**­­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.***

OVERVIEW

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

*Company Background*

* 1. *Describe your experience providing Case Management Services*
  2. *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*
  3. *Describe any notable accomplishments for your company you feel would be relevant to this proposal.*
  4. *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*

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| 1. Columbus Medical Services, LLC dba The Columbus Organization (Columbus) currently provides both Traditional and Intensive Case Management services to over 14,000 individuals with intellectual and developmental disabilities nationwide. Since 2012, Columbus has been designated as an Indiana statewide approved provider of case management services to individuals with intellectual and developmental disabilities in collaboration with the State of Indiana Division of Disability and Rehabilitation Services (DDRS). Columbus and our Indiana staff, including 61 Case Managers, have been providing case management services to currently 2,785 individuals through the Family Supports Waiver (FSW) and Community Integration and Habilitation (CIH). We also have two Case Managers providing case management services to 85 individuals enrolled in the Aged and Disabled (A&D) waiver in collaboration with the State of Indiana Division of Aging (DA). Additional states where Columbus provides case management services include:  * Georgia: collaborating with the Department of Behavioral Health and Developmental Disabilities (DBHDD) statewide since 2003; providing case management services and advocating for 4,227 individuals through the Comprehensive (COMP) Supports Waiver and the New Options Waiver (NOW). * South Carolina: collaborating with the Department of Disabilities and Special Needs (DDSN) statewide since 2015; providing case management services and advocating for 675 individuals through the ID/RD, HASCI, Autism waivers. * Delaware: collaborating with the Division of Developmental Disabilities Services (DDDS) statewide since 2017; providing case management services and advocating for 3,143 individuals through the Targeted Case Management waiver. * Kentucky: collaborating with the Division of Developmental and Intellectual Disabilities (DDID) statewide since 2017; providing case management services and advocating for 492 individuals through the Supports for Community Living (SCL) waiver and the Michelle P. Waiver. * New Jersey: collaborating with the Division of Developmental Disabilities (DDD) statewide since 2018; providing case management services and advocating for 505 individuals through the Comprehensive Waiver (Supports Program) and the Community Care Program (CCP). * Florida: collaborating with the Agency for Persons with Disabilities (APD) statewide since 2019; providing case management services and advocating for 2,394 individuals through the Home & Community-Based Waiver and the Targeted Case Management waiver.   In collaboration with each State’s Division of Behavioral Health and/or Developmental Disabilities, Columbus’ Case Managers provide:   * Annual planning and assessment including initial and annual activities that support the individual in establishing an annual PCISP, developing a budget in support of the PCISP, and establishing eligibility for waiver services. * Ongoing case management support to include services that monitor implementation of the individual’s PCISP and provide for regular review and modification with the individual and their support team. * Develop person-centered Charting the LifeCourse based service plans, modifying existing service plans, and advocating for changes in services or providers based on individual choice. * Monitor service providers to assure their adherence to state regulations regarding the applicability of the services received based on the personal desires of the individuals we serve, while ensuring critical health and safety issues are addressed. * Evaluate and address individual’s risks and unmet needs in order to maximize the health, well-being, and safety of waiver participants. * Completion of Level of Care (LOC) determinations as required, completion of risk assessments, and submission and follow-up for state reportable incidents. * Assist participants in coordinating all service needs whether Medicaid-reimbursed, services provided through other funding sources, or those performed by natural supporters in the context of family or community life. * Assist participants in coordinating all service needs and are responsible to advocate, educate, train, and guide individuals and families through the various avenues of information and communication around State/Federal policies, procedures, and protocol. * Participate in assessments of individuals through assembling both professionals and non-professionals who provide individualized supports and whose combined expertise and involvement ensures that person-centered plans are developed to address social, educational, transportation, housing, nutritional, healthcare, and other needs using a holistic approach. * Encourage and facilitate the use of various community resources through referral and follow-up activities through advocacy efforts. * Intensive case management includes all of the activities of traditional case management, but the activities reflect specialized coordination of waiver, medical, and behavioral support services on behalf of waiver participants with exceptional medical and/or behavioral needs. Intensive Case Managers assist waiver participants with complex needs through:   Identifying and addressing barriers to care and accessing needed resources and services offered through the waiver as well as the larger healthcare system.  Taking active measures to address complex needs through the participation of both a Columbus Registered Nurse and Physician.  Fostering and maintaining family and other informal relationships and support.  Coaching individuals in the development of those daily living skills needed to achieve maximum health and potential.  Providing on-call support and crisis management 24 hours a day, 7 days a week.  When applicable, Intensive support staff coordinates with State facilities in the transitioning of individuals from State facilities to community-based settings, assuring that supports are in place to successfully maintain the individual in a lesser restrictive and more fulfilling environment. To date, Columbus staff have assisted the successful transition of individuals from State facilities to lesser restrictive community settings. These services included:   * Guiding follow-through on hospital discharge planning instructions and supporting the individual in an effort to prevent future hospitalizations/ER visits. * Establishing relationships with providers in the larger healthcare and behavioral health system. * Accessing needed healthcare/behavioral support resources within and outside of the Medicaid Waiver system. * Following up on healthcare/behavioral plan implementation. * Intervening to foster prevention of deterioration of condition.   We work with individuals through advocacy, education, communication, identification of service resources and service facilitation resulting in fewer hospitalizations, disruption of services or need for more restrictive placement.  Columbus is dedicated to people with intellectual and/or developmental challenges, empowering them or their loved ones to realize meaningful life goals. We are committed to providing a “Peace of Mind Solution.” We do everything we can to ensure each person receives the kind of service one expects from someone who is dedicated to care and achieving a meaningful life. We go a step beyond, searching for that extra opportunity beyond the “checklist” to help those we support to be happy, fulfilled, and meet their goals. What else sets us apart? (1) Our employees. We train to consistent and high standards. Our employee-to-individuals ratio is low which means more dedicated time and attention; (2) Our emphasis on quality and outcomes. We employ Ph.D. level staff who focus on ensuring we exceed industry standards, and constantly measure satisfaction; (3) Our size and capabilities. We are dedicated to this line of business, investing in our company to make us even more focused on individuals and their needs; and (4) Our responsiveness. We are “on call” to be there when needed.  Columbus is familiar with and has access to multiple systems for entering and tracking case notes, case files, and billing. We utilize the following case management and billing portals/tools for each state we serve: Indiana – BDDS portal and Citrix Billing Module; Georgia – IDD Connect and GAMMIS; South Carolina – CDSS and Therap; Kentucky – MMIS and MWMA; Delaware – Therap for both; New Jersey – iRecord and VPI system; and Florida – FLMMIS and iConnect.  With a person-centered planning and thinking approach, it is Columbus’ vision to be recognized as an organization that transforms individuals’ lives and provides families the peace of mind in knowing their loved one has a voice and a valued role in their community. Our overall objective of quality case management (Traditional and Intensive) services is to oversee the health, safety, and well-being of waiver participants while tracking the quality, use, and outcomes of services identified in their person-centered individual support plan.   1. Columbus’ purpose is to assure that our services are achieving the desired outcomes based on the collected data relative to challenging behaviors, health and medical needs, and skill acquisition in a coordinated approach. Columbus staff identify the strengths, preferences, needs (clinical and support), and desired outcomes of the person served based on the data that was collected.  Our Case Managers’ role is to enable and assist the individual to identify and access a personalized mix of paid and non-paid services by working with community supports and provider agency workers’ (i.e., friends, counselors, direct care staff, and others).  The individual’s personally defined outcomes, preferred methods for achieving them, training supports, therapies, treatments, and other services needed to achieve those outcomes become part of a written person-centered support plan. The planning process may incorporate a variety of approaches, tools, and techniques based on the individual’s request or understanding to ensure that all options are reviewed and the most appropriate are selected. This approach achieves optimum value and desirable outcomes for all stakeholders.   In connecting with Community Resources, Columbus implements outreach and public awareness strategies (collaborating with local providers) to ensure open communication and current knowledge of available services. Columbus’ leadership meets with area providers and other community-based resources to make introductions, share contact information, and form partnerships to better strengthen community ties and overall delivery of services. Columbus staff participates in various community associations including local advisory boards and councils, attending and participating in resource and provider fairs, and offering regional trainings open to families and other interested parties to be an additional resource and to strengthen awareness of current community- and provider-based services. A manual of available services is maintained as a resource to persons, their families, and Case Managers when researching available services in the State.  Columbus’ Indiana Executive State Director, Katie Sloan, is currently serving as Co-Chair, writing a concept paper for Indiana Association of Rehabilitation Facilities (INARF) regarding flexibilities that were implemented during the COVID-19 pandemic that may still be an asset to waiver participants on an ongoing basis. The goal is to implement these changes as part of the new Indiana Medicaid Waiver Redesign, which would be of great value to the families served. Prior to her role as Executive State Director, Ms. Sloan served in both the North and South regions of Indiana, and still receives calls from families she served over seven years ago.  Columbus’ Assistant Vice President, Jacque Pulling has served in both the North and South regions of Indiana, as both a Case Manager and Team Lead Supervisor, during her tenure at Columbus. During this time, she set a precedent that the families and individuals she served are welcome to reach out to her at any time. Even in her new role as Assistant Vice President, Ms. Pulling still hears from families that she served directly, years ago. She continues to attend, at the request of the individual, the team meetings of an individual who she served three years ago. Ms. Pulling, along with the rest of the Columbus team, believe in the importance of setting open communication and clear expectations to the individuals and families they serve and that responses to their requests will be timely. This speaks to Columbus’ excellent service delivery.   1. Columbus’ accomplishments, including ourcertifications, accreditations, and memberships, are outlined below:  * **Commission on Accreditation of Rehabilitation Facilities (CARF):** In 2021, Columbus was accredited by CARF International for a period of three years for its service coordination/case management programs. This is the fourth, consecutive, three-year accreditation that CARF has awarded to Columbus. By pursuing and achieving this accreditation, Columbus has demonstrated that it meets international standards for quality and is committed to the pursuit of excellence. This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows Columbus’ substantial conformance to the CARF standards. Columbus’ CARF Accreditation can be found in Appendix G, “Columbus’ CARF Accreditation.” * **Innovation in Person Centered Practices Award, Charting the LifeCourse:** Columbus was awarded the “Innovation in Person Centered Practices” award from the Charting the LifeCourse organization for our leadership and exceptional use of the Charting the LifeCourse framework in Delaware. Columbus was honored at The LifeCourse Nexus’ with this award at the annual showcase in May 2021.The LifeCourse Nexus was pleased to highlight and celebrate Columbus’ integration of the Charting the LifeCourse framework into our person-centered planning practices, including how we are training community navigators to “think” this way (not just to complete a tool) and considering the quality measures and metrics to ensure that the principles are incorporated into the ongoing planning process so that people have good lives. * **Quality Improvement Organization (QIO):** Since 2014, Columbus has been certified by Centers for Medicare and Medicaid Services (CMS) as a QIO-like entity. Columbus was recently granted a renewal of its five-year certification by the Centers for Medicare and Medicaid Services (CMS), Center for Clinical Standards and Quality, as a QIO-like entity for the Commonwealth of Pennsylvania. Working on behalf of the CMS, QIOs are an independent and objective force to help improve healthcare delivery, safety, and efficiency through a combination of collaborating with provider organizations, delivering targeted technical assistance, and providing direct intervention with Medicare beneficiaries and the healthcare community. Columbus’ QIO-like Entity Certification can be found in Appendix H, “Columbus’ QIO-like Entity Certification.” * **National Association of Case Management** **(NACM):** Columbus is a 10-year Charter Member of the National Association of Case Management (NACM), a not-for-profit national voice for Case Managers and service coordinators. Members are part of a network of practicing professionals who are advocates for community-based Case Management systems. They share ideas and work to minimize bureaucratic barriers, practice high ethical standards, support career growth, and promote the vitality and professional image of Case Management and service coordination. NACM provides multiple opportunities for advancing professional growth and promoting Case Management, including educational meetings, conferences, association communiques, and policy development. * **American Staffing Association (ASA):** Columbus is a member of the American Staffing Association, which promotes legal, ethical, and professional practices for the staffing industry. The American Staffing Association is the voice of the U.S. staffing, recruiting, and workforce solutions industry. ASA and its state affiliates advance the interests of the industry across all sectors through advocacy, research, education, and the promotion of high standards of legal, ethical, and professional practices.   d. Columbus has learned from sanctions, corrective actions, and formal complaints that we have received in the past. We take all feedback received very seriously, which allows us to implement new best practices and/or policies and procedures, where necessary, to detect and/or prevent similar violations from occurring in the future. As a result of previous feedback, Columbus has developed more thorough quality review processes and procedures, including:   * The development of a complaint reporting process which allows for any leadership staff to report. It identifies the following of the complaint: date it was received, name and job title of the person receiving the complaint, name of the person reporting the complaint, relationship of the person reporting the complaint, name and job title of the person the complaint is regarding, general nature of the complaint, the complaint in detail, the name and job title of the person investigating the complaint, the steps taken during the investigation, and the outcome of the investigation as well as the resolution. * Enhanced training for Case Managers, including monthly workdays established with direct supervisors where breakout sessions can be offered for person specific requests. Additional trainings are offered, when necessary, (i.e., if a complaint is received on a PCISP not being completed timely, or adequately, we would offer a training on PCISP completion by our Team Leads who will be trained by our Life Course Ambassador). Additionally, Columbus’ leadership has been offering extensive trainings for all staff requesting additional training opportunities. Columbus has added a Management of Organizational Effectiveness position so that staff can be more adeptly trained. This will ensure that all staff are highly qualified and motivated and will ensure that Columbus’ mission and goals are at the forefront of each Case Manager’s everyday activities. If Columbus identifies a trend in complaints company-wide, our Manager of Organizational Effectiveness would develop a training on the identified issue that would be added to our Learning Management System (LMS) for all Case Managers to complete. * Improvements to our satisfaction survey process, to ensure that we are asking the most appropriate questions to make certain that the individuals, families, and providers are satisfied. Columbus added a survey link to our email and website so that satisfaction surveys can be completed at any time rather than just annually. Maintaining responsiveness to the needs of individuals, families, and providers on an ongoing basis is of the utmost importance to our company. * Development of tighter offboarding process, to ensure that when a Case Manager leaves Columbus they are being removed from the system in a timely manner. The intent of this policy is to ensure that any staff who have separated employment with Columbus are terminated from state systems within the appropriate timeframe. Removing access from state systems following separation of employment will uphold compliance with HIPAA standards. Once an individual is terminated from the state systems, they will no longer have access to client information. Columbus has an identified Systems Administrator for the Indiana state systems (Insite and BDDS Portal), that Case Managers have access to. The Systems Administrator will follow this policy to ensure that once an employee separates employment with Columbus, either due to a termination or resignation, they are removed from state systems in a timely manner. This timeframe begins at 5:00pm EST on the last date of employment and will be completed prior to midnight on the staff’s last known date of employment. Notice of employee resignation will be sent to the Systems Administrator within 24 hours of the resignation being received. Notice of a staff termination or quitting with no notice will be sent to the System Administrator immediately. On the last day of employment, the System Administrator will remove case management rights in Insite, change their password, and edit their management rights to reflect deactivation at the close of business on the user’s last day of employment. The System Administrator will then deactivate the BDDS portal access and submit a JIRA ticket requesting the deactivation.   Columbus prides ourselves on the ability to learn and grow from the feedback we receive. Columbus strives to maintain continuous progress within every level of our organization and will continue to implement new processes and procedures, where deemed necessary, for the betterment of the organization and the individuals we serve. |

