

Appendix A

Application and Enrollment Services for Office of Long-Term Living Long-Term Services and Supports Programs

PROPOSED TECHNICAL SUBMITTAL

[date]

GENERAL INFORMATION

I. Acronyms and Definitions

- A. For the purpose of this proposed technical submittal, the acronyms set forth below shall apply:

AAA	Area Agency on Aging
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
APD	Automated Provider Directory
APS	Adult Protective Services
ASL	American Sign Language
BH-MCO	Behavioral Health Managed Care Organization
BSS	Beneficiary Support System
CAO	County Assistance Office
CHC	Community HealthChoices
CHC-MCO	Community HealthChoices Managed Care Organization
CIS	Client Information System
CMS	Centers for Medicare and Medicaid Services
DHS	Pennsylvania Department of Human Services
D-SNP	Dual Eligible Special Needs Plan
EQR	External Quality Review
EQRO	External Quality Review Organization
FED	Functional Eligibility Determination
HC	HealthChoices
HCBS	Home and Community-based Services
HC-MCO	HealthChoices Physical Health Managed Care Organization
HCSIS	Home and Community-Based Services Information System
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
IADL	Instrumental Activities of Daily Living
ICF/ORC	Intermediate Care Facility for Individuals with Other Related Conditions
LIFE	Living Independence for the Elderly
LTSS	Long Terms Services and Supports
MA	Medical Assistance
MAAC	Medical Assistance Advisory Committee
MATP	Medical Assistance Transportation Program
MIS	Management Information System
NFCE	Nursing Facility Clinically Eligible
NFI	Nursing Facility Ineligible
NPI	National Provider Index
OAPS	Older Adults Protective Services

ODP	DHS Office of Developmental Programs
OLTL	DHS Office of Long-Term Living
OMHSAS	DHS Office of Mental Health and Substance Abuse Services
PC	Physician Certification
PCC	Person Centered Counseling
PCCM	Primary Care Case Manager
PCP	Primary Care Practitioner
PAHP	Prepaid Ambulatory Health Plan
PIHP	Prepaid Inpatient Health Plan
PLAN	Pennsylvania Legal Aid Network
PCSP	Person Centered Service Plan
PPO	Preferred Provider Organization
QMS	Quality Management Strategy
SAMS	Social Assistance Management System
TTY	Text Telephone Typewriter

- B. When used in this proposed technical submittal, the terms set forth below have the following meanings:

Abuse. Any practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary costs to the MA Program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards or agreement obligations and the requirements of state or federal law and regulations for healthcare.

APPRISE. A free, unbiased health insurance counseling service administered by the Pennsylvania Department of Aging that assists Medicare beneficiaries in understanding their Medicare insurance benefits and coverage, comparing health insurance and prescription drug plans, and understanding the financial assistance programs that may be available to help pay for Medicare premiums, deductible and co-pays, prescription drug needs, including the MA Program.

Area Agency on Aging. A community-based organization which serves as the aging network under the Pennsylvania Department of Aging, and provides Older American Act Services, Pennsylvania Lottery-funded HCBS, and advocacy to older adults and their families. AAAs are the primary referral source for older adults seeking LTSS.

Behavioral Health Managed Care Organization. An entity operated by county government or licensed by the Commonwealth as a risk-bearing HMO or PPO, which manages the purchase and provision of behavioral health services under an agreement with DHS.

Behavioral Health Services. Mental health and/or drug and alcohol services which are provided to Participants.

Beneficiary Support System. A system that provides support to beneficiaries both prior to and after enrollment in an MCO, PIHP, PAHP, PCCM or PCCM entity that includes choice counseling by an independent and conflict-free enrollment broker; assistance for enrollees in understanding managed care; an access point for LTSS enrollees complaints and concerns about MCO, PIHP, PAHP, PCCM, and PCCM entity enrollment, access to covered services, and other related matters; education on LTSS enrollees' grievance and appeal rights within MCO, PIHP or PAHP the State fair hearing process; enrollee rights and responsibilities; and additional resources outside of the MCO, PIHP or PAHP; assistance to LTSS enrollees, upon request, in navigating the grievance and appeal process within the MCO, PIHP or PAHP, as well as appealing adverse benefit determinations by the MCO, PIHP, or PAHP to a State fair hearing; and review and oversight of LTSS program data to provide guidance to the State Medicaid Agency on identification, remediation and resolution of systemic issues.

Business Day. Monday through Friday, except for those days recognized as Federal Holidays or Pennsylvania state holidays.

CHC Participant. An MA beneficiary who: (i) is enrolled in CHC; or (ii) is eligible to participate but is not yet enrolled in CHC. The term includes CHC-LTSS Participants and CHC-NFI Dual Participants.

CHC-LTSS Participant. A CHC Participant who has been determined financially and clinically eligible to receive LTSS under the CHC Program.

CHC-NFI Dual Participant. A CHC Participant who is: (i) nursing facility ineligible and (ii) a Dual Eligible.

Choice Counseling. The provision of unbiased information and services designed to assist IEB Customers in making informed enrollment decisions, including enrolling in CHC or LIFE, in selecting a CHC-MCO and PCP, and a Service Coordination Entity for the OBRA Waiver and Act 150 Attendant Care Program.

Client Information System. DHS's database which contains MA beneficiary demographic and eligibility information.

Clinical Eligibility Determination. A determination made by DHS that an LTSS Applicant is NFCE, NFI or needs the level of care provided in an ICF/ORC.

Community HealthChoices. The name of Pennsylvania's 1915(b)/(c) waiver program that provides mandatory managed physical health services and LTSS to MA consumers, age 21 or older, who: (i) require MA LTSS (whether in the community or in private or county nursing facilities) because they need the level of care provided by a nursing facility; or (ii) are Dual Eligible, whether or not they need or receive LTSS.

Community HealthChoices Managed Care Organization. A risk-bearing HMO that manages the purchase and provision of physical health services and LTSS for CHC Participants, under an agreement with DHS.

COMPASS. DHS online application, which can be used to apply for benefit programs and services administered by DHS, including LTSS.

County Assistance Office/District Office. The DHS county office that administers benefit programs, including the MA Program, at the local level.

Cultural Competency. The ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual, and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of healthcare delivery to diverse populations.

Disability Competency. The demonstration that an entity or individual has the capacity to understand the diverse nature of disabilities and the impact that different disabilities can have on a Participant, access to services, and experience of care.

Disenrollment. The process by which a Participant's participation in an OLTL Program is terminated.

Dual Eligible. An individual who is enrolled in both Medicare and Medicaid.

Dual Eligible Special Needs Plan. A Medicare Advantage Plan that primarily or exclusively enrolls Dual Eligibles.

Enrollment. The process by which a Participant is enrolled in an OLTL Program.

External Quality Review. An annual independent, external review by an EQRO of the quality of services furnished by a CHC-MCO, including the evaluation of quality outcomes, timeliness and access to services.

External Quality Review Organization. An independent organization that meets the competence and independence requirements set forth in 42 CFR § 438.354 and performs an EQR as well as other EQR-related activities, as set forth in 42 CFR § 438.358.

Functional Eligibility Determination. A functional assessment of an individual who has applied for or who is requesting LTSS under an OLTL Program that is made using a DHS-designated tool

Fraud. Any type of intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity, him or herself, or some other person. It includes any act that constitutes fraud under applicable federal or state law.

HealthChoices. Pennsylvania's mandatory managed care program that provides physical health care coverage to MA beneficiaries who are not eligible to participate in CHC and behavioral health services to MA beneficiaries, including CHC Participants.

HealthChoices Managed Care Organization. A risk-bearing HMO which manages the

purchase and provision of physical health care services under an agreement with DHS.

Home and Community-Based Services. A range of services and supports, including assistance with ADLs and IADLs, which are provided to Participants in their homes and communities to promote their ability to live independently to the greatest degree and remain in their homes for the longest time as is possible.

The Home and Community-Based Services Information System. The information system used to maintain consumer records centrally for several key OLTL programs, including the OLTL HCBS waiver programs.

IEB Customer. An individual who contacts or is referred to the IEB for choice counseling, beneficiary support or application and enrollment assistance in connection with an OLTL Program. The term includes LTSS Applicants, Potential LTSS Applicants, Participants, and their authorized representatives.

Linguistic Competency. The demonstration that an entity or individual has the capacity to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons with LEP, persons who have low literacy skills or are not literate, and persons with disabilities who require communication accommodations.

Living Independence for the Elderly. A comprehensive service delivery program (which is known nationally as the Program of All-Inclusive Care for the Elderly) that provides comprehensive healthcare services and LTSS under dual capitation agreements with Medicare and the MA Program to individuals age 55 and over who are NFCE and reside in a LIFE service area.

Long Term Services and Supports. A broad range of services and supports designed to assist an individual with ADLs and IADLs that can be provided in a home and community-based setting, a nursing facility, or other residential setting. LTSS may include, but are not limited to: self-directed care; adult day health; personal emergency response systems; home modification and environmental accessibility options; home and personal care; home health; nursing services; specialized medical equipment and supplies; chore services; social work and counseling; nutritional consultation; home-delivered meals and alternative meal service; and nursing facility services. The term includes the LTSS provided through OLTL Programs.

LTSS Applicant. (i) An individual who signs or, on whose behalf, his or her authorized representative signs a hard copy LTSS Application and submits it to the IEB or to a CAO; (ii) an individual who submits or, on whose behalf, his or her authorized representative or the IEB submits an LTSS Application through COMPASS; or (iii) an MA beneficiary, who, or, on whose behalf, his or her authorized representative makes a request to the IEB to receive LTSS under an OLTL Program, including a CHC NFI Dual Participant who has been determined NFCE and requests LTSS under CHC.

LTSS Application. The PA 600L or such other form as may be designated by DHS as the application for LTSS; or a request to receive LTSS made to the IEB by a MA

beneficiary, including a CHC Participant.

Medical Assistance Beneficiary. A person who has been determined eligible to receive health-related services under the Pennsylvania MA Program.

Medical Assistance Program. Pennsylvania's Medicaid program, authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 *et seq.*, and the Human Services Code, 62 P.S. §§ 101, *et seq.*

Medical Assistance Transportation Program. A non-emergency medical transportation service provided to MA beneficiaries who need to make trips to or from an MA reimbursable service for the purpose of receiving treatment, medical evaluation, or purchasing prescription drugs or medical equipment.

Network. All contracted or employed Providers with a CHC-MCO who provide covered services to CHC Participants enrolled with the CHC-MCO.

Network Provider. A Provider who has a written provider agreement with and is credentialed by a CHC-MCO and participates in the CHC-MCO's Network.

NF Applicant. An LTSS Applicant or Potential LTSS Applicant who is seeking admission to, or is a resident of, a nursing facility and has applied or intends to apply for MA payment for his or her nursing facility services.

Nursing Facility Clinically Eligible. Having clinical needs that require the level of care provided in a Nursing Facility.

Nursing Facility Ineligible. Having clinical needs that do not require the level of care provided in a Nursing Facility.

Office of Long-Term Living. An Office within the Department responsible for administration of OLTL Programs.

OLTL Programs. CHC, LIFE, the OBRA Waiver Program and the Act 150 Attendant Care Program.

PA Link. The Aging and Disability Resource Centers in Pennsylvania that assist older adults and adults with disabilities who need help with ADLs. The PA Link connects consumers to local services and supports through any Link-partner agency, explores existing options with consumers to ensure a secure plan for independence, assists consumers with applications to determine eligibility for services and supports; and helps consumers who have a disability, an illness or accident, remain or return to their community or to transition from an institution back to the community.

Participant. An individual who: (i) is enrolled in an OLTL Program; or (ii) has been determined eligible to participate but is not yet enrolled in an OLTL Program.

Pennsylvania Legal Aid Network. A coordinated system of legal organizations in Pennsylvania that provides legal information, legal advice and legal services through

direct representation to low-income individuals and families who face urgent civil legal problems that affect their basic needs such as food, shelter, employment, consumer issues, health care, and family safety.

Person-Centered Counseling. A service that connects Pennsylvanians to public benefits and private resources. PCC will identify LTSS options that are available in the community, guide individuals in making decisions and securing services that work best for their needs and preferences, and follow-up on the process.

Person-Centered Service Plan. A written description of Participant-specific healthcare, LTSS, and wellness goals to be achieved, and the amount, duration, frequency and scope of the covered services to be provided to a Participant to achieve such goals, which is based on the comprehensive needs assessment of the Participant's healthcare, LTSS and wellness needs.

Person-Centered Service Planning. The process of developing an individualized PCSP based on an assessment of needs and preferences of the Participant.

Plan Transfer. The processes by which a CHC Participant changes CHC-MCOs.

Potential LTSS Applicant. An individual who has not submitted an LTSS Application but who self-refers or is referred to the IEB because the individual is, or may be, interested in receiving LTSS under an OLTL Program.

Program Transfer. The processes by which a Participant disenrolls from an OLTL Program and enrolls in another OLTL Program.

Primary Care Practitioner. A specific physician, physician group or a Certified Registered Nurse Practitioner operating under the scope of his or her licensure, who is responsible for supervising, prescribing, and providing primary care services; locating, coordinating and monitoring other medical care and rehabilitative other medical care and rehabilitative services on behalf of a CHC Participant.

Provider. A person, firm, or corporation that is enrolled to participate in the MA Program and provides services or supplies to MA beneficiaries.

The Social Assistance Management System. The information system used to maintain consumer records centrally for the Aging Waiver.

Vital Documents. Documents which contain information that is critical for understanding the eligibility and enrollment process for OLTL Programs, including the LTSS Application Packet, the CHC Pre and Post Enrollment Packets, and IEB Customer and Participant notices and letters.

Zone. A grouping of counties as follows:

- The Lehigh/Capital Zone (L/C) which includes Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh,

Northampton, Perry and York Counties

- The Northeast Zone (NE) which includes Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming Counties.
- The Northwest Zone (NW) which includes Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango and Warren Counties.
- The Southeast Zone (SE) includes Bucks, Chester, Delaware, Montgomery and Philadelphia Counties.
- The Southwest Zone (SW) which includes Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland Counties.

II. Overview of Project.

OLTL expects to issue an RFA seeking an Applicant to operate as an IEB for the OLTL Programs described below. The IEB will provide application and enrollment services and choice counseling to individuals who apply for LTSS under an OLTL Program and information and assistance to individuals who have not applied for LTSS but who contact or are referred to the IEB because they are interested in or may need LTSS under an OLTL Program. The IEB will also provide certain beneficiary support to Participants enrolled in the OLTL Programs.

The IEB selected by OLTL to provide these services must be unbiased and provide useful and accurate information and enrollment assistance services. To facilitate the LTSS application and enrollment process, the IEB must understand the roles and responsibilities of the different entities involved in the process and coordinate and cooperate with those entities so that LTSS Applicants receive the needed services for which they are eligible as quickly as possible.

The IEB will provide services to individuals representing a diverse cultural population who have a wide range of complex health care, LTSS and communication needs. The IEB will be required to identify and respond to their individual needs and circumstances, perform community outreach and activities and make coordinated efforts within their communities so that these individuals receive effective and timely choice counseling and application and enrollment assistance.

A brief overview of the OLTL Programs for which the selected Applicant will serve as the IEB follows:

A. OLTL Managed Care Programs:

1. **Community HealthChoices** – CHC is a mandatory MA managed care program through which physical health services and LTSS are provided to MA beneficiaries, age 21 and older, who:
 - Qualify for MA LTSS because they are NFCE; i.e., they need the level of care provided by a nursing facility; or
 - Are not NFCE but receive both Medicare and MA benefits and are known as NFI Dual Eligibles.

CHC is being implemented in three (3) phases in five geographic Zones. The first phase was implemented in the Southwest Zone on January 1, 2018. The second phase was implemented on January 1, 2019 in the Southeast Zone. The third phase consisting of the Lehigh/Capital, Northwest, and Northeast Zones, will be implemented on January 1, 2020. Once fully implemented, CHC will serve an estimated 365,000 individuals statewide, including 150,000 older persons and adults with physical disabilities who are currently receiving LTSS in the community and in nursing facilities. CHC will be the sole MA Program option for NFI Dual Eligibles and most MA beneficiaries who are NFCE.



