on Advancing Person-Centered Practices and Systems (ncapps.acl.gov). Many of the tools used in facilitating best practices for collaboration. Case Managers are encouraged to attend webinars through NCAPPS as well to continue education on person-centered approaches.

Best practices are incorporated into the Case Manager’s orientation and ongoing training. Best practices are identified and implemented throughout the Case Management process. Implementing best practices will result in true quality Case Management services. Case Managers receive best practice trainings that address specific tasks that are performed in their role beginning in the orientation process and continuing throughout their tenure as a Case Manager. CareStar has continued to train to and administer the Case Management Certification exam to ensure a baseline level

of program knowledge. Best practice guidelines for Quarterly and Annual meetings detail preparation required prior to, during and following the meeting. Best practice trainings for completing Intakes also detail preparations, contact timelines, case noting the intake process and follow up to the initial meeting. Using the Rubric, best practice for PCISP development and completion is provided, supported and monitored. Ensuring documentation congruency (PCISP, Behavior Support Plan, Health Risk Plans and 90-day Monitoring Checklists) ensures Case Management services are delivered in an ethical manner. Communicating with Individuals in their preferred language is a best practice exhibited by use of the interpreter service provided to all Case Managers. Case Managers participate in time management training to better manage tasks, responsibilities and deadlines.

Team Collaboration

By implementing training noted, specifically Facilitation, LifeCourse Tools and Person-Centered Planning/Mapping, Case Managers will have a robust foundation to foster collaboration. CareStar recognizes that each team is unique, however the skills and tools Case Managers must have to operate effectively are standard. Initially, Case Managers will hold a conversation with the Individual to assess at what level they want to facilitate their meeting. The Individual will then be supported to lead their meeting in a way that they feel empowered and confident. With the Individual, conversations will be held that may include guardian, family, friends, providers and others to develop or update the PCISP. The Individual Support Team (IST) will focus on present circumstances and develop outcomes that will address the Individual's good life. Team Meetings will be held in a respectful and professional manner, while giving the Individual the team's full attention. All members will be heard and will make sure the Individual's voice is the priority. The outcomes the individual identifies provides a road map for both formal and informal supports. Team members may have ownership and responsibilities in identifying natural and paid supports when considering outcomes. During the outcome identification discussion, facilitation skills are often necessary to help the IST work through differences and conflicts while maintaining focus on the Individual's vision. Each person identified in the PCISP who has a responsibility in supporting the Individual will receive a copy of any documentation created as result of the Team Meeting. During follow-up meetings, progress towards outcomes will be reviewed and discussed. Team members will be held accountable to their role in partnering with the Individual to achieve the identified outcomes.

CareStar recognizes that collaboration happens outside of formal meetings. The Case Manager's role in this area is centered around good customer service. CareStar Case Managers are held accountable to returning all communications within 24 hours. During IST meetings, tasks are often assigned to members. The Case Manager is responsible for communicating and collaborating with Team members to ensure these tasks completed. Timely and professional communication supports the collaborative process.

Fostering Individuals Independence

CareStar Case Managers foster an Individual's independence by understanding the dignity of risk and supporting self-determination. Individuals have the right to learn from mistakes. Case Managers have the responsibility to educate Individuals about their rights in the services system and in the community. Written documentation can be presented in Easy Read formatting that promotes understanding of material. Case Managers will support an Individual's right to "speak up" for themselves and facilitate at every opportunity by building a partnering relationship with the Individual. This is done by having conversations outside of meetings, to promote a trusting and respectful relationship. Use of tools that support and guide more independent decision-making can provide an opportunity to teach and guide the Individual to greater independence. The Individual can use LifeCourse tools such as Exploring Life Possibilities Integrated Supports Star or the Life Trajectory Worksheet. These tools can be completed in partnership with a person or persons the individual chooses.

System Navigation

CareStar recognizes system navigation is an integral part of service delivery and understanding. Medicaid and Social Security are often the foundation from which an Individual becomes eligible for services and supports. Case Managers will collaborate with community resources and Individuals to ensure everyone understands the benefits they receive through Medicaid and Social Security, as well as the requirements to maintain such benefits. This may include Case Managers being a part of the annual redetermination process for Medicaid and assisting with the follow up regarding any Social Security concerns.

Beyond the groundwork of Medicaid and Social Security, navigating Waiver services can be a daunting task for Individuals, families and their teams. Case Managers will assist by assessing Individual situations and making recommendations based on Individual needs as well as keeping apprised of any changes to Waiver services and their definitions. Access to online information (BDDS Waiver Manual), Waiver service definitions, cost of Waiver services and pick lists, are all information tools that will be provided to Individuals and their Guardian or Family. Providing access to this information will allow for informed decision making. Case Managers will identify the services that speak to Individual outcomes and their vision of a preferred life, going a step further to assist the Individual in understanding what each service can do for them. Vocational Rehabilitation, School System Cooperatives, Project Search, Community Mental Health Centers, University Affiliated Programs, Independent Living Centers, Blind and Visually Impaired resources, Adult Protective Services and Child Protective Services, Neurodiagnostic and Behavior Health, Church affiliated resources, Action Club, community art programs and community sports programs, are examples, of systemic and natural supports that CareStar Case Managers are versed in partnering with Individual to navigate. CareStar Case Managers have and will continue to maintain relationships with community resource entities and make connections with Individuals who need additional supports beyond Waiver service delivery and benefit system navigation within the realm of Case Management.

Cultural Competency Concepts

CareStar understands that effective service is impossible without a working knowledge and understanding of a person's or group's culture and background. Failing to acknowledge the influence of the lived experience of culture on the work that we do, limits our ability to build rapport and effectively work with Individuals. We understand that effective Case Management is impossible without a working knowledge and understanding of a person's or group's culture and background and believe cultural competency is a core component in any strategy to address health concerns and maximize outcomes.

CareStar has experience in promoting and delivering services to diverse populations in both non-profit and government-sponsored programs across seven (7) markets in six (6) States in a culturally competent manner, as defined by the National Standards for the Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare (<http://www.thinkculturehealth.hhs.gov/clas>), including those with Limited English Proficiency (LEP) and diverse cultural and ethnic backgrounds. Our programs include residents from around the globe who have made their home amidst the communities we serve, both urban and rural. This includes large populations of Individuals from Somalia, Nepal and Russia, as well as a significant number of Individuals who speak Spanish. CareStar understands the myriad of social and cultural needs of populations in both urban and rural counties, including disparities in health literacy, barriers to accessing high quality services and other Social Determinants of Health that may have a devastating effect on their well-being, health status and access to recovery services. CareStar Learning is the identified delivery system for cultural competency training. Cultural competency training is provided to all staff upon hire and annually, with an emphasis on the cultures and diversity specific to the population served.

c. Describe how you will coordinate training for Case Managers on additional non-waiver Medicaid services to support Individuals, such as resources to access broader employment supports, housing accommodation needs, and transition services and resources to support successful transition from institutional settings to HCBS settings.

Monthly Case Management Team Meetings are held either in-person or by teleconference. Trainings are provided during meetings to educate and inform Case Managers on additional non-Waiver services. Historically, Individuals representing non-Waiver services have presented during these meetings. Examples of presentation topics include, but are not limited to, Medicaid protected trusts, Able Accounts, mental health services, legal services, guardianship and supported decision-making, Hospice, Vocational Rehabilitation, Adult Protective Services etc. Training and resource identification are best presented by experts, therefore, CareStar would continue to invite presenters to educate and train Case Managers in their area(s) of expertise. A wide range of experts will be identified to present information to include employment supports, housing and housing accommodation needs and school transition services. Case Managers are encouraged to network and collaborate with non-Medicaid funded

community, resources in the areas they serve. This fosters connection and networking habits to assist in developing a presence for the Case Manager within the community, thus becoming a resource themselves. All staff can send secured email to other Case Managers within CareStar to collaborate, generate ideas and receive answers to situations that do not have a clear-cut solution or available resource. Case Managers are encouraged to meet in small-group settings with counterparts, to partner in discussions of lesser-reviewed topics and needs that involve the Individuals served. Monthly, Supervisors will meet one-on-one with each Case Manager and review any new non-Medicaid funded resources to support Individuals.