*Compliance and Approach to Correction*

1. *What measures or steps would you take to address AND prevent corrective actions or findings issued by BQIS?*
2. *What quality assurance approaches would you employ to identify systemic issues? Please include supervision strategies as well as technical approaches*
3. *What quality assurance approaches would you put into place to timely address specific, limited situations as they arise?*
4. *Describe your company’s consideration of compliance requirements AND quality services in the delivery of case management.*
5. *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.*
6. *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.*
7. *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.*

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| 1. To assist Columbus’ executive management in its responsibilities relating to our operational quality and compliance with applicable legal requirements and sound ethical standards, Columbus’ executive management has established a Compliance and Quality Council (CQC) and an Executive Quality & Compliance Committee (EQCC). The CQC is comprised of the operational Care Coordination management who have direct oversight of the provision of Care Coordination services. The CQC ensures that we provide day-to-day operational oversight of and direction to all employees on the Company’s Quality & Compliance Program. The EQCC provides oversight of, and direction to, Columbus’ Quality & Compliance Program, and reviews monitoring reports and corrective actions no less frequently than every month.   ***Composition***  The CQC is composed of the following positions:   * Assistant Vice President of Care Coordination (Chair) * State Level Care Coordination Director or Executive Director * Human Resources Director * Senior Vice President of Clinical Operations * and such other positions as deemed necessary and appointed by Columbus’s Senior Vice President of Clinical Operations.   The EQCC is composed of the following positions:   * President & Chief Executive Officer * Vice President Operations (includes Human Resources) * Senior Vice President, Clinical Operations (Chair) * Senior Vice President, Community Services * Quality Director * Lead Columbus Board Member (non-voting) * and such other positions as appointed by the Chief Executive Officer.   In regard to corrective actions, the CQC is responsible for the following Care Coordination monitoring:   * Reviews monthly Care Coordination monitoring metrics to verify adherence to Company policies and procedures, paying specific attention to situations where policies and procedures were not followed. * Ensures appropriate corrective action(s) to prevent repetitive policy or procedure failure/reoccurrence. Corrective actions may include individual, team, state, or system-wide modifications to practice or procedure. * Oversees the execution of periodic Care Coordination employee surveys to test awareness of the Company’s policies and procedures.   In addition, and as previously mentioned, the EQCC provides oversight of, and direction to, Columbus’ Quality & Compliance Program, and reviews monitoring reports and corrective actions no less frequently than every month.   1. Columbus’ CQC and EQCC will work independently to employ strategies to identify and resolve systemic issues. Specifically, the CQC will employ the following tactics:  * Ensure that for each state in which Columbus provides Care Coordination services, we have developed and implemented appropriate and adequate training regarding our Care Coordination policies and procedures. * Develop and administer a routine process to evaluate and evolve Columbus’ Quality and Compliance program to ensure the cause(s) of violations are understood and remedied, and to prevent or detect similar violations from occurring in the future. * Define and coordinate implementation of a system to recognize high and low performers.   Additionally, the EQCC will undertake the following responsibilities and duties in order to prevent and define systemic issues:   * Oversee the development and implementation of employee communication and training regarding the Code of Conduct, policies, and quality/compliance issues. * Oversee administration of a program to certify that all employees have received training, have read and acknowledged understanding of, and have agreed to comply with, the Company’s Code of Conduct and policies (which collectively support adherence to the Company’s Quality and Compliance Program). * Commission special audits as necessary to verify adherence to the Code of Conduct, policies and/or legal requirements. * Oversee that appropriate and consistent discipline is imposed for violations of the Code of Conduct, policies, and legal requirements.   Both the CQC and the EQCC review monthly reports regarding reported disciplinary action taken during the previous month.   1. Both the CQC and the EQCC meet monthly to ensure routine compliance, and to resolve specific, limited situations as they arise. The CQC is responsible for ensuring that appropriate and consistent discipline is imposed for violations of Columbus policies and procedures. The EQCC oversees, on the basis of reports or allegations of non-compliance received, the investigations of compliance violations that have been reported. This includes overseeing the action taken by Columbus to ensure the cause(s) of violations of the Code of Conduct, policies, and/or legal requirements are remedied, as well as overseeing the steps taken to prevent or detect similar violations from occurring in the future. 2. Per Columbus’ Quality Assurance Policy, Columbus has developed and will maintain a Comprehensive Quality Assurance and Compliance Program (Program), as previously mentioned, in order to prevent or detect non-compliance with State contract requirements and minimize or eliminate the risk of Medicaid fraud. As an additional benefit, the Program seeks to set a high, uniform quality standard that can be understood and implemented by all employees. Columbus’ Quality Assurance (QA) strategy creates a system of accountability and maintains a high level of transparency through multifaceted review processes. An internal Quality Assurance review process consisting of various self-assessment activities is used to determine the appropriateness and effectiveness of case management. The issues identified through this internal process are addressed in the Quality Improvement Plan (QIP).   The Program and QIP will assist Columbus in accomplishing the following objectives:   * Maintain contract compliance. * Prevent Medicaid fraud. * Deliver appropriate high-quality person-centered services. * Routinely use the Program to make necessary revisions to practices, policies, and procedures. * Develop remedial programs to improve, educate, and monitor practices related to Columbus policies and procedures. * Create a system for employees to anonymously raise questions and voice concerns regarding Quality or Compliance. * Ensure the effectiveness of services provided. * Identify root cause deficiencies in the provision of quality services to implement effective corrective actions. * Maximize the efficient and effective use of all resources available to the agency. * Recommend changes to processes and operations to continually improve the quality of services. * Maintain CARF readiness.  1. Columbus’ philosophy regarding case management supervision is to maintain a comprehensive quality assurance and improvement program designed to promote and facilitate the health, safety, and quality of life of people with intellectual and developmental challenges. Team Lead Supervisors review staff caseloads on a weekly basis and make adjustments accordingly when situations change such as geography (families move, drive time) or there is a need for additional supports or services.   The Executive State Director and Team Lead Supervisors assigned to the State will evaluate and monitor service delivery and implement corrective action plans, where needed; provide technical assistance regarding program and member issues; and determine work priorities and assign work while ensuring proper completion of work assignments. The Director of Compliance and Quality Assurance will provide quality review services for the program, including quality assurance enhancement and improvement activities across intake, assessment, technical assistance and consultation and Case Manager functions.  Additionally, in order for Columbus to continue to enhance our services to members and maintain strong partnerships in the community, we actively and regularly seek input from our members, staff, providers, families/guardians, community supports, and other interested groups. We compile, review, and share these results with all stakeholders so that we can collectively identify strengths, weaknesses, and a strategic plan. Columbus periodically conducts a Member Satisfaction Survey across the State for all members. The individual surveys are coded by region, but otherwise anonymous to allow for honest feedback.   1. As stated in the RFS, within fifteen days after the execution of this contract, Columbus will submit a comprehensive plan for quality assurance of all Services, including but not limited to the delivery of statewide case management services, oversight of Case Managers, documentation verification, and adherence to the 1915(c) Waiver Service Definition, any applicable FSSA/BDDS/DDRS/BDDS service standards, guidelines, policies and/or manuals, including written agreements, and the FSSA/DDRS HCBS Waivers Provider Reference Module on the IHCP Provider Reference Materials webpage. Columbus understands the value and necessity in actively conducting quality assurance, both prospectively and retrospectively. The quality assurance plan will address at minimum:  * Columbus’ data-driven approach to decision making, including the approach to ensuring sufficient statewide coverage while balancing Case Manager capacity in relation to both geography and caseload. * An approach to verifying employee qualifications. * A detailed training plan, supplemental to any training provided by BDDS, which includes the proposed frequency, modality, and topics of these trainings. This training plan will be developed in accordance with Section 5.4 of the Scope of Work. * An approach to reviewing each Case Manager’s activity and documentation at least annually. Findings from these reviews will feed into Case Manager training and employee evaluations. Findings shall also be included in the quarter, semi-annual, and annual reports as described in Section 6.2 of the Scope of Work. * Annual performance reviews and employee evaluations of Case Manager performance in accordance with Section 5.4 of the Scope of Work. * Available feedback mechanisms, including the Individual satisfaction survey and open feedback channel that Columbus will make available to Individuals receiving Services in accordance with Section 5.5 of the Scope of Work. * Investigation of and response to complaints. Columbus will outline an approach to investigating and responding to complaints received from Individuals and all other interested stakeholders, including a mechanism to share with BDDS/BQIS upon request. Findings will be shared with the State during semi-annual touchpoints as described in Section 6.3 of the Scope of Work.   Columbus’ internal Quality Assurance review process and resulting quality improvement plan are designed to assist Columbus in accomplishing the following objectives:   * Review data concerning critical indicators of service and operations on a routine basis so that necessary revisions to practices, policies, and procedures can be quickly made. * Make critical judgments regarding the quality of services through self-examination. * Determine the effectiveness of services provided. * Identify deficiencies that undermine the provision of quality services and make necessary system corrections. * Maximize the efficient and effective use of all resources available to the agency. * Make needed changes in processes and operations to continually improve the quality of services.   Columbus’ Comprehensive Quality Assurance (QA) and Compliance Plan incorporates an integrated strategy for quality management and quality improvement taking into account not only assurances reported to CMS through the existing waivers, but also overarching system and policy goals and objectives set forth by our clients and their stakeholders. Columbus’ QA strategy creates a system of accountability and maintains a high level of transparency through a holistically designed, fully integrated IT solution as the centerpiece of data management and quality reporting. An internal QA review process consisting of various self-assessment activities is used to determine the appropriateness and effectiveness of case management services. The issues identified through this internal process are addressed in the quality improvement plan.  Team Lead Supervisors meet monthly for 1:1 supervision with each Case Manager. These meetings address any upcoming tasks, training and equipment needs, and concerns and/or incidents with the individuals they serve. Issues reported by QA on the monthly report will be addressed with the Case Managers at these supervised meetings. Additionally, scorecards are reviewed at this time, as well as a sampling of a case note audit that has been completed by the Team Lead Supervisor.   1. Columbus employs one full-time Compliance Officer, Dr. Melissa Richards. Dr. Richards has over 27 years of experience and expertise in functional assessment, autism, intellectual and developmental disabilities, severe behavior disorders, and behavior supports. As Columbus’ current Senior Vice President of Clinical Operations, Dr. Richards oversees all quality and compliance programs for Columbus, including ensuring Case Managers are in compliance with the requirements in each state we serve, as well as ensuring quality outcomes for the people we support. Dr. Richards leads Columbus’ Compliance and Quality Team in developing and executing a comprehensive quality program company-wide. She is currently developing a clinical research platform to provide evidence of the efficiency of our service delivery model to improve outcomes. Dr. Richards and her Quality Assurance Team periodically conduct Member Satisfaction Surveys across the State for all members. The individual surveys are coded by region, but otherwise anonymous to allow for honest feedback. This process ensures that we are receiving important feedback from our clients in order to make changes to help better serve them. Additionally, Dr. Richards oversees the development of Columbus’ Annual Performance Improvement Plan, which ensures that Columbus is providing services in alignment with the State’s goals and outlines any accomplishments and needs for improvement. Dr. Richards works with Columbus’ Directors to set goals for the upcoming year based on the results of this Plan. A copy of Dr. Richard’s resume can be found in Appendix I, “Columbus’ Supervisory Staff and Team Resumes.” |

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*

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

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| Columbus has been an approved Medicaid Provider in the State of Indiana since 2012 providing case management services to currently 2,785 individuals statewide through the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH). Columbus is prepared to provide a smooth transition of services into a new contract and/or new provider, and we do not have any structural changes within the organization. |

*Section 4.2.2 – Commitment to Statewide Coverage*

1. *Describe how you will ensure statewide coverage of case management services. Address the following aspects:*
   1. *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:*
         1. *What factors are considered*
         2. *How you plan to balance the varying complexities of individual cases for Case Manager caseload*
         3. *Process for Individuals to request specific Case Managers*
2. *If you currently do not provide statewide coverage, describe your plan to transition to do so.*
3. *Provide an overview of how you plan to fulfill your responsibilities overseeing your Case Managers and ensuring quality case management services.*
4. *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.*
5. *Provide an overview of your current case management team, including number of employees, geographic coverage, and caseload.* 
   1. *Please share any timing concerns you may have with assuming and delivering case management services statewide within the stated timelines*