Currently, DHS has agreements with three CHC managed care organizations (CHC-MCOs) to provide covered services to enrolled CHC Participants in all 5 geographic zones.

2. **Living Independence for the Elderly Program (LIFE)** – LIFE is a capitated program that provides integrated Medicare and Medicaid benefits to LIFE enrollees.

Known nationally as “Programs of All-Inclusive Care for the Elderly” or “PACE,” LIFE covers all Medicare services, all Medicaid state plan covered services, behavioral health, LTSS, and Pharmacy.

To enroll in LIFE, an individual must be age 55 or older, NFCE and be able to be safely served in the community, as determined by a LIFE provider. In addition, the individual must be financially eligible for MA or able to pay privately for LIFE services and reside in a LIFE service area.

LIFE is currently available in 47 counties in Pennsylvania but is expected to be available statewide in the future. LIFE will continue to operate in zones where CHC has been implemented and will be an alternative managed care option to CHC.

B. OLTL Home and Community-based Services Programs:

- 1. OBRA Waiver.** The OBRA Waiver is a 1915(c) Medicaid Waiver program under which HCBS are provided to MA beneficiaries, 18-59 years of age, who have a developmental disability (but not a primary diagnosis of either an intellectual disability or a major mental illness) and have been assessed to require services at the level of an ICF/ORC. The development disability must have manifested before age twenty-two (22), be likely to continue indefinitely, and result in three (3) or more substantial functional limitations in major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living. Individuals who turn 60 while enrolled in the waiver may continue to receive services through the OBRA Waiver until services are no longer needed.
- 2. The Act 150 Attendant Care Program.** The Act 150 Attendant Care Program is a state-funded program which provides personal assistance services to individuals who are eighteen (18) to fifty-nine (59) years of age and financially ineligible for MA. To receive services under this program, an individual must be NFCE, mentally alert, have a medically determinable physical impairment expected to last for a continuous period of twelve (12) months or may result in death and require attendant care services. To qualify as “mentally alert” under the Act 150 Program, a person must be capable of selecting, supervising and, if needed, firing an attendant and be capable of managing their own financial and legal affairs.

The OBRA Waiver and Act 150 Program will remain in effect statewide after CHC is implemented.¹

III. Objectives.

¹ In addition to the OBRA Waiver and Act 150 Attendant Care Program, OLTL administers three other 1915(c) HCBS Waiver programs which currently operate in the Lehigh/Capital, Northwest, and Northeast Zones – the Aging Waiver, the Attendant Care Waiver and the Independence Waiver. These Waiver programs will terminate once CHC is implemented in these Zones. Since the selected Applicant will begin providing services after CHC has been implemented statewide, it will not be responsible to provide services in connection with these programs.

- A. General.** DHS is seeking an Applicant to serve as an IEB that provides application and enrollment assistance, choice counseling and benefit supports to individuals who apply for or are enrolled in an OLTL Program, or who contact or are referred to the IEB because they are interested in or may need LTSS under an OLTL Program.
- B. Specific.** As detailed in this proposed work statement, the IEB will be expected to do all of the following:
1. Establish a streamlined process to provide timely and efficient application and enrollment assistance to allow individuals to access needed services.
 2. Provide conflict free choice counseling that enables individuals to make informed and unbiased decisions and results in consistently high advance CHC-MCO selection rates by CHC LTSS Participants.
 3. Provide individualized case management through assignment of a locally-based enrollment case manager to LTSS Applicants and Potential LTSS Applicants who request to apply for LTSS.
 4. Conduct an in-person visit with Potential LTSS Applicants and LTSS Applicants at the outset of the application and enrollment process and assist them, as requested, to complete and provide documentation to support their LTSS Applications.
 5. Implement measures to provide that LTSS Applicants receive timely clinical eligibility determinations, including conducting clinical assessments and assisting applicants in obtaining physician certifications or engaging or arranging for a physician to supply physician certifications, as necessary.
 6. Complete initial FEDs for LTSS Applicants, Potential LTSS Applicants, NF Applicants and residents of Personal Care Homes and Domiciliary Care Homes.
 7. Facilitate program and plan transfers for Participants, including transfers to maintain continuity of care for OPTIONS Program participants transitioning to CHC-MCOs or another OLTL Program.
 8. Make warm referrals of individuals determined ineligible for OLTL Programs to other service programs and community partners in the LTSS delivery system, including OPTIONS.
 9. Hire and maintain sufficient numbers of qualified and trained staff to perform the functions required by this RFA.
 10. Establish and maintain an IEB website that provides access to information about the OLTL Programs and the different services available under those Programs and the CHC-MCO's Provider Networks and that allows applicants to schedule contacts and in-person visits and communicate directly with their enrollment case managers, check the status of their applications in real-time and select a CHC-MCO and PCP.

11. Adopt measures to enhance communication between the IEB and its enrollment case managers and the CAOs and to support an electronic interface for timely transmission of information to CAOs.
12. Establish measures to coordinate with other entities involved in providing services to individuals served by the IEB, including the DHS Office of Income Maintenance, CAOs, CHC-MCOs, HC-MCOs, and BH-MCOs.
13. Provide IEB Customers access to information, application and enrollment assistance and beneficiary support relating to OLTL Programs through a web-based approach that is supplemented by additional means including, but not limited to: email, text message, mail, telephone, social media, and in-person assistance.
14. Establish and maintain an adequate MIS to handle the various interfaces and exchange of files critical to the timely processing of enrollments and LTSS Applications and to provide access to Provider Network information so Participants and LTSS Applicants are afforded accurate information to choose an OLTL Program or a CHC-MCO and PCP that best meets their needs.
15. Establish defined protocols and processes that supports a person-centered decision-making process.
16. Establish a repository for storing eligibility and enrollment data received from DHS that can be used for required activities.
17. Have the capability and flexibility to accommodate future changes relating to enrollment services and to the MA Program.

IV. General Requirements.

A. Compliance.

1. The IEB must comply with Title VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq. and 2000e et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101 et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12101 et seq.), and the Pennsylvania Human Relations Act of 1955 (43 P.S. §§ 951 et seq.), as amended. The IEB must have working knowledge of, and all services provided must be compliant with, applicable Federal, State, and Local Standards, Laws, and Regulations.
2. The IEB and its subgrantees and subcontractors must also comply with all other Federal and State laws in general, and specifically those that govern the MA Program, including, but not limited to:
 - a. Title XIX of the Social Security Act, 42 U.S.C. §§ 1396-1396w, and all accompanying regulations.

- b. The Pennsylvania Human Services Code, Act of June 13, 1967, P.L. 31, No. 21, as amended (62 P.S. §§ 101 et seq.), and all accompanying regulations.
3. In the event that amendments, revisions, or additions to the requirements of State and Federal laws, regulations, guidelines, or policies (including IT standards) occur after the Effective Date of the grant agreement, the IEB and DHS will meet to determine the impact of such changes, if any, on the Project. The IEB will investigate the impact of any changes on the grant agreement and its requirements and price. If DHS and the IEB agree on the results of the investigation and any necessary modifications to the grant agreement, the grant agreement will be modified to take into account the agreed upon changes and the change will be implemented. If the change is within the scope of the grant agreement and does not require modification of its provisions, DHS will issue a change order in accordance with Standard Grant Terms and Conditions (Part VI). If the change is within the scope of the grant agreement but requires modification of other provisions, DHS and the IEB will execute a written amendment.

B. Independence and Conflict Free:

1. The IEB and all subcontractor(s) and subgrantee(s), including SDB/SBs, regardless of whether the subcontractor(s) or subgrantee(s) are providing services in relation to the IEB's choice counseling or enrollment assistance services, must be free of real or perceived conflicts of interest, and must, at a minimum, be:
 - a. Independent as defined in 42 C.F.R. § 438.810 (b)(1);
 - b. Free from conflict of interest as defined in 42 C.F.R. § 438.810 (b)(2); and
 - c. Free from any relationship with the DHS EQRO contractor or its subcontractors.
2. The IEB must provide DHS a written statement during the Readiness Review Period and on an annual basis thereafter, certifying compliance with the independence and conflict free requirements of the grant.

C. Capacity for In-Person Contacts. The IEB must have the capability and adequate staffing capacity to conduct in-person contacts with IEB Customers as specified in this work statement with adequate staffing capacity to meet timeliness and quality requirements. An Applicant must include a plan of how it will utilize staff or office locations to provide in-person access to IEB Customers. If the IEB maintains local offices those sites must be accessible and meet ADA standards.

D. Disaster Recovery. The IEB must develop and document a disaster recovery plan and have written policies and procedures documenting the disaster recovery plan that, at a minimum, address system backup and recovery of electronic records and files in the event of a disaster. The IEB must describe its data backup and disaster recovery plan for restoring and maintaining operations during natural or human-induced disasters, or any other occurrence that damages systems or data. The IEB must describe how its backup and disaster recovery plans enable the continuation of critical processes for the protection

and security of the data. The IEB must provide an annual update of the data backup and disaster recovery plans and the disaster recovery plan testing process and testing frequency on the yearly anniversary date of the Effective Date.

E. Emergency Preparedness. To support continuity of operations during an emergency, including a pandemic, the Commonwealth needs a strategy for maintaining operations for an extended period of time. One part of this strategy is to ensure that essential agreements that provide critical services to OLTL Program applicants and Participants have planned for such an emergency and put contingencies in place to provide needed services.

1. Describe how you anticipate such a crisis will impact your operations.
2. Describe your emergency response continuity of operations plan. Please attach a copy of your plan, or, at a minimum, summarize how your plan addresses the following aspects of preparedness:
 - a. Employee training (describe your organization's training plan, and how frequently your plan will be shared with employees).
 - b. Identified essential functions and key employees (within your organization) necessary to carry them out.
 - c. Contingency plans for:
 - i. How your organization will handle staffing issues when a portion of key employees are incapacitated due to illness.
 - ii. How employees in your organization will carry out the essential functions if prevented from coming to the primary workplace.
 - iii. How your organization will communicate with staff and suppliers when primary communications systems are overloaded or otherwise fail, including key contacts, chain of communications (including suppliers).
 - iv. How and when your emergency plan will be tested, and if the plan will be tested by a third-party.

F. Confidential and Sensitive Information and Document Security. All information and data provided to or collected by the IEB in performing services under the grant agreement is and will remain the sole property of the Department. The IEB must comply with federal and state law, rules, regulations, and requirements concerning confidentiality of information and data, including HIPAA, and other federal and state laws, regulations, and rules regarding the security and confidentiality of information.

The IEB will establish a process to provide for the protection and confidentiality of all such information and data in its possession that meets the following requirements:

- 1.** Comply with and require all personnel, subgrantees and subcontractors to comply with federal and state laws, regulations, and requirements concerning the security and confidentiality of information relating to OLTL Programs and Participants, including Participants' protected health information.
- 2.** Train all personnel, subgrantees and subcontractors in confidentiality laws and regulations, including the HIPAA Privacy and Security Rules and MA confidentiality requirements.
- 3.** Require all personnel, subgrantees and subcontractors to sign a confidentiality agreement.
- 4.** Maintain personnel policies that include disciplinary procedures relevant to violations of a signed confidentiality agreement.
- 5.** Use and distribute and require its subgrantees and subcontractors to use and distribute, confidential and sensitive information only for the limited purpose of carrying out the obligations of the grant.
- 6.** Maintain adequate measures to prohibit unauthorized access, copying, and distribution of information obtained as a result of work on the Project.
- 7.** Properly dispose of both hard and electronic copies of all information during work on this Project, and any remaining information upon the completion of the Project.
- 8.** Follow Commonwealth procedures for information handling and sharing sensitive information that may need to be transferred to or from other agencies or shared with the Commonwealth during the term of the agreement, and/or transitioned to a successor Applicant at the conclusion of this agreement.
- 9.** Verify that all electronic data received from DHS is kept, stored, and maintained in a confidential manner.
- 10.** Verify that its computer systems are properly protected in a manner that maintains the security of all data stored on that computer system.
- 11.** Verify that all printed information is kept, stored, and maintained in a confidential manner.
- 12.** Verify that confidential and sensitive information is not utilized by the IEB or given to another entity other than for the purpose of carrying out obligations of the grant agreement.
- 13.** Verify that adequate measures are in place to prohibit unauthorized access, copying, and distribution of information during work on this Project.

14. Verify that all information either printed or in digital form, is properly destroyed in a manner that facilitates continued confidentiality during work on this Project, as well as any remaining information upon the completion of the Project.
15. Verify that back-up of electronic media is maintained in a recoverable format in the event of system failure.
16. Provide the Department with copies of the data and specific reports that are generated from the data, as requested by the Department. Any and all requests for information shall be referred to the DHS Grant Administrator.
17. Establish and maintain all archived files in an accurate, secure and confidential manner and for the required period of time as mandated by applicable federal, state, and local rules and regulations.
18. Properly dispose of (i.e. shred, surrender) both hard and electronic working copies of confidential and sensitive information obtained as a result of work on this Project, as well as any remaining information upon the completion of the Project.
19. If a breach of security occurs, the IEB will be monetarily responsible for necessary expenses, up to and including notification and monitoring services.

Describe your plan to comply with all applicable confidentiality and security requirements, including your approach to prevent and address significant data breaches. Detail any examples of past data breaches within your organization, how you addressed them and the measures you put in place to mitigate the risk of similar breaches occurring in the future.

G. Record and Report Retention, Retrieval, and Transfer. The IEB must create and maintain a record and report retention plan and policies that, at a minimum, comply with the requirements of the grant, including the Audit Clause incorporated in the Department of Human Services Addendum to the Standard Terms and Conditions in Part VI. The IEB must provide a copy of its record retention plan and policies to DHS for approval during the Readiness Review Period and upon request of DHS.

At a minimum, the record retention and report plan and policies must provide that:

1. The IEB will maintain books, records, and other compilations of data and information pertaining to the performance of the grant agreement.
2. The IEB will retain all such records a period of five (5) years from the termination or expiration of the grant or such longer period as may be required by the Audit Clause. Should any litigation, claim, negotiation, audit, or other action involving the records be commenced, the IEB will retain the records until the resolution of all issues, or until the end of the applicable retention period, whichever is later.
3. All or part of any record or report must be retrievable within five (5) calendar days of request by DHS or an oversight agency.

4. The IEB will have a retention system that is outlined and organized by year and in such a way that it can be transferred to DHS or a subsequent grantee without the need to manually re-enter information.

H. Staff Clearances. The IEB must arrange for, at its own expense, criminal background checks from the Pennsylvania State Police, and the Federal Bureau of Investigation (“FBI”) Criminal History and child abuse clearances from the Department and obtain written results for all staff that perform work related to this RFA prior to providing services. Criminal background checks are conducted via the Criminal History Request Online found at the Pennsylvania State Police website, under PSP Services, <http://www.psp.state.pa.us> and the Pennsylvania Child Abuse History Clearance can be submitted and paid for online through the **Child Welfare Information Solution (“CWIS”)** self-service portal. The self-service portal also provides organizations the ability to create business accounts to prepay for child abuse clearances and have online access to the results. Get **more information** about the electronic submission of child abuse clearances, PSP criminal record check and FBI criminal background check requirements at <http://www.keepkidssafe.pa.gov/> and <http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm>.

I. Required Identification. The IEB shall require its employees and require each subgrantee and subcontractor to require their employees to wear identification badges when interacting in person with IEB Customers. The identification badges must include the employee's name and the IEB's name.

J. Lobbying Certification and Disclosure of Lobbying Activities. This Project will be funded, in whole or in part, with federal monies. Public Law 101-121, Section 319, prohibits federal funds from being expended by the recipient or by any lower tier sub-recipients of a federal contract, grant, loan, or a cooperative agreement to pay any person for influencing, or attempting to influence a federal agency or Congress in connection with the awarding of any federal contract, the making of any federal grant or loan, or entering into any cooperative agreement. All parties who submit applications in response to this RFA will be required to sign a **Lobbying Certification Form**, and if applicable, complete the **Disclosure of Lobbying Activities Form**.