To ensure successful transitions from institutional setting to a HCBS setting, CareStar has implemented a transition policy. The policy ensures that that transitions from an institutional setting to a HCBS setting will be completed within no more than 180 days. Case Managers will work with the Individual, the identified person in the institutional setting, along with HCBS providers and any other person identified by the Individual to ensure a smooth and successful community transition. Below is the timeframe and tasks to be completed during this 180-day transition period.

Month 1:

- The Case Manager will enter weekly case notes for all transition activities.
- Conduct an intake meeting- Individual/Guardian, Current Provider Representative, Case Manager. Topics discussed include the PCISP and PCP MAPs, provider selection, desired residential location, the Individual's vision for a good life.
- Provide Pick lists for Residential Services as often Residential provider may be known at this point.
- Discuss Crestar's intention to complete transition in no more than 180 days. Identify expectations for each participant (contacting providers, necessary documentation from ICF/NF).
- Team will review ICAP for accuracy. Submit updates if ICAP does not reflect Individual.
- Case Manager will ensure Algo level assigned and budget dollars available.
- Discuss benefits, e.g.) Social Security, Medicaid eligibility, ABLE Accounts, Trusts.
- Complete CareStar Intake paperwork.

Month 2:

- The Case Manager will enter weekly case notes for all transition activities.
- Case Manager, using information gathered at intake meeting will develop PCISP.
- The Team will identify possible risk plans.
- The Case Manager will provide information if there are questions regarding Pick Lists and provider selection.
- Case Manager will review housemate listings for possible roommate matches.

Month 3:

- The Case Manager will enter weekly case notes for all transition activities.
- Case Manager to continue with provider identification and introduction of providers to Individual/Guardian.
- The Case Manager will facilitate meet-and-greets with providers and housemates.
- Identify housing options.
- The Case Manager will complete PCISP, completed PCP MAPs, PCISP Signature Page (FOC).
- The Case Manager will review ICAP update, ALGO Level change and/or budget update.
- The Team will discuss additional services other than Residential and provide Pick List as requested.
- Identify informal supports.
- The Team will review needs for Community Transition Dollars.
- The Team will hold a Status Update Meeting with ICF/NF, chosen Residential Provider Representative (if applicable), Individual/Guardian, Case Manager and BDDS Representative. CareStar Supervisor will attend and participate in this meeting as warranted.

Month 4:

- The Case Manager will enter weekly case notes for all transition activities.
- Discharge of Case Management Services is discussed if nothing in months 1-3 have been completed. A 60-day notice to be given to Individual/Guardian and to BDDS by the Supervisor.
- If progress is made, start to gather transition documentation.

Month 5:

- The Case Manager will enter weekly case notes for all transition activities.
- The Case Manager will complete full Pre-Transition Meeting.
- The Team will complete initial Service plan development and submissions.
- The Case Manager will verify if Representative Payee assignment is in process.

Month 6

- The Case Manager will enter weekly case notes for all transition activities.
- Transition takes place and Case Manager will continue following the BDDS transition process on the BDDS Portal.

d. Describe how you will train Case Managers on researching and accessing available community services in their geographic region to support Individuals across life domains and across their lifespan.

Monthly Case Management team meetings are held either in person or by teleconference. Trainings are provided during these meetings to educate and inform Case Manager on researching and accessing available community services in their geographic region. Training will be presented in a variety of styles and formats by engaging learners through visual, written and auditory exercises. When CareStar is being interviewed for Case Management services by Individuals and families, CareStar is quick to ask where they live and disclose the most local Case Manager available. Knowing the resources in a community and understanding the culture is an important skill. Identifying resources and making connections is a foundational requirement of quality Case Management. When interviewing perspective Case Management staff, an interview question that is always asked is “what connections do you have in your local community and how might you use those connections in your role as a Case Manager.” Case Managers usually answer, “I would Google it.” Good answer, but it is not enough. Case Managers will understand they are responsible for having the knowledge to access services, regarding of funding sources. A directory of community resources will be stored on a shared drive accessible to all Case Managers. Case Managers will be trained on the use of technology and networking to identify needed community supports.

Case Managers will be guided on needed services by addressing life domains. As each life domain is developed, the resources, services and supports needed to address that domain becomes apparent. As the leader of the IST, the Case Manager has the responsibility to address the needed supports and resources. By addressing the specific life stage, whether the Individual’s current life stage or in planning for a future life stage, the research for available community resources can be more focused.

Monthly Person-Centered Individualized Support Plans and the LifeCourse framework training is provided as part of the orientation process and is complete within the first six (6) weeks of employment. This training is in-person training. Case Managers are provided an electronic and hard copy of the training materials presented. During the training process, The LifeCourse philosophy and LifeCourse toolkit will be provided in written format and stored electronically. CareStar also contracts a two-day Person-Centered Planning training with an outside entity that provides training on Person-Centered Planning, facilitation and LifeCourse tools. This training is provided in hard copy format and involves interactive group learning and role play activities. Using the tools provided, Case Managers learn how to write Person-Centered Individual Support Plans that best describe the Individual, desired outcomes and vision of a preferred life. This is accomplished by gathering information about the Individual’s daily schedule, their likes and dislikes, people and places that are most important to them, their goals and strengths and their vision of a good life. Case Managers are required to complete Person-Centered Maps that address an Individual’s typical week, the people and places that are important to them, preferences (things that work and do not work) and the Individual’s gifts, talents and capacities. This information will be updated, at a minimum, two (2) times annually. Best practice would be that the PCISP is updated as part of the 90-day face-to-face visits. Person-Centered maps are discovery tools. Additional discovery tools are available through LifeCourse. Using Life Stages and Life Domains, the discovery process is more focused. By addressing each of the six (6) life domains

as it pertains to the six (6) life stages, a robust discovery and planning tool will be developed.

Case Managers are given tools and resources from the National Center on Advancing Person-Centered Practices and Systems (ncapps.acl.gov). Many of the tools used focus on facilitating and best practices for team collaboration. Case Managers are encouraged to attend webinars through NCAPPS as well, to continue education on Person-Centered Approach. Other tools that can be utilized to guide the person-centered planning process, are readily available to Case Managers on the BDDS Resources Page within the Portal. Case Managers are required to complete a three-part PCISP Development Training facilitated by the Division of Disability and Rehabilitative Services. Additionally, Case Managers complete required IU Canvas Learning modules regarding PCISP Development and LifeCourse framework, annually. Supervisors monitor Case Manager completion of the required trainings, monthly. By building up access and knowledge of community resources and receiving training on Person-Centered Individualized Support Planning processes and implementation, Case Managers are equipped with the tools necessary to support Individuals across each life domain and across their lifespan.

e. Describe your plan to keep training curriculum materials up to date, especially in coordination with BDDS and BQIS, as BDDS and BQIS continually updates resource materials.

CareStar understands HCBS services within the State are always changing. Our Management Team will stay informed by regularly reviewing State Agency websites and materials, communicating with BDDS and BQIS and understanding CMS and HCBS regulations. Applicable knowledge gained from these reliable sources will be used to support recommendations for ongoing training initiatives and curriculum development. CareStar Learning was designed and built to deliver highly customized and nimble learning solutions. These solutions are delivered through specialized content, applications and services that support the training needs for Case Management Services. CareStar Learning can easily accommodate modifications and changes required to training materials. Leadership staff will work directly with the CareStar Education Manager to update training materials.

f. Describe your approach to validating that the training operations are yielding desired outcomes associated with principles and concepts associated with and aligned with BDDS' philosophical approaches to HCBS services.

CareStar Learning will be the platform used to complete competency-based testing following all trainings. CareStar Learning will deliver measurable learning outcomes for Case Managers. After each training session, CareStar Learning will issue a post-instruction survey, requesting feedback on the following aspects, at minimum:

- The organization of the information presented.
- The sufficiency with which the topics were covered.

- The adequacy of training strategies used by the presenter.
- The level of participant engagement.
- Other comments, feedback or suggestions on ways to improve future trainings.

This feedback will be reviewed by the training instructor, as well as the instructor's direct Supervisor and will guide thoughtful improvement strategies for future trainings. A post-instruction quiz will follow each training session, confirming that the key training objectives and skills are learned and retained. The quantity and content of quiz questions will be tailored to each specific course, requiring a minimum passing score of 80% or a standard deemed appropriate. Additional instruction or course material review may be necessary to verify that fundamental benchmarks of the exercise have been achieved.