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| a.i. Columbus will recruit and hire Case Managers in accordance with the 1915(c) Waiver Service Definition, FSSA/BDDS/BQIS policy, guides, and manuals and will continue to ensure that a sufficient amount of Case Managers are employed to provide statewide coverage. Columbus will enlist its highly experienced Recruitment division for the recruitment of Case Managers, using the Columbus employment methodology. Our recruitment model includes: (1) Development of an Ideal Candidate Profile; (2) Candidate Identification and Screening; (3) Candidate Interviews; and (4) Timelines for Recruiting Process. Our Case Managers will be experienced and meet all State requirements for employment to ensure participants receive effective, understandable, and respectful care provided in a manner compatible with their cultural health beliefs, practices, and preferred language.  Columbus’ history of recruitment success is founded on an approach that rapidly identifies and engages qualified candidates, supports them to succeed, and provides regular on-site interaction.  ***Ideal Candidate Profile (ICP):*** The first step in the recruiting process is the development of an ICP. The ICP allows you to “fine tune” the specifications for the position in terms of the required experience, education, and other areas of professional development that will ensure successful outcomes and is an opportunity to add any late-breaking or previously overlooked nuances that are critical components of optimal candidates’ profiles.  ***Candidate Identification and Screening:*** Multiple resources are utilized in the search process for your ideal candidate, including direct mail, internet postings, advertising in professional journals, direct contact with training programs, state and national association contacts, participating in current conferences and conventions, and utilizing Columbus’ national candidate database. Columbus also has an extensive network of personal and professional contacts for candidate referral. Daily interactions in local, state, and clinical settings by Columbus team members further strengthen this network. Upon development of a potential candidate list, individualized screening begins. An intensive investigative effort is completed prior to the initial in-person interview.  Columbus checks transcripts, licenses, and certificates; validates completion of training programs; confirms prior experience; and conducts background checks. Columbus also contacts listed references, associates, or program directors who may not be listed as references. If logical, these individuals will already have been made aware of any relevant relocation factors, including housing availability and price ranges, schools (public and private), entertainment, access to recreational areas, and community resources.  ***Candidate Interviews:***Identified candidates are interviewed to promote shared understanding, provide a forum for discussing the role and performance expectations in detail, and encourage open dialogue. Candidates approved by Columbus administration will be offered employment.  Columbus excels in providing services in time-limited situations, and the State can be assured that Columbus will maintain the required staffing level. Columbus continually updates its national active candidate database enabling rapid identification of replacement staff when required.  Columbus supports retention by providing competitive and comprehensive benefits and compensation plans, as well as assistance to maintain licensure and memberships in professional organizations. Case Managers are supported in completing required trainings, and we encourage staff to take advantage of continuing education opportunities (including financial aid for registration and attendance at professional meetings). Columbus personnel are encouraged to call on peer clinical professionals for assistance with clinical and administrative challenges and to connect with peers and consultants in other states for advice on a specific case or to help develop policy.  **Applicant Tracking System (ATS)**  Columbus’ recruitment model includes national recruitment for short-term, long-term, high-level, and permanent/temporary positions. Columbus’ capability of recruiting on a national level allows for rapid response to open requisitions. Columbus utilizes an Applicant Tracking System (ATS), Jobvite, as our central hub for searching and sourcing candidates nationwide. Jobvite integrates with all major job search engines, including Indeed, Monster, Glassdoor, etc., to automatically index jobs for faster searching. This allows us to centralize our job management efforts into a single location with real-time pipeline management, job advertising, social media marketing, client submissions, and analytics.  **Assignment of Case Managers**  a.i.1.a. Columbus allows the individuals and families we serve to choose the Case Manager they want to work with. Initially, due to the significant benefit of having local Case Managers on staff, Columbus assigns an individual to a Case Manager in order to complete the intake process. Factors that are considered when assigning this Case Manager include their location and their ability to serve (i.e., caseload, etc.). The assigned Case Manager will ensure that the family understands all consumer rights, including their right to choose an ongoing Case Manager. At that point, the family may choose to interview with other local Case Managers, if available, or they may choose to stay with the local Case Manager that completed the intake process.  a.i.1.b. In the event that Columbus received a complex case, including an individual who is coming out of a skilled facility or group home placement, Columbus’ Executive State Director reviews the local Case Managers available to identify who has the best knowledge to ensure the transition takes place smoothly. Another factor that is considered is the Case Manager’s familiarity with the area, to ensure they can provide both waiver and non-waiver related supports.  a.i.1.c. Columbus will continue to allow for individuals to request specific Case Managers and will continue to monitor caseloads in order to stay within the specified caseload requirements of no more than forty-five (45) cases for our Case Managers. We believe that it is imperative that the individuals we serve are allowed the option to choose.   1. Columbus 61 Case Managers currently provides statewide case management services to 2,785 individuals across all 92 counties in Indiana under the Community Integration and Habilitation Waiver (CIH) and the Family Supports Waiver (FSW) collaborating with the Indiana Division of Disability and Rehabilitative Services (DDRS). We also provide case management services to 85 individuals enrolled in the Aged and Disabled (A&D) waiver in collaboration with the State of Indiana Division of Aging (DA). Columbus’ Indiana staff. 2. Columbus’ Team Lead Supervisors are tasked with the oversight of our Case Managers, as well as ensuring the quality of case management services. Utilizing their strong problem-solving skills and the ability to plan and develop programs and program components, our Team Lead Supervisors examine the operations of their Case Managers by providing administrative oversight concerning direction, strategic planning, and supporting the coordination of service delivery for those employees under their supervision. They oversee the overall operation of Case Managers in terms of performance and programmatic implementation. This includes the responsibility for planning, assigning, evaluating, and reviewing the work of the Case Managers. Team Lead Supervisors provide input in the coordination and improvement of services and work with provider agencies to ensure timely and efficient service delivery. Additionally, our Team Lead Supervisors interact with other agencies, provide information and respond to requests from individuals and their families, community representatives, State offices, Providers, and the general public, which involves explaining programs and policies and handling complaints and grievances. Team Lead Supervisors then educate their Case Managers on these matters to ensure exemplary services to the individuals we serve. Our Team Lead Supervisors work closely with the Executive State Director to implement a shared vision, advance projects, and establish priorities within the State.   Columbus maintains case management oversight responsibilities by allowing Team Lead Supervisors the opportunity to assist in the recruitment, hiring, supervising, and mentoring of the assigned Case Managers. Through our Team Lead Supervisors, Columbus helps Case Managers establish goals and timetables, and conduct monthly supervisions/annual evaluations of goal achievement for each Case Manager, as well as continually supporting and encouraging our staff’s goals and objectives through the use of various performance tools including the Playbook Scorecard, which we use to track the percent of Case Managers meeting their individual requirements including the number of case notes submitted timely vs. untimely. Implementation of the Playbook Scorecard allows us to see, in graph form, areas of improvement. Additional responsibilities of our Team Lead Supervisors, in our continual effort to ensure our Case Managers are providing exemplary services to the individuals we serve, are as follows:   * Assess monthly performance of their Team, including the completion of monthly supervision forms, recommending, and implementing training and/or corrective action, as necessary. * Monitoring the Team to ensure timely implementation of company policies and procedures. * Monitoring the Team to ensure Case Managers meet all requirements of local, state, and federal regulations and laws relating to the provision of waiver-based services. * Conducting regular meetings with Case Managers with periodic site visits to provide supervisor, ensure communication, and to monitor delivery of services. * Direct requests for supplies to Executive State Director for processing; reviews and verifies Team reimbursement and travel requests to Executive State Director for review/approval. * Analyzes program evaluations with Executive State Director and Quality Assurance Director to ensure desired outcomes are addressed and conducted. * Provides reports to the Executive State Director, and other appropriate parties to reinforce program effectiveness. * Evaluates and monitors Team’s service delivery and as needed, implements corrective action plans, provide technical assistance regarding program and client issues; determines work priorities and assigns work to ensure proper completion of assignments. * Directs the development and implementation of annual program work plans including program goals and measurable outcomes consistent with the company’s strategic plan. * Assists with the development of strategic and programmatic plans for their assigned staff as part of office Leadership team. Provide timelines and resources needed to achieve the program goals. * Mentors staff, reinforcing a commitment to building, cooperation and collaboration among Team members, individuals and their families, Providers and state staff. * Analyzes Team’s monthly performance and provides direction regarding staff’s productivity and progress, ensuring Team’s service delivery supports billable events and that staff resources are used effectively to promote a high degree of customer satisfaction, efficiency, and quality service. Assists with programmatic oversight regarding PCISPs, reviews and assesses staff’s workflow. * Provides input into the development, planning, and strategies, focusing on areas for growth and improvement. * Assists in ensuring that assigned staff are compliant with all accrediting bodies such as CARF and that appropriate quality assurance programs are complied with. Provides input into the development, planning, and strategies, focusing on areas for growth and improvement. * Creates an environment that fosters teamwork, cooperation, respect, diversity and service to customers.  1. Person-Centered Planning (PCP) is at the core of Columbus’ case management philosophy. We understand that it assists the people we serve in exercising autonomy, choice, and control over their lives, and the services and supports they receive. We teach our Case Managers Person-Centered Principles and Practices whereby persons choose among different levels of responsibility, from taking complete charge of their planning, service arrangements and budgets to relying on a designated representative or family member to assist them with most or all tasks. It is a process that is driven by the person with long-term support needs and may also include a representative whom the member has freely chosen or is legally authorized. Columbus develops a Person-Centered Individualized Support Plan (PCISP) within 45 days of assigning an individual to a Case Manager. PCISPs are developed annually and reviewed at least semi-annually by the Individualized Support Team (IST). The process begins with an individual’s vision for their ideal life. With that in mind, the PCISP takes on the concept of self-determination from theory to practice. It creates a nurtured environment that encourages the use of understandable language to aid individuals and their families to engage in discussions surrounding meaningful plans. This allows individuals the right to exercise choice. The PCISP allows for a clear road map for the individual’s IST to adhere to, to further allow support of the individuals goals and dreams. Columbus’ Case Managers, along with the individual, their guardian(s), family members, service providers, and other members selected by the individual and/or guardian make up the IST. Columbus Case Managers work in tandem with members of the IST in a variety of ways; including but not limited to: problem solving, aiding in realizing life goals and dreams, and offering community resources.   Columbus’ Case Managers support the identification of strengths, preferences, needs (clinical and support), and desired outcomes of the person being served. Working in partnership with community supports, provider agencies, direct care staff, and others, our Case Managers’ role is to enable and assist the person to identify and access a personalized mix of paid and non-paid services. The individual’s personally defined outcomes, preferred methods for achieving them, training supports, therapies, treatments, and other services needed to achieve those outcomes become part of the written person-centered support plan. The planning process may incorporate a variety of approaches, tools, and techniques based on the member’s request or understanding to ensure that all options are reviewed and the most appropriate are selected. This approach achieves optimum value and desirable outcomes for all stakeholders.  An outline of Columbus’ Person-Centered Thinking and Practice’s training curriculum is shown below.  1. Planning Tools: Can identify the most frequently used person-centered planning tools and provides relevant recommendations for use based on individual circumstances.  2. Key Player Involvement: Identifies key players in the individual’s life and helps develop a strong support team.  3. Individualization: Assesses each individual to identify needs that are unique and works with that individual to develop plans that are preference-based, culturally sensitive, and specific.  4. Strengths-based: Ensures that individual strengths are identified and ties strengths to actions in the development of the holistic approach. Considers all relevant life domain areas (e.g., residence, family, social, emotional/psychological, educational/vocational, safety, legal, medical, spiritual, cultural, and financial) when developing the individual support plan.  5. Person-Centered Plan Development: Understands and can identify standards and procedures for prioritizing needs and objectives, and for designing clear, concise plans that address desired outcomes, incorporate measurable activities, and have meaning for the individual.  6. Supported Decision-Making: Supports self-advocates in leading their planning process, from discovery to implementation.  7. Clear Communications: Uses plain and effective language when writing service plans to capture the critical elements.  **Description of the training:**  This interactive training will provide an overview of key concepts and language for the collaborative development of person-centered plans. The training promotes respectful listening intended to result in actions that support people to have positive control over their life, be recognized and valued for the contributions to their community, and be supported in a web of relationships, both natural and paid, within their communities.  **Learning Outcomes:**  Participants will be able to identify and describe:   * Fundamental person-centered thinking concepts application to service planning and delivery. * Three primary methods of applying person-centered practices to service delivery. * Where person-centered information is recorded and how it informs Support Plan development. * Utilize basic person-centered concepts within the team process to develop Support Plans that address and support individuals to have a meaningful life and presence in their community. * Promote the partnerships of current and potential team members of person-centered information in the development of the plan for services and supports. * Recognize and respond to individual preferences communicated verbally or through behavior. * Describe the importance of supporting health and safety needs while respecting personal preferences, hopes and dreams.   Columbus will ensure that all of our Case Managers and Team Lead Supervisors providing services in Indiana are familiar with and using the Person-Centered, Informed Choice and Transition Protocol, DHS-3825 to implement person-centered practices in support planning. Columbus affirms the responsibility of the Case Manager to assure that the protocol is being followed, at a minimum, when:   * A person first requests services. * There is a required plan review. * A change in the person’s circumstances affects the plan. * The person requests to re-revisit the plan. * The person considers employment. * The person moves from one place of residence to another with the intention of not returning.  1. Columbus currently has 408 care coordination staff members nationwide, serving approximately 14,000 individuals across seven states including: Indiana, Georgia, South Carolina, Delaware, Kentucky, New Jersey, and Florida. In the State of Indiana, specifically, Columbus currently has 61 Case Managers, serving 2,785 individuals through the CIH and FSW waivers. There are no timing concerns on the delivery of services to note, as we are currently providing Indiana case management services statewide. |

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*

1. *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.*
2. *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.*
3. *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.*
4. *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.*

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| 1. Columbus’ Case Managers are reviewed monthly by their direct Team Lead Supervisors to examine necessary competencies such as Relationship Building. This review includes an assessment in which the Team Lead Supervisor evaluates if the Case Manager is building relationships that are characterized by a high level of acceptance, cooperation, and mutual respect. Development and Continual Learning will be reviewed to see if the Case Manager is able to display an ongoing commitment to learning and self-improvement, and if they are striving to acquire new knowledge and skills.   Columbus’ Case Managers are trained to facilitate meetings where they are creating an inclusive environment and encouraging all parties of an Individualized Support Team to feel comfortable with sharing thoughts and ideas. Case Managers are trained on the Charting the LifeCourse practices and tools to help facilitate meetings in a way where they are promoting positive team dynamics and assisting with establishing an individuals’ wants and needs.   1. Columbus is made up of a group of caring professionals whose mission is to assist children and adults with physical, intellectual, and developmental challenges achieve independence through a life that is meaningful to them. With a strength-based, person-centered planning and thinking approach, it is our vision to be recognized as an organization that transforms individuals’ lives and provides families the peace of mind in knowing their loved one has a voice and a valued role in their community.   Columbus’ Case Managers act as a liaison and foster relationships with waiver providers, state agencies, waiver participants, and other community agencies to support individuals with intellectual and developmental challenges. Our Case Managers maintain the confidentiality and integrity of the company at all times, complying with HIPAA and Columbus’ Care Coordination policies. Our Case Managers will ensure the health and safety of the individual at all times and will monitor satisfaction and service outcomes.  Each Case Manager will meet with their Team Lead Supervisor at least once monthly face-to-face. This meeting will provide the opportunity for the Case Manager and their direct supervisor to review competencies such as:  (1) Accountability and Dependability - to see if the Case Manager is taking personal responsibility for the quality and timeliness of work and achieves results with little oversight.  (2) Adaptability and Flexibility - to see how well the Case Manager is able to adapt to and work with a variety of situations, individuals, and groups. We assess if they are open to different and new ways of doing things or are willing to modify their preferred way of doing things.  (3) Communication - to see how well the Case Manager has been able to express oneself clearly to ensure that information is passed onto others effectively.   1. Columbus believes that the person-centered planning process is an ongoing pursuit that will evolve as the individual’s life changes. This process begins with the individual's vision for their preferred life. It is Columbus’ goal to take these hopes and dreams and turn them into actions.   Columbus has an Ambassador on staff who ensures that each individual receives person-centered case management services. This Ambassador provides training support to Case Managers upon hire, and throughout their career. The Ambassador also provides updated tools that are easily accessible to staff through our internal hub, SharePoint.  Staff are trained on Charting the LifeCourse and using Charting the LifeCourse tools. Case Managers use the Trajectory to have conversations about what the individual's vision for a good life is, and to assist with identifying steps to reach those goals. Case Managers also use the Life Domain Tool to assist individuals and families to think about and begin to plan for future life domains and life stages based on what their vision for a good life is. Columbus also uses the Integrated Supports Star to identify supports to assist the individual to meet their vision for a good life in all domains and life stages.  Columbus’ approach ensures thoroughness. Our Case Managers will ensure that work is complete and accurate. Case Managers independently follow up with both the individual and those involved with assisting the individual to meet their goals and visions, including their family, providers, and natural supports to ensure that all agreements and commitments have been fulfilled.   1. Columbus is a proactive organization. Columbus’ Executive State Director will be monitoring the timeliness of data entry. Reports are pulled and reviewed often. Upcoming items are discussed at monthly meetings with Team Lead Supervisors to ensure work is completed timely. The Team Lead Supervisors have discussions with their direct reports during monthly 1:1 supervision meeting, and more frequently, as needed, to review upcoming work and to ensure work is completed in a timely manner. Data is collected on a monthly basis and entered into a state “Scorecard,” which tracks caseload ratios, monthly contacts, the number of person-centered plans that are required and completed, and QA scores and satisfaction scores. |