V. Statement of the Project. State in succinct terms your understanding of the Project presented, and the services required by this RFA. The Applicant's response should demonstrate that the Applicant fully understands the scope of services to be provided, the Applicant's responsibilities, and how the Applicant will effectively manage the application and enrollment assistance, choice counseling and beneficiary support functions under the grant.

VI. Management Summary. Include a narrative description of the proposed effort and a list of the items to be delivered or services to be provided. The summary will condense and highlight the contents of the Technical Submittal in a manner that allows a broad understanding of the entire Technical Submittal.

VII. Prior Experience. The Applicant should include experience operating as an IEB, administering and facilitating community-based or public programs, assisting individuals with

an application and enrollment process, working with older adults or adults with disabilities, working with individuals with acquired brain injuries, or cognitive or behavioral impairments, experience and knowledge of BSS requirements, Medicaid Managed Care in Pennsylvania, including knowledge of CHC and LIFE, the application and enrollment processes for OLTL programs, or similar types of experiences and knowledge. The Applicant should describe its experience with Federal and State Medicaid laws, regulations, and policies and in developing reports required by Federal or State agencies, or other similar experience. Experience should be work done by individuals who will be assigned to this project as well as that of your company. Studies or projects referred to must be identified and the name of the customer shown, including the name, address and telephone number of the responsible official of the customer, company, or agency who may be contacted.

A. Corporate Background. The Applicant must describe the corporate history and relevant experience of the Applicant and any subcontractors. This section must detail information on the ownership of the company (names and percent of ownership), the date the company was established, the date the company began operations, the physical location of the company, and the current size of the company. The Applicant must provide a corporate organizational chart.

The Applicant must describe its corporate identity, legal status, including the name, address, telephone number, and email address for the legal entity that is submitting the application. In addition, the Applicant must provide the name of the principal officers, a description of its major services, and any specific licenses and accreditations held by the Applicant.

The Applicant must provide similar organizational background information on any significant subcontractor or subgrantee. A “significant subcontractor or subgrantee” is defined as an organization undertaking more than ten percent (10%) on the total cost basis of the work associated with this RFA.

If an Applicant is proposing to use the services or products of a subsidiary or affiliated firm, the Applicant must describe the business arrangement with that entity and the scope of the services the entity will provide.

If the experience of any proposed subcontractor or subgrantee is being used to meet the qualifications and requirements of this RFA, the Applicant must provide the same information for the subcontractor or subgrantee as required for the Applicant. This information must be presented separately within this section, clearly identifying the name and subcontractor or subgrantee experience.

The Applicant must state whether the Applicant provides services in Pennsylvania as a health care Provider, an MCO, a PIHP, a PAHP, a PCCM, or an MA or OLTL Provider and provide a description of any such services.

The Applicant must provide the names and addresses of all of the Applicant’s parents, subsidiaries and other related entities; and an explanation of the nature of each

relationship, including whether or not these entities provide services in Pennsylvania as a health care provider, a MCO, a PIHP, PAHP, a PCCM, or an MA or OLTL Provider.

The Applicant must provide the following information for itself and its subgrantees and subcontractors, including SDBs or SBs, and their owners, employees and consultants:

1. Any direct or indirect financial interest, including any contract with any managed care entity, health care Provider, or MA or OLTL Provider that furnishes services in Pennsylvania.
2. Whether they have been excluded from participation in any federally funded health care program.
3. Whether they have been debarred or suspended by any federal agency
4. Whether they have been subject to civil monetary penalties under the Social Security Act.
5. Whether they have been subject to sanctions or monetary penalties (including amounts) by any government entities, including other states or countries with whom they have had contracts.

The Applicant must demonstrate that the Applicant meets the independence and conflict free requirements defined in **Section IV.B**. If the Applicant, its subgrantees or its subcontractors are not independent and conflict-free at the time of proposal submittal, the Applicant must provide a work plan, detailing the manner, the sequencing of events and the time required to become independent and conflict-free that sufficiently demonstrates to DHS's satisfaction that the Applicant will meet the independence and conflict free requirements by the effective date of the grant agreement. DHS will review the Applicant's information and assess the Applicant's plan, both for its feasibility and sufficiency and in its sole discretion, determine if the Applicant meets the independence and conflict-free requirements.

B. Corporate Experience. An Applicant will identify its experience for the types of activities listed below or other similar types of experience. The Applicant should explain how its prior experience supports the Applicant's ability to manage this Project. Experience shown should be within the last five (5) years of the application submission and include work done both by your company and the individuals who will be assigned to this Project.

1. Working with managed care delivery systems.
2. Working with Medicaid LTSS Programs, including nursing facilities.
3. Enrolling eligible individuals in Medicaid managed care plans, Medicare Advantage plans or other federally-funded health care delivery systems (e.g., risk-based managed care).
4. Working with older adults and adults with disabilities.

5. Working with individuals with acquired brain injuries, or cognitive or behavioral impairments.
6. Working with individuals requiring alternative methods of communication who have neurocognitive impairments or who are visually or hearing impaired or both.
7. Working with Dual Eligibles.
8. Assisting or working with Medicare beneficiaries in connection with their Medicare benefits.
9. Effectively managing enrollment services issues specific to Medicaid, Medicare or other federally-funded health care delivery systems.
10. Managing clinical eligibility determinations, including completing FEDs.
11. Providing beneficiary support.
12. Providing choice counseling services and assisting eligible individuals in making informed choices when selecting an MCO and PCP in a Medicaid, Medicare or other federally- funded health care program.
13. Developing targeted outreach materials.
14. Working with community organizations and designing, developing and operating programs that involve community stakeholders in determining program improvement initiatives and outreach efforts.
15. Providing timely and high quality services to applicants and beneficiaries.

In describing your prior experience in any of the above-mentioned areas, you must identify any challenges or problems you encountered and the steps and length of time you took to address and resolve those challenges and problems.

C. References. The Applicant must provide a list of at least three (3) relevant contacts within the past three (3) years to serve as corporate references. The references must be outside clients (non-DHS). This list shall include the following for each reference:

1. Name of customer
2. Type of contract or agreement
3. Contract or agreement description, including type of services provided
4. Total value
5. Contracting officer's name and telephone number

6. Role of subcontractors or subgrantees (if any)
7. Time period in which service was provided

The Applicant must submit a **Corporate Reference Questionnaire**, directly to the contacts listed. The references should return the completed questionnaires in sealed envelopes to the Applicant. Applicants must provide the same number of references for any significant subgrantees and subcontractors, as defined above. The Applicant must include these sealed references with its Technical Submittal.

The Applicant must disclose any contract or agreement cancellations, or terminations within five (5) years preceding the issuance of this RFA. If a contract or agreement was canceled or terminated for lack of performance, the Applicant must provide details on the customer's allegations, the Applicant's position relevant to the allegations, and the final resolution of the cancellation or the termination. The Applicant must include each customer's company or entity name, address, contact name, phone number, and email address.

In addition, the Applicant must disclose any financial assessments or liquidated damages paid under prior contracts or agreements and any litigation arising from allegations of inadequate performance in prior contracts or agreements within five (5) years preceding the issuance of this RFA that relates to the type of work within the scope of this RFA.

The Department may disqualify an Applicant based on a failure to disclose such a cancelled or terminated contract or agreement. If the Department learns about such a failure to disclose after an agreement is awarded, the Department may terminate the agreement.

VIII. Personnel

- A. **IEB Personnel.** An Applicant must provide a proposed staffing plan specifying the number of executive and professional personnel, including enrollment case managers and other staff who have direct contact with IEB Customers, financial staff, analysts, researchers, and programmers, who will be engaged in the Project. Identify where these personnel will be physically located. The staffing plan should include the following:
 1. **Key Personnel.** For the key personnel listed below, include the individual's name, his or her education and experience with an IEB, enrollment assistance, choice counseling, program beneficiary support or similar type of work, including experience with services for older adults and individuals with disabilities. Indicate the responsibilities each individual will have for your Project and how long each individual has been with your company.
 - a. **Pennsylvania Program Manager.** This person will be responsible and accountable for identifying and reinforcing grant requirements and for all activities related to the grant. This person must have demonstrated large project management and leadership skills, knowledge of health care, Medicaid and

Medicare, knowledge of the OTLT Programs or similar state Medicaid Programs, and experience with low income populations, community-based organizations and special needs populations. In addition, this person must have a Bachelor's degree, a background in business and management in either the public or private sector, as well as with managed care programs, a minimum of two (2) years' experience in program management and overseeing staff. Experience working in the human services industry is preferred.

- b. **Pennsylvania Financial Analyst.** This person must have a Bachelor's degree, financial management and accounting skills, a minimum of two (2) years' experience in financial management and must be able to support all aspects of financial management for a Project of this magnitude.
- c. **Pennsylvania Systems Analyst and Designated Backup.** This person must have demonstrated systems management skills to support a Project of this size and complexity. This person must have the authority to make decisions necessary to resolve problems. This position must have a designated backup.
- d. **Operations Manager.** This person must handle the day-to-day operations of the Project. This person will oversee the IEB's process for providing choice counseling and application and enrollment assistance, including the coordination with other programs and agencies involved in the delivery of services to these individuals, as needed and the provision of beneficiary support to individuals receiving LTSS or seeking LTSS. This person must have operations management and community relations skills and have demonstrated the ability to manage staff providing eligibility and enrollment services, choice counseling, and beneficiary supports, preferably for a health care related or Medicaid program.

Key personnel must be available to DHS in person or via conference call on an as needed basis, as determined by DHS.

For Key Personnel, the IEB should include the employee's name and, through a resume or similar document, the Project personnel's education and experience in similar in size and scope projects. Indicate the responsibilities each individual will have in this Project and how long each has been with your company. For non-Key Personnel, include position descriptions and minimum qualifications.

Submitted responses shall not include personal information that will, or will be likely to, require redaction to release of the application under the Pennsylvania Right-to-Know Law, including but not limited to home addresses and phone numbers, Social Security Numbers, driver's license numbers or numbers from state identification cards issued in lieu of a driver's license, and financial account numbers. If the Commonwealth requires any of this information for security validation or other purposes, the information will be requested separately and as necessary.

A minimum of three (3) client references for Key Personnel must be identified. All client references for Key Personnel must be outside clients (non-DHS) who can give information on the individual's experience and competence to perform project tasks

like those requested in this RFA. Key Personnel may be a member of the Applicant's organization, or any subcontractor included in the Applicant's application.

The Applicant must submit a **Key Personnel Reference Questionnaire**, directly to the contacts listed. The references should return completed questionnaires in sealed envelopes to the Applicant. The Applicant should include these sealed references with its application.

2. **Enrollment Case Managers:** The IEB must employ a sufficient number of locally based enrollment case managers to provide services to LTSS Applicants consistent with the requirements of the RFA.

Enrollment case managers must have at least one of the following qualifications:

- a. A minimum of one year experience in public or private social work and a Bachelor's Degree, which includes or is supplemented by a minimum of 12 semester hours credit in sociology, social welfare, psychology, gerontology, or other related social sciences; or a bachelor's degree with a social welfare major; or any equivalent combination of experience and training including successful completion of 12 semester hours credit in sociology, social welfare, psychology, gerontology, or other related social sciences OR
- b. A minimum of two years of case work experience including one year of experience performing assessments of client's functional ability to determine the need for institutional or community-based services and a bachelor's degree that includes or is supplemented by a minimum of 12 semester hours credit in sociology, social welfare, psychology, gerontology or other related social sciences OR
- c. A minimum of one year assessment experience and a bachelor's degree with social welfare major OR
- d. Any equivalent combination of experience or training including successful completion of a minimum of 12 semester credit hours of college level courses in sociology, social welfare, psychology, gerontology or other related social sciences.

One year experience in local AAA system may be substituted for one year assessment experience.

The equivalency statement in the items noted above means that related advanced education may be substituted for a segment of the experience requirement and related experience may be substituted for required education except for the required 12 semester hours in the above majors.

3. **Organizational Chart.** Include organizational charts outlining the staffing, reporting relationships and staff members in its description. Show the total number of staff proposed and indicate the Full Time Equivalents to account for any

additional staff (non-Key Personnel) that are not assigned on a full-time basis. Provide similar information for any subcontractors and subgrantees that are proposed. The organizational chart must illustrate the lines of authority, designate the positions responsible and accountable for the completion of each component in the RFA, indicate the names, if available and job title and number of personnel that will be assigned to each role, and the number of hours per week each person is projected to work on the Project. The organizational chart must clearly indicate any functions that are subcontracted along with the name of the subcontracting entities and the services they will perform.

4. **Job Descriptions.** Provide job descriptions (this may be included as an attachment) for each job position on the organizational chart, including minimum education and training requirements and primary responsibilities.
5. **Implementation Team.** Identify the Implementation team, including corporate staff, who will be involved during the Readiness Review and Implementation Phase of the grant, including their roles and responsibilities, and how they will communicate and coordinate with staff responsible for on-going operations to ensure a seamless transition of responsibilities after the Readiness Review and Implementation Phase is completed. Refer to **Section X.A.** for requirements relating to the Readiness Review and Implementation Phase.
6. **Staffing Plan.** Provide a detailed staffing plan and a timeline and strategy for hiring a sufficient number of qualified professional and technical staff to comply with the requirements of the RFA. Refer to **Section X.A.2.a** for Readiness Review and Implementation Phase staffing plan requirements.
7. **Diversions, Replacement or Removal of Personnel.** Describe how you will meet the following requirements.
 - a. **Key Personnel Diversions or Replacement.** Once Key Personnel are approved by the Department, the IEB may not divert or replace key personnel without prior approval of the Department's Grant Administrator. The IEB must provide notice of a proposed diversion or replacement to the Department's Grant Administrator at least thirty (30) calendar days in advance and provide the name, qualifications, and background check (if required) of the person who will replace the diverted personnel. The Department's Grant Administrator will notify the IEB within ten (10) business days of the diversion notice whether the proposed diversion is acceptable and if the replacement is approved.

“Divert” or “diversion” is defined as the transfer of personnel by the IEB or its subcontractor to another assignment within the control of either the Applicant or subcontractor or subgrantee.
 - b. **Replacement of Other Staff.** The IEB must maintain approved staffing levels. A replacement's qualifications must equal or exceed those of the individual vacating the position.

- c. **Removal of Staff.** DHS may request that the IEB remove a person, including key personnel, from this Project at any time. When a person is removed from the Project, the IEB will have sixty (60) calendar days to fill the vacancy with a person acceptable in terms of experience and skills, subject to DHS's approval.

B. Subcontractors and Subgrantees: Provide a subcontracting plan for all subcontractors and subgrantees, including SDBs and SBs, who will be assigned to the Project. The IEB is prohibited from outsourcing any part of this Project without the express written approval of the Commonwealth. Upon award of the grant agreement, subcontractors and subgrantees included in the application are deemed approved. For each position included in your plan, provide:

1. Name of subcontractor or subgrantee;
2. Address of subcontractor or subgrantee;
3. Number of years worked with the subcontractor or subgrantee;
4. Number of employees by job category to work on the Project;
5. Description of services to be performed;
6. What percentage of time the staff will be dedicated to the Project;
7. Geographical location of staff; and
8. Resumes (if appropriate and available).

C. Training Plan. Provide a proposed training plan to meet the training requirements specified in **Section X.A.13**.

IX. Financial Capability. Describe your company's financial stability and capability to perform the agreement requirements.

If your company is a publicly traded company, provide a link to your financial records on your company website in lieu of providing hardcopies.

A. For the proposing entity and for each entity that owns at least five percent (5%) of the proposing entity:

1. Audited financial statements for the three (3) most recent fiscal years for which statements are available. The statements must include a balance sheet, a statement of revenue and expense and a statement of cash flow. Statements must include the auditor's opinion, the notes to the financial statements and management letters submitted by the auditor to the Applicant. If audited financial statements are not available, explain why and submit unaudited financial statements.