CareStar Learning will be utilized to track, monitor and ensure compliance with required training and State regulations, with the capability to produce reports as evidence of training completion and competency, including outcomes of post-instruction surveys and quizzes. While trainings will occur in both electronic and in-person formats, CareStar Learning will serve as a warehouse of all training certificates, educational reference materials and post-instruction surveys and quizzes for electronic data retention purposes. This information will be made available upon request.

CareStar's training operation is integrative and hands-on. CareStar facilitates shadowing opportunities and working with seasoned Case Managers during the training process. This allows for new Case Managers to see different approaches to the job and to see what fits best to their Case Management style. CareStar offers different tools during the training process to fit each person's learning styles. Some of the tools include printed materials, instructional videos, mentoring and shadowing. Supervisors identify Case Managers' strengths and use those strengths to help in the training process.

After the initial five-week training for new Case Managers, CareStar will survey each trainee to evaluate the overall training program and the efficacy of instruction. This will provide insights as to the need for re-training or additional learning items. Based on the survey results, CareStar will make pertinent changes to the Individual Case Manager's training process. Supervisors will use survey feedback to inform future needs for group and Individual training. On an annual basis each CareStar staff completes a self-evaluation as part of our Annual Performance Evaluation process. Included in this process is an opportunity to identify potential goals for the next year. CareStar employees are required to work on at least three (3) goals that are specific to their personal and professional growth.

The Supervisor completes an annual evaluation for staff. Through annual reviews, CareStar finds the staff member's strengths and works to determine how their strengths can be used throughout the company. CareStar is already leading with some of the same philosophical approaches that BDDS does by having integrative trainings,

allowing Case Managers to learn best practices for them Individually and having opportunity to reach goals that are person-centered.

CareStar Learning, LLC (CSL) trainings accommodate learners with a variety of preferred styles and formats by engaging learners through visual, auditory and kinesthetic exercises. CareStar Learning, LLC offers online training and continuing education programs for healthcare providers and Case Managers. This service hosts a wide array of topics and is a convenient and affordable method for users to complete orientation, CEU and in-service requirements.

CareStar understands that many learners may struggle reading and comprehending a lesson and may be challenged to engage in training with a lack of personal interaction. Further, the style that may be beneficial for one trainee is not necessarily effective for the next. CareStar training will incorporate as much variety as possible, including both web-based and instructor-led trainings, while integrating group discussion, images, graphical elements and case studies in courses to make trainings more enjoyable and effective.

Section 5.5 – Satisfaction Surveys

- a. *Describe your plan for soliciting Individual satisfaction surveys and for utilizing those findings. Address the following:*
 - i. *How you will distribute this survey to all Individuals*
 - ii. *Topics to be covered by the survey*
 - iii. *How survey findings and feedback from Individuals and families will inform decision-making*

a. Describe your plan for soliciting Individual satisfaction surveys and for utilizing those finding.

i. While the National Core Indicators (NCI) Patient Satisfaction Survey process is used in the State of Indiana, CareStar's internal program to assess satisfaction is a value-added quality review process that distinguishes our work as a Case Management Company.

Our current survey process incorporates recent technological innovations by providing Individuals, family members and guardians the option of completing their satisfaction survey via text messaging. This option links the text message to a nationally known, HIPAA compliant, electronic satisfaction survey tool. CareStar has enhanced its website, www.carestar.com, so that an Individual or their Guardian can activate the same HIPAA-compliant satisfaction survey link on CareStar's website.

Online and mobile satisfaction surveys enable participants to submit immediate feedback about their experiences with services and their Case Manager in a timely

manner, that is convenient for the Individual. If Individuals and families do not have Internet connectivity or do not have a smart phone, satisfaction surveys can be completed over the phone with a live operator or a paper copy of the survey can be mailed via the U.S. Postal Service.

ii. CareStar conducts Quarterly Patient Satisfaction Surveys of Individuals, guardians and family members to gain insight into their level of satisfaction with CareStar's Case Management Services. Topics covered by surveys may vary, but often include those that seek to engage Individuals, Guardians and Family Members by surveying feelings about their Case Manager, their level of inclusion in the planning process, their level of access to Case Management or needed community services and overall satisfaction with Case Management Services. The survey tool contains questions with forced choice, quantitative Likert scale response options and open-ended questions for qualitative analysis.

iii. Under this proposal, CareStar, in collaboration with BDDS, will leverage its experience and expertise to collaboratively develop and conduct satisfaction surveys. CareStar will utilize surveys as a means of continuously improving the quality of service to program participants, as well as for ongoing performance improvement initiatives, internal and external to the organization.

Internally, satisfaction survey results are analyzed quarterly for continuous quality improvement and presented to the Program Director and Supervisors. Based on the results, systemic and continuous quality improvement actions are implemented, including evidence-based interventions that lead to measurable improvement in services, participant-worker relationships and the health status of Individuals. If a survey respondent identifies any question or concern in their response, the individual's comment is immediately forwarded to a supervisor for further assistance and follow-up.

Survey Results are shared with Executive Management and the Medical Director within the context of our Quarterly Quality Metrics report and Quality Committee meetings. Educational needs for staff and other organizational policy revisions are considered based on aggregate survey findings, with an emphasis on maintaining or improving program access and Case Manager responsiveness, ensuring health and welfare, as well as follow-through on the Individual's stated needs.

We believe that prompt response and follow-up to Individuals, Guardians and Family Members' concerns is imperative toward improving services and the lives of Individuals we serve. Our firm, focused commitment to satisfaction has contributed to a consistently high annual (2020) satisfaction rate of 97%. The table below demonstrates that CareStar continues to achieve high Satisfaction Survey results as seen in data from the first quarter of calendar year 2021 (January 2021 – March 2021), which includes surveys from 827 DRS and A&D/TBI program respondents.

April 2020-March 2021 results of our Indiana DRS and A&D/TBI program satisfaction quarterly surveys (which includes surveys for 827 respondents).

Quarterly Satisfaction Survey Results January 2021- March 2021	
How satisfied are you with the level of respect shown to you by your CareStar Case Manager?	99%
Overall, how satisfied are you with the Case Management services that CareStar provides.	97%
If a friend needed similar help, would you recommend CareStar to him or her?	96%

Section 5.6 – Complaint Process

- a. Describe the open feedback channel you plan to make available.
- b. Describe your plan for investigating complaints or concerns that you may receive from Individuals regarding their case management services. Address the following:
 - i. Case-specific process for addressing Individual's concern
 - ii. Company-wide process for sharing learnings from complaints or concerns

a. Describe the open feedback channel you plan to make available.

A complaint is any expression of dissatisfaction, whether oral or written, from an individual, the individual's family, individual's advocate or from a provider or a person electing to remain anonymous, about the provision of or failure to provide, a service. CareStar believes that every complaint is valid and is a vehicle for continued quality improvement and increased satisfaction among those we serve.

CareStar provides an open feedback channel via our website and considers all web-based feedback equal to that received directly by CareStar staff members. This open channel appears on five different dropdown menus as “Contact Us” and allows for anyone to enter unlimited text to freely express concerns. All completed “Contact Us” web-forms are forwarded to an email box that is monitored several times each business day by Customer Service Representatives (CSR). The CSR reviews the feedback and either responds directly or forwards the communication to the appropriate department leader for timely follow-up.

CareStar encourages service providers and individuals or their advocates to express concerns or problems freely to any CareStar employee and directs all staff to listen to and support individuals, service providers, family members, individual advocates or others involved in the care of individuals to exercise their right to register a complaint when they are not satisfied with Case Management services. Complaints can be made to CareStar, the BQIS staff, the Indiana Ombudsman or the Indiana BDDS staff, from a face-to-face conversation, phone call, email or U.S. Postal Service mail. CareStar will forward to the assigned BQIS staff member any complaint received involving Supported Living Services and Supports and will participate in phone calls with BQIS to review complaints as required.

Individuals and Family Members may make complaints about CareStar's Case Management directly to CareStar Supervisors//Director or external entities. CareStar responds to complaints in a thorough and timely manner by acknowledging the complaint, investigating the basis of the complaint and taking action to facilitate resolution.