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

1. *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.*

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| Columbus anticipates using a staffing ratio of 1:45 for our Case Managers. We understand that a full-time Case Manager has a minimum caseload ratio of 1:21 and will not go below that number. We understand that the State will monitor our adherence to this caseload limit on a quarterly basis. Caseloads are reviewed weekly by a Team Lead Supervisor and when geographic changes occur (e.g., families move) or there is a need for additional supports or services, the ratio is adjusted accordingly. Columbus’ philosophy is to hire Case Managers who are flexible, work collaboratively, and have a positive attitude. Our goal is to work up to the caseload and not to exceed Medicaid waiver requirements.  Columbus anticipates using a ratio of 1:10 for Team Lead Supervisors overseeing the case management services in Indiana. Team Lead Supervisors are selected for their experience, management skills, as well as flexibility, positive attitude, and willingness to work collaboratively when difficult situations occur. Columbus also will have the Executive State Director and Clinical Team available to the Team Lead Supervisors for advisement and support, as needed.  Columbus will recruit and hire our Case Managers in accordance with the 1915(c) Waiver Service Definition, FSSA/BDDS/BQIS policy, guides, and manuals. When onboarding Case Managers, Columbus will comply with the FSSA/DDRS/BDDS/BQIS service standards, guidelines, policies and/or manuals set forth by the State. We will ensure that our Case Managers meet the certification and education requirements set forth within same.  In order to fill and maintain statewide staff coverage, Columbus employs a number of job incentives to increase capacity. These incentives are outlined in further detail below, under “Employee Retention Initiatives.”  **Applicant Tracking System (ATS)**  Columbus’ recruitment model includes national recruitment for short-term, long-term, high-level, and permanent/temporary positions. Columbus’ capability of recruiting on a national level allows for rapid response to open requisitions. Columbus utilizes an Applicant Tracking System (ATS), Jobvite, as our central hub for searching and sourcing candidates nationwide. Jobvite integrates with all major job search engines, including Indeed, Monster, Glassdoor, etc., to automatically index jobs for faster searching. This allows us to centralize our job management efforts into a single location with real-time pipeline management, job advertising, social media marketing, client submissions, and analytics.  **Shorter Timelines for Recruiting Process**  Columbus excels at providing services in time-limited situations. Columbus’ national database is often populated with local candidates, and in addition, we will recruit within your area to secure other qualified candidates. Columbus continually updates its national active candidate database enabling rapid identification of replacement staff in the event a Columbus professional opts to vacate his or her position.  **Employee Retention Initiatives**  In terms of traditional supports, we provide comprehensive benefits and compensation plans. Additionally, we afford assistance to maintain employees’ licensure and memberships in professional organizations. We also encourage employees to take advantage of continuing education opportunities (including financial aid for registration and attendance at professional meetings). Our insurance benefits include:   |  |  | | --- | --- | | * Cigna Medical/Dental/Prescription Insurance |  | | * Vision Care |  | | * Life Insurance with Buy-Up Option |  | | * Professional Liability Insurance |  | | * Short-/Long-Term Disability |  | | * Flexible Spending Account * 401k Retirement Savings Plan * Reimbursement for Licensure/Certification |  | | * Continuing Education Allowance |  | | * Phone/Travel Stipends |  | | * Relocation Assistance |  | | * Generous Time Off |  | | * Accident/Hospital/Cancer Plans |  | | * Health Advocacy Program |  |   **Team Member Supports**  Columbus’ organizational support structure facilitates interaction between disciplines. Columbus personnel are encouraged to call on other clinical professionals within the organization for assistance with a wide range of specific clinical and administrative challenges. The depth and breadth of organizational support Columbus offers as a result of our medical, consulting, and educational divisions is unmatched. Columbus employees acknowledge the value of connecting with consultants and peers working at other centers or community agencies for advice on a specific case or to help develop policy. Additionally, lead consulting team members are available for technical assistance, as needed.  **Continuing Education Programs**  Columbus requires continuing education for its staff. Regularly scheduled sessions are intellectually stimulating and offer welcome breaks from the day-to-day stresses of primary care, ultimately promoting new skills, improving competencies, and leading to higher overall job satisfaction. |

*Section 5.2 – Management of Case Managers*

1. *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.*
2. *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.*
3. *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.*
4. *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.*

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| 1. Columbus will assign cases to Case Managers in accordance with the requirements set forth in the 1915(c) Waiver Service Definition and FSSA/DDRS/BDDS/BQIS service standards, guidelines, policies and/or manuals. As previously mentioned, our anticipated caseload ratio is 1:45 for Case Managers. We understand that a full-time Case Manager has a minimum caseload ratio of 1:21 and will not go below that number. We anticipate using a ratio of 1:10 for Team Lead Supervisors overseeing the case management services in Indiana. Caseload sizes are maintained at a level that allows staff to form relationships and be available to those they support. Our goal is to work up to the caseload and not to exceed Medicaid waiver requirements.   In assigning cases, the complexity of the individual case is considered when determining Case Manager caseload and capacity. Additionally, individuals can request a specific Case Manager, if desired, and can change their Case Manager at any time. In the event that an individual does choose to work with another provider, Columbus will meet with the provider on behalf of the individual in order to relay the pertinent background information regarding their case and ensure a smooth transition. Additionally, it is important to note that Columbus makes sure to keep our lines of communication open, at all times, to the individuals we serve. Therefore, Columbus provides twenty-four hours a day, seven days a week phone availability, to aid individuals when Case Manager cannot be reached.   1. Columbus’ supervisory structure and team for this case management services project will include the positions listed below, along with their job descriptions.  * **Senior Vice President** –will provide leadership and oversight for all care coordination employees, including direct supervision of the managerial/professional team. They are responsible for providing case management for consumers in Indiana, Georgia, South Carolina, New Jersey, Delaware, Florida, and Kentucky. The Senior Vice President translates Division policy into regional practices and addresses/resolves any region-specific issues and identifies and develops new systems and improvements in existing programs. They conduct regular site visits in regions and conduct random record audits to assure quality and timely delivery of services and confirm all components of service delivery and consumers records meet all Federal and State guidelines. The Senior Vice President supervises and reviews all office operations with regional managers and Executive Directors regarding areas of budget/revenue, billing, equipment/staff utilization, personnel issues, contractual obligations, and provider issues/relationships. Additionally, they serve as a member of the agency executive team as well as several agency committees and assist regions in implementing performance improvement objectives, including accreditation preparation, and compliance. * **Assistant Vice President** –will provide administrative oversight concerning direction, strategic planning, and supporting the coordination of services for the various state offices. They manage the service operations of all of Care Coordination offices to maximize service delivery and stakeholder relationship development. The Assistant Vice President provides leadership to Executive State Directors and assists them with staff development in the areas of coaching, training, and mentoring of their employees. They direct the activities of Executive State Directors and their staff to ensure high quality service is delivered to individuals and their families. * **Executive State Director** – will lead the statewide operations of Indiana by providing administrative oversight concerning direction, strategic planning, and supporting the coordination of services for the various state offices using the Executive Director Operations Guidelines. They oversee the overall operation of regional and/or statewide functions and programmatic implementation. They provide input in the coordination and improvement of services and work with provider agencies to ensure timely and efficient service delivery. In addition, the Executive State Director participates on task forces/committees and represents Columbus to the general public. Concurrently, they interact with other agencies, provide information to and respond to requests from individuals and their families, community representatives, State offices, Providers, and the general public which involves explaining programs and policies, handling complaints and grievances and speaking before the public and groups. The position works closely with the Assistant Vice President and Senior Vice President to implement a shared vision, advance projects, and establish priorities within the State. * **Compliance Officer** – will provide quality review services to support the case management program. This position encompasses quality assurance enhancement and improvement activities across intake, assessment, technical assistance and consultation, and Case Manager functions, and requires knowledge of methods of compiling, organizing, and analyzing data. It requires knowledge of intellectual and developmental challenges, programs, services, and best practices necessary for the successful performance of these job duties. This person must be able to maintain effective working relationships with others; and to understand and apply applicable rules, regulations, policies, and procedures. * **Director(s) of Recruitment** – will lead the State’s professional recruitment efforts for this contract. This person will identify and recruit superior professional candidates and will work to ensure rapid integration of selected candidates and work with the State, as necessary, to ensure any additional training and orientation is carried out promptly. * **Team Lead Supervisor** – will lead the operations of his/her team by providing administrative oversight concerning direction, strategic planning and supporting the coordination of service delivery for those employees under their supervision. They oversee the overall operation of team functions, staff performance, and programmatic implementation including responsibility for planning, assigning, evaluating, and reviewing the work of their staff. They provide input in the coordination and improvement of services and work with provider agencies to ensure timely and efficient service delivery. In addition, the Team Lead Supervisor may be asked to serve on task forces/committees and represent Columbus to the general public. Concurrently, they interact with other agencies, provide information and respond to requests from individuals and their families, community representatives, State offices, Providers, and the general public which involves explaining programs and policies, handling complaints and grievances and speaking before the public and groups. The position works closely with the Executive State Director to implement a shared vision, advance projects and establish priorities within their state. * **Case Manager** – will make a difference in the lives of many by assisting people with developmental challenges to access and coordinate needed supports and services in community settings. Knowledge of social, economic, health, or rehabilitative services objectives is important, as is knowledge of methods of compiling, organizing, and analyzing data. This person must have strong problem-solving skills and the ability to plan and develop programs or program components. The Case Manager must evaluate and monitor service delivery and implement corrective action plans and must possess the ability to provide technical assistance regarding program and member issues. As an effective communicator, this person will be able to establish and maintain effective working relationships with others and to understand and apply applicable rules, regulations, policies, and procedures. * **Registered Nurse** – will ensure that all individuals receiving Intensive Case Management have at least one annual visit by a Clinical Supervisor and/or receive a visit when there is a significant change in status. The Registered Nurse collaborates with a Columbus physician when needed for recommendations about high profile individuals and provides technical supervision of licensed clinical staff. The Registered Nurse will be available to assist with writing risk plans, or for a consultation regarding a medical concern or diagnosis for an individual served. * **Billing Specialist** – will provide administrative support to support this contract and will have excellent communication skills as this individual will serve as the first line-of-contact. This person will be able to establish and maintain an effective working relationship with others. Key aptitudes are the ability to plan, organize, and coordinate work assignments; apply standard business formats and styles for letters and business forms; organize and maintain a records management systems; and collect, record, and analyze data relating to records or operational procedures. Additional required strengths include the ability to perform basic arithmetical calculations, the ability to use correct spelling, punctuation and grammar, the ability to plan, organize and coordinate work assignments, and the ability to utilize problem-solving techniques.  1. Columbus ensures that our services are provided in accordance with the conflict-free requirements for case management. We do not own multiple case management agencies, nor are we a stakeholder of any other waiver service agency. We ensure that our Case Managers are not related by blood or marriage to the participant or any paid caregiver of the participant. Our Case Managers are not financially responsible for the participant and are not authorized to make financial or health-related decisions on behalf of the participant.   Columbus is dedicated to providing case management services that are in alignment with the Waiver Service Definition, including: implementing the Person-Centered Planning (PCP) process, helping the participant identify members of the Individual Support Team (IST), and developing a Person-Centered Individualized Support Plan (PCISP) before submitting to the State [the service plan known as the Plan of Care/Cost Comparison Budget (POC/CCB)]. Specific responsibilities include but are not limited to:   * Developing, updating, and reviewing the PCISP using the person-centered planning process. * Convening team meetings at least every 90 calendar days and as needed to discuss the PCISP and any other issues needing consideration in relation to the participant. * Completion of a DDRS-approved risk assessment tool during service plan development, initially, annually, and when there is a change in the participant’s status. * Monitoring of service delivery and utilization (via telephone calls, home visits, and team meetings) to ensure that services are being delivered in accordance with the PCISP. * Completing and processing the annual level of care determination. * Compiling case notes for each encounter with the participant. * Conducting face-to-face contacts with the individual (and family members, as appropriate) at least once every 90 calendar days in the home of the waiver participant and as needed to ensure health and welfare and to address any reported problems or concerns. * Completing and processing the 90-Day Checklist * Developing initial, annual, and update Cost Comparison Budgets using the State-approved process. * Disseminating information including all Notices of Action and forms to the participant and the IST within five business days of the IST meeting. * Completing, submitting, and following up on incident reports in a timely fashion using the State approved process, including notifying the family/guardian of the incident outcome, all of which must be verifiable by documented supervisory oversight and monitoring of the Case Management agency. * Monitoring participants’ health and welfare. * Monitoring participants’ satisfaction and service outcomes. * Monitoring claims reimbursed through the approved Medicaid Management Information System (MMIS) and pertaining to waiver-funded services. * Maintaining files in accordance with State standards. * Cultivating and strengthening informal and natural supports for each participant. * Identifying resources and negotiating the best solutions to meet identified needs.  1. Columbus’ Case Managers will comply with all administrative requirements, including case documentation and reporting, as outlined in the 1915(c) Waiver Service Definition, as well as any applicable FSSA/DDRS/BDDS/BQIS service standards, guidelines, policies and/or manuals, including written agreements and the FSSA/DDRS HCBS Waivers Provider Reference Module on the IHCP Provider Reference Materials webpage. Columbus understands that the State reserves the right to make periodic, binding updates to these materials.   Columbus will review and verify the timely and accurate completion of all required documentation. Summaries and key findings from these periodic reviews will be incorporated in the quarterly status report. Columbus currently completes an annual self-assessment and quality improvement plan to ensure that we are providing quality, timely services across the board. In addition, our Quality Assurance Department (Compliance Officer) completes monthly reviews and audits of our Case Managers’ work, which is tracked in Scorecards. Our Quality Assurance and Compliance Officer compiles this data into a chart, which can be provided to the State quarterly, upon request. |

*Section 5.4 – Training of Case Managers*

1. *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.*
2. *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.*
3. *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.*
4. *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.*
   * 1. *Describe your familiarity with the LifeCourse framework and how you may incorporate the principles and tools in your trainings*
5. *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.*
6. *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.*