2. Unaudited financial statements for the period between the last month covered by the audited statements and the month before the proposal is submitted.
 3. Documentation about available lines of credit, including maximum credit amount and amount available thirty (30) business days prior to the submission of the proposal.
 4. Dun & Bradstreet comprehensive report, if available.
 5. If any information requested is not applicable or is not available, provide an explanation. Applicants may submit appropriate documentation to support information provided.
- B.** The full name and address of any proposed subcontractor in which the Applicant has five percent (5%) or more ownership interest. The Applicant must provide a copy of the proposed subcontractor's Financial and Accounting Policies and Procedures.
- C.** A list of any financial interests a proposed subcontractor may have in the Applicant's organization or any financial interest the Applicant's organization has in the proposed subcontractors.
- D.** Information about any significant pending litigation.

The Commonwealth may request additional information to evaluate an Applicant's financial responsibility.

- X. Work Plan.** Describe in narrative form your technical plan for accomplishing the work using the Project task phases provided below as a reference point. Indicate the number of person hours allocated to each task. Include a Program Evaluation and Review Technique ("PERT") or similar type display, time related, showing each event. If more than one approach is apparent, comment on why you chose this approach. The relationship between Key Personnel and the specifics tasks, assignments, and deliverables proposed to accomplish the scope of work should also be described. Indicate the number of staff hours allocated to each task.

The Applicant should describe its management approach, including how it will implement its proposed work plan. Where applicable, the Applicant should provide specific examples of methodologies or approaches, including monitoring approaches, it will use to fulfill the RFA requirements and examples of similar experience and approach on comparable projects. The Applicant should describe the management and monitoring controls it will use to achieve the required quality of services and all performance requirements. The Applicant should also address its approach to internally monitor and evaluate the effectiveness of meeting the agreement requirements.

The work plan must include the planned approach and process for establishing and maintaining communication between all parties and a technical RFA approach that is aligned with all written specifications and requirements contained in the RFA.

Tasks:

A. Readiness Review and Implementation. The selected Applicant will be afforded up to a three (3) month Readiness Review Period to develop and ramp-up services. Describe your plan to meet the following requirements. Include a PERT or similar display, time related, showing each event.

1. Readiness Review Process.

- a. Immediately after the grant becomes effective, the selected Applicant shall begin to participate in the Readiness Review process, which will be conducted by DHS. The purpose of the Readiness Review is to document the status of the selected Applicant with respect to meeting the grant requirements. The selected Applicant will not be permitted to serve IEB Customers if it does not show acceptable evidence of readiness relative to each grant requirement.
- b. DHS will review the selected Applicant's organizational policies and procedures to confirm that they comply with all applicable state and federal laws and regulations, and the grant requirements.
- c. At the end of Readiness Review, the selected Applicant must have acquired sufficient knowledge of the OLTL Programs discussed in **Section II.A. and B.** to successfully carry out the grant requirements in an effective and timely manner.
- d. The selected Applicant shall coordinate and work with stakeholders involved in the enrollment process, as identified by DHS, the incumbent vendor and third-party vendors, if applicable during the Readiness Review Period to perform and manage all tasks. Applicants should describe how this requirement will be met.
- e. An Applicant must describe how it will achieve a smooth transition of the on-going business and operational enrollment activities currently being provided to individuals and how it will gain sufficient knowledge to understand the requirements necessary to perform all the tasks required in this technical submittal.
- f. An Applicant must describe its approach to knowledge transfer so that it occurs in such a manner to enable its staff to confidently assume ownership and independently manage the operational business functions and timely delivery of grant services to individuals without disruption.
- g. An Applicants must describe its approach to meeting the data transfer and interface, end-to-end testing and manual processing requirements specified in **Section X.B.4.**

2. Readiness Review Plan. An Applicant must submit a detailed Readiness Review Plan (not simply a statement pledging to comply) for review and approval by DHS. DHS may continue to develop the elements, program standards, and forms to be used

for the Readiness Review process. An Applicant's Readiness Review Plan must identify the dates by which each of the elements identified below will be completed.

An Applicant's Readiness Review Plan must include, but is not limited to, the following readiness review elements:

- a. **Staffing.** A detailed staffing plan and proposed schedule for recruitment and hiring of all staff in accordance with the grant. At a minimum, Applicant must include staffing ratios, assumptions around call volumes, talk times, projected number of processed enrollments, methodology for staffing projections, assumptions regarding initial and follow-up in-person visit volumes, explanation of all staffing assumptions included in the plan, staff retention policies, and a recruiting plan to hire bilingual staff, staff with disabilities, and veterans.

An Applicant's staffing plan must address how it will recruit and hire staff that are representative of the racial, ethnic, and cultural diversity of the IEB Customers whom it will serve and how it will comply with requirements of Exhibit B, Standard Terms and Conditions for Services related to staffing.

An Applicant's staffing plan must address how it will employ a sufficient number of locally based enrollment case managers to provide services to LTSS Applicants consistent with the requirements of the RFA. The staffing plan must also specify whether the Applicant will include limitations on the enrollment case managers' assigned case load.

- b. **Training Schedule.** A training schedule for staff, including a timeline for completion of all staff training materials in accordance with **Section X.N.**
- c. **Transfer of Responsibilities.** The tasks and timeframe to transition the responsibilities from DHS's incumbent vendor to the selected Applicant. The tasks and timeframes for the Applicant and the incumbent vendor to work cooperatively to process enrollments, dis-enrollments, Plan and Program Transfers, and PCP selection requests.

Detail steps to transfer the enrollment files from the incumbent vendor to the selected Applicant.

- d. **Materials Development and Production.** A timeline of the expected schedule and tasks, which includes time for Departmental review and approval, for required materials. Include dates for concept development, solicitation of consumer and stakeholder comments if new materials are developed, first draft, final draft, printing and mailing.
- e. **MIS.** The process and dates for purchase or lease, installation start and end testing and operational readiness so that the MIS is capable of performing all functions and interfaces necessary for required data collection, transfers and reporting functions. Provide a detailed timeline for testing the system with DHS.

- f. **Telephone Hardware Installation.** The process and dates for purchase or lease, installation start and end, testing and operational readiness so that your telephone system is capable of performing all choice counseling, beneficiary support and enrollment assistance functions. Provide a detailed timeline for testing the system with DHS.
 - g. **IEB Website.** The process and end dates for testing and operational readiness to have all enrollment assistance content available and to provide for on-line capabilities and functionality to complete program and plan enrollments, program and plan transfers, and PCP selection.
 - h. **Remote Phone Monitoring.** Tasks and timeframes for installation and timeframes for training of Department staff on the remote phone monitoring system.
 - i. **Master APD.** A detailed timeline to test: 1) the transfer of APDs from CHC-MCOs; and 2) the capability to upload the Master APD into the MIS and Enrollment Assistance Internet Website.
 - j. **Quality Management.** A description of your approach for the quality management of the implementation phase, including processes, procedures, including processes and procedures to monitor quality, consistency and accuracy of functional assessments, accountability controls and quality management reports to DHS.
 - k. **Workflow.** A workflow showing steps and timeframes for the LTSS application and enrollment process beginning from receipt of referral to completion of the initial enrollment and annual redetermination.
 - l. **Subcontracts and Subgrants.** Development and execution of subcontracts and subgrants, as applicable, based on the final grant agreement that define the roles and responsibilities of subcontractors and subgrantees.
- 3. Implementation Progress.** During the Readiness Review Period, the selected Applicant must provide progress assessments and status updates. The selected Applicant shall have regular status meetings with DHS's Readiness Review Team and must coordinate with DHS regarding implementation tasks, prioritization of issues or conflicting activities interfering with maintaining business operations.
- 4. Implementation Results.** The selected Applicant must prepare and submit a Readiness Review and Implementation Results Report to DHS by a date designated by DHS. The selected Applicant shall document the completion of transition activities and will provide the status of each high-level task and activity that took place during the Readiness Review Period. The selected Applicant shall highlight how each of the objectives stated in the Implementation Plan has been achieved and the resolution of issues identified and prioritized during the turnover process from the incumbent vendor.

B. Management Information System (MIS).

- 1. MIS Design.** The selected Applicant must establish and maintain a MIS that complies with all applicable information technology standards, as defined in DHS's Business and Technical Standards and SeGovernment Data Exchange Standards and that is capable of performing the functions specified in the grant. The selected Applicant's MIS must be compatible with the DHS's MIS.

Provide a general systems description of your proposed MIS that includes:

- A systems diagram that describes each component of the MIS and all other systems that interface with or support it;
 - How each component will support the major functional areas including but not limited to: inquiries, referrals, Applications, enrollment assistance and choice counseling, enrollments, disenrollments, program and plan selections and transfers, PCP selections and changes, and beneficiary supports;
 - How each component will interface and be compatible with the DHS assessment software utility, and the CHC-MCOs and LIFE programs, and a description of the connectivity structure and transferring of files between each of the entities; and,
 - How each LTSS Application and enrollment will be tracked from the initiation of contact by an IEB Customer, including all activity on each Application and enrollment.
- 2. MIS Required Functions.** Describe how your MIS will meet the requirements set forth below. Describe any modifications or updates to your MIS that will be necessary to meet the requirements of the grant, and your plan for their completion, including timeframes. Describe the current capacity of your MIS/Application and enrollment tracking and processing. Explain your process to readily expand your MIS/Application and enrollment tracking and processing should the capacity of either be exceeded.

- The selected Applicant's MIS must have the capability to:
 - Access DHS's systems as required to perform responsibilities under the grant.
 - Accept, create and process the data file transfers specified in **Section X.B.3.**
 - Use DHS's Dating Rules logic, which must be embedded into the system logic, to determine the effective dates for Participants' program and CHC-MCO enrollment and Plan Transfers and Program Transfers.
 - DHS may issue updates to its Dating Rules logic by operations memorandum. The selected Applicant must update its system logic as appropriate.

- v. Produce enrollment and disenrollment files in the format and layout determined by DHS.
 - vi. Support interactive functions and screens for the selected Applicant's staff to use in providing choice counseling to IEB Customers specific to the programs for which those individuals may be eligible.
 - vii. Be modified to comply with changes DHS makes to its system. Whenever possible, DHS will provide advance notice of at least sixty (60) calendar days prior to the implementation of any DHS MIS changes. For more complex changes, DHS will make every effort to provide earlier notice. If the selected Applicant makes changes to its system, it must provide advance notice of at least sixty (60) calendar days and must test the new system changes with DHS prior to the implementation of any change.
 - viii. Capture data sufficient for all reporting requirements, produce required reports, including returned mail reports and provide other management reports on an ad hoc basis.
- b. The selected Applicant must:
- i. Upon DHS's request, provide DHS with the software and authorization necessary for inquiry access to all information systems used to support its IEB functions.
 - ii. Provide electronic copies and two (2) hard copies of operations and training manuals to DHS.
 - iii. Provide training to Department staff about the selected Applicant's databases and software and reporting capabilities.

Describe any modifications or updates to your MIS that will be necessary to meet the requirements of the technical submittal, and your plan for their completion, including timeframes. Describe the current capacity of your MIS/Application and enrollment tracking and processing. Explain your process to readily expand your MIS/Application and enrollment tracking and processing should the capacity of either be exceeded.

- 3. Data Transfers.** The following data transfers are necessary for the selected Applicant to process OLTL Program enrollments and dis-enrollments, Program and Plan Transfers, CHC-MCO selections and PCP selections. The selected Applicant must accept, create and process the data transfers listed below in the format and layout specified by DHS. Describe your plan for generating, utilizing, transmitting, receiving, and processing the following data transfers:
- a. **Daily Eligibility File.** The selected Applicant will receive a daily eligibility file from DHS which includes records for all newly eligible CHC and LIFE Participants and changes for current CHC and LIFE Participants. For CHC

Participants, the selected Applicant shall use the auto-assignment indicator from the daily eligibility file to determine outreach, CHC-MCO selections, and the mailing of appropriate notices and packets. The selected Applicant shall also use the daily file to confirm the Participant's plan or program enrollment and to update its system with any Participant demographic changes and disenrollments.

The selected Applicant must reconcile any CHC Participant CHC-MCO selections in the daily eligibility file that differ from the CHC Participants' advanced plan selections.

- b. **Advance Plan Selection File.** The selected Applicant shall store any CHC-MCO selections made by the CHC Participants or by the selected Applicant as specified in **Section X.R.6** and submit those selections to DHS in an Advance Plan Selection File in a file format and within the time frame specified by DHS.
- c. **Advance Plan Selection Results File.** DHS will transmit an Advance Plan Selection Results File to the selected Applicant that contains the plan assignments for CHC Participants stored in the CIS. CHC Participants may change their CHC-MCO at any time following the Dating Rules. If a CHC Participant selects a different CHC-MCO after CIS makes the plan assignment, the selected Applicant must process that plan choice and inform the CHC Participant when the change will take effect.
- d. **Weekly Enrollment/Disenrollment File.** The selected Applicant must create and submit an enrollment/disenrollment file to DHS each week that contains records with Participants' CHC-MCO and LIFE selections, Program Transfers and Plan Transfers, alerts, and PCP selections, and Participants' language and alternative means of communication preferences. In addition, the selected Applicant must include the following information that is not shown on CIS: deceased individuals and returned mail. The selected Applicant must submit the enrollment/disenrollment file on a weekly basis; however, DHS may require the selected Applicant to submit the file on a more frequent basis. The selected Applicant must submit the weekly enrollment/disenrollment file with accurate enrollment records/disenrollment records/alerts using valid reason codes provided by DHS.
- e. **Weekly Enrollment/Disenrollment Reconciliation File.** The selected Applicant must receive and process a weekly enrollment/disenrollment reconciliation file, which will be provided by DHS indicating the disposition of each record (accepted, rejected, or other) based on pre-determined edits.
- f. **COMPASS Application File.** The selected Applicant will receive a daily XML COMPASS Application File from DHS containing all LTSS Applications filed through COMPASS by LTSS Applicants. The XML file will include LTSS Applications that the selected Applicant directly entered into COMPASS. The selected Applicant must identify new LTSS Applications contained in the file (i.e.,

those Applications not entered by the selected Applicant), and initiate the intake process for those LTSS Applications as specified in **Section X.P.4**.

- g. **1768 Web Service.** The selected Applicant must maintain a web service with call-back functionality to submit 1768 data to DHS on a continuous basis that contains records identifying the status of LTSS Applicants' eligibility for LTSS. The 1768 form identifying the required data is available at <http://www.dhs.pa.gov/publications/findaform/index.htm>.
- h. **PA 162 Commit File.** The selected Applicant must receive and process a daily PA 162 Commit file provided by DHS that identifies LTSS Applicants who were determined financially ineligible for LTSS. The selected Applicant must use the file for the purposes specified in **Section X.P.14** and to make warm referrals of ineligible applicants to other service providers.
- i. **Daily MCO Enrollment File.** The selected Applicant must generate and send a Daily MCO Enrollment File to the CHC-MCOs in the file format specified by DHS that includes information such as enrollments, PCP selections, special needs indicator, pregnancy indicator, existing OPTIONS or Act 150 services and other insurance information that was collected and documented on the selected Applicant's system by IEB staff.
- j. **Master Automated Provider Directory.** The selected Applicant will receive an APD file from each CHC-MCO at least on a weekly basis. The CHC-MCO's APD file will be a complete snapshot of its current Provider directory for each CHC Zone, including any updated and new information. The selected Applicant must use the APDs received from all CHC-MCOs, and the APD file layout set forth on the CHC intranet website to establish, and update weekly, one master electronic APD (Master APD).

The selected Applicant must capture the NPI on its Master APD and consolidate and format information in the APD files sent to it by the CHC-MCOs. In addition, the selected Applicant must accurately consolidate the lists of Providers so that information for each unique Provider is inclusive of all Provider data.