At initiation of services and at least annually thereafter, the CareStar Case Manager will explain to the individual and their family or advocate: the functions and responsibilities of the Case Manager and the Case Management Company (CMCO). This includes identification of key clinical personnel, how to contact the Case Manager and other CMCO personnel, how to access the 24/7 live After-Hours On-Call service, the individual's right to file complaints, how and to whom they may file complaints and how to request a change of Case Manager or CMCO.

All complaints will be investigated respectfully and quickly. CareStar will adhere to the Indiana Bureau of Developmental Disabilities Services' complaint processes and requirements pursuant to the criteria outlined in this Request for Services and the DDRS-HCBS Waiver Provider's Module manual.

Case Managers will address and attempt to resolve all issues or concerns raised by individuals or their family members or advocates. At the time of enrollment and at least annually, staff will provide and explain DDRS-HCBS Waivers Handbook to Individuals and Families, including how to request assistance with problems, concerns and issues and suggest changes without fear of repercussion. Said staff will provide specific information and explanation on how to file complaints in clear terms so that Individuals and Families know who to contact if they are not satisfied with Case Management Services and what to expect after the complaint is filed, including timelines for responses and how to appeal decisions.

b. Describe your plan for investigating complaints or concerns that you may receive from Individuals regarding their case management services.

CareStar's QI Supervisors will coordinate the complaint process to ensure objective evaluation of the complaint and transparency in the process. The Quality Improvement Supervisor confers with the Clinical Director or designee to initiate the investigation, help evaluate the facts, determine substantive findings and follow up with necessary remediation to resolve the Complaint. All findings will be evaluated for dissemination to and education of both the involved Case Managers and the full Case Management team.

Steps in CareStar's Complaint Process:

If the complaint is case specific and involves a specific Case Manager and is an isolated matter, the complaint process steps and any Case Management follow-up will target that specific Case Manager. This follow-up may include competency training, counselling or other actions as appropriate. If the complaint is a broader matter, one

that requires follow-up with all Case Managers, (re)education, policy review or other action will be conducted with all staff as appropriate.

- CareStar will use a BDDS-approved Complaint form or system to record each complaint and all activities associated with the management, investigation and resolution of the complaint.
- At minimum, each complaint will be categorized by the type (reason) of complaint and have a unique resolution type identifier:

Complaint Categories	Resolution Type
1) Accessibility	1) Assignment of new CM
2) Conduct/Courteousness Staff	2) Change in ASP
3) Inaccurate or incomplete information	3) Consumer Education
4) Lack of Appropriate follow-thru	4) Department or agency-wide education
	5) Individual staff education/counseling
	6) Informal Caregiver/Family Education
	7) Provider Education

- All complaints will be investigated within the required timeframe. Compliant findings that are substantiated are followed-up with remediation activities.
- If complaints are immediately resolved, a written letter from the Director will be mailed to the client within seven (7) calendar days of the initial complaint date.
- While it is recognized that circumstances surrounding each investigation vary, the Director will issue a complaint acknowledgement letter to each complaint within 24 hours of receiving the complaint. All fact-finding efforts will be documented, including actions taken for resolution of the complaint and any follow-up with the complainant. Each action will be dated and signed by the individual who completed the action.
- The timeframe for complaint resolution vary and depend on the research required and on the numbers and availability of persons who must be contacted, interviewed or brought together to resolve the complaint will be fully reviewed and a finalized resolution plan will be executed within fifteen (15) calendar days of receiving the complaint and documented as outlined above. All staff education is documented in the Employee Record.
- On a quarterly basis, complaint data is aggregated and summarized for trends and patterns. This information is then used internally for performance improvement through Case Manager development and education programs. This is not to imply that Case Manager development and education activities will be held only quarterly. Ad hoc trainings will occur as the need arises, without regard for regularly scheduled intervals. Trends and quality assurance activities

are shared with BDDS/BQIS per the reporting guidelines outlined in Section 6.2 (Monitoring & Reporting) of this RFS.

Section 5.7 – Mortality Reviews

- a. Please confirm your understanding of the Contractor's role in the mortality review process and your willingness to conduct those activities when required.*

a. Please confirm your understanding of the Contractors role in the mortality review process and our willingness to conduct those activities when required.

As a statewide provider of Case Management Services, CareStar is experienced in completing Clinical Mortality Reviews. The Mortality Review process is triggered when the death of an Individual receiving HCBS Waiver Services is reported. CareStar is responsible for submitting an incident report within 24 hours of knowledge of death. CareStar understands that in accordance with 460 IAC, Case Management will complete an investigation into the death on certain instances, such as the provider is family to the Individual or no other providers are identified for the Individual. In instances where Case Management is responsible for the Mortality Review, staff will be required to collect documents such as death certificates, nurse's notes and daily habilitation notes completed by the provider agency, high risk plans and document investigation findings. These materials are then reviewed by a multidisciplinary team which includes the QI Supervisor, Supervisor and a Registered Nurse who evaluates causal factors associated with the death, as well as trends and patterns on a quarterly basis. CareStar will maintain a dashboard of all Mortality Reviews assigned to CareStar and the responses and closures, for a minimum of two years.

In its work with the State of Indiana, Bureau of Quality Improvement Services (BQIS), Bureau of Developmental Disabilities (BDDS) and Family and Social Services Administration (FSSA), CareStar will initiate the Mortality Review process if identified by BQIS or the designated Contractor, as the responsible entity. Using the platform identified by BQIS or the designated Contractor to respond to Mortality Reviews, CareStar's Case Manager will complete a thorough investigation. The investigation will include, at a minimum, past medical history, supporting documentation, supports and services in place at time of death and a complete timeframe detailing the events of at minimum the last 30 days leading to the death. If the Individual was hospitalized or in a nursing facility, the Case Manager will need documentation from up to 90 days prior to the death of the Individual.

After the Mortality Review investigation has been completed, the Case Manager will submit it to the Supervisor. The Supervisor will submit the completed review to BQIS or designee within specified timeframe of no later than 15 days after the death. If additional documentation or information is requested by BQIS or designee, CareStar will comply with request in the specified timeframe of no later than 7 days. The Quality Improvement Supervisor will conduct a quality review of randomly selected Mortality Review

investigations. CareStar Case Managers will consult with CareStar's Registered Nurse to assist with or review Mortality Review investigations as needed.

Documents that will be collected and included in the Mortality review are:

- **Event Report of Death:**
CareStar will contact the BDDS Central office in Indianapolis, Adult Protective Services or Child Protective Services by phone within 24 hours after the death. CareStar will document a case note in the Individual's profile within the BDDS portal.
- **Electronic Individual Death Notification:**
An incident report will be filed within 24 hours of the death or our knowledge of the death, detailing the date of death and events prior to the death, including it where occurred and medical details.
- **Mortality Review & Supporting Documentation:**
This documentation will include detailed information gathered by the CareStar as requested by BQIS or designee. Documentation will include PCISP, Incident Reports and Provider progress notes. Documentation will also include, but not limited to; past medical history, annual appointments, physicians' consults, doctors' visits, diagnostic tests for 12 months prior to death, Death Certificate and Autopsy Report (if available). Documentation will be obtained for a minimum of a 30-day period prior of the decedent's date of death.
- **Notification of Closure:**
CareStar will be notified when the Mortality Review has been closed by BQIS or designee. CareStar will save the receipt of closure within the dashboard for a minimum of two years.

SECTION 6. – Contractor Administrative Duties

Please explain how you propose to execute Section 6 by answering the question prompts in the boxes below. In answering these questions, please provide any relevant experience you may have.

Section 6.1 – Contractor Staff

- a. *Provide an overview of your organizational leadership. Include relevant qualifications and experience.*
- b. *Describe your proposed supervisory staff.*
- c. *Please describe how your supervisory staff is equipped to provide supervision and subject matter-specific guidance to Case Managers. Please include their relevant experience.*
- d. *Provide a narrative describing the Staff contemplated by Section 6.1. In your narrative, please describe whether they are a W-2 or IC / 1099 employee. Also in your narrative,*

please describe whether they are full-time or part-time and provide proof of certification. As applicable, please attach resumes of any specific proposed candidates.

a. Provide an overview of your organizational leadership. Include relevant qualifications and experience.

CareStar is a community of employees who find their personal goals and expectations aligned with the goals and expectations of the organization. CareStar strives for perfection without demanding perfection and employees work collaboratively to bring out the best in one another.