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| 1. Columbus recognizes that ongoing training is critical to maintaining a trained workforce in the face of high industry turnover and workforce competition. Columbus’ Case Management team will complete any County- and State-required training, as well as Columbus’ advanced training curriculum that incorporates home study, virtual participation via online sessions, face-to-face training, competency testing, and user guides. We have seen the direct correlation of how these training experiences positively affect job performance and overall job satisfaction, which, in turn, promotes our staff’s ability to support positive results in the individuals we serve.   Upon hire, Columbus’ Case Managers go through all available trainings in Columbus’ Learning Management System (LMS) and in the Indiana Bureau of Developmental Disabilities Services (BDDS) state system, IU Canvas. Case Managers have up to 30 days to complete these trainings, but we request that they are finalized within the first week. Trainings must be completed prior to beginning the shadowing and orientation process. In order to track the progress of each employee, Columbus utilizes an orientation checklist as well as a hiring manager checklist to ensure the completion of each required training. Annually thereafter, there are 16 required BDDS trainings/assessments that must be completed by each employee through IU Canvas.  **Internal Training**  Columbus orients and trains newly recruited members of the Indiana State Case Management team. The orientation program includes but is not limited to: (1) Columbus overview; (2) Mission, Philosophy, Goals, Services and Practices; (3) Personnel Policies; (4) Training in Health and Safety; (5) Understanding Service Plans and Individualizing Services; (6) Person-Centered Planning; (7) Cultural Competence; (8) Individual Rights; (9) Working with Families; (10) Documentation & Record Keeping; and (11) Incident Report Training.  All Columbus staff working in Indiana will receive intensive and advanced training within the first 30 days of employment, led by their Team Lead Supervisors, seasoned Case Managers, and the Quality Assurance department. New hires are trained on key topics such as conducting and documenting a visit, HIPAA compliance, abuse and neglect, human rights, confidentiality, proper documentation standards, person-centered planning, and navigating the state information system. New Case Managers are accompanied on visits and Support Plan meetings during this time and supported throughout the training process by a seasoned Case Manager acting as a mentor or their Team Lead Supervisor. The Case Manager will work directly with their Team Lead Supervisor until they are able to display competency to complete tasks on their own. During this training period the Team Lead Supervisor will provide ongoing support and feedback to the Case Manager during routine training sessions, monthly one on one supervisions, and our New Hire Development program where the Case Manager and Team Lead develop training initiatives and goals to be completed and reviewed at the 30-, 60-, and 90-day mark of employment. After all new hires complete their initial trainings and assessments, they begin to shadow the facilitation of team meetings and review the state system. Case Managers then review proper documentation standards with their director supervisor.  **External Training**  Prior to working with individuals, all Case Managers and Team Lead Supervisors will complete a provider-developed orientation.  A Case Manager will obtain 20 hours of training regarding Case Management services in each calendar year. At least 10 hours of competency-based training is provided by the BDDS through the State’s online training platform, IU Canvas Case Managers are responsible for obtaining an additional 10 hours of ongoing professional development throughout the year to accumulate a minimum of 20 training hours annually. Professional development activities may include mandated trainings, orientation, seminars, webinars, in-service, and conferences; or be provided through other organizations who are focused on the empowerment of an individual with IDD.  Columbus’ Executive State Director closely monitors the scores achieved through IU Canvas to ensure that all employees are receiving above the required minimum score. All training completed by Columbus will be documented, including the topic of the training provided, the name and qualification of the trainer, the date of the training, duration of the training, and the signature of the trainer. The trainer must have sufficient expertise and knowledge of the training topic and be certified or licensed when the training addresses services or interventions requiring certified or licensed practitioners.  If BDDS identifies a systematic problem with Columbus’ case management services, Columbus will obtain training on the topics recommended by BDDS.  **Cardiopulmonary Resuscitation Training (CPR)**  Per 460 IAC, Columbus Case Managers shall obtain a Cardiopulmonary Resuscitation (CPR) certification and recertification every two (2) years. CPR certification can be obtained by the American Red Cross, the American Heart Association, the National Safety Council, the American Health and Safety Institute, or the Emergency Care and Safety Council.   1. Columbus maintains a strong focus on quality assurance and best practice. As previously mentioned, FSW and CIH waiver Case Managers are required to have 20 hours per-year of training, in the area of case management or developmental disabilities, between the months of January to December. These hours are not prorated if an employee starts mid-year. Ten of those hours are provided by Indiana BDDS and are located within the UI Canvas portal, and ten hours are external, professional development training.   Columbus will maintain all training records utilizing our internal Human Capital Management (HCM) software, UKG, that enables tracking of all required training, as well as simplified payroll computations; time and attendance management; and proactive and strategic talent management. After all initial trainings have been completed, each new hire will spend at least one full day with a Team Lead to go over the programming and service delivery expectations.  An orientation/training manual containing Indiana contractual expectations, community and provider resource information, and policy and procedures will be provided to all Indiana staff as a reference. Management staff will review and update this manual, including any significant memoranda written to address issues identified through internal or external reviews or in-services provided to staff during the year.  Columbus will ensure that all Case Managers and Team Lead Supervisors providing services in Indiana are familiar with and using person-centered practices in support planning. Columbus affirms the responsibility of the Case Manager to assure the protocol is being followed, at a minimum, when: (1) a person first requests services; (2) there is a required plan review; (3) a change in the person’s circumstances affects the plan; (4) the person requests to re-visit the plan; (5) the person considers employment; and (6) the person moves from one place of residence to another.  Columbus will routinely monitor its Case Management services to assure coordination between those doing the planning and those providing supports and services and will conduct a quality review to ensure each plan is resulting in person-centered supports and services.  It is important to note that Columbus meets quarterly, at a minimum, with our respective teams. During these quarterly meetings, the team evaluates the progress of the consumer’s overall success on the shared outcomes discussed. We strive for exceptional communication which is achieved through ongoing support and collaboration. We ensure that all team members are active participants in the meetings, and in the event that someone cannot attend, we send out email updates summarizing the meeting topics. With our excellent team involvement, we have the unique ability to focus on the person-centered, shared outcome. The Columbus Case Manager facilitates the interactions of the full team, but each team member is responsible for contribution.   1. Columbus leadership brings (non-waiver related) providers to State calls the first Friday of the month to introduce outside resources. Columbus encourages our Case Managers to report back to their Team Lead Supervisor in their one-on-one meetings every month with one new non-waiver resource. Examples of these resources include, but are not limited to: therapies, medical equipment and supplies, mental health resources, broader employment supports, housing accommodation needs, and transition services and resources to support successful transition from institutional settings to HCBS settings. We have also brought in a pharmaceutical company who provides diabetic shoes, medical beds, step-in tubs, and wheelchairs, as well as lawyers who specialize in trusts and guardianship for individuals with intellectual and developmental challenges. Columbus plans to bring in a social security company to discuss the details of who should apply, and what allotment they can maintain. We have also yielded non-Medicaid services such as camps and clubs. This information is compiled and shared with the Case Management Team. Non-waiver resources are also identified in our monthly newsletter that is shared with the individuals and families that we currently work with. Columbus’ State Executive Director, Team Lead Supervisors, and Case Managers attend provider resource fairs and conferences, as they are available, to engage in networking opportunities which allows us to gather information that can be shared among our Case Managers, individuals, and families. Additionally, Columbus utilizes the Indiana 211 service as a resource to find additional services. Any resources, both waiver and non-waiver, that Columbus discovers that could be beneficial to the rest of the staff are posted to our SharePoint site as an opportunity for all to learn and gain skills. 2. Columbus fosters a work environment where staff are encouraged to provide a level of care that respects diversity and cultural factors that can affect health/healthcare (i.e., language, communication styles, beliefs, and behaviors). Our employees are taught cultural competence through techniques involving reflective awareness, empathy, active listening, and the mechanisms that contribute to cultural insensitivity, such as implicit biases or stereotypical perceptions. Our training improves the ability of Case Managers to encourage Providers to provide health services to individuals who are unlike the Providers (or the Providers’ culture) to include health professionals and clinical staff who have regular contact with individuals with IDD challenges. The training curriculum includes: (1) Diversity: understands/values diversity and styles of learning and communicating; (2) Cross-Cultural Diversity: demonstrates awareness of/respect for differences in cultural, ethnic, and religious values; customs and behaviors; socioeconomic status, language, gender/gender preferences; education, history, health, and lifestyle; (3) Cross-Cultural Interactions: understands/is able to identify ways cultural variables can impact an assessment as well as ways of communicating/establishing relationships with people from diverse cultural backgrounds; and (4) Learning Outcomes: Participants will be able to define cultural competence and develop capacity to: Value cultural diversity; Conduct a Cultural Diversity Self-Assessment; Identify and understand the dynamics of interacting with individuals from diverse backgrounds; Acquire cultural knowledge; and Adapt to the diversity and cultural contexts of the communities they serve.   Columbus employs trainers who are credentialed Person-Centered Thinking (PCT) trainers and Charting the LifeCourse Ambassadors*.* Our care coordination division promotes utilizing PCT and Charting the LifeCourse principles for discovery and planning in the services we provide. All Columbus staff are trained on PCT, and the overall mission of the company is to provide everyone we serve with a meaningful life. We ensure that the services we provide result in individuals with IDD leading meaningful and productive lives, which is an essential end result of the case management process. There is significant evidence of the impact that this has on an individual’s health, safety, and happiness.  Columbus’ Care Coordination teams in Indiana and Delaware are actively using the Charting the LifeCourse tools in their person-centered planning practices. Columbus uses person-centered planning techniques in Indiana to support the individuals and families we serve in designing meaningful plans to support their path towards a meaningful life. We use Charting the LifeCourse tools to assist individuals in each stage of their life to have the right waiver services that aligns with their goals. Columbus has a thorough understanding of the Charting the LifeCourse framework and how to use it to effectively benefit the individuals we serve. This framework is the keystone for supporting a community of learning that supports transformational change through knowledge exchange, capacity building, and collaborative engagement. The Charting the LifeCourse framework consists of eight key elements including: focusing on all people, recognizing the person within the context of their family, trajectory of life experiences across the lifespan, achieving life outcomes, holistic focus across life domains, supporting the “three buckets;” discovery and navigation; connecting and networking; and goods and services, integrated supports and services, and transformational policy and systems change. Additionally, Columbus’ leadership team in Delaware, including our Manager of Organizational Effectiveness, committed to the Charting the LifeCourse philosophy by becoming a Charting the LifeCourse Ambassador in 2020. The Manager of Organizational Effectiveness has taken the knowledge he gained to develop training materials for Case Managers and now provides ongoing support and resources, as needed, to ensure that all Columbus Indiana Case Management staff are highly trained in the Charting the LifeCourse philosophies.   1. The importance of providing ongoing training cannot be emphasized enough as maintaining a trained workforce in the face of high turnover and competition for the workforce is a priority. Columbus not only employs a Compliance and Quality Assurance Director (Compliance Officer), but we regularly provide ongoing training to our staff. We are proud of our internal training program. We have developed an intensive and advanced staff training process and curriculum that incorporates home study, virtual participation via online sessions, face-to-face training, and competency testing. This approach also supports an orientation and new hire development training program for newly hired staff with special attention given to the orientation and training of Case Managers and Team Lead Supervisors. Training initiatives and goals are identified at the 30-, 60-, and 90-day mark of employment. We have seen the direct correlation of how these training experiences positively affect job performance, overall job satisfaction, and a reduction in staff turnover.   Case Manager training is routinely refreshed at quarterly meetings and as new topics arise. Columbus uses evidence-based practices that directly guide the development and maintenance of curricula and focus on experiential techniques that tap into the experience of learners, including group discussion, problem solving, case methods, simulation exercises, games, and role play.  Columbus makes sure to keep up with all new resources provided by BDDS and BQIS. We are an active member of Indiana Association of Rehabilitation Facilities (INARF). We participate in monthly membership meetings where local providers discuss the State’s hot topics. Presenters often educate attendees on new resources and services, which Columbus shares with our support staff. Additionally, one member from the Columbus team attends the State’s calls and delivers all applicable information back to the rest of staff.  Columbus utilizes SharePoint, in conjunction with our annual updated policies and monthly full team meetings, to ensure everyone has access to the most up-to-date and current materials.   1. Columbus recognizes BDDS’ philosophical approaches to HCBS, which emphasize utilizing a Person-Centered approach and Charting the LifeCourse framework to offer integrity and choice, and to value each individual’s voice when providing services. Columbus ensures that our trainings are yielding these desired outcomes through our in-person monthly one-on-one meetings with all staff. In these meetings, the Case Manager will indicate if they have attended any trainings during the previous month. All training certificates are uploaded to Columbus’ Employee File Management (EFM) System. Any external training opportunities that Columbus discovers are posted to our internal SharePoint site, along with the applicable registration information and an overview of the training. If the Executive State Director learns of a training that might be beneficial to Columbus’ Case Managers, she reaches out to the presenter to see if they would be willing to present the information at a state call. |

*Section 5.5 – Satisfaction Surveys*

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

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| Columbus values the input of stakeholders and uses feedback to evaluate the effectiveness of our services. Stakeholders include persons receiving care coordination services, family members and guardians of such people, agencies who provide care, and our own employees. Columbus’ Compliance and Quality Assurance department measures and analyzes customer satisfaction on a regular basis through satisfaction surveys, direct contact, and other appropriate methods. Results are promptly analyzed for trends as well as individual concerns. Individual and systematic actions are taken in response to survey findings.  Surveys are distributed at least annually to service recipients in each state served by Columbus. The primary method of distributing satisfaction surveys is through electronic methods such as Survey Monkey. Case Managers are responsible for obtaining and maintaining current email addresses for individuals and/or guardians. Individuals have the opportunity to opt-in or opt-out of email communications for the purpose of receiving surveys. Satisfaction Surveys are available in English and Spanish. The surveys are translated into other languages as needed.  Surveys are distributed to:   * Legally competent adults without guardians. * Legal guardians of adults legally pronounced incompetent. * Parents of minor children.   At times, and for specific purposes, satisfaction surveys may also be sent to:   * Adults pronounced incompetent. * Family members or caregivers (with individual’s consent). * Provider agencies. * State agencies.   Satisfaction Surveys are designed with the intent of assessing stakeholder satisfaction with regards to case management services, Case Managers, and outcomes achieved with the support of care coordination. Satisfaction Surveys are designed to assess stakeholder satisfaction with respect to Columbus’:   * Understanding of the customer. * Technical competence. * Reliability and credibility. * Responsiveness. * Communication. * Courtesy.   Survey responses are reviewed regularly to respond to any individual concerns timely. Identified concerns will be immediately sent to the Executive State Director of the appropriate state for resolution. Examples of concerns that are sent to the Executive State Director for resolution include:   * Individual expresses desire to change their Case Manager. * Individual requests contact to discuss a concern or complaint. * Individual provides negative comments regarding care coordination or Case Manager.   Steps taken by the Executive State Director to resolve the issue will vary but may include:   * Contacting the respondent, if the respondent identified himself/herself. * Addressing the concern with the appropriate Case Manager.   Data from all respondents will be analyzed by question to assess strengths and weaknesses of various aspects of service. Questions with below average scores may indicate the need for additional training or other systemic changes. At the conclusion of each satisfaction survey and analysis of the data, a written report is produced that:   * Summarizes the response to the survey. * Notes any trends or patterns in the results. * Describes areas of strengths and weaknesses. * Includes recommendations for systemic improvements. * Includes recommendations for future surveys. |

*Section 5.6 – Complaint Process*

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

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| Columbus has a comprehensive Complaint and Grievance policy to ensure each participant, family, or other key stakeholder feels empowered to raise concerns about all aspects of Columbus’ operations, its offices, staff, and delivery of case management services, through a standardized set of procedures for receiving and resolving complaints.  Columbus is committed to receiving, reviewing, and resolving complaints and grievances from participants, families, guardians, legal representatives, providers, and other stakeholders in a timely manner. All complaints and grievances are processed and addressed within two business days, investigated as appropriate and resolved. If a formal investigation is needed, it will be addressed and concluded in no more than seven business days. The outcome of the complaint process is then swiftly communicated to the individual filing the complaint. No one will be retaliated against or otherwise denied care of services for filing a complaint or grievance.  All management, case management, quality assurance, and administrative staff are authorized to receive complaints and grievances, which may be submitted in person, via telephone, by referral, email or by other telecommunications medium. The complaint is entered into a database for risk management tracking and emailed to the Team Lead Supervisor and the Columbus Executive State Director. After being notified of a complaint or grievance, the Executive State Director determines whether he/she can resolve the complaint or grievance or needs to involve Columbus’ Corporate Office. Complaints involving the alleged abuse or neglect of a participant by a staff or provider are immediately forwarded to the Corporate Office. If the complaint meets the criteria for serious incidents, a report will be completed by the Executive State Director and forwarded to the appropriate County/State agency in accordance with established timelines. If the complaint does not fit the criteria for a serious incident, the Team Lead Supervisor and/or Executive State Director will attempt to resolve the issue. Additional steps are available if the individual filing the complaint is unhappy or otherwise not satisfied with the resolution of the complaint or grievance.  At least annually, an analysis of formal complaints are conducted by the Executive State Director with the assistance of others as appropriate. Analysis of complaints include:   * Number of complaints received during the review period. * Trend analysis to determine any patterns in complaints such as type of complaint, person who received the complaint, etc. * Identification of areas needing performance improvement based on the trend analysis. * Identification of actions needed to improve performance in identified areas. * Documented completion of recommended actions. * Analysis of effect of actions on performance.   All Indiana State Case Managers are trained in the complaint and grievance process and are trained to provide information on the complaint and grievance procedures to all participants and families. |