The selected Applicant must update its Master APD file layout, as necessary, when DHS modifies the APD File Layout. The selected Applicant must upload the Master APD into the MIS and publish it on the IEB Website to allow search capabilities consistent with the manner in which the selected Applicant's staff use this data to assist individuals. The selected Applicant must provide an updated electronic Master APD to DHS upon request.

After processing an APD from a CHC-MCO, the selected Applicant must return a response file to the CHC-MCO.

Describe your approach and methodology to coordinate with the CHC-MCOs to collect and transmit APD data. Describe how you will utilize the information to fulfill enrollment and choice counseling activities. Describe the steps you will

take to verify that the Provider information received is complete and accurate, and that PCPs participating across multiple health plans are documented correctly in your Master APD. Describe how you will develop and implement a user-friendly web-based provider directory on the IEB Website.

4. End-to-End Testing. The selected Applicant must conduct successful end-to-end testing with DHS prior to implementing the data transfers and interfaces specified in **Section X.B.3** above. The testing is intended to validate the ability of the selected Applicant and DHS to systematically generate and process test data and files in the agreed upon data format. The selected Applicant must communicate and cooperate with DHS in the following activities:

a. General Cadence:

- i. Actively participate in the weekly information technology meetings with DHS for the duration of the design, development and implementation process.
- ii. Provide the required technical details for the IEB system interfaces to DHS in timely fashion to allow the DHS to complete development and prepare for System Acceptance Testing (“SAT”).

b. End to End Testing:

- i. Review and discuss the selected Applicant’s planned System Development Life Cycle with a view of developing a combined test strategy and execution plan with DHS.
- ii. Collaborate with DHS to develop an acceptable ‘success criteria’ to validate the IEB related test results.
- iii. Participate in connectivity testing prior to start of end-to-end SAT testing.
- iv. Participate in at least three (3) cycles of SAT testing over no less than a 4-week period. The average duration of each cycle is four to five (4-5) calendar days.
- v. Participate in between three (3) and six (6) cycles, to be determined by DHS as testing progresses, over no more than six (6) weeks.
- vi. Participate in weekly system acceptance testing and user acceptance testing defect triage calls and actively address defects in collaboration with DHS.
- vii. Provide a confirmation after successful end-to-end validation with DHS.

5. Manual Processing. In the event the selected Applicant is unable to successfully design, test, and implement the required interfaces required under **Section X.B.3** above by the software release date specified by DHS, the selected Applicant must:

- a. Electronically receive and manually process the files from DHS; and
- b. Create files in the format required by DHS so that DHS will be able to consume the data as its system is designed. The mechanism through which these manual files must be transmitted to DHS will be defined by DHS in collaboration with the selected Applicant.

Describe your plan to manually process files if you are unable implement the interfaces required under **Section X.B.3** above.

6. Data Warehouse. The selected Applicant must have a data file storage area designated to house all required data files. The selected Applicant must extract and provide all data associated with eligibility and enrollment services weekly to DHS Bureau of Information Services personnel who will move this data into DHS Data Warehouse. This includes any and all data that is associated with the Application process and information that will allow DHS analytical personnel to validate the following items:

- c. All reports identified in the reporting requirements in **Section XI**.
- d. All metrics associated with meeting the Performance Standards specified in **Section XII**.
- e. All metrics associated with the fulfilment of the requirements set forth in the grant.

Describe your data storage repository and your ability to house all data necessary to provide the required and ad hoc reports.

7. Testing Environment. The selected Applicant must have a testing environment designated for DHS to use in the development and support of the Project.

8. Resolution of MIS Problems. The selected Applicant must have a MIS that is operational when required and must resolve systems problems when they occur. The selected Applicant must have a designated contact person and a designated backup person who is on call to DHS, able to respond to DHS within one (1) hour of a telephone call and has the authority to make necessary decisions to resolve problems.

Describe your process for resolving MIS problems.

C. Limited English Proficiency Requirements. The selected Applicant must meet the following LEP requirements:

1. The selected Applicant must comply with the language requirements of 42 C.F.R. § 438.10(d). The selected Applicant must identify IEB Customers who speak or read a language other than English as their first language and must communicate using the spoken and written language preferences identified by those IEB Customers. Upon request, the selected Applicant must provide, at no cost to the IEB Customer, oral

interpretation services in the requested language, written translations in prevalent non-English languages designated by DHS, ASL interpretation services by state certified ASL interpreters, or other alternate forms of communication to meet the needs of the IEB Customer.

2. The selected Applicant must notify IEB Customers of the availability of oral interpretation services for any language and written translations for prevalent non-English languages designated by DHS, including information on how to access, or receive assistance with accessing, desired materials in an alternate language. The selected Applicant must also post this information on its website.
3. The selected Applicant must make all Vital Documents disseminated to English speaking consumers available in prevalent non-English alternative languages designated by DHS, upon request and at no cost to the consumer. The selected Applicant must include on its written material taglines in the prevalent non-English languages and large print (no smaller than 18-point font) explaining the availability of written translations and oral interpretation services as well as provide the IEB's toll-free and TTY/TDY telephone numbers.

Describe how you will meet the LEP requirements, including how you will identify individuals with LEP and how you will communicate with and provide interpretation services to individuals with LEP in their requested language.

D. Alternate Format Requirements. The selected Applicant must comply with the requirements of 42 C.F.R. § 438.10(d) relating to alternate formats and meet the following requirements:

1. The selected Applicant must provide alternative methods of communication for IEB Customers who have neurocognitive impairments or who are visually or hearing impaired or both. Alternative methods of communication include, but are not limited to, Braille, audio tapes, large print, compact disc, DVD, computer diskette, special support services, and electronic communication. Upon request, the selected Applicant must make all disseminated written materials accessible to visually impaired individuals and must provide TTY or Pennsylvania Telecommunication Relay Service for communicating with IEB Customers who are deaf or hearing impaired.
2. The selected Applicant IEB must include appropriate instructions in all materials and on the IEB Website advising individuals how to access or receive assistance to access materials in an alternate format.

Describe how you will use alternate formats to meet the needs of individuals who require such formats and services. Provide a copy of the instructions you propose to use to inform individuals how to access materials in alternate formats.

E. IEB Advisory Committee

The selected Applicant must establish and maintain an advisory committee that includes Participants, consumer advocates, representatives of each CHC-MCO representatives of

LIFE programs and other providers, including nursing facilities, to advise the selected Applicant on their experiences and needs in dealing with the IEB. The selected Applicant must provide the Department annually with the membership (including designation) of the IEB advisory committee. The advisory committee membership must be composed of at least sixty percent (60%) of Participants receiving LTSS. In addition to individual diversity, the selected Applicant must seek to have geographic diversity, including both rural and urban representation in the advisory committee.

The selected Applicant must schedule advisory committee meetings no less than quarterly with in-person meetings, and must reimburse travel expenses for Participants, caregivers, and their family members. The selected Applicant will provide necessary reasonable accommodations to allow for in-person access to the advisory committee. The selected Applicant must make advisory committee communications and meetings accessible to Participants with LEP. The selected Applicant must also work with the Department to provide its advisory committee members with an effective means to consult with each other.

The selected Applicant must solicit input from the advisory committee on any materials or mailings developed for communicating with IEB Customers. The selected Applicant must report to the advisory committee on any updates or proposed changes to its operations that affect IEB Customers, on the number and nature of complaints, and any quality improvement strategies or implementations and invite advisory committee members to raise questions and concerns about topics affecting their experience with the IEB.

The selected Applicant must provide the Department with advance notification of the date, time, and location of all advisory committee meetings. The selected Applicant must provide minutes of the advisory committee meeting to the Department and post them on the IEB Website.

F. Cultural Competency, Linguistic Competency, and Disability Competency. The IEB must demonstrate Cultural Competency, Linguistic Competency, and Disability Competency.

Cultural Competency is reflected by a pursuit to: (i) identify and value differences; (ii) acknowledge the interactive dynamics of cultural differences; (iii) continually expand cultural knowledge and resources with regard to the populations served; (iv) recruit racial and ethnic minority staff in proportion to the populations served; (vi) collaborate with the community regarding service provisions and delivery; (vii) Commit to cross-cultural training of staff and the development of policies to provide relevant, effective programs for the diversity of people served.

The IEB must provide services in such a manner that differences in race, ethnicity, language, culture, or disability, creed, color, sexual orientation, gender identity or expression between the staff of the selected Applicant and its subgrantees and subcontractors and IEB Customers do not present barriers to IEB Customers' access to and receipt of quality services under the Grant. The selected Applicant must develop and implement policies to prevent such barriers and to monitor that IEB Customers' access to and receipt of services under Grant are free from such barriers. The selected Applicant

must also develop, implement, and monitor policies that require its staff, and its subcontractors and subgrantees and their staff, to demonstrate the willingness and ability to make necessary accommodations in providing services, to employ appropriate language when referring to and talking with people with disabilities, and to understand communication, transportation, scheduling, structural, and attitudinal barriers to accessing services.

Describe the measures you will use to achieve and maintain Cultural, Linguistic and Disability Competency.

G. IEB Operations. Describe your proposed strategy to operate your Project in accordance with the requirements set forth below. Identify the resources you have readily available and what you will need to acquire to meet these requirements.

- 1. Central Office Monitoring.** The selected Applicant must establish a Central Office within 15-mile radius of the City of Harrisburg, Pennsylvania. The Central Office will be responsible to monitor IEB operations for compliance with agreement requirements.
- 2. Department Monitoring** The selected Applicant must provide dedicated workspace in its Central Office for Department use with the following minimum equipment: one (1) desk and one (1) chair; one (1) working speaker phone; and one (1) personal computer with access to a printer, the Internet and applicable data and software, including sufficient hardware and software to monitor IEB staff telephone conversations with IEB Customers. In addition, at the request of DHS, the selected Applicant must provide a furnished conference room or private office space with a lockable door sufficient to accommodate up to five (5) Department staff. The space must have a working speaker phone, access to a printer and the internet.
- 3. Contact and Minimum Staffing Requirements.** The selected Applicant must maintain a secure email address, post office box address and toll-free telephone number to receive contacts, inquiries and referrals from IEB Customers, referral sources, and other entities and individuals. The selected Applicant must transfer the post office box address and toll-free number to DHS during the Turnover period as specified in **Section X.T** and forward all emails relating to the Pennsylvania IEB enrollment process to DHS for at least ninety (90) days following termination or expiration of the agreement.

The IEB must be staffed with adequate staff so that:

- a. The monthly average call answer time does not exceed 60 seconds;
- b. The blocked call rate (busy signal) is less than 1%.
- c. The call abandonment rate is less than five percent (5%) of the total calls; and
- d. At least 98% of voice mail messages are returned within one (1) Business Day.

- e. At least 98% of email messages are answered within one (1) Business Day.

At least 98% of letter or other hard-copy inquiries are answered within one (1) Business Day.

- 4. Staff Functions and General Responsibilities.** The selected Applicant must be staffed, organized and managed so that it is capable of performing all functions required by the RFA.

In performing their responsibilities, IEB staff who have contact with IEB Customers must, at a minimum:

- a. Be familiar with and able to answer IEB Customers' questions about CHC and the CHC-MCOs, LIFE and the LIFE Programs operating in a Zone so that they can provide choice counseling to IEB Customers.
- b. Understand that, in providing choice counseling, they may not make recommendations for or against enrollment into a specific CHC-MCO or LIFE program or receiving services from a specific LTSS provider.
- c. Be familiar with the BH-MCOs and the behavior health services they provide and, when appropriate or requested, provide IEB Customers with contact information for referrals for behavioral health services.
- d. Be familiar with APPRISE and, when appropriate or requested, provide IEB Customers with contact information for APPRISE, if they require help with Medicare.
- e. Be familiar with the PA Link and PCC role associated with the PA Link and, when appropriate or requested, provide IEB Customers with contact information for the regional PA Link.
- f. Understand and be able to explain to IEB Customers, who are Dual Eligible, the interaction of their Medicare plan and coverage with CHC.
- g. Through their interactions with IEB Customers, including CHC NFI Dual Eligible Participants, be able to identify those individuals who may have unmet needs or a need for immediate services and, to avoid delays or gaps in the individuals' services, notify the individual's assigned enrollment case manager or, if they are enrolled in CHC or LIFE, their CHC-MCOs or LIFE programs.
- h. Understand and be able to explain procedures connected to utilizing participant directed services.
- i. Maintain an effective working relationship with IEB Customers, referral sources, DHS and other stakeholders involved in the enrollment and eligibility process and choice counseling.
- j. Understand the importance of scripts, and use scripts developed or approved by DHS to provide IEB Customers with information and education.

- k. Exercise sound judgment in differing circumstances. Staff must be well trained to respond appropriately to multiple types of inquiries, know when to seek supervision, respond to a IEB Customer in a manner that addresses the IEB Customer's concerns even if the requested information may not be immediately available and must be trained to escalate inquires to supervisors when they are not able to fully resolve the IEB Customer's issues.
 - l. Understand how to respond to IEB Customer complaints related to the IEB.
 - m. Understand how to respond to Participant contacts and complaints relating to their OLTL Programs.
 - n. Communicate clearly, act in a responsible and professional manner, and provide accurate and complete information to IEB Customers and their authorized representatives and contacts.
 - o. Understand the importance of IEB Customers exercising their right to choose.
- 5. IEB Procedures.** The selected Applicant must develop and implement procedures for IEB staff to use in performing their job responsibilities. These procedures must receive written approval by DHS prior to being used by staff.
- 6. Contingency Staffing Plan.** The IEB must develop a contingency plan for hiring staff to address overflow calls and for handling sudden and unexpected increases in enrollment, Program and Plan Transfers, increased call volumes, program changes and CHC-MCO and PCP selections.
- Provide your proposed contingency staffing plan. Include in your contingency plan a description of how the plan will be implemented and coordinated with DHS.
- 7. Hours of Operation.** The selected Applicant's IEB operations must be operational from at least 8:00 a.m. to 6:00 p.m. EST, on business days. DHS may require expanded week day hours and Saturday operating hours if DHS determines a need due to increased demand. The selected Applicant may not use electronic call answering methods as a substitute for staff persons to perform services during operational hours.
- 8. Telephone System and Requirements.**
- a. The selected Applicant must have a telephone system with the telecommunication capabilities specified in **Section X.G.8 and H.** as part of its operation of the Support Center. The selected Applicant's telephone system must have the capability to record all incoming and outgoing calls, and the staff or automated message will state that calls will be recorded. The selected Applicant's Caller ID and all electronic and automated messages used in the system must be prior approved by DHS.

- b. The selected Applicant must store all recorded incoming and outgoing calls for a minimum of thirty (30) calendar days from the date of the call for DHS's retrieval. The selected Applicant must archive all calls for the record retention period specified in **Section IV.G** and must provide DHS with any recorded call that is requested by DHS within five (5) calendar days of the request.
 - c. The selected Applicant must collect, document and store detailed information on all IEB Customer calls, including whether the customer has LEP, other communication needs, immediate service needs or unmet needs.
 - d. The selected Applicant must maintain electronic call answering methods for its toll-free number that provide information to and receive messages from IEB Customers during hours when the Support Center is not staffed. The selected Applicant's electronic call answering methods must allow IEB Customers to leave messages in any language and provide "meaningful access" to IEB services for IEB Customers with LEP. The selected Applicant's staff must return all after-hours calls the next business day in the IEB Customer's choice of language, and provide oral interpretation services, or alternative formats as requested.
 - e. The selected Applicant must use electronic call answering methods that provide electronic messages in English and Spanish, and that refer IEB Customers to the IEB Website. The selected Applicant must use an answering system that provides general information about the IEB and the OLTL Programs and gives the IEB Customer the options to hear the recording in English or Spanish.
- 9. Warm Transfers.** The selected Applicant must have the ability to complete warm transfers of Participants to CHC-MCOs and LIFE programs and warm transfers of LTSS Applicants determined ineligible for OLTL Program to OPTIONS, LIFE programs and other service providers or entities, as specified by DHS.
- 10. Remote Phone Monitoring.** The selected Applicant must set up a remote telephone monitoring system for at least five (5) Department staff and provide training on that monitoring system. The system must enable DHS to use a personal computer to monitor IEB Customer calls in real time and to identify the number of IEB staff answering calls and their identifying information. The selected Applicant must facilitate calibration sessions with DHS on a quarterly basis.
- 11. Daily Mail and Referrals.** The selected Applicant must be adequately staffed to perform the following functions each business day: send and receive mail and email, date-stamp all IEB-related mail on the date received, and process all hard copy mail, email and IEB Website referrals.