Depicted below is the Organizational Chart for CareStar of Indiana, LLC. It illustrates the positions and reporting relationships that are currently established and will continue, upon initiation of the Case Management Service Contract, for the FSW and CIH Wavier programs.

Immediately following the Organizational Chart, are brief introductory summaries of required, key personnel who will execute this Project. Qualifications for key staff are detailed in resumes seen in *Appendix FF*, while *Appendix GG* contains position descriptions for roles.



Vice President Operations, Registered Nurse

Sharon Higgins, MSA, RN, has more than 30 years of varied and extensive clinical nursing experience in hospital and community-based settings, including medical-surgical, NICU and multi-service units with patients across the age span. Sharon has worked as a Home Healthcare Field Nurse, Clinical Care Manager and Nurse Manager where she provided community-based, in-home, skilled nursing services for people living with I/DD. Sharon worked as a Waiver Program Case Manager, conducting assessments and authorizing services that facilitated Individuals' desire to remain safely in the community. Sharon has served as the Vice President of Operations since

2012 and Nurse for CareStar's work with the Indiana Bureau of Developmental Disability Services (BDDS) Family Support (FSW) and Community Integration and Habilitation (CIH) Waivers since 2013. Sharon is responsible for organizing, directing and controlling the activities of the various Operating Divisions within the organization. Sharon's hands-on, collaborative leadership style helps direct staff towards the achievement of their responsibilities and operation objectives.

Indiana State Director

Barbara Cash has been CareStar's State Director in Indiana since 2009. In addition to managing the FSW, CIH and A&D/TBI HCBS Waiver Programs, Barbara implemented the Money Follows the Person initiative when the State of Indiana awarded the contract in 2013. Prior to that, she was a Case Manager in both BDDS and Division of Aging Waiver Programs.

Barbara's commitment to serving Individuals with Intellectual/Developmental Disabilities (I/DD) is reflected in her years of service in this arena. It is notable that Barbara has maintained a relationship with many of the Individuals she has known and served in the past. Barbara demonstrates her commitment to her Case Management Team through mentorship, guidance and supportive actions.

When CareStar of Indiana, LLC began HCBS services, in 2006, there were four (4) staff members in the organization. Today, with the continued growth in HCBS services, Barbara now leads a team of seventy-one (71) Case Managers. Recognizing that an attitude of service is at the heart of CareStar's mission and values, Barbara strives to interview every CM applicant to ensure that the best available CM candidates are selected to serve CareStar's Waiver program participants.

Quality Improvement Supervisor

Serving as this Project's designated Compliance Officer is Jenny Greer, who is depicted on the Organizational Chart as a Quality Improvement Supervisor. Jenny is a Registered Nurse with 26 years' experience with expertise in various Nursing Specialties, Case Management and Quality Improvement activities. Jenny has partnered with Indiana's Clinical Leadership Team to implement processes that ensure compliance with the Commission on the Accreditation of Rehabilitative Facilities (CARF) accreditation standards and has been instrumental in implementing chart audits for Indiana FSW and CIH Waivers. Jenny's keen attention-to-detail and passion for delivering service with excellence has made a tremendous impact on the quality of service rendered by our Indiana Team.

Case Manager

April Johnson has a Bachelor of General Studies from Indiana University. She joined CareStar as a Case Manager in 2014 and, as CareStar's first Case Manager in Northern Indiana, she continues to enhance her reputation by fulfilling her Case Management responsibilities with excellence. April often works with two (2) different

BDDS District offices, where she uses her communication and problem-solving skills to build and maintain strong, productive relationships. She has worked closely and often with community mental health centers and psychiatric treatment centers. April has joined CareStar in community service events such as Autism Walks, volunteering on behalf of ARC chapters and community education opportunities.

Case Manager

With a Bachelor in Sociology from Hanover College, Jeff Cox is a Case Manager who has been part of our team over four (4) years. Jeff is deeply committed to the community he serves. Jeff uses his network of resources to benefit the Individuals he serves and as a resource to his co-workers as well. Jeff is routinely requested by Individuals to be their assigned Case Manager. Jeff is valued for his ability to provide Individuals with the information needed to make sound decisions regarding waiver services and other crucial facets of their lives. He goes above and beyond to assist them with identifying housing options, navigating Medicaid and Social Security benefits and the deciphering criminal justice system.

b. Describe your proposed supervisory staff.

Succession planning is a mechanism to identify and develop employees for advancement into leadership positions within the organization. The concept of thoughtfully assessing and planning for a Case Manager's future advancement into a Supervisory role is actively pursued at CareStar. This proactive approach to developing personnel directly influences the high level of preparedness found among CareStar's Supervisors.

This staff development strategy allows the organization to prepare Supervisors who can serve both as a leader and a resource for the Case Manager. There are cascading positive effects from a strong Supervisory team, which includes increased job satisfaction, improved continuity in Case Management assignments, increased satisfaction reported by Individuals and families and lower turnover. In 2020, the retention rate for Indiana-based Case Managers was 91.5%. This statistic is confirmation of the high degree of job satisfaction among staff and is possible due, in large part, to the efforts of our expert leadership team.

Supervisors will lead a Case Management Team of up to fifteen (15) Case Managers. Monthly 1:1 Supervisory meetings will provide insight, monitoring and feedback to Case Managers through case reviews, internal document audits and review of caseload audit reports. In addition to 1:1 supervisory meetings, Supervisors will conduct monthly team meetings. These meetings offer an opportunity for network building and co-worker interactions. This has proved to be an important component in employee satisfaction. Monthly meetings are also used to collectively review and discuss program changes, implement trainings, offer opportunity for a variety of speakers/presenters to share relevant information, as well as share CareStar-specific updates.

A short summary of the staff who currently hold Supervisory positions within CareStar are below.

Janet Rice has 21 years of experience providing training support, management and supervision. She joined CareStar in 2015 and has been in a supervisory position with CareStar for over four (4) years. Janet has provided Case Management Services for 13 years forming relationships with individuals and families and partnerships with waiver providers and State personnel. She has experience in employment services, benefit eligibility, transitions and person-centered planning. She has led the internal auditing process and development of internal quality improvement tools. Janet has been a key leader in her supervisory role and has an expertise in the Waiver Program.

Leslie Bauer brings to her position 25 years of teaching, training and management experience. These years of experience has all been within the disability community. She has worked in Supported Group Living Homes and vocational programs. She has trained others in crisis prevention, Bureau of Developmental Disability Services and Bureau of Quality Improvement Services regulations, CPR and First Aid, teamwork and professionalism. Her commitment to teaching and training others contribute to her skills in supporting individuals and staff. Leslie has been a part of the CareStar team in Indiana for five (5) years and in a supervisory position for one and a half (1 ½) years.

Jodi Brown has 9 years of healthcare and social services experience working with families and teams to support individuals. She has worked in long-term care facilities, skilled nursing facilities and community and home-based setting services. Jodi has held supervisory positions and leads by example. She began her employment with CareStar in 2015 as a Case Manager and was promoted to a supervisory position in 2020. Jodi has participated in strategic planning committees, CARF reviews, implementation of quality improvement measures and company volunteer opportunities.

Sara Kahrhoff has been in a supervisory position with CareStar since 2020. She was a Case Manager with CareStar for five (5) years prior to her promotion. Sara has contributed to development of quality measurement tools, Case Management orientation and training development and writing program procedures. She is skilled in communicating clearly and concisely, both verbally and in writing, making her an asset to the teams with whom she works. Her background in social services psychology has given her the skill set to support teams and move processes forward. Sara has participated in the Rubric Working Session with BDDS leadership and Case Management peers.

c. Please describe how your supervisory staff is equipped to provide supervision and subject matter-specific guidance to Case Managers. Please include their relevant experience

Employee development and ongoing training plays an important role in CareStar's continued improvement. Supervisors have expanded and refined their skills in leadership, communication, problem-solving and program expertise. Supervisors are

also responsible for representing the CareStar culture. CareStar culture is operationalized in our values, customer service pyramid and in the CareStar Rule *Appendix CC*.

Position descriptions set the expectation for CareStar employees. Supervisors' Roles and Responsibilities are detailed within the position description that is reviewed and acknowledged annually. Supervisors always participate in the Case Management interview process and make hiring recommendations. Supervisors have collaborated in developing interview questions specific to the Case Manager role to gauge the competence of potential new employees more effectively.

