

David Brandon-Friedman
Senior Account Manager
Procurement Division
402 W. Washington Street, Room W468
Indianapolis, IN 46204



Re : RFS 22-67778 : Clarifications Request

Dear Mr. Brandon-Friedman,

IPMG continues to appreciate any and all opportunities to participate in dialogue around the pending RFS 22-67778: Case Management Services. The following is our response to the question or clarifications asked based on our understanding of them:

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

- To date in 2021, for New Customer surveys, IPMG has received 79 responses out of 445 surveys sent. These surveys are done at the time of intake completion.
- Satisfaction Surveys are surveys that are completed by Supervisors, or Case Management support staff. For these surveys to date, 815 surveys were completed out of 998 attempted.
- The annual survey for 2021 was sent to 5,835 individuals. In order to remain HIPAA compliant, the annual satisfaction survey is emailed to those who have agreed to receive electronic communications from IPMG. IPMG had 497 surveys returned. In addition, the annual survey is specific to their Case Manager as well as their overall satisfaction with IPMG. The survey includes a question regarding their desire for follow up from Leadership on their survey responses. IPMG follows up on each survey that indicates follow up is requested.

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

- IPMG utilizes the Plan- Do- Check- Act cycle as a matter of practice in all case management process development and enhancement.
- Example 1: The Director of Case Management Operations and the Director of Communications and Professional Development worked collaboratively for months to revamp our person-centered orientation curriculum and presentation of the information to provide a clear, person-centered approach to the orientation. We decided it would be best to utilize Case Managers who have a strong background in person-centered practices to deliver the information as they are the experts in the field doing the work. We revamped the curriculum, had signups, and had 2 Case Managers presenting each orientation session. We initiated a survey to obtain feedback from the participants as well as the presenters. The overall feedback was positive, but we realized that we were not going to obtain consistency because we were having different people conduct each session, and there would be too much time that passed between sessions before the Case Managers may conduct it again. We took that feedback and again made changes. We now have 4 Training Supervisors that will be providing the training to ensure consistency and we will utilize Case Managers to share

success stories with our new staff. Feedback has been very positive with our new approach and curriculum, which includes the Lifecourse Framework and tools.

- Example 2: PCISP Quality Review We have developed a PCISP review that mirrored BQIS's CRR. We realized that this review of the PCISP did not pull into account the PCISP Rubric. We are in the process of redoing our PCISP review to be a blend of both the Rubric and the BQIS CRR review. We have developed the review and will have a few of our staff pilot the review, to see how it works for consistency prior to full implementation. We will review the feedback from both the Supervisors piloting the reviews and the Case Managers receiving the reviews of their work and act on any trends or changes that are identified.

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

- IPMG will work with BDDS following all directives to assist with choice, but ultimately refer the individuals to BDDS if they are having difficulties making a decision.

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

- IPMG employs Intake & Coverage Coordinators and Senior Case Managers, whose primary job responsibility is to provide interim caseload coverage for Case Manager departures. Our Intake & Coverage Coordinators and Senior Case Managers serve the entire State of Indiana and are equipped to oversee caseloads of any size, in any location of the state.

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

Will you share that information with the State?

- If IPMG is aware of where the Case Manager is going, IPMG will share that information as requested by individuals/guardians. IPMG will also share with the State, if IPMG is aware of where a CM has gone.

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

- IPMG has no familial relationships within IPMGs supervisory employees and officers. Should a Case Manager be hired that is related to a supervisor employee, there would be no direct supervision provided by the supervisor to the related case manager.

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

- IPMG is uniquely set up in that IPMG has an Intensive Services Coordinator. This staff member is available to assist Case Managers with challenging situations and issues as they arise. IPMG is also uniquely set up in that IPMG has Intake & Coverage Coordinators that can take on challenging issues and provide support to the Case Manager.

1305 Cumberland Ave, Suite 225, West Lafayette, IN 47906

- IPMG has declined to accept very few individuals during our time as a Case Management provider. These individuals that IPMG felt they could not provide the support needed were largely individuals or guardians who at some point had been with IPMG and had been unhappy with our services and had requested a CMCO change. Those that were in this group were largely unhappy with IPMG due to our adherence to BDDS requirements, such as quarterly visits, annual signature pages, etc.

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

- IPMG has a hiring structure based on a Case Manager to Supervisor ratio already in place. IPMG is currently adding Supervisor positions in order to be fully positioned for potential growth.

9. How do you define “risk issues” in the sentence “IPMG has identified over 220 of the top risk issues that require such focus and has created risk planning templates for each issue”?

- Risk Needs templates have been developed based off of individual/guardian/team requests to Case Managers for support related to specific diagnosis. In addition, Risk Plan templates were added based on BQIS feedback from trainings and webinars. Case Managers can request a risk plan and have a discussion with IPMGs RN. IPMGs RN then creates a risk template that highlights common proactive and reactive strategies related to that specific health diagnosis, along with prompting questions of supports to address.

10. At what frequency do you conduct the random audit of case notes?

- The frequency of random case note audits is dependent on the Case Managers’ demonstrated proficiency level and can be adjusted if performance concerns arise. Frequency of audits range from monthly to quarterly. Case Managers new to IPMG have every case note reviewed until they have demonstrated an understanding of the quality expectations and then move to monthly reviews. IPMG also conducts random case note reviews if concerns are identified through surveys, feedback, and quality reviews of other documentation.

Again, we thank you for this opportunity to clarify and look forward to our presentation on Monday, September 13th as this process moves forward.

Regards,

Karen D. Brummet

Karen Brummet
CEO/President

1305 Cumberland Ave, Suite 225, West Lafayette, IN 47906