H. Telecommunications Capabilities. The selected Applicant must have telecommunications capabilities that meet the following requirements:

- 1. The selected Applicant's telecommunication capabilities must include:
 - a. All telephone services.

- b. The selected Applicant's automated data files.
 - c. An Interactive Voice Response ("IVR") system. Provide a schematic of your proposed IVR system.
 - d. An automatic call distribution ("ACD") system. Provide a schematic of your proposed ACD system.
 - e. The ability to accept and store electronic and verbal signatures for LTSS Applications taken by telephone.
 - f. TTY or Pennsylvania Telecommunication Relay Service, or both, for communication with individuals who are deaf or hearing impaired. Identify which communication methods you will use.
 - g. If an auto dialer or robocaller product is used for calls to IEB Customers, it must have the capability to identify the individual who is being called and to personalize the message to that individual and provide the individual's information to the IEB staff handling the calls.
2. The selected Applicant must immediately report all interruptions in any telecommunication services to DHS.

Describe your plan to meet the telecommunications requirements.

I. Outreach and Coordination. The selected Applicant must perform the following outreach and coordination activities:

1. **CAOs.** The selected Applicant must establish and maintain working relationships with all CAOs and CAO District Offices that process LTSS Applications. The selected Applicant must adopt measures to promote effective communication between IEB staff, including enrollment case managers, and the CAOs and to support an electronic interface for timely transmission of information by enrollment case managers to CAOs. In addition, the selected Applicant will coordinate with the CAOs to integrate enrollment capability into the established set up at each CAO and CAO District Office. A listing of CAOs and District Offices is available at: <http://www.dhs.pa.gov/citizens/findfacilsandlocs/countyassistanceofficecontactinformation/>.

As requested by DHS, the selected Applicant shall make presentations at CAOs and District Offices to address enrollment issues and provide education to MA Consumers and to address the training needs of the CAO staff on enrollment issues.

Describe your approach to develop and maintain working relationships with CAOs and District Offices. Specify how you propose to coordinate and cooperate with the CAOs and District Offices in exchanging required information and resolving MIS and other issues, including concerns identified by the Medical Assistance Advisory Committee or other entities. Describe what steps, if any, you plan to take to communicate and

coordinate with the CAOs and District Offices in expediting financial eligibility determinations for LTSS Applicants receiving services from your Special Needs Unit.

2. **AAAs.** The selected Applicant must establish and maintain working relationships with the AAAs to obtain information about the AAAs, their networks, and to provide an overview of its IEB services. The selected Applicant must coordinate and cooperate with the AAAs on transfers of individuals between AAA-administered service programs, including OPTIONS, and OLTL Programs. The selected Applicant must also coordinate and cooperate with the AAAs on referring LTSS Applicants age sixty (60) and over who are determined ineligible for LTSS under an OLTL Program to the AAAs. The selected Applicant must attend and participate in ad hoc meetings with AAAs upon DHS's request. The selected Applicant must coordinate all meetings with the AAAs through DHS and must keep DHS apprised of all issues and outcomes of the meetings.

Describe your approach to develop and maintain working relationships with AAAs, including coordinating enrollment activities for individuals enrolled in AAA-administered programs and referrals of ineligible Applicants to AAAs.

3. **CHC-MCOs.** The selected Applicant must meet with each CHC-MCO to obtain information about the CHC-MCO and its networks, and to provide the CHC-MCO an overview of its services. The selected Applicant must attend and participate in ad hoc meetings with CHC-MCOs upon DHS's request. The selected Applicant must coordinate all meetings with CHC-MCOs through DHS and must keep DHS apprised of all issues and outcomes of the meetings.

The selected Applicant must have written policies and procedures, approved by DHS, to provide for effective communication and coordination with CHC-MCOs. These policies and procedures must, at a minimum, include:

- a. A process for handling MIS issues, including updates to systems procedures.
- b. A process for coordinating CHC Participant eligibility with the CHC-MCOs.
- c. A process for coordinating PCP selections.
- d. A process for the transmission and acceptance of the CHC-MCOs' APDs.
- e. Resolution of concerns as identified by the MAAC or its subcommittees, BH-MCOs monitoring and quality assurance committees, and advisory groups.

Describe your approach to develop and maintain an effective working relationship with the CHC-MCOs. Specify how you propose to coordinate and cooperate with the CHC-MCOs in exchanging required information and resolving MIS and other issues, including concerns identified by the MAAC or other entities. Describe the steps, if any, which you plan to take to communicate and coordinate with the CHC-MCOs regarding their Participants who received services from your Special Needs Unit.

- 4. LIFE Programs.** The selected Applicant must meet with LIFE programs to obtain information about LIFE and their networks, and to provide an overview of its IEB services. The selected Applicant must attend and participate in ad hoc meetings with LIFE programs upon DHS's request. The selected Applicant must coordinate all meetings with LIFE programs through DHS and must keep DHS apprised of all issues and outcomes of the meetings.

The selected Applicant must have written policies and procedures, approved by DHS, to provide for an effective communication and coordination with LIFE programs. These policies and procedures must, at a minimum, include:

- a. A process for handling MIS issues, including updates to systems procedures.
- b. A process for coordinating LTSS Applicant eligibility with the LIFE programs.
- c. Resolution of concerns as identified by the MAAC or its subcommittees, BH-MCOs monitoring and quality assurance committees, and advisory groups.

Describe your approach to develop and maintain an effective working relationship with LIFE programs, including how you propose to coordinate and cooperate in exchanging information required to process LIFE enrollments, and resolving MIS and other issues relating to LIFE enrollments, including concerns identified by the MAAC or other entities. Describe what steps, if any, you plan to take to communicate and coordinate with LIFE programs regarding potential LIFE Participants who are receiving services from your Special Needs Unit.

- 5. Other Community Partners and Referrals.** To enhance supports to LTSS Applicants and Potential LTSS Applicants during the application and enrollment process, the selected Applicant must implement measures to engage and coordinate with other community partners and entities involved in the delivery of LTSS or in providing BSS services to individuals seeking LTSS, including HC-MCOs, the PA LINK, PLAN; APPRISE; the Long-Term Care Ombudsman.

In addition, the selected Applicant must establish policies and procedures to assist individuals who are determined ineligible to participate in OLTL Programs, including procedures for warm referrals to other community partners and alternative service providers and referrals to local legal services entities for legal assistance and representation in connection with appeals and state fair hearings.

Describe your approach to develop and maintain an effective working relationship with other entities involved in the LTSS delivery system and the policies and procedures you will employ to assist individuals who are determined ineligible to OLTL Programs.

- 6. Other IEB.** The selected Applicant must coordinate and cooperate with any other IEB providing services to MA beneficiaries or providing enrollment assistance to IEB Customers. The selected Applicant must have a process to refer contacts, calls, and inquiries, including web inquiries, from IEB Customers and other individuals to the

responsible IEB within three (3) calendar days, and to facilitate transfers to and from other responsible IEB.

Describe how you will coordinate and cooperate with other IEBs providing services to MA beneficiaries, including how you will refer individuals to other IEBs, handle comments, questions, complaints or enrollment information submitted to your IEB Website, which should be handled by another IEB.

Community Outreach and Education. At DHS's request, the selected Applicant must conduct presentations and accept LTSS Applications and accept OLTL Program and CHC-MCO enrollment requests at various locations and designate staff to serve as links between the selected Applicant and IEB Customers and various community-based organizations and other group as identified by DHS, including, not limited to, the following:

- a. Mental health and drug and alcohol agencies;
- b. Centers for Independent Living;
- c. AAAs;
- d. Nursing Facilities;
- e. Hospitals;
- f. Women's shelters;
- g. Homeless shelters;
- h. Senior centers;
- i. Social Security offices;
- j. Churches;
- k. Housing projects;
- l. Other community-based organizations;
- m. Local ethnic and second language community centers; and
- n. Personal care homes.

The selected Applicant must make a minimum of twelve (12) presentations each year.

In addition, the selected Applicant shall engage in outreach and education activities, which may include outreach through social media and presentations to community groups and at locations that are identified by the selected Applicant. The selected

Applicant must obtain DHS's prior approval of all social media content and other community outreach and education presentations.

In developing community outreach and education activities, the selected Applicant must be account for the MA beneficiary and advocacy community in each CHC zone and their expectations for IEB services. The selected Applicant must be proactive and establish partnerships with community-based organizations, and advocacy, disability and service groups so that it reaches a wide and diverse range of individuals.

Describe how you will manage Community Outreach and Education, including whether and how you intend to use social media to provide outreach and education, the type and the number of presentations you propose to make and the target audience for each presentation.

- J. Communication and Coordination with DHS.** The selected Applicant must hold status meetings with Department staff at least bi-weekly, or more often as directed by DHS, to discuss issues such as program policies, updates on ongoing projects, consideration of new projects, resolutions of challenges and the progress on work plans and action plans. The selected Applicant must develop the agenda and provide the agenda to DHS at least two (2) calendar days prior to each meeting for DHS review and approval.

The selected Applicant must provide DHS with email addresses, phone numbers and locations for its management staff and such other staff as may be requested by DHS.

The selected Applicant must partner with DHS as necessary to conduct trainings for community organizations and other agencies.

- K. IEB Website.** The selected Applicant must host, maintain and update a functional IEB Website that complies with all of the following:

1. The IEB Website must meet all Department requirements for information systems and webpage development. The IEB Website must meet the Commonwealth Office of Administration and Information Technology policy standards, including those for website compatibility for accessibility software under ITP ACC001- Accessibility Policy and must adhere to the Requirements for Non-Commonwealth Hosted Applications/Services provided in Appendix I.
2. The IEB Website must meet the requirements for Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794d). Additional information can be found at www.section508.gov.
3. The IEB Website must provide for meaningful access in compliance with **Section X.C.** relating to LEP requirements and **Section X.D.** relating to Alternate Format requirements.
4. The IEB Website must have interactive functionality to enable LTSS Applicants and Potential LTSS Applicants to schedule contacts and in-person visits, designate authorized representatives to act on their behalf, and communicate directly with their

assigned enrollment case managers, and to check the status of their applications in real-time.

5. The IEB Website must include the capability for individuals to submit comments and questions. The selected Applicant must respond to all questions and comments related to the IEB and refer other questions to DHS or other entities as appropriate within one (1) business day of receipt.
6. The IEB Website must include the capability for LTSS Applicants to securely upload documents relating to their LTSS Applicants, and for their physicians to securely upload completed Physician Certifications (“PCs”) for their LTSS Applicant patients.
7. At a minimum, the IEB Website must include:
 - a. "What's New" items.
 - b. Frequently asked questions and answers.
 - c. How to contact the IEB, including the IEB’s toll-free number and e-mail address.
 - d. Link to COMPASS.
 - e. Link to the DHS website.
 - f. The DHS Participant Hotline telephone number.
 - g. Link to the MAAC home page.
 - h. Information on the OLTL Programs, including services available, models of service and eligibility criteria.
 - i. Information about the PA Link and APPRISE Programs, including a description of and contact information for each program.
 - j. Links to the CMS and Department of Health Nursing Home Compare websites.
 - k. The LTSS Application Packet.
 - l. Information about LIFE, including a description of the application process, a list and map of counties in which LIFE programs are available and links to LIFE programs’ websites.
 - m. The following information and capability relating to CHC:
 - i. Information and graphics to encourage CHC-MCO enrollment and PCP selection.
 - ii. List of CHC-MCOs with map of counties for each CHC Zone.

- iii. Comparison chart of CHC-MCOs provided by DHS.
 - iv. List of CHC-MCO participating hospitals in each CHC Zone with map of showing hospitals' locations.
 - v. Links to CHC-MCO's websites.
 - vi. The Master APD.
 - vii. Capability to provide travel directions from user input of address to any Provider listed in the Master APD.
 - viii. Interactive functionality that facilitates a Participant's ability to: securely select a CHC-MCO and PCP and submit CHC-MCO and PCP changes; and query for information, including Provider directory, and programs for which the Participant is eligible.
 - ix. The CHC pre-enrollment and post-enrollment packets.
8. The selected Applicant must submit all content and materials to DHS for prior review and approval before they are posted to the IEB website.
 9. The selected Applicant must review the IEB Website and provide recommended changes to the website to DHS for prior approval at least quarterly. The selected Applicant must make changes to the website due to information changes for the OLTL Programs.

Describe your plan to host, maintain and update an IEB Website that complies with these requirements. Provide a mock layout for your IEB Website, which includes:

- The type of approved web accessibility software used (i.e. Bobby approved or comparable);
- Any other information that will be available on the website in addition to DHS mandated information;
- Languages that will be supported on the website;
- The sequence, availability, and types of hyperlinks to additional information and web pages;
- Frequency of regular updates to the website;
- The search capabilities available;
- User-friendly provider directories; and
- The interactive functionality specified above.

Describe any other proposed online services that will be available to IEB Customers on your IEB Website. Describe your process for following up with IEB Customers who submit incomplete referrals, or transfer requests via the website.

L. Scripts. The selected Applicant must maintain, develop and revise appropriate scripts for use by IEB staff when communicating with IEB Customers, other stakeholders and the public.

1. The scripts must include language to inform IEB Customers that their calls and other contacts with the IEB will be monitored.
2. The scripts must be clear, easily understood and written using language at no higher than a sixth-grade reading level.
3. The selected Applicant must submit initial and modified scripts for Department approval prior to their use. The selected Applicant must review the scripts at least annually, or as directed by DHS, to determine any necessary revisions and submit to DHS any subsequent script modifications prior to their use. The selected Applicant must seek consumer input in the development and revision of scripts.
4. The scripts must cover, at a minimum, the following topics:
 - a. Answers to frequently asked inquiries.
 - b. Explanation of the CHC Program, the LIFE Program and other OLTL Programs operating in each Zone.
 - c. Explanation of the HealthChoices Behavioral Health Program and how to access the BH-MCO's Member Services department based on an MA beneficiary's county of residence.
 - d. Collection and confirmation of IEB Customer identifying information, including a statement about confidentiality.
 - e. Collection of IEB Customer designated contacts who can receive information relating to the Customer, and authorized representative(s) who can make decisions on behalf of the Customer.
 - f. Importance of CHC-MCO and PCP selections, and consequences of not making the selections.
 - g. Factors to consider when choosing a CHC-MCO and PCP.
 - h. Explanation of the role of the CHC-MCO PCP, and, if the IEB Customer is Dual Eligible, an explanation that the Customer can keep his or her Medicare PCP.
 - i. General information about the differences between the CHC-MCOs operating in the CHC Zone (e.g., each CHC-MCO may have available different doctors and Providers, additional services offered, and aligned D-SNPs).

- j. Instructions to guide the Support Center staff to help CHC Participants determine which CHC-MCO their current doctor(s) and other Providers are affiliated with, including use of the Master APD.
- k. Language to elicit the CHC Participants' CHC-MCO and PCP choices using intelligent assignment logic as specified in **Section X.R.6.d**.
- l. Information about self-referred CHC physical health services.
- m. Information on APPRISE as a resource for assisting CHC Participants with Medicare plan comparison and selection.
- n. Information on the PCC available through the PA Link to assist Potential LTSS Applicants and LTSS Applicants with completing the LTSS Application and the LTSS Application process.
- o. Explanation of the CHC-MCOs' Participant Services department.
- p. Information about the EPSDT program.
- q. Information about MATP.
- r. Information regarding complaints, grievances, and DHS Fair Hearings processes.
- s. Instructions on how to change OLTL Programs and CHC-MCOs.