Each Supervisor has received training on and has experience in completing annual performance evaluations for the Case Managers they support. Part of the Annual Performance Evaluation process is establishing individualized goals for Case Managers. These goals are meant to promote continued professional growth and learning. Supervisors are experienced in identifying the need to develop Performance Improvement Plans to ensure compliance with program rules as well as supporting the success and accountability of the Case Manager.

Supervisors have developed tools to effectively monitor Case Manager compliance and quality. The Internal Document Audit Tool has been used consistently during the past year. The responsibility for completing this tool is shared with QI. Supervisors developed and implemented training in the use and navigation of the Case Management Portal, allowing QI staff to efficiently gather the relevant data to complete specific portions of the Internal Document Audit tool.

Supervisors developed and implemented a five (5) week Orientation Plan for all new Case Managers. This Orientation Plan uses a variety of resources; trainings developed by Supervisors, incorporation of Canvas trainings, LifeCourse tools and Person-Centered Planning maps and technology-based trainings housed on CareStar Learning. Each Supervisor has an area of expertise in the orientation process and is responsible for teaching that area to all newly hired Case Managers.

Supervisors have expertise in the management of Case Management responsibilities and are the designated CM resource for several topical areas. For example, Supervisor, Janet Rice is identified as our CMCO Intake Coordinator resource for onboarding new referrals. In this role, she develops initial Service Plans when appropriate and completes the confirmation process. Supervisor Leslie Bauer tracks all transitions to ensure Case Managers are coordinating the transition process in a purposeful manner and documenting their activities weekly, promoting a successful transition. Supervisor Jodi Brown collaborates with Case Managers and the QI Supervisor in tracking CARF measures and developing audit tools. Supervisor Sara Kahrhoff updates training that supports the PCISP Rubric and PCISP Interpretive Guidelines.

d. Provide a narrative describing the Staff contemplated by Section 6.1. In your narrative, please describe whether they are a W-2 or IC / 1099 employee. Also, in

your narrative, please describe whether they are full-time or part-time and provide proof of certification.

CareStar's success depends largely on staff's commitment to living the Company's mission and core values. We spend a significant amount of time, energy and resources to ensure employees are in the right positions for their well-being, the well-being of the organization and the well-being of the Individuals served. Our turnover rate is less than 12% compared to the industry benchmark of 25%. Our robust recruitment, training, performance management processes are designed to complement and enhance CareStar's ability to fulfill our purpose. There is a strong commitment to the employees and therefore, our practice is for employees to be W2 employees, rather than Independent Contractors or 1099 employees.

CareStar utilizes a combination of full-time and part-time employees to manage any potential geographical or other program-based limitations. The dominant preference for leadership efficiency, continuity, increased cycles of learning and long-term sustainability is employment of full-time employees. This is especially true in leadership positions. In CareStar's history of serving the DDRS population of Individuals, CareStar has utilized almost exclusively full-time employees at all levels and expects to do so moving forward. In rare circumstances where a small caseload exists and is potentially growing slowly, CareStar will consider part-time employment for Case Managers, with the expectation the territory can and will grow to a full-time caseload. This helps the new employee progress through the onboarding, training and caseload development stages at a measured pace and maximizes operational efficiencies, especially in more rural geographies.

Recognizing CareStar's longstanding association with DDRS, current staff have obtained the required Case Management certification. Due to Public Health Emergency and Allowances put in place by BDDS, Case Manager certifications have not been processed. However, CareStar continues to assist in the administration and scoring of the BDDS approved Case Manager certification exam.

Section 6.2 – Reporting

- a. *Describe how you will meet the reporting requirements outlined in Section 6.2 of the SOW.*
- b. *Please detail any additional reports to the ones mentioned in Section 6.2 of the SOW that you propose to provide as part of this Contract.*
- c. *Describe how you will report up the information that Case Managers are expected to track in accordance with Section 5.2.2.2 of the SOW.*
- d. *Describe your process for ad hoc report requests.*
- e. *Provide any relevant example reports.*

a. Describe how you will meet the reporting requirements outlined in Section 6.2 of the SOW.

Clinical reports and reporting tools offer an objective means of evaluating CareStar's quality of service and satisfaction among individuals served. Meeting the reporting requirements outlined in this Scope of Work necessitates the coordination of fundamental resources, such as: experience, people, equipment and training. CareStar will mobilize these resources to meet or exceed the reporting expectation of BDDS/BQIS.

In working with our other State partners, CareStar has garnered significant experience and expertise by providing State agencies with comprehensive Home and Community Based Services (HCBS) and quality outcome-based reporting at our above the scope and volume outlined in this RFS and has the experience and capacity to flex to higher volumes, as needed.

CareStar takes pride in meeting the reporting timeframe with its State partners. In a similar vein, under this proposal, CareStar will provide BDDS/BQIS with timely reporting in a manner and format outlined by BDDS/BQIS. All requests will be appropriately fulfilled in the timeframe prescribed by BDDS/BQIS or within 30 calendar days and will include:

- Quarterly Status Reports, comprised of a review of the State's data summary, results of quality assurance activities, random case audits, notable trends and patterns and actionable items.
- Semi-annual Touchpoint Reviews.
- Annual Reporting, including a compilation of the Quarterly Status Report.
- Periodic reporting, such as those needing updates, within a specified timeframe.

b. Please detail any additional reports to the ones mentioned in Section 6.2 of the SOW that you propose to provide as part of this Contract.

Drawing from CareStar's Case Management experience in other HCBS Waivers, we would like to suggest a reporting concept that will help inform BDDS/BQIS of potential Provider Availability issues.

Using an electronic survey application, a designated Administrative Support staff person would distribute monthly a Provider Availability Survey to Case Managers. This survey will ask the Case Managers specific questions to gain an understanding of potential Provider Availability issues, based on their caseload and geographic service area. CareStar would aggregate and analyze the responses for trends and patterns. Summary data would be captured in a report and presented to BDDS/BQIS within the quarterly reporting cycle. Information from the Provider Availability report can be used at the discretion of the BDDS/BQIS and may be helpful in shape program policy or processes.

c. Describe how you will report up the information that Case Managers are expected to track in accordance with Section 5.2.2.2 of the SOW.

Many are familiar with the adage, “garbage in, garbage out.” This is a particularly important concept to guard against when considering the data collection, aggregation and analysis needed to develop reports that are meaningful and contains data is both valid and reliable. To achieve excellence in reporting, CareStar will implement a case documentation and reporting model that is best described as a convergence of the Case Manager’s work product, supervisory oversight, training and equipment.

CareStar will equip all Case Managers assigned to this project, with a specially configured laptop to protect against unauthorized login and will include requisite security software and encryption features. Upon hire of the Case Manager, CareStar will request BDDS access to the BDSS Case Management Portal. Concurrently, the Case Manager will be training on case documentation and reporting requirements as outlined in the 1915c Waiver Service Definition and applicable service standard, manual or policy applicable under FSSA/DDRS/BDDS/BQIS/ HCBS program requirements.

In addition to having a secured laptop, Case Managers will be issued a mobile phone loaded with secure Wi-Fi hotspot, texting and translation functionality. All interactions between the Case Manager and the individual or authorized representative will be documented in designated sections of BDDS portal/electronic record. The CM’s Supervisor or Quality Improvement Supervisor will use BDDS electronic reporting or other internal tracking tools to review and verify timely and accurate completion of required documentation. Findings from these periodic reviews will be incorporated in quarterly reporting.

d. Describe your process for ad hoc report requests.

Ad Hoc reporting will be provided to the State, at no additional cost to the State. Ad Hoc reports may be obtained, via request, to CareStar’s Director.

e. Provide any relevant example reports.

Indiana-based Case Management providers, such as CareStar, regularly pull reports from the BDDS database to help inform decision making and ensure compliance with Case Management requirements. With a nod to Innovation, one of CareStar’s Core Values, CareStar has selected two BDDS reports that have been transformed into a dashboard format. By visually enhancing and refining the presentation of the data, its application as a management tool better assists Supervisors in their work.

The first dashboard presented in *Appendix HH* the “Canvas Training Summary Dashboard” and will be included in Quarterly Status Report. This report, which for privacy purposes, has been redacted of employee names, offers a comprehensive review of required employee training, including course points, training hours earned and a training summary.