*Section 5.7 – Mortality Reviews*

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

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| Columbus’ Mortality Review experience in Indiana includes our Case Managers providing information to a third-party vendor regarding mortality review cases that are related to individuals that Columbus serves. Once the mortality review has been conducted by the vendor, Columbus receives a closure notice. We are ready and willing to continue to provide timely, accurate information to aide in the mortality review process.  Columbus understands that as a part of this contract, when we are the primary provider of record, as in the absence of a residential provider, we will conduct a mortality review in accordance with 460 Indiana Administrative Code 6 and BDDS/BQIS policies and guidance. This review will be submitted to BDDS/BQIS as outlined in 460 IAC 6 and applicable BDDS/BQIS policy and guidance. Columbus will utilize our Registered Nurse, Kristin Walker, in our review when necessary or when required by BDDS/BQIS. Columbus will cooperate with any other Providers and BDDS/BQIS in our investigation of mortalities.  Columbus’ Mortality Review experience, outside of Indiana, includes over 35 years of experience conducting mortality reviews for a number of public and private agencies. Columbus is acutely aware of the impact comprehensive mortality reviews can have on service systems, but more importantly, on the quality of life of the individuals being served. Columbus professionals conduct mortality reviews utilizing generally accepted standards as related to healthcare and other relevant services for individuals with intellectual and developmental disabilities. Mortality reviews identify positive aspects of care as well as concerns in a manner that is non-punitive and non-accusatory. Teams work collaboratively to analyze information and come to conclusions as to the possible cause and contributing factors related to the death based on the supporting data. Recommendations are made for the purpose of improving the quality including prevention strategies if indicated in a death that appears to have been preventable.  Columbus has extensive experience in the development and implementation of statewide mortality review systems and physician peer review services. Over the last 35 years, Columbus has provided these services in a number of states including the District of Columbia, Tennessee, Iowa, New Mexico, Georgia, Nebraska, Louisiana, and California. In each instance, Columbus was selected due to its extensive experience serving individuals with intellectual and developmental disabilities, its familiarity with the systems in which that care is delivered, and its ability to assess quality of care issues involved with each review. This combination of experience and knowledge makes Columbus uniquely qualified to continue to provide the State with the provision of these reviews.  Columbus’ extensive experience with clinical mortality reviews is shown in Appendix J, “Columbus’ Clinical Mortality Review Experience.” |

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*

1. *Provide an overview of your organizational leadership. Include relevant qualifications and experience.*
2. *Describe your proposed supervisory staff.*
3. *Please describe how your supervisory staff is equipped to provide supervision and subject matter-specific guidance to Case Managers. Please include their relevant experience.*
4. *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.*