Describe the proposed contents of the interactive scripts and provide examples of scripts the Applicant uses or has used, if available. Describe how you will validate that staff members are properly using scripts.

M. Materials Development, Production, Mailings. The selected Applicant must produce, print, maintain and disseminate materials as required by DHS.

1. The selected Applicant must develop, maintain and modify, as necessary, written, audio and visual materials to meet the objectives of the Project.
2. At DHS's request, the selected Applicant must maintain, develop and produce specific materials for mailings to IEB Customers. The selected Applicant may also suggest new and revised mailing materials.
3. All materials must be accurate and not mislead, confuse or defraud IEB Customers or DHS and must receive advanced written DHS approval prior to their use.
4. Unless otherwise specified, the selected Applicant must design, develop, print and distribute all materials, including revisions, as follows:
 - a. The selected Applicant must prepare and submit draft materials to DHS for advance written approval and revise the draft materials as necessary to respond to DHS's comments within five (5) calendar days.

- b. The selected Applicant must review and provide recommendations for updates to DHS and make any approved updates to materials as directed by DHS.
 - c. The selected Applicant must develop and use materials that comply with the LEP and Alternative Format requirements in **Section X.C. and D.**
 - d. The selected Applicant must use qualified professionals to translate materials into prevalent languages, as determined by DHS.
 - e. The selected Applicant must use materials that are culturally sensitive, easily understood and written with a text no higher than a sixth-grade reading level.
 - f. The selected Applicant must supply reading level statistics with materials and revisions submitted for Department approval and provide an explanation in the event that the materials do not meet the sixth-grade reading level requirements. DHS will either approve or disapprove the submitted materials within a reasonable time.
- 5.** All developed materials must meet the following requirements:
- a. Use offset lithography or an equivalent method to reproduce materials.
 - b. Not be photocopied unless photocopying is prior approved by DHS. The reproduction must be clear and easily readable.
 - c. Use graphics and limited color when developing any materials, as requested by DHS.
 - d. Be free of errors and have the look of the finished document when submitted to DHS.

Describe the materials you will use for IEB Customers and how the materials will comply with all requirements in this section. Provide samples of consumer materials you have used for similar projects, if available.

N. Training. The selected Applicant must provide all personnel working on the Project, including enrollment case managers and other IEB staff who have direct contact with IEB Customers, with orientation and other appropriate training prior to personnel interacting with IEB Customers.

- 1. Training Plan.** The selected Applicant must submit a training plan to DHS for approval. The training plan must identify the personnel who will be trained, the number to be trained, the duration of the training program, the training location(s), the training curricula, the training materials that will be used, the number and frequency of sessions, and the number and background or credentials of the instructors, which demonstrate their qualifications to provide the training. For each job position included in the IEB organizational chart, the Applicant must specify in the training plan the training that will be completed before staff are permitted to provide services and how

competency will be measured. The Applicant must also specify in the training plan the ongoing training, if any, that will be required and how the Applicant will measure and monitor ongoing staff competency.

- 2. Training Procedures and Manual** The selected Applicant must develop and maintain DHS-approved procedures and training manuals. The selected Applicant must review its procedures and training manuals at least annually for accuracy and update them as needed. The selected Applicant must submit all updates to DHS for review and approval before dissemination. The selected Applicant must provide DHS with both a hardcopy and an electronic copy of its training procedures and manuals, including manuals that will be used for the initial training of the selected Applicant's staff. The selected Applicant must permit the Department to monitor all training sessions.
- 3. Training Topics.** Training topics must include, but are not limited to:
 - a. Understanding the enrollment processes for each OLTL Program, including eligibility criteria for the Programs, and the role of choice counseling in selecting a Program and a CHC-MCO;
 - b. Cultural, Linguistic and Disability Competency, including: the right of IEB Customers with LEP or disabilities to engage in effective communication in their language or an alternate format; how to obtain interpreters or information in alternate formats; and how to work effectively with interpreters;
 - c. Crisis management, including how to deal with emergency situations;
 - d. Customer service and communication skills, including communicating effectively and conveying information in a manner that is easily understood by diverse audiences, including individuals with disabilities, LEP, or low or no literacy skills;
 - e. Overview of MA LTSS eligibility criteria, including financial eligibility criteria, and Estate Recovery requirements;
 - f. Overview of the OLTL Programs, including the unique aspects of OLTL's consumer groups and the service needs associated with various types of disabilities and which waivers or programs provide services targeted to each specific type of disability or age group;
 - g. CHC Program topics, including educating Potential CHC Participants on CHC, knowing the available CHC-MCO options, educating and assisting CHC Participants in selecting a CHC- MCO and PCP that best meets their needs, referring CHC Participants with the need for immediate services or unmet needs to their CHC-MCO, and effective CHC-MCO enrollment processing;
 - h. LIFE Program topics, including educating potential LTSS Participants on LIFE, knowing the available LIFE program options, educating and assisting LTSS Participants who choose to enroll in LIFE to select the appropriate LIFE program within their service area, referring LIFE Participants with the need for immediate

services or unmet needs to their LIFE Program, and effective LIFE enrollment processing;

- i. Explaining behavioral health services and how to access care through the BH-MCOs and referring behavioral health situations that require attention to the appropriate BH-MCO;
- j. The complaint, grievance, and state fair hearings processes under managed care;
- k. Informing MA Consumers of the availability of the MATP for transportation to medical services;
- l. Program Transfers and Plan Transfers and dating rules;
- m. Person-centered service planning;
- n. Independent Living Philosophy;
- o. Consumer Choice and Dignity of Risk;
- p. Ombudsman Program;
- q. The Low-Income Home Energy Assistance Program, Medical Assistance for Workers with Disabilities, and PA Career Link;
- r. Understanding the unique needs associated with aging, brain injury, cognitive impairment and physical disabilities;
- s. Identifying and assisting IEB Customers with special needs or unmet needs who may require expedited processing or special handling to avoid any gap in services or delay in the application or enrollment process.
- t. Facility-Based Services, including nursing facility services;
- u. Money Follows the Person (“MFP”) and Nursing Home Transition program initiatives;
- v. Interaction and collaboration with internal and external stakeholder groups involved in the enrollment process and service delivery including, but not necessarily limited to: AAAs, Service Coordinators (“SCs”), CAOs, nursing facility staff and Nursing Home Transition (“NHT”) Coordinators;
- w. Process of transferring OPTIONS Program services for consumers transitioning to a CHC-MCO or OLTL Aging Waiver program;
- x. Understanding the role of the mandated reporter, as required by the Commonwealth’s Child Protective Services Law, Older Adult Protective Services Act and Adult Protective Services Act;

- y. Use of CIS, SAMS and HCSIS;
- z. Medicare and MA Programs;
- aa. The role of the APPRISE Program as a resource in assisting with Medicare plan selection; and
- bb. PA Link and the PCC role associated with the PA Link.

4. Additional Enrollment Case Manager Training and Certification–

- a. The selected Applicant must develop training and a certification test for enrollment case managers performing functional assessments. An enrollment case manager must complete the required training and receive certification before performing functional assessments of LTSS Applicants and Potential LTSS Applicants. The selected Applicant must provide ongoing training and periodic recertification of enrollment case managers.
- b. In addition to any training otherwise required under **Section X.N.3**, the selected Applicant's approved Training Plan must require enrollment case manager training on the following assessor-related topics:
 - i. The use of the FED;
 - ii. Specific training on FED;
 - iii. interRAI™;
 - iv. Basic medical terminology; and
 - v. Identifying and building effective working relationships with local resources that may be available to support and assist IEB Customers.

5. Training by DHS. DHS will provide training sessions for the selected Applicant on topics determined by DHS. DHS will specify whether certain staff are required to attend a training session. The selected Applicant must require those staff to attend required Department training sessions.

Describe your approach to meet the training requirements for the Project. Provide a proposed training plan. Provide copies of any training plan materials you have used for similar projects, if available.

O. Quality Assurance and Assessment. The selected Applicant must continually monitor and assess the quality and performance of its services and the work performed by its staff, subgrantees and subcontractors and engage in remediation activities as directed by OLTL so that services are delivered consistent with the requirements of the grant. The selected Applicant must have sufficient Quality Compliance Specialists to implement and manage the selected Applicant's quality assurance procedures and other measures, including case reviews, as may be necessary to evaluate the reliability and accuracy of the FEDs

completed by enrollment case managers. The selected Applicant must provide DHS with reports of its monitoring, assessment and remediation activities as specified in **Section XI.X**.

Describe the processes you will follow and the management controls you will use to assess and determine the quality of your work as well as your ability to meet all performance standards. Describe the processes you will follow and the management controls you will use to assess and determine the quality of the work of your subgrantees and subcontractors, if any, as well as their ability to meet all performance standards.

Develop and demonstrate a QMS solution that determines the accessibility, availability and quality of IEB services in your application. It should also address your internal monitoring and evaluate your effectiveness in meeting the grant requirements throughout the term of the grant. Your QMS should describe how you will consider customer feedback from in-person visits and the results of customer satisfaction surveys in assessing your performance and how such feedback will be incorporated into new hire and refresher training for all staff.

P. LTSS Application and Enrollment Assistance Tasks. The selected Applicant must provide application and enrollment assistance to LTSS Applicants, Potential LTSS Applicants and Participants as follows:

1. General Requirements.

- a. **LTSS Application Processing Deadline.** The selected Applicant must monitor and manage the status of LTSS Applications throughout the application and enrollment process and assist LTSS Applicants so that final determinations are made on their LTSS Applications within ninety (90) calendar days of their LTSS Application Dates. The selected Applicant must use all systems, required by OLTL (i.e., HCSIS, SAMS, COMPASS, and CIS), to input and track LTSS Applicant information.
- b. **LTSS Application Date.** The LTSS Application Date is the earliest date on which the following occurs:
 - i. The date on which an LTSS Application is submitted via COMPASS;
 - ii. The date on which a signed LTSS Application is received by a CAO;
 - iii. The date on which a signed LTSS Application is received by the selected Applicant; or
 - iv. The date on which a current MA beneficiary, including a CHC Participant, makes a request to receive LTSS to the selected Applicant.
- c. **Exceptions to Processing Deadline.** The ninety (90) calendar day deadline does not apply to LTSS Applications submitted by or on behalf of LTSS Applicants who are:

- i. Waiting for discharge from a facility to transition to a new setting for more than sixty (60) calendar days from the LTSS Application Date, but less than one hundred-eighty (180) calendar days from the LTSS Application Date;
- ii. Waiting for housing; or
- iii. Aging out of children's services within one hundred-eighty (180) calendar days - (i.e., within one hundred-eighty (180) calendar days of their 21st birthday).

If an LTSS Application filed in any of the above circumstances cannot move forward in the process for over one hundred-eighty (180) calendar days, the selected Applicant must notify the LTSS Applicant that the LTSS Application is closed.

2. Exceptions and Requirements for Nursing Facility Applicants and Nursing Facility Residents.

- a. Except for those tasks specified in **Section X.P.2.c**, the selected Applicant is not required to provide application and enrollment assistance as specified in this Section X.P to a Nursing Facility (NF) Applicant.
 - i. The selected Applicant shall provide NF Applicants and their representatives information on how to seek assistance from the local AAA, PA LINK, or the CAO, as appropriate.
 - ii. The selected Applicant shall consider and document contacts with NF Applicants as an inquiry for purposes of **Section X.P.7**.
- b. An individual will not be considered a NF Applicant if either of the following applies:
 - i. The individual is applying for LTSS but is unsure whether he or she wants to receive services in a nursing facility or HCBS; or
 - ii. The individual is a nursing facility resident and is applying to receive HCBS or to enroll in a LIFE Program.

In these instances, the exception in **Section X.P.2.a** will not apply and the selected Applicant must provide application and enrollment assistance to an individual as otherwise specified in this Section X.P.

- c. Notwithstanding **Section X.P.2.a**, the selected Applicant must perform the following tasks for NF Applicants:
 - i. The selected Applicant must complete initial FEDs for NF Applicants as specified in **Section X.Q.2.c**.

- ii. The selected Applicant must provide choice counseling to and perform the CHC tasks specified in **Section X.R** for NF Applicants.
 - iii. The selected Applicant must provide BSS services to NF Applicants as may be required under **Section X.S**.
- d. In providing services to nursing facility residents, the selected Applicants must account for the unique relationship between nursing facilities and their residents. The selected Applicant must coordinate and cooperate with nursing facilities and, at a minimum, must work with the nursing facilities in scheduling and facilitating in-person contacts with their residents and providing other application and enrollment assistance to residents applying to receive HCBS.
- e. The selected Applicant must provide nursing facility residents who are interested in transitioning from their nursing facility placement to a home and community-based setting with information regarding the MFP initiative and what is required by CMS in order to qualify for MFP. The selected Applicant must work with the residents' existing NHT Coordinator, if identified. If a resident does not have an assigned NHT Coordinator, the selected Applicant must refer the resident to the nursing facility social worker. If an NHT Coordinator is assigned to the resident, the selected Applicant shall coordinate with the NHT Coordinator throughout the process, until the resident transitions into the community or until the transition plan is terminated.

Describe how you will determine whether an individual is a NF Applicant, and your process to refer NF Applicants for assistance with the LTSS eligibility process. Describe how you will coordinate and cooperate with nursing facilities in providing application and enrollment assistance to nursing facility residents.

3. LTSS Intake Process.

- a. **Potential LTSS Applicants.** The selected Applicant shall begin the LTSS intake process when a Potential LTSS Applicant, or his or her representative, contacts the IEB directly (i.e., self-refers) or the Potential LTSS Applicant is referred to the IEB by a provider or other third party. The selected Applicant must receive self-referrals and third-party referrals of Potential LTSS Applicants by various means, including by phone, through the IEB Website, by letter and by email.
- i. **Self-Referrals.** If a Potential LTSS Applicant or his or her representative self-refers to the selected Applicant by telephoning the IEB, the selected Applicant shall proceed with steps specified in **Section X.P.6**. For purposes of scheduling an in-person visit with the Potential LTSS Applicant under **Section X.P.9**, the date of the Potential LTSS Applicant's self-referral is the date of on which the Potential LTSS Applicant calls the IEB.

If the Potential LTSS Applicant's self-refers to the IEB through the IEB Website, the selected Applicant IEB Website must have the capability to:

store the date of the Potential LTSS Applicant's initial contact; provide the Potential LTSS Applicant with information about the LTSS application and enrollment process; ask the Potential LTSS Applicant to specify whether he or she is requesting to apply for LTSS; allow the Potential LTSS Applicant to provide the information specified in **Section X.P.6.c**, and allow the Potential LTSS Applicant to schedule an in-person visit within seven (7) calendar days. If the Potential LTSS Applicant requests to apply for LTSS but does not schedule an in-person visit through the IEB Website, an IEB staff person must telephone the Potential LTSS Applicant within one (1) Business Day of receipt of the self-referral on the IEB Website to schedule the in-person visit. For purposes of scheduling the in-person visit with the Potential LTSS Applicant under **Section X.P.9**, the date of the Potential LTSS Applicant's self-referral is the date of the Potential LTSS Applicant's initial contact with the IEB Website.

If the Potential LTSS Applicant does not provide a telephone number or other contact information to enable the IEB staff to follow-up with the Potential LTSS Applicant, the selected Applicant shall consider and document the self-referral as an inquiry as specified in **Section X.P.7**.

- ii. **Third Party Referrals.** If the selected Applicant receives referral of a Potential LTSS Applicant from a third-party, the selected Applicant shall proceed with the steps specified in **Section X.P.4.a. and b** to make an initial contact with the LTSS Applicant. Third party referral sources include but are not limited to CHC-MCOs, HC-MCOs, BH-MCOs, LIFE programs, AAAs, and hospital discharge planners.