Second report is the “Visits Due” Report. It is presented in a dashboard format and is based on the 90-day monitoring checklist. The dashboard represents a running measurement of visits due during one-month window for completion as well as those checklists that are past due. The “Visits Due” Dashboard is presented in *Appendix II*.

Section 6.3 – Meeting Requirements

- a. *Describe your commitment and ability to attend and actively participate in coordination, planning and collaborative administrative meetings with State staff. Describe any other proposed meetings, their purpose, and desired attendees for State consideration. Please describe your preferred approach to coordination with BDDS leadership, providers, individuals and families, and other stakeholders in these collaboration meetings, and other proposed meetings.*

a. Describe your commitment and ability to attend and actively participate in coordination, planning and collaborative administrative meetings with State staff. Describe any other proposed meetings, their purpose, and desired attendees for State consideration. Please describe your preferred approach to coordination with BDDS leadership, providers, individuals and families, and other stakeholders in these collaboration meetings, and other proposed meetings.

CareStar ascribes to the philosophy of owning the outcome of our partnerships and forging a continued focus on building that relationship. Our goal and practice are to support and facilitate the mission, goals and objectives of the Bureau of Developmental Disability Services (BDDS) through administration of the CIH and FSW Waiver Programs. In doing so, CareStar acknowledges its commitment to attend and actively participate in the semi-annual Touch Point Meeting, having at minimum the Director and Compliance Officer in attendance. For all meeting opportunities, CareStar will collaborate with the BDDS in the development of meeting agendas and recommend the complement of staff that will be in attendance from CareStar.



CareStar views such meetings as an opportunity to collaborate and remain in alignment with BDDS’ vision of serving those with Intellectual and Development Disabilities (I/DD). Additionally, these meetings offer an opportunity to inform, receive feedback and ask how CareStar might best support BDDS’ program initiatives.

CareStar has been an active participant in various workgroups (e.g. PCISP Rubric, Case Management IT System,) as well as Case Management Company (CMCO) quarterly in-person meetings and monthly teleconferences. CareStar is equipped to collaborate and partner with State leadership by using meeting formats or methods that are best suited to optimize BDDS’ agenda.

Meeting formats may include, but will not be limited to face-to-face forums, video conferences, teleconferences and secure email and data sharing. CareStar routinely uses nationally known, technologically secured, HIPAA-compliant meeting platforms to conduct virtual meetings.

CareStar will use all the technology tools previously identified to coordinate with BDDS leadership, providers, Individuals and Families and other stakeholders. Program information and updates will be posted on CareStar's website or readers will be directed to the Family and Social Services Administration (FSSA) or BDDS website to facilitate the sharing of accurate and timely information. Collaboration meetings are team meetings with a fancy name. The key to effective coordination of teams is building a respectful working partnership wherein those involved understand and value the goals of the meeting. The meeting goals will be shared with all involved. A meeting agenda will be developed and followed with intentional adherence to the identified open and adjournment times. CareStar recommends establishing an open-door policy for any partner to request an ad hoc meeting during the contract because a need to meet that is unbeknownst to us at present may become apparent in the future.

Section 6.4 – Corrective Action & Sanctions

- a. *Describe your process for preparing Corrective Action Plans (CAPs) and how you will ensure they are timely.*

a. Describe your process for preparing Corrective Action Plans (CAPs) and how you will ensure they are timely.

Should BDDS or BQIS determine that CareStar has not satisfactorily performed its work within contractual guidelines or completed activities in a timely manner, a Corrective Action Plan (CAP) will be issued by the State of Indiana. Under those circumstances, CareStar will respond to the CAP within ten (10) business days of receipt or per the State's requested timeline.

Immediately upon receipt of the CAP, CareStar's Director will initiate its CAP resolution protocol. The protocol serves to evaluate the CAP deficiency statement and create a multi-disciplinary workgroup, chaired by the Director, to address and resolve all compliance issues.

Under the protocol, team members charged with addressing the CAP represent a collaborative effort between the Director, QI Supervisor and other CareStar personnel from various departments or positions, who have a stake in improving quality, in an area which they are responsible and where a standard or process is not optimized. The QI Supervisor will lead the discussion to facilitate process improvement and to identify underlying root causes or contributing factors that influence suboptimal performance. To stimulate divergent thinking among team members, the QI Supervisor may use root cause analysis templates, cause and effect diagrams, flow charts and other tools. Once underlying causes have been identified, specific steps will be presented within the CAP

response detailing how CareStar will address the areas of deficiency to achieve compliance.

It should be noted that the CAP response may include monthly monitoring and reporting on the deficiency. These updates will be completed by CareStar's Director and the QI Supervisor. The monitoring and reviewing process will assist in developing a timeline for temporary or permanent solutions, as appropriate.

If a CAP or sanction is in progress, CareStar will be required to show progress toward remediation and provide information showing performance improvement of the deficiency. During the CAP/sanction process, CareStar and representatives from the State Agency will meet, as warranted, to discuss progress relative to improvement efforts and resolution of the CAP.

Section 6.5 – Ethical Service Delivery & Billing

- a. Describe your commitment to providing ethical service delivery and how you plan to ensure ethical billing practices.*

a. Describe your commitment to providing ethical service delivery and how you plan to ensure ethical billing practices.

CareStar is a highly regarded organization, respected for its ethical business practices, superior Case Management Services and health information security. This has been shown through the awards and certifications the organization has received. CareStar is HITRUST certified, CARF accredited, the winner of the 2020 Better Business Bureau Torch Award for Business Ethics and is certified through CMS as a Quality Improvement Organization-like (QIO-like) Company. As a value to our clients, the HITRUST Certification is a result of meeting rigorous healthcare regulations and requirements for protecting and securing sensitive and private healthcare information, significantly improving the security environment encompassing third-party privacy, security and compliance.

CareStar's Core Values, CareStar Rule and CareStar's Employee Handbook provides the framework for CareStar's ethical delivery and billing of services. All CareStar employees receive comprehensive training on core values, acceptable conduct and policies and procedures at the time of orientation and annually thereafter. Collectively, these documents address what our workforce is expected to do to achieve compliance and what we must do, ethically, to prevent waste, fraud and abuse (FWA) in healthcare. All parties employed or contracted with CareStar have a duty to process billing statements, execute contacts and use healthcare resources judicially, in accordance with ethical and legal standards.

CareStar will comply with all State and Federal regulations and follow ethical business practices. We will work to ensure proper billing and coding for services rendered, abide by payor policies and ensure that HIPAA privacy rules related to protected health

information (PHI) are followed. Our Compliance Plan is reviewed annually and updated as needed when policies, laws and/or regulations change.

To help support our commitment to integrity and ethical behavior, CareStar requires all members of the organization to complete a Conflict of Interest Disclosure Statement at the time of hire, annually or when an employee's circumstance has changed. This attestation helps identify any actual, potential or perceived conflicts of interest. Human Resource personnel will review all attestations that are flagged as an actual or potential conflict. If the conflict cannot be remedied and aligned with State requirements and CareStar's standards and policies, a referral will be made to the Corporate Compliance Officer for final determination.

- Each employee has an obligation to refrain from activities conflicting or interfering with company operations. A conflict of interest exists if financial interests or other opportunities for personal benefit may exert a substantial and improper influence upon an employee's professional judgment in exercising any CareStar duty or responsibility.
- Employees shall not use their positions to secure anything of value, financial gain or personal benefit, which would not ordinarily accrue to them in the performance of their official duties.
- No employee shall accept gifts of more than \$25.00 from any individual or business and may not accept gifts, tips or gratuities of any kind from consumers or families. Nor shall they accept any compensation from any other agency or individual for work performed in the course of their employment with CareStar.
- No employee may manage the case of any consumer for whom a member of the employee's immediate family or household provides services or supplies as a Direct Care Provider. under any waiver program for which CareStar provides Case Management.

CareStar maintains our ethical culture by hiring, promoting and contracting with the people who are best qualified and who share our Mission and Values. Federal law sets hiring and contracting standards. In the case of hiring for positions of authority or engaging in contracts, CareStar may not hire a person or entity that has been convicted of a healthcare related crime [defined in 42 U.S.C. 1320a-7(1)]. We also may not hire those who are debarred, excluded or are not eligible to take part in Federal or State-funded healthcare programs. Before a person begins employment with CareStar, Federal and State medical program lists of suspended and barred persons will be checked.