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| 1. Since 1984, Columbus has partnered with more than 150 state and local agencies in 45 states. We are one of the nation’s leading providers of care coordination, onsite professional clinical staffing, and quality improvement services focusing on agencies that serve individuals with intellectual and developmental disabilities and mental health needs. Columbus employs a team of core employees in our corporate office to support our operations nationally. We believe that solid business support is crucial and one of the reasons that Columbus has been recognized for our exceptional level of proficiency. We are experienced with State processes and strongly advocate for those individuals we serve and assure that they receive the optimal amount and type of person-centered service(s) available through the current State Medicaid Waiver Program.   Spanning more than 37 years, Columbus’ experience in working in intellectual and developmental disabilities has provided an expertise in the reporting and analyzing of strategic and tactical data including in the areas of regulatory reviews (i.e., CMS, JCAHO, and USDOJ), risk management, litigation support, best practice guidelines, mortality review systems, and continuing education and special needs programs. Columbus’ national reputation has been built on a results-oriented approach in the gathering and analyzing of data, coupled with a commitment to work closely with each State agency on successful reporting outcomes.  Columbus’ management efforts are designed to work hand-in-hand to create an environment that fosters success on all levels, and we are eager to continue our partnership with the State. A copy of our organization chart can be found in Appendix B, “Columbus’ Organizational Chart.”   1. Columbus’ proposed supervisory staff for this project, who are well-equipped to provide both supervision and subject-matter guidance to Case Managers, are outlined below. A copy of their resumes can be found in Appendix I, “Columbus’ Supervisory Staff and Team Resumes.” And an organizational chart for the project team for this contract can be found in Appendix K, “Project Team Organizational Chart.”  * Carlos Hernandez, Senior Vice President of Care Coordination Services, has over 36 years of experience working with individuals with intellectual and developmental disabilities. He will continue to be responsible for overseeing the daily operations of the Indiana Case Management program outlined in this solicitation. His knowledge of social, economic, health, and rehabilitative services as well as compiling, organizing, and analyzing data will continue to be instrumental in the success of this program. This position works closely with the President & CEO to implement a shared vision, advance projects, and establish priorities within the State. * Jacque Pulling, Assistant Vice President, has over 21 years of experience working with individuals with intellectual and developmental disabilities. She will continue to be responsible for managing the service operations to maximize service delivery and stakeholder relationship development with her strong problem-solving skills and her ability to plan and develop programs or program components for the State. This position works closely with the Care Coordination Senior Vice President to identify and develop new systems and improvements in existing programs to meet consumer needs more effectively and efficiently using both State and community-based services. * Katie Sloan, Executive State Director of Indiana, has over nine years of experience working with individuals with intellectual and developmental disabilities. She will continue to lead the statewide operations by providing administrative oversight concerning direction, strategic planning, and supporting the coordination of services for the State office using the Columbus’ Executive Director Operations Guidelines. This position works closely with the Care Coordination Assistant Vice President and Care Coordination Senior Vice President with managing, leading, and guiding a team of 63 degreed professional Case Managers in identifying individual needs, strengths, and resources; coordinating services to meet those needs; and monitoring the provision of necessary and appropriate services which are supportive, effective and cost efficient. * Nicole Bell, Team Lead Supervisor, has over seven years of experience working with individuals with intellectual and developmental disabilities. She will continue leading the operations of her Team by providing administrative oversight concerning direction, strategic planning and supporting the coordination of service delivery for those employees under her supervision. This position works closely with the Executive State Director to establish and maintain effective working relationships with others and to understand and apply applicable rules, regulations, and policies and procedures with our Case Managers. * Anabel Quiroz Aguilar, Team Lead Supervisor, has over 14 years of experience working with individuals with intellectual and developmental disabilities. She will continue leading the operations of her Team by providing administrative oversight concerning direction, strategic planning and supporting the coordination of service delivery for those employees under her supervision. This position works closely with the Executive State Director to establish and maintain effective working relationships with others and to understand and apply applicable rules, regulations, and policies and procedures with our Case Managers. * Nikki Furry, Team Lead Supervisor, has over 20 years of experience working with individuals with intellectual and developmental disabilities. She will continue leading the operations of her Team by providing administrative oversight concerning direction, strategic planning and supporting the coordination of service delivery for those employees under her supervision. This position works closely with the Executive State Director to establish and maintain effective working relationships with others and to understand and apply applicable rules, regulations, and policies and procedures with our Case Managers. * Summer Marshall, Team Lead Supervisor, has over seven years of experience working with individuals with intellectual and developmental disabilities. She will continue leading the operations of her Team by providing administrative oversight concerning direction, strategic planning and supporting the coordination of service delivery for those employees under her supervision. This position works closely with the Executive State Director to establish and maintain effective working relationships with others and to understand and apply applicable rules, regulations, and policies and procedures with our Case Managers.  1. The experience and qualifications of Columbus’ supervisory staff are as follows:   ***Carlos Hernandez, Senior Vice President of Care Coordination Services***  Mr. Hernandez has worked at Columbus for over 18 years and brings a long history of experience in training and leadership roles. He holds a Master’s Degree in Family Relations (Minoring in Child Development) and a Bachelor’s Degree in Psychology from Florida State University. Mr. Hernandez has served in various capacities as part of Columbus’ Georgia Community Services Support Coordination team, most recently as Senior Vice President of Columbus’ Care Coordination division. In this capacity, he provides leadership and oversight for over 400 employees. He is responsible for translating Division policy into regional practices and resolving any region-specific issues. Additionally, Mr. Hernandez led and was instrumental in Columbus’ case management start-up efforts in Georgia, Indiana, and Delaware. He brings with him the ability to identify and develop new systems and improvements in existing programs to meet consumer needs more effectively and efficiently using both State and community-based services. Prior to joining Columbus, Mr. Hernandez has filled leadership roles in multiple state hospitals. He has served as a Behavioral Specialist for 15 years, providing services to the developmentally disabled. Mr. Hernandez brings to this project the valued service of being bilingual with a fluency in English and Spanish. He also can resourcefully speak Italian and French. As Senior Vice President for Care Coordination, Mr. Hernandez serves as liaison between the Columbus and the various State offices through which individuals are supported. He oversees the provision of services to over 14,000 individuals with intellectual and developmental disabilities in multiple community case management programs in Indiana, Georgia, South Carolina, New Jersey, Delaware, Florida, and Kentucky.  Mr. Hernandez will provide subject matter specific guidance that will include:   * Creates an environment that fosters teamwork, cooperation, respect, diversity, and service to our customers and staff. * Oversees execution and standardization of Care Coordination operations, procedures (Playbook) and related documentation. * Ensures that the Assistant Vice President and the State Executive Director routinely evaluate team performance and develop/implement corrective actions to maintain high quality and high performance. * Provides direction and guidance to the Assistant Vice President and the Executive State Director for day-to-day operations including service delivery of quality services. * Fosters the growth and development of the Assistant Vice President and the Executive State Director and staff. * Communicates with Care Coordination and Quality/Compliance team member employees to resolve questions and minimize issues before they become larger problems. * Communicates regularly with our customer-facing employees, and customers directly as needed, to test for satisfaction levels.   ***Jacque Pulling, Assistant Vice President***  Ms. Pulling is Columbus’ Assistant Vice President of our Care Coordination department, overseeing a staff of over 400 care coordination employees. Ms. Pulling started her career as a Case Manager, advocating for a caseload of over 45 individuals to ensure they received quality services. At Columbus, she rose to Assistant Vice President, where she is responsible for providing administrative oversight concerning direction, strategic planning, and supports the coordination of services for the various state offices. For nearly a decade, Ms. Pulling has played a critical role at Columbus, providing leadership to State Directors and assisting in the development of each employee. Her experience both out in the field and in supervisory roles has made her an incredibly well-rounded employee. Ms. Pulling received her Bachelor’s degree from Indiana University, specializing in Psychology. In collaboration with the Senior Vice President of Care Coordination, she oversees the provision of services to approximately 14,000 individuals with intellectual and developmental disabilities in multiple community case management programs in Indiana, Georgia, South Carolina, New Jersey, Delaware, Florida, and Kentucky.  Ms. Pulling will provide subject matter specific guidance that will include:   * Provides direction and guidance to the Executive State Director for day-to-day operations including service delivery of quality services. Fosters the growth and development of the Executive State Director and staff. * Works with the Executive State Director and staff in potential high-profile situations, consistently coaching employees to follow Columbus service expectations. * Works with the Executive State Director to assess training needs of Care Coordination staff and work with Human Resources and Learning and Development to identify and provide needed training and development opportunities. * Oversees and drive operational execution of the Care Coordination “Playbook” across all states. * Coordinates with the Executive State Director to ensure successful implementation and ongoing functionality and improvement. * Assists with and/or coordinate difficult or sensitive service delivery situations as they occur for timely resolution. * Serves as an escalation point for individuals’ or other stakeholder service problem resolution. * Reviews family survey responses and complaint logs with the Executive State Director to address individuals’ questions and concerns. * Coordinates and collaborate with Executive Leadership for consistent implementation and delivery of Care Coordination expectations. * Provides feedback to Senior Leadership on service needs and opportunities. * Participates on project teams and serves on various committees as appropriate.   ***Katrina (Katie) Sloan, Executive State Director of Indiana***  Ms. Sloan is Columbus’ Executive State Director in Indiana and has been with Columbus for over seven years. She received her Bachelor’s degree in Social Work from Ball State University in Indiana. Ms. Sloan has served in many different capacities at Columbus, including Team Lead Supervisor, Regional Director, and currently Executive State Director for Indiana. In these roles, she provided expert guidance to staff to ensure quality measures are met and are maintained in excellent standing. Currently, she oversees the overall operation of statewide functions and programmatic implementation for Indiana. She monitors her Team Lead Supervisors and Case Managers to ensure all requirements of local, state, and federal regulations and laws relating to the provision of waiver-based services are met. Ms. Sloan also serves as Co-Chair, writing a concept paper for Indiana Association of Rehabilitation Facilities (INARF) regarding flexibilities that were implemented during the COVID-19 pandemic that may still be an asset to waiver participants on an ongoing basis. The goal is to implement these changes as part of the new Indiana Medicaid Waiver Redesign, which would be of great value to the families served.  Ms. Sloan will provide subject matter specific guidance that will include:   * Directs the recruitment and hiring of employees and supervises Team Lead Supervisors overseeing regional community waiver programs. * Provide input in the coordination and improvement of services and work with provider agencies to ensure timely and efficient service delivery. * Interact with other agencies, provide information and respond to requests from individuals and their families, community representatives, State offices, Providers and the general public which involves explaining programs and policies, handling complaints and grievances, and speaking before the public and groups. * Establishes goals, timetables, and conducts ongoing supervision/annual evaluation of goal achievement for each Regional Director and/or Team Lead Supervisor. Supports and encourages staff’s goals and objectives. * Facilitates program services meetings and/or facilitates in-service trainings for staff. * Provides statewide programmatic oversight for multiple Community Waiver program offices and contracts. * Analyzes program evaluations with Compliance Officer to ensure desired outcomes are addressed and conducted. * Completion of Playbook Scorecard monthly to report on Team Development, Community Outreach, Compliance and Quality, and Efficiency of Service. * Evaluates and monitors service delivery and implements corrective action plans, provides technical assistance regarding program and client issues; determines work priorities and assigns work while ensuring proper completion of assignments. * Analyzes monthly reports and provides direction regarding the programs’ productivity and progress, ensures that all staff resources are used effectively to promote an efficient service delivery system and any potential problems or incidents are addressed. * Completes outreach activities in an effort to strengthen and build local and national partnerships with outside organizations aimed at fostering the development of collaborative projects. * Responsible for ensuring that assigned offices are compliant with all accrediting bodies such as CARF and that appropriate quality assurance programs are in place. * Conveying confidence in employees’ ability to be successful, especially with new and challenging tasks; allowing employees the freedom to decide how they will accomplish their goals and resolve issues. * Creates an environment that fosters teamwork, cooperation, respect, diversity and service to customers.   ***Columbus Team Lead Supervisors***  Columbus’ Team Lead Supervisors lead the operations of their Team by providing administrative oversight concerning direction, strategic planning, and supporting the coordination of service delivery for those employees under their supervision. They oversee the overall operation of Team functions, staff performance, and programmatic implementation including responsibility for planning, assigning, evaluating, and reviewing the work of their staff. They provide input in the coordination and improvement of services and work with provider agencies to ensure timely and efficient service delivery. In addition, the Team Lead Supervisors may be asked to serve on a task force and/or a committee. Concurrently, they interact with other agencies, provide information, and respond to requests from individuals and their families, community representatives, State offices, Providers, and the general public which involves explaining programs and policies, handling complaints and grievances, and speaking before the public and groups. Columbus’ Team Lead Supervisors have a broad range of relevant experience working with the State and will continue to assist in ensuring statewide coordination.  Columbus’ Team Lead Supervisors will provide subject matter specific guidance that will include:   * Establishes goals, timetables, and conducts monthly supervision/annual evaluation of goal achievement for each Case Manager. Supports and encourages staff goals and objectives through the use of various performance tools including the Playbook Scorecard. * Provides input in the coordination and improvement of services and work with provider agencies to ensure timely and efficient service delivery. * Analyzes program evaluations with the Executive State Director and Compliance Officer to ensure desired outcomes are addressed and conducted. * Mentors staff, reinforcing a commitment to building, cooperating and collaborating among Team members, individuals and their families, Providers, and State staff. * Analyzes Team’s monthly performance and provides direction regarding staff’s productivity and progress, ensuring Team’s service delivery supports billable events and that staff resources are used effectively to promote a high degree of customer satisfaction, efficiency, and quality service. * Assists with programmatic oversight regarding PCISPs, reviews, and assesses staff’s workflow. * Assists the Teams efforts to strengthen and build local and national partnerships with outside organizations aimed at fostering the development of collaborative projects. * Assists in ensuring that assigned staff are compliant with all accrediting bodies such as CARF and that appropriate quality assurance programs are complied with. Provides input into the development, planning, and strategies, focusing on areas for growth and improvement. * Creates an environment that fosters teamwork, cooperation, respect, diversity, and service to customers.  1. Columbus will utilize the staff listed below, as related to Section 6.1, “Contractor Staff,” of the Scope of Work. A copy of their resumes can be found in Appendix I, “Columbus’ Supervisory Staff and Team Resumes.”   **Compliance Officer**  Columbus’ Compliance Officer for this project will be Dr. Melissa Richards, PhD, LBA, BCBA-D. She is a full-time, W-2 employee and actively monitors all areas of compliance for the State. For example:   * Monitors the Team’s adherence to contractual deliverables to ensure compliance of service delivery and accuracy of mandated reporting requirements. * Participates in program planning, implementation, and coordination to ensure that program goals and current operations are in compliance with department and Federal/State rules, regulations, policies and procedures. * Analyzes program evaluations to ensure desired outcomes are addressed and conducted. * Oversees the monthly completion of the Playbook Scorecard to report on Team Development, Community Outreach, Compliance and Quality, and Efficiency of Service. * Develops remedial programs to improve, educate, and monitor practices related to Columbus policies and procedures. * Creates a system for employees to anonymously raise questions and voice concerns regarding Quality or Compliance. * Ensures the effectives of services provided. * Identifies root cause deficiencies in the provision of quality services to implement effective corrective actions. * Maximizes the efficient and effective use of all resources available to the agency. * Recommends changes to processes and operations to continually improve the quality of services. * Maintains CARF readiness.   **Melissa Richards, PhD, LBA, BCBA-D** – Dr. Richards has more than 27 years of experience and expertise in regulatory compliance, functional assessment, autism, intellectual and developmental disabilities, severe behavior disorders, and behavior supports. In 2018, she was promoted to Senior Vice President of Clinical Operations for Columbus.  In her role, she oversees all quality and compliance programs for Columbus to include ensuring Case Managers are in compliance with requirements in each state we serve, as well as ensuring quality outcomes for the people we support. She received her Master’s Degree in Psychology and her PhD in Behavior Analysis from the University of Florida. From 2003 to 2018, she served as the Director of Behavioral Services for Columbus and prior to that Chief Behavior Analyst at Clover Bottom Developmental Center in Tennessee for Columbus. She has supervised approximately 100 behavior specialists, behavior technicians, psychological examiners, behavior analysts, and BCBAs.  She has conducted staff trainings, conducted workshops, and presented professional development events. Dr. Richards has presented nationally at conferences and has served on several Human Rights Committees.  She developed an internal peer review process to ensure that clinical staff met both state requirements and best practice guidelines.  She was a founding member and President of the Tennessee Association for Behavior Analysis and served as their Chair of the Professional Standards Committee.  She also provided behavior analysis services at Southbury Training School and served as the State Behavior Analyst Coordinator for the Tennessee Department of Mental Health and Developmental Disabilities.  **Registered Nurse**  Columbus’ Registered Nurse for this project will be Ms. Kristin Walker. A copy of her Georgia State Nursing License, which is both a single state license and an Enhanced Nurse Licensure Compact (eNLC) license, can be found in Appendix L, “Columbus’ Required Licensure.” Both Georgia and Indiana are part of the eNLC, which allows Ms. Walker to practice in both states under her Georgia license. She is a full-time, W-2 employee who reviews high risk plans for the State as needed.  **Kristin Walker** has been working in the healthcare industry as a Quality Assurance (QA) professional for over seven years. She received her Associate’s Degree in Nursing from Albany State University and her Bachelor of Arts in History from Georgia Southwestern State University. She is a licensed Registered Nurse in Georgia, which, along with Indiana, is part of the Nurse Licensure Compact (NLC). In 2019, Ms. Walker was promoted to the position of Columbus’ Clinical Director, where she provides technical supervision of licensed clinical staff in accordance with scope-of-practice guidelines. Her demonstrated proficiency in providing data-supported, quality oversight over multiple state programs supports Columbus in our continued commitment to be an industry leader for quality case management services and more specifically in Indiana.  **Case Managers**  Columbus’ Case Managers take pride in making a difference in the lives of many by assisting people with intellectual challenges and developmental disabilities to access and coordinate needed supports and services in community settings. Their knowledge of social, economic, health or rehabilitative service objectives is critical in this role, as well as methods of compiling, organizing, and analyzing data. Our Case Managers evaluate and monitor service delivery and implement corrective action plans and have the ability to provide technical assistance regarding program and client issues. As an effective communicator, they establish and maintain effective working relationships with others to understand and apply applicable rules, regulations, policies, and procedures.  Prior to working with individuals, all of Columbus’ Case Managers and Team Lead Supervisors complete a provider-developed orientation. Case Managers will obtain 20 hours of training regarding Case Management services in each calendar year. At least 10 hours of competency-based training is provided by the BDDS through an online training platform. Case Managers are responsible for obtaining an additional 10 hours of ongoing professional development throughout the year to accumulate a minimum of 20 training hours annually. Professional Development activities may include Mandated Trainings, Orientation, Seminars, Webinars, In-Service, and Conferences. Training completed by Columbus is documented, including the topic of the training provided, name and qualification of the trainer, date of the training, duration of the training, and the signature of the trainer. The trainer must have sufficient expertise and knowledge of the training topic and be certified or licensed when the training addresses services or interventions requiring certified or licensed practitioners.  Columbus’ Case Managers meet at least the minimum qualifications that all Case Managers providing services must comply with one 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 DDRS or OMPP representative * Be a registered nurse with one year of experience in human services. * 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. * A Master’s degree in a related field may substitute for required experience.   Our Case Managers are responsible for:   * Annual Planning and Assessment based on the principles of person-centered thinking and supported by information provided by the participant, as well as formal and informal assessments completed by providers, health professionals, and other individuals supporting the individual. Annual planning and assessment including:   + Annual development and update of the PCISP using Essential Lifestyle Planning, Personal Futures Planning, MAPS, PATH, Charting the LifeCourse Tools, or an equivalent person-centered planning tool.   + Ensuring the participant directs their annual PCISP meeting to the maximum extent possible and is enabled to make informed choices and decisions.   + Accessing, identifying, and addressing risks as part of the annual PCISP development.   + Developing an annual POC/CCB that is consistent with the participant’s PCISP and using the state-approved process.   + Completing and processing the annual level of care (LOC) determination. * Ongoing Case Management support based on the principles of person-centered thinking. Driven by the PCISP and primarily focused on ensuring that the PCISP is being implemented consistently with the participant’s needs and preferences.   + Regularly reviewing and updating the PCISP using the person-centered planning process, documenting progress toward outcomes and any changes or modifications within the PCISP.   + Convening team meetings at least semiannually and as needed or determined by the individual/guardian or other team members to review progress toward outcomes identified within the PCISP and any other issues needing consideration in relation to the participant.   + Assessing, identifying and addressing risks when there is a change in the participant’s status or new, relevant information is obtained about the participant.   + Conducting face-to-face contacts with the individual (and family members, as appropriate) at least once every 90 days and as needed to monitor implementation of the PCISP, to obtain feedback from the participant, to ensure the participant’s health and welfare and to address any reported problems or concerns.     - At least one visit each year will be held in the home of the waiver participant.     - For individuals residing in provider owned, controlled, or operated (POCO) settings (as defined by the Centers for Medicare & Medicaid Services [CMS] and DDRS), Case Managers must ensure at least one visit each year is unannounced.   + Monitoring of service delivery and utilization (via telephone calls, home visits, and team meetings) to ensure that services are being delivered in accordance with the PCISP.   + Monitoring participants’ health and welfare.   + Monitoring participants’ satisfaction and service outcomes.   + Completing, submitting, and following up on incident reports in a timely fashion using the State approved process, including notifying the family/guardian of the incident outcome, all of which must be verifiable by documented oversight and monitoring by Columbus.   + Completing case notes and necessary PCISP revisions documenting each encounter with or on behalf of the participant within seven calendar days of the event or activity.   + Completing and processing the Monitoring Checklist.   + Disseminating information including all Notices of Action and forms to the participant and the IST.   + Maintaining files in accordance with State standards. * At least one monthly case note documenting an encounter with or on behalf of the individual must be recorded to support billing for On-Going Case Management Support.   **Columbus Case Managers**  Columbus currently employs 63 Case Managers in the State of Indiana. Shown below are two of our Case Managers who meet the qualifications as set forth in the Service Definition. They are full-time, W-2 employees and have completed the required case management training curriculum and certification exam. Copies of their initial exam can be found in Appendix M, “Case Manager Certificates.”  **Kelsey Ciarlo** has been a Case Manager at Columbus for the past five years. Ms. Ciarlo manages a caseload of 45 individuals and their families, providing access to community resources to ensure that their needs are met. She meets quarterly with each individual and their family, maintains and updates service plans, and assists in training new Case Managers. Before her time at Columbus, Ms. Ciarlo worked in various consumer-focused roles, some of which allowed her to provide services to individuals with intellectual and developmental disabilities. As an Intervention Specialist, Ms. Ciarlo worked with children of all learning levels and backgrounds to find new test-taking strategies and attempt higher standardized test scores. Additionally, during her time working as a Wraparound Facilitator, she conducted assessments for youth and families to determine level of needs and services. Ms. Ciarlo received her Bachelor’s Degree in Science Criminology from Butler University.  **Patricia Herrera** received her Bachelor’s Degree in Social Work/Psychology/Sociology from Calumet College of St. Joseph, and her Master’s in Business Administration from the University of Phoenix. She has been a Case Manager at Columbus for over three years, managing a caseload of 45 individuals. In this role, Ms. Herrera is responsible for reviewing and updating Person-Centered Plans and Individual Support Plans. She monitors service delivery and utilization via telephone calls, provider reports, e-mails, home visits, team meetings, and file maintenance. Over her 20 years in the field, Ms. Herrera has supported many individuals and families in their goals to achieve a meaningful life. She has worked closely with the Department of Children Services to re-unify children and their families, completed substance abuse screenings, trained parents to be foster patents, and assisted with transportation as needed.  **Columbus Team Lead Supervisors**  Columbus’ Team Lead Supervisors provide supervision to our Case Management staff and are available as a resource to our Case Managers. They are responsible for:   * Establishing goals, timetables, and conducting monthly supervision/annual evaluations of goal achievement for each Case Manager. Supports and encourages staff goals and objectives through use of various performance tools including the Playbook Scorecard. * Assessing monthly performance of their Team. Completing supervision forms on staff monthly for internal uploading. Recommends and implements training and/or corrective action as necessary. * Monitoring Team to ensure timely implementation of company policies and procedures. * Monitoring Team to ensure staff meet all requirements of local, state, and federal regulations and laws relating to the provision of waiver- based services. * Conducting regular meetings with Team members with periodic site visits to provide supervision, ensure communication, and to monitor delivery of service. * Responsible for a caseload of 20-25 individuals, and assists with caseload coverage as needed including, but not limited to staff transitions and/or leave of absences. * Providing programmatic oversight, plans, coordinates, assigns, reviews and assesses staff’s workflow. * Evaluating and monitoring Team’s service delivery and as needed, implements corrective action plans, providing technical assistance regarding program and client issues; determining work priorities and assigning work to ensure proper completion of assignments. * Directing the development and implementation of annual program work plans including program goals and measurable outcomes consistent with the company’s strategic plan. * Mentoring staff, reinforcing a commitment to building, cooperation and collaboration among Team members, individuals and their families, Providers and State staff. * Analyzing Team’s monthly performance and provides direction regarding staff’s productivity and progress, ensuring Team’s service delivery supports billable events and that staff resources are used effectively to promote a high degree of customer satisfaction, efficiency, and quality service. Assists with programmatic oversight regarding PCISPs, reviews and assesses staff’s workflow.   Columbus’ Team Lead Supervisors are described in more detail below. All are full-time, W-2 employees.  **Nicole Bell** has over seven years of experience working with individuals with intellectual and developmental disabilities as both a Case Manager and Team Lead at Columbus. In her current role as Team Lead, Ms. Bell supervises a caseload of 16 Case Managers who she meets with monthly to evaluate performance. In these meetings, she provides direction regarding productivity and progress, ensuring that staff resources are used effectively to promote a high degree of customer satisfaction, efficiency, and quality service. Ms. Bell supervises a Team who provide services to over 800 individuals and families, to ensure timely and efficient service delivery. Ms. Bell oversees the operation of Team functions, staff performance, and programmatic implementation including planning, assigning, evaluating, and reviewing the work of staff. Ms. Bell received her Bachelor’s Degree in Psychology from Indiana State University.  **Anabel Quiroz Aguilar** is a bilingual Team Lead Supervisor with over 14 years of experience working with individuals with intellectual and developmental disabilities. She has worked at Columbus for the past six years, starting off as a Case Manager, facilitating supports and services and advocating for individuals and their families. Ms. Quiorz-Aguliar was promoted in 2018 and now is responsible for supervising Case Managers meeting with them monthly to review progress and providing ongoing support. Throughout her career, Ms. Quiorz-Aguliar has worked with many individuals in need of support in the form of transportation, court testimony, identifying housing, finding employment, and drug education/recovery. She received her Bachelor’s Degree in Youth, Adult, and Family Services from Purdue University.  **Nikki Furry** has over 20 years of experience working with individuals with intellectual and developmental disabilities. She is currently a Team Lead Supervisor at Columbus, supervising Case Managers as well as serving her own caseload of IDD individuals. She completes quarterly and annual meetings, budget updates, and fields phone calls of potential consumers/families. Prior to her time at Columbus, Ms. Furry worked as a Director for the Children’s Bureau where she oversaw all day-to-day operations of programs and supervised a staff of 13 members. She also worked as a Family Resource Specialist, placing children in Therapeutic Foster Homes, participating in court testimony, and training foster parents. Ms. Furry received her Bachelor of Social Work and her Master of Arts in Executive Development for Public Services from Ball State University.  **Summer Marshall** has over seven years of experience working with individuals with intellectual and developmental disabilities. She is a Team Lead Supervisor at Columbus where she supervises Case Managers and has previously provided direct case management services to a caseload of 50 individuals with intellectual and developmental disabilities. Ms. Marshall meets monthly with the Case Managers that she supervises to ensure that Columbus meets all State requirements. She also assists families in navigating the waiver program and provides resource guidance as needed. Ms. Marshall has a proven ability to manage budgets and has been successful in hiring well-qualified personnel. She obtained her Associate’s Degree in Business Administration from Ivy Tech State College, and her Bachelor’s Degree in Business Administration from Indiana University East. |

*Section 6.2 – Reporting*

1. *Describe how you will meet the reporting requirements outlined in Section 6.2 of the SOW.*
2. *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.*
3. *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.*
4. *Describe your process for ad hoc report requests.*
5. *Provide any relevant example reports.*

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| 1. In accordance with the Statement of Work, Columbus will provide periodic status reports, in a format provided by the State, to BDDS/BQIS regarding duties under the Contract, including but not limited to Quarterly Status Updates. Columbus will collaborate with BDDS/BQIS in review of case management data each quarter throughout the duration of the Contract. This review will include a state data summary of Columbus’ case management services, any identified quality assurance activities, random case audits, and outstanding issues and action items. This review will also highlight any notable trends for both the quarter and contract lifetime. The final quarterly status update of each calendar year will include an annual compilation of all quarterly status updates.   In addition to the above required reviews, Columbus will prepare, at no additional cost to the State, any one-time report or new, ongoing report, at the request of the State that may be necessary to address any concerning service delivery trends or quality assurance issues. Columbus will respond to all requests for information from the State by providing the appropriate information within 30 calendar days.  Currently, Columbus completes an annual self-assessment and quality improvement plan to ensure that we are providing quality, timely services across the board. In addition, our Quality Assurance Department completes monthly reviews and audits of our Case Managers’ work, which is tracked in the Scorecards. Our Quality Assurance and Compliance Director compiles this data into a chart; Columbus can provide this data chart to the State quarterly, upon request.   1. Columbus currently provides the following reports to the State regarding our case management services:  * **Quarterly Monitoring Checklists:** These checklists are requiredevery 90 days for each individual, based on their Cost Comparison Budget (CCB) start date. Columbus’ Case Managers are provided with an excel spreadsheet to use as a guide regarding when it is time to meet with each individual. * **Incident Reporting:** An Incident Report is sent to our Quality Assurance Manager the first of every month. This report is to ensure that our Case Managers are in compliance with the applicable State requirement that requests a follow up report every seven days from the date of the incident report. * **Level of Care Expiration:** Columbus’ leadership team ensures that no individual’s level of care expires. Reports are pulled at the beginning of every month and then noted if any Case Manager does not adhere to our required completion. Columbus insists that each level of care is completed no less than two full business days prior to the expiration date to ensure leadership has time to review and send back for corrections, if necessary, in order to finalize for approval before the expiration. * **Cost Comparison Budgets (CCB):** A report is pulled monthly to ensure every individual served has a current budget approval. The requirement is to be completed no later than 45 days prior to the new CCB year beginning. Columbus expects have the CCB completed no later than seven days after the last date available. * **Person-Centered Individual Support Plans (PCISP):** A report is pulled monthly to ensure every individual served has an active PCISP. According to the Case Record Review Interpretive Guidelines, annual PCISPs are due to be completed at least one day before the new plan begins. Columbus will have the annual PCISP completed no later than 14 full days prior to the new plan beginning. * **Unannounced Home Visit:** Any BDDS waiver participant that lives in a provider-owned setting requires one unannounced visit per year. Reports are pulled by Team Lead supervisors monthly and reviewed at 1:1 supervision to ensure that the unannounced visits are taking place timely. * **Case Noting:** Columbus ensures that meaningful case notes are completed timely. The first set of noting required by the 15th of the month (50% of each Case Manager’s caseload) and the remaining are due by the 25th of each month. If those dates fall on a holiday, the due date is the last working day before the deadline.  1. In adherence with RFS SOW Section 5.2.2.2, “Administrative Duties,” Columbus’ leadership team will continue our ongoing face-to-face monthly 1:1 supervision meetings. At these meetings, Staff are able to communicate what has occurred over the last month. This platform allows staff to celebrate their successes and express a need for support when necessary. It also provides an opportunity to document any lessons learned. The Case Manager and the Team Lead Supervisor work together to track and monitor reporting requirements, including tracking expiring level of care, upcoming expiring budgets, person-centered individual support plans, and quarterly monitoring checklists that are due. Columbus desires to allow ongoing Case Managers to be as independent as possible and are able to do so by providing all necessary proactive reporting tools and measures.   Columbus creates internal Scorecards, which are updated monthly, to keep track of all caseload ratios, monthly contacts, QA and satisfactions scores, and the number of Person-Centered Plans that are required and completed. These Scorecards are translated into graphs which show the percentage that each Case Manager is meeting their requirements. Columbus also completes quality assurance Scorecards for each Case Manager, which includes case note audits and PCP audits. This Scorecard is completed by our quality assurance staff. The Supervisor reviews the Scorecards in the 1:1 meeting between Team Lead Supervisors and Case Managers and allows the Case Manager to get important feedback on where they are at with their caseload.   1. Columbus will provide any ad hoc reports, requested for a specific purpose by the State, within five business days, or at least 24 hours prior to the deadline given by the State. 2. Columbus has provided redacted examples reports in Appendix N, “Example Reports.” These reports include an overall caseload audit and an example of an incident report. |

*Section 6.3 – Meeting Requirements*

1. *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.*

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| Columbus is ready and willing to attend, and will actively participate in the coordination, planning, and collaborative administrative meetings with State staff. Although our preferred method of interaction is in person, we understand the difficulty in engaging in face-to-face communication in present times. Columbus actively engages in webinars, calls, and when available, in-person conversation. In terms of our commitment and ability to actively participate with State staff, we will continue to meet the requirements of the State.  On a semi-annual basis, Columbus will participate in collaborative touchpoints with the State. Columbus understands that at the State’s discretion, these touchpoints may be conducted in-person at the Indiana Government Center. We are aware that the State will prepare the agenda for these meetings and that we will be able to add items to agenda. The participants for the semi-annual touchpoints will be limited to Columbus’ leadership staff and will include, at a minimum, our Executive State Director, Assistant Vice President, and our Quality Assurance Staff, including our Compliance Officer. Columbus will be available to attend additional meetings as requested by the State.  As a member of INARF, Columbus’ Executive State Director currently participates in a monthly member forum that reviews BDDS updates with State staff, provides resources, and reviews overall industry updates in order to ensure that Columbus is actively engaged with BDDS leadership and providers. |

*Section 6.4 – Corrective Action & Sanctions*

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

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| As outlined in the RFS, Columbus understands that we are accountable for delivering services as defined and agreed to in the Contract, 1915(c) Waiver Service Definition and all applicable FSSA/BDDS/BQIS/OMPP policy, guidelines, and procedures. This includes, but is not limited to, generally performing to the satisfaction of the State while performing all items described in the Scope of Work, Contract, 1915(c) Waiver Service Definition and all applicable FSSA/BDDS/BQIS/OMPP policy, guidelines, and procedures.  If the State determines that Columbus is not performing to the satisfaction of the State, has not completed any activities in a satisfactory or timely manner, or upon written request by the State for any reason, Columbus will submit, within ten (10) business days of the occurrence or State request, a Corrective Action Plan (CAP). At a minimum, the CAP will address the root causes of the deficiency, the impacts and the measures being taken and/or recommended to remedy the deficiency, and whether the solution is permanent or temporary. It will also include a schedule showing when the deficiency will be remedied, and when the permanent solution will be implemented, if appropriate. We understand that the State reserves the right to review, request edits to, and approve the CAP. The State has the sole right to determine when the CAP has been resolved to the State’s satisfaction.  Columbus understands that in addition to requiring a CAP, if necessary, and when appropriate as determined by the State, sanctions may be put in place to address ongoing and/or significant compliance issues in accordance with the Indiana Administrative Code and Indiana Code. Potential sanctions may include but are not limited to additional reporting, additional monitoring, moratorium on the assignment of new individuals to a CMCO, and termination of the contract.  If a CAP and/or sanctions is in progress, Columbus and the State will schedule regular meetings to discuss our performance. Columbus will show satisfactory progress towards remediation and otherwise provide information that can be used to show that performance is satisfactory. The scheduling of review meetings will be agreed upon mutually between Columbus and the State.  Currently, Columbus receives any CAPs from the Indiana BQIS, with an associated timeline for completion. Columbus’ Executive State Director then completes the Plan according to the timeline given to fulfill the request. |

*Section 6.5 – Ethical Service Delivery & Billing*

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

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| Columbus will provide ethical service delivery and billing practices as a part of this contract and will adhere to all requirements, policies, and practices as outlined by BDDS/BQIS and the Office of Medicaid Policy and Planning. A Case Manager is required to enter a case note for each encounter (at least one per month) with the individual indicating the progress and implementation of the service plan. The Case Manager also maintains regular contact with the individual, family/guardian, and the providers of services through home and community visits or by phone to coordinate care, monitor progress, and address any immediate needs. During each of these contacts, the Case Manager assesses the service plan implementation and monitors the individual’s needs. The monitoring and follow-up methods used by the Case Manager include conversations with the individual, the parent/guardian, and providers to monitor the frequency and effectiveness of the services through team meetings and regular face-to-face and telephone contacts. Our Team Lead Supervisors and Executive State Directors track these case notes, and our Team Lead Supervisors review a sample of these case notes on a monthly basis in order to ensure their quality. |

*Section 6.6 – Transition of Case Managers*

1. *Describe your commitment and ability to transition Case Managers at Contract start, if necessary.*
2. *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.*
   1. *Describe how you will ensure all Individual cases are current.*
   2. *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* 
      1. *Describe your approach to cases where there exists a strong relationship between Case Manager and the Individual.*

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| 1. Columbus is committed to providing the required staffing ratios of Case Managers throughout the duration of the contract. Once initiated by the State, Columbus will adhere to any and all transition activities as required, including an enhanced level of communication and staffing. In the event that Columbus needs to onboard new Case Managers, they will be bundled for transition. Columbus will utilize any transition toolkits provided and will bundle system access requests as applicable.   In accordance with Section 4.2.2, Columbus will continue to provide statewide services within six months of contract award and will comply with the transition requests as described in Section 5.2.1. In assigning cases, the complexity of the individual case is considered when determining Case Manager caseload and capacity. Individuals can request a specific Case Manager, if desired.  Columbus recognizes the importance of stability in the lives of the people we support and their families, particularly with regards to their Case Manager and on-going services. The confidence and trust developed over time between an individual and their Case Manager is instrumental in creating and maintaining a life that is both fulfilling and significant to the people we support. Staff retention is key, so Columbus provides Case Managers with a competitive salary, benefits, and positive work environment where their efforts on behalf of those they support are both recognized and celebrated. Caseload sizes are maintained at a level that allows staff to form relationships and be available to those they support.  In the event a case transfers from one Case Manager to another within Columbus, the transfer is completed with the transferring Case Manager, receiving Case Manager, and Team Lead Supervisor all involved, ensuring a smooth transition. Preliminary introductions are made with the individual and family so that the new Case Manager can begin to develop the relationship and better understand the existing needs and goals. The former Case Manager continues to be a resource until such time that the individual is comfortable with the new Case Manager. A file review is completed to identify the next services to be provided and to review support plan goals, support plan effective date, services, providers, and any unusual circumstances.  Columbus fully supports each person’s right to choose providers. Regarding case transfers to providers outside of Columbus, the transfer will be scheduled and a representative from Columbus will meet with the receiving Case Manager to ensure a smooth transfer within five business days of the beginning of the month of the case transfer.   1. Columbus is deeply committed to ensuring the health and safety of all persons we serve, as well as their satisfaction and continuity of service. We strive to minimize the impact of any change in case management, whether anticipated or unanticipated. In the event that Columbus is not selected to participate in providing services after the term of the contract, or if an individual opts to change their Case Manager, Columbus will continue to provide and bill for service delivery until all individuals have transitioned to a new contractor.   As part of this process, Columbus will provide ample notice to each individual as outlined in the contract. Prior to the transition date, Columbus will ensure that all individual cases are current, including but not limited to ensuring the following are updated:   1. Person-Centered Individual Service Plan (PCISP) 2. Monitoring checklist 3. Level of Care (LOC) 4. Incident Report (IR) follow-ups 5. Case Notes 6. Cost Comparison Budget (CCB)   Additionally, Columbus’ Quality Assurance Coordinator completes an ongoing review of PCISPs and Case Notes to ensure that cases remain current. Our Team Lead Supervisors also review files and complete case note audits to ensure that files are up-to-date. All files are reviewed by our Quality Assurance Coordinator prior to our annual team meetings. With this course of action, our Case Managers are able to get important feedback that can then be implemented for the next annual meeting.  Columbus recognizes the importance of our Case Managers developing bonds with the individuals that they serve. We have Case Managers on staff who have lasting connections with individuals and their families, having served them for a number of years. Columbus advocates for all individuals and their families, regardless of how long they have been working with us. It is our mission to educate, assist, and advocate for those that we serve, for however long we serve them, to the best of our ability so that they may live a meaningful life. In the case that an individual does choose to work with another provider, Columbus will meet with the provider on behalf of the individual in order to relay the pertinent background information regarding their case. The Case Manager assigned to the transitioning individual will also have conversations with the individual and their family in order to help them understand why this process is occurring. Additionally, Columbus shares resources provided through BDDS to make sure that families are informed. |

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*

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

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| Columbus affirms our commitment to and understanding of the Non-Financial Incentive Structure. We understand that the State intends to develop service-level agreements approximately six months after the start of the contract, which will be used to measure our performance and may inform the standards on which we are evaluated against. The agreement topics may include: the training of Case Managers, our ability to provide Individuals with access to non-waiver services, and our adherence to the PCISP Quality Guide and PCISP Rubric. We understand that the reports and data that we provide during the first six months of our contract may be used to develop these service-level agreements, and that the State may require additional reports from us to measure performance against the service-level agreements. |