Federal rules also require CareStar to act if we learn that a currently employed or contracted person has been convicted of a crime related to healthcare or has been debarred, excluded or judged not eligible to take part in Federal or State-funded healthcare programs. This may mean ending their job or contract.

Employees' licensure status will be verified according to each employee's license expiration date. If licensure has not been renewed by the expiration date, the employee

will be required to take PTO (or unpaid leave if no PTO is available) until license is active, “unrestricted” and valid. Employees are required to notify CareStar of any actions or investigations related to licensure status regardless of type of allegation or outcome.

Ethical service delivery and billing will also be guided by the Case Management service definition. This service definition clearly identifies reimbursable activities as well as activities not allowed. Staff providing Case Management, administrative and management services will receive training regarding the ethical standards and practices set out in the Waiver Program Provider Manual and 460IAC and will follow the Code of Ethics as detailed in 460 IAC 1.2-21-1. Training documentation will be maintained in electronic employee folders, which may be audited as per State rule or Agency guideline.

CareStar has professionalized the role of Billing Manager by ensuring that position required specific certifications. The Billing Manager is a Certified Revenue Cycle Representative as well as a Certified Clinical Financial Auditor. The billing process has checks and balances in place to safeguard against duplicate claims, avoid inappropriate charges and confirm inclusion of correct diagnosis codes.

Section 6.6 – Transition of Case Managers

- a. *Describe your commitment and ability to transition Case Managers at Contract start, if necessary.*
- b. *Describe your commitment and ability to ensure smooth outgoing transition of activities and responsibilities to succeeding contractors (at the end of the Contract term), if this becomes necessary.*
 - i. *Describe how you will ensure all Individual cases are current.*
 - ii. *In particular, describe how you plan to ensure a smooth transition of case management services (either at the end of the Contract term or if an Individual opts to change their Case Manager) for the Individuals you serve*
 - i. *Describe your approach to cases where there exists a strong relationship between Case Manager and the Individual.*

a. Describe your commitment and ability to transition Case Managers at Contract start, if necessary.

CareStar has a long history of attracting, employing and retaining a diverse and talented group of Case Managers who possess a broad array of skills and experience to meet the needs of Individuals or families served by BDDS. Our organization employs Case Management professionals that are Bachelor or master’s degree prepared in fields, including, but not limited to, Psychology, Sociology, Education, Health Services and Public Health Administration. In keeping with CareStar’s expressed value of lifelong learning, some Indiana-based Case Managers have earned credentials in the use of the Adult Needs and Strengths Assessment (ANSA) tool and Certified Professional in Healthcare Quality (CPHQ).

CareStar will increase its employees commensurate with the increase in program census and work volume. With our extensive experience in expanding programs to meet State requirements, our dedicated Case Management Teams will meet the demands of this contract and ensure we operate in an independent, objective and conflict-free manner.

Because we are currently a contracted, statewide Case Management agency, we have qualified and trained staff in place and would require no lead time to operationalize the Contract. CareStar is prepared to increase staffing levels expeditiously as needed in response to increased work volume. This rapid response will ensure our ability to meet due dates and continue to perform with excellence. From experience, CareStar understands the importance of Case Manager to participant ratios for proper management of Individual's needs.

CareStar utilizes a team approach to orienting, onboarding and training new staff. In addition to the specific program required orientation and training, new employees learn about the history and mission of our organization. Our onboarding includes standard procedures for requesting system access requirements.

b. Describe your commitment and ability to ensure smooth outgoing transition of activities and responsibilities to succeeding contractors (at the end of the Contract term), if this becomes necessary.

i. CareStar is committed to ensuring a smooth transition of Case Management activities to succeeding contractors, if this becomes necessary. CareStar will coordinate with BDDS to use its Transition Toolkits when they are distributed.

CareStar's Case Managers will complete a comprehensive checklist outlining items needed for a seamless transition. The checklist will require the Case Manager to confirm all data is submitted and all documentation is up to date. The checklist will ask specific questions including, but not be limited to the following:

- Individual's HIPAA name.
- Acknowledgement that Profile information is correct and current.
- Current Case Management Company (CMCO) and name of CMCO contact.
- Receiving CMCO and name of CMCO contact.
- Date of Transition call between current and receiving CMCO.
- Date CMCO Pick List signed.
- Date CMCO Pick List received.
- Date of PCISP annual and most recent update.
- Current Level of Care Screening Instrument (LOCSI) date.
- Current Service Plan Dates.
- Date Vendor Change Service Plan.
- Date of most recent 90-day Checklist.
- Incident Report number and date of most recent follow-up of any open Incident Reports.

- Comments and notes section that could include, but not be limited to, preferred method of contact including time and contact person if other than the Individual, communication barriers, facility stay information, identification of any health, mental health information and contact information for treatment; status of locating any providers; and any additional information necessary to assist the new Case Management provider with understanding of the Individual's situation.

Supervisors will review the status of each Case Manager's caseload transition at regular intervals to ensure readiness for the end of the Contract term, if necessary. CareStar will continue to provide and bill for service delivery until Individuals have transitioned to the succeeding CMCO.

ii. For some Individuals, transition from one Case Manager to another can be traumatic and challenging. Open communication and assurance of continuity of care are essential components of this process, regardless of whether the change is voluntary or involuntary. When Individuals request a different Case Manager or transfers to another CMCO, CareStar will facilitate this transfer. A CareStar Case Manager will discuss the anticipated change with the Individual, including the anticipated timeline for transition.

CareStar Case Managers are adept at building strong relationships while maintaining well-defined, clear professional boundaries. In those instances where an existing rapport could present a challenge for transitioning, the Case Manager the Case Manager will remain compassionate but provide focused, structured parameters for accomplishing the mission of transitioning. Case Managers will emphasize the strengths or capacities of the member, including his/her support system. The Case Manager will review the status of the outcomes on the PCISP with the Individual and advise that their PCISP will be provided to the next Case Manager or CMCO. Supportive discussion will allow the Case Manager to elicit and acknowledge concerns that the Individual may have with the transfer.

Upon receipt of a signed Pick List, CareStar will contact the new CMCO to coordinate the transition. CareStar will communicate to all Interdisciplinary Team members that the Individual is being transferred to another Case Management entity. A CMCO Transition Checklist, as described above, will be completed for Individual's transitioning to a new CMCO. CareStar staff will conduct any contracted requirements for timelines of the transition process as well as entry into the State's system.

SECTION 8. – Service Levels and Non-Financial Incentives

Please explain how you propose to execute Section 8 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

Section 8 – Non-Financial Incentive Structure

- a. *Affirm your commitment to and understanding of the Non-Financial Incentive Structure stated in Section 8.*

Please explain how you propose to execute Section 8 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

Service-level agreement (SLA) is a contract that would document what services CareStar will furnish and defines the service standards CareStar will be obligated to meet. CareStar has the capacity to provide all aspects of service level requirements including, but not limited to, the training of Case Managers, ability to provide an Individuals access to non-waiver services and adherence to the PCISP Quality Guide and PCISP Rubric.

Detailed explanations defining each SLA, the associated methodologies, provisions for managing and reporting the SLAs and other key performance indicators will be developed in partnership with State leadership. Access to data will be required as well as development of a tool for report writing. CareStar has developed SLA reporting tables that identify the performance metric, performance target, definition of what is being measured, calculations to measure level of success and the frequency of review.

During the Money Follows the Person contract CareStar was awarded with Indiana Division of Aging, CareStar was held accountable to service level agreements as it pertains to number of individuals transitioned, number of failed transitions, number of individuals re-institutionalized and many other reportable measures. CareStar provided monthly, quarterly and mid-year reporting addressing a wide range of measures. CareStar Data Management partnered with the State to compile reporting submitted to CMS.

a. Affirm your commitment to and understanding of the Non-Financial Incentive Structure stated in Section 8.

CareStar commits to and understands the Non-Financial Incentive Structure outlined in Section 8, of the Statement of Work. Further, CareStar affirmatively commits to and agrees with the State's intention to develop Service level agreements after the Contract start date. These agreements will be used to measure performance and may inform on the standard of acceptable performance. Reports and data provided by CareStar may be used to develop specific service-level agreements. Additional reports may be required to measure performance.