The selected Applicant must request and maintain the following information for each third-party referral:

- (I) The name, address, telephone number, and email address of the referral source, and contact person for the referral source if any;
- (II) The name, address, telephone number, and email address, if available, of the Potential LTSS Applicant who is being referred and of any authorized representative or contact person for the Potential LTSS Applicant, if known; and
- (III) The date of the referral. The date of the third-party referral is the earliest date on which the third-party referral source contacts the IEB, by whatever means. If the third-party referral source contacts the IEB outside of regular business hours, the date of the date of the third-party referral is next Business Day.

Describe how you will manage Potential LTSS Applicant self-referrals and third-party referral.

b. **LTSS Applicants.** The selected Applicant shall begin the LTSS intake process when it is informed that an LTSS Applicant has submitted a hard copy LTSS Application to a CAO; it is notified through the daily COMPASS Application File that an LTSS Applicant has submitted LTSS Application through COMPASS; or it receives an LTSS Application directly from an LTSS Applicant.

i. **CAO Applications.** LTSS Applicants may file hard-copy LTSS Applications directly with a CAO. The selected Applicant must have policies and procedures in place to communicate and coordinate with CAOs to determine when the CAOs received hard copy LTSS Applications directly from LTSS Applicants. If the selected Applicant is informed or determines that an LTSS Applicant filed a hard-copy LTSS Application with the CAO, the selected Applicant shall proceed to the steps in **Section X.P.4.a. and b.** to make an initial contact with the LTSS Applicant. For purposes of **Section X.P.4.c.**, the date of referral of the LTSS Applicant is the date on which the selected Applicant is informed or determines that an LTSS Applicant filed a hard copy LTSS Application directly with the CAO.

Describe how you will communicate and coordinate with CAOs to determine whether the CAOs have received hard copy LTSS Applications directly from LTSS Applicants.

ii. **COMPASS Applications.** The selected Applicant will receive a daily COMPASS Application File that notifies it of LTSS Applications that have been filed through COMPASS, including LTSS Applications input by the selected Applicant. For any LTSS Application that is not input by the selected Applicant, the selected Applicant shall proceed with steps in **Section X.P.4.a and b.** to make an initial contact with the LTSS Applicant. For purposes of **Section X.P.4.c.**, the date on which the selected Applicant receives the daily COMPASS Application File that includes a LTSS Application is the date of referral of the LTSS Applicant.

iii. **Other LTSS Applications.** The selected Applicant shall accept hard-copy LTSS Applications directly from LTSS Applicants or take LTSS Applications from LTSS Applicants in-person or by telephone. If an LTSS Applicant submits a hard-copy LTSS Application directly to the selected Applicant, or the selected Applicant takes an LTSS Application from an LTSS Applicant in-person or by telephone, the selected Applicant must input the LTSS Application into COMPASS on the same day it is received unless the LTSS Application is received on a weekend or holiday, in which case it must be input no later than the next Business Day of receipt. The selected Applicant shall proceed to the steps in **Section X.P.6.**

The selected Applicant must be enrolled as a Community Partner to use COMPASS to enter and track LTSS Applications.

Describe how you will take LTSS Applications by in-person and by telephone, including how you will obtain signatures for such applications.

4. Initial Process Following Third Party Referrals, CAO Applications, and Certain COMPASS Applications.

a. **Telephone Contacts.** When the selected Applicant receives a third-party referral of a Potential LTSS Applicant, is informed that an LTSS Applicant has filed a hard-copy LTSS Application with the CAO, or that an LTSS Applicant filed an LTSS Application through COMPASS that was not input by the selected Applicant, the selected Applicant must.

i. Make at least three attempts to contact the Potential LTSS Applicant or LTSS Applicant by telephone.

If the selected Applicant is unable to reach the individual on the first attempt, the selected Applicant must make at least two additional attempts on different days and at different times of the day to contact the individual by telephone. An IEB staff person must make the last telephone attempt. The selected Applicant may not use an auto dialer or robocall to make the last telephone attempt.

ii. Contact the third-party referral source who referred the Potential LTSS Applicant to confirm the individual's contact information if the selected Applicant is unable to reach the Potential LTSS Applicant because of a problem with the contact information provided by the referral source or is unable to contact the Potential LTSS Applicant after making two unsuccessful telephone attempts.

b. **Follow-up to Unsuccessful Telephone Attempts.** If the selected Applicant does not contact a Potential LTSS Applicant or an LTSS Applicant after making three telephone attempts, the selected Applicant must:

i. In the case of a Potential LTSS Applicant who is not an MA beneficiary, send the individual a letter explaining that the Potential LTSS Applicant must file an LTSS Application or contact the selected Applicant within thirty (30) calendar days to initiate the LTSS application and enrollment process. If the individual does not file an LTSS Application or contact the selected Applicant within thirty (30) calendar days of the date of the letter, the selected Applicant shall suspend further activity on the LTSS referral.

ii. In the case of a Potential LTSS Applicant who is an MA beneficiary, send a letter informing the Potential LTSS Applicant that he or she must contact the selected Applicant within thirty (30) calendar days to request LTSS in order to initiate the LTSS application and enrollment process. If the individual does not contact the selected Applicant within thirty (30) calendar days of the date of the letter, the selected Applicant must suspend further activity on the LTSS referral.

- iii. In the case of an LTSS Applicant, issue a 1768 Denial Form to the CAO to close the LTSS Application because the selected Applicant was unable to reach the LTSS Applicant to conduct an in-person visit and complete an initial FED within seven (7) calendar days of the referral date.

The selected Applicant must complete all telephone attempts and mail the follow-up letter or issue the 1768 Denial Form, as required under **Section X.P.4.b.**, within seven (7) calendar days of date of referral of the Potential LTSS Applicant or LTSS Applicant.

If selected Applicant reaches the individual, an IEB staff person shall proceed with the steps specified in **Section X.P.6.**

Describe how you will manage the process for making the required contacts with LTSS Applicants and Potential LTSS Applicants to maximize successful contacts so that in-person visits may be conducted and the initial FEDs completed within seven (7) calendar days of the third-party referral and the need to send follow-up letters is minimized. Specify how you propose to arrange and time the calls to reach these individuals and whether you will use automated or robo-calls or live staff to make the calls. Provide a sample follow-up letter with your application.

5. **Determining Eligibility Status in CIS.** Prior to or during an initial contact with an LTSS Applicant or Potential LTSS Applicant, the selected Applicant must check CIS to determine whether the individual is an MA beneficiary; is currently a Participant in an OLTL Program, and, if so, which Program; or has a code indicating that the individual is currently enrolled in an ODP Waiver program or a County base service program.
 - a. If the individual is a current MA beneficiary, the selected Applicant is not required to obtain an LTSS Application directly from the individual or through COMPASS to continue with the LTSS application and enrollment process.
 - b. If the individual has a code indicating that he or she is currently enrolled in an ODP Waiver program or a County base service program, the selected Applicant must contact OLTL for instructions on coordinating with the individual's existing program or communicating with ODP or County staff to confirm the individual's interest in receiving HCBS through an OLTL Program and to coordinate a transition date from the ODP waiver or county program to the OLTL Program so no gap in the individual's services exists.

6. Initial Contacts with Potential LTSS Applicants and LTSS Applicants.

- a. **Potential LTSS Applicants.** During an initial contact with a Potential LTSS Applicant, an IEB staff person shall follow a DHS-approved script to inform the individual about the LTSS application and enrollment process and determine whether the individual is making an inquiry or a request to apply for LTSS.

- i. If the Potential LTSS Applicant requests to apply for HCBS or is interested in enrolling in LIFE, the IEB staff person shall assign an enrollment case manager to the Potential LTSS Applicant and schedule an in-person visit with the Potential LTSS Applicant as specified in **Section X.P.9.a.**
 - ii. If the individual only requests general information regarding LTSS or in-home services but does not express any desire to receive or apply for LTSS or if the individual is a NF Applicant, the selected Applicant will consider and document the contact as an inquiry as specified in **Section X.P.7.**
- b. **LTSS Applicants.** During an initial contact with an LTSS Applicant, an IEB staff person shall follow a DHS-approved script to inform the individual about the LTSS application and enrollment process and to determine whether the individual wants to continue with the process. The IEB staff person must inform the LTSS Applicant that, if the LTSS Applicant decides not to proceed with the LTSS application and enrollment process, the CAO will determine whether the LTSS Applicant is eligible for other MA coverage.
 - i. If the LTSS Applicant chooses to continue with the LTSS application and enrollment process and apply for HCBS, the IEB staff person shall assign an enrollment case manager to the LTSS Applicant and schedule an in-person visit with the LTSS Applicant as specified in **Section X.P.9.**
 - ii. If the individual informs the IEB staff person that he or she is a NF Applicant, the selected Applicant shall consider and document the contact as an inquiry as specified in **Section X.P.7.**
 - iii. If, after hearing the script, the individual decides not to continue with the LTSS Application process, the selected Applicant shall send a 1768 Denial form to the CAO and close the case.

Provide a sample initial intake script which you propose to use to explain the LTSS application and enrollment process to Potential LTSS Applicants and LTSS Applicants to determine whether they are applying for HCBS and intend to continue with the process or are a NF Applicant.

- c. **Language Preferences; Designated Contacts and Preferred Contact Information.** In addition to the information specified in **Section X.P.4.a. and b.,** the selected Applicant must ask for the following information during initial contacts with LTSS Applicants and Potential LTSS Applicants:
 - i. Whether they speak or read a language other than English as their first language. If so, the IEB staff person must explain that the selected Applicant will communicate with them using their spoken language preferences and will provide oral interpretation services in their requested language or sign language interpreter services to meet their needs.

- ii. Whether they wish to designate an authorized representative who may make decisions and act on their behalf;
- iii. Whether they wish to identify and provide contact information for up to five (5) designated contacts, including referral sources and current service Providers, who may inquire about and receive information from the selected Applicant regarding the status of their LTSS Applications, if desired.
- iv. Their preferred means (e.g., telephone, text message, email, etc.) and times for the selected Applicant to contact them or their authorized representatives and whether they wish to identify an alternative contact whom the selected Applicant can contact if the IEB is unable to reach them or their designated representatives.

Describe the safeguards you will employ so that only appropriately designated contacts receive information relating to LTSS Applicants and Potential LTSS Applicants and the status of their LTSS Applications. Describe how you will collect and use LTSS Applicants' and Potential LTSS Applicants' preferences in managing contacts with those individuals and their representatives during the LTSS application and enrollment process.

7. Requirements relating to Inquiries and Suspended Referrals and closed Applications. The selected Applicant must keep a record of each inquiry, suspended referral and closed LTSS Application, which includes the following information:

- a. For each inquiry, the name, address and telephone number of the person who made the inquiry, the date of the inquiry, and the reason why the contact was considered an inquiry.
- b. For each suspended referral, the name, address and telephone number of the Potential LTSS Applicant and any other person who contacted or was contacted by the selected Applicant regarding the Potential LTSS Applicant, including the referral source; the date of the referral; the date of all contacts made regarding the referral; and a copy of the follow-up letter sent to the Potential LTSS Applicant.
- c. For each closed LTSS Application, the name, address and telephone number of the LTSS Applicant and any other person(s) contacted by the selected Applicant in connection with the Application; the date of the Application; the date of all contacts made regarding the Application; the reason, if any, given by the LTSS Applicant or his or her representative for not proceeding with the LTSS Application process; and the date the 1768 Denial form was sent to the CAO.
- d. The selected Applicant must provide reports on inquiries, suspended referrals and closed applications as requested and, in a format specified by DHS.

8. Assignment and Responsibilities of Enrollment Case Manager.

- a. The selected Applicant must assign a locally based enrollment case manager to each LTSS Applicant and each Potential LTSS Applicant who requests to apply for HCBS during the initial contact with the selected Applicant.
- b. The enrollment case manager shall serve as the individual's primary point of contact and source of information during the LTSS application and enrollment process. The enrollment case manager shall assist the LTSS Applicant and Potential LTSS Applicant with all aspects of the LTSS application and enrollment process until a final determination is made on his or her application, including providing information and choice counseling targeted to the LTSS Applicant's needs and preferences, and helping the LTSS Applicant gather information necessary to establish his or her financial eligibility.
- c. The enrollment case manager must be available to provide assistance to the individual by text message, email, telephone and in-person, as requested by the individual or his or her authorized representative.
- d. The enrollment case manager must conduct the individual's in-person visit and complete the tasks specified in **Section X.P.9**. If requested by the individual or his or her authorized representative, the enrollment case manager must conduct follow-up in-person visits to assist the individual in completing the LTSS Application or in establishing his or her financial eligibility.
- e. When conducting in-person visits, the enrollment care manager must assess whether individuals have any additional needs that should be addressed such as food scarcity, housing concerns, or immediate health needs, and make appropriate referrals or provide relevant information on these topics.
- f. The enrollment case manager must identify and manage individuals with special needs who require expedited processing or special handling to avoid a gap in services or delay in the application or enrollment process. The enrollment case manager must assist individuals with a special need with access to services and information relevant to their special condition or circumstance and provide all necessary LTSS enrollment assistance services and support so that their LTSS Application is processed in a timely manner.

An individual with special needs includes a person who meets one or more of the following factors:

- i. Requires expedited processing of the application due to the involvement of Adult Protective Services (APS) or Older Adult Protective Services (OAPS).
- ii. Is aging out of HealthChoices or other service program for individuals under the age of 21 and requires coordination of care or services between EPSDT and LTSS services.

- iii. Requires coordination of care or services between an acute inpatient setting and other facilities and HCBS Providers.
 - iv. Is transferring to or from a service program administered by ODP or County base service unit.
 - v. Is transferring to or from one OLTL Program to another.
 - vi. Has an immediate need for services to address his or her health and welfare or to prevent a future crisis which could result in admission to a hospital or nursing facility.
- g. The enrollment case manager must make a follow-up contact with a Potential LTSS Applicant who fails to submit an LTSS Application either during or within thirty (30) calendar days following the in-person visit. The enrollment case manager must remind the individual that he or she must file an LTSS Application to continue LTSS application and enrollment process and that the enrollment case manager is available to assist the individual in submitting the LTSS Application. In addition, on the 30th day after the in-person visit, the selected Applicant must send a follow-up letter reminding the Potential LTSS Applicant that the selected Applicant will suspend further activity on the Potential LTSS Applicant's case until an LTSS Application is filed.
- h. The enrollment case manager must make warm referrals of ineligible applicants to other service Providers, including OPTIONS and LIFE programs. In addition, the enrollment case manager must inform ineligible applicants that they may contact the PA Link to request PCC if they need additional assistance.
- i. The enrollment case manager will have access to the Department's systems (including CIS, SAMS and HCSIS) as necessary to perform application and enrollment assistance functions.
- j. The selected Applicant must equip enrollment case managers with a WiFi-enabled tablet or other mobile device to facilitate data entry, compile the necessary information during in-person visits, complete the assessments used for the clinical eligibility determinations and transmit 1768 forms to the CAOs as specified in **Section X.P.13**. This functionality must enable the enrollment care manager to gather and input the necessary information to hand off a complete enrollment packet to the OLTL Program or SCE once an applicant has been determined eligible for LTSS.
- k. The selected Applicant must provide appropriate training to and oversight of enrollment case managers and develop protocols and checklists for use by enrollment case managers in performing their responsibilities. The selected Applicant must provide to all enrollment case managers with the complete orientation and other training as specified in **Section X.N.3 and 4**. and shall only permit enrollment case managers who have demonstrated sufficient knowledge and competency to provide services to IEB Customers.

- I. The selected Applicant must have procedures in place to assign back-up or different qualified staff if an enrollment case manager becomes temporarily or permanently unavailable to perform his or her responsibilities. The procedures must provide for notification to the affected LTSS Applicants and Potential Applicants.

Describe how you will provide a sufficient number of qualified locally-based enrollment case managers to provide Potential LTSS Applicants and LTSS Applicants with the personalized assistance specified above, including your procedures and plan for appropriate back-up staff. Describe how you will track Potential LTSS Applicants who do not file an LTSS Application during their in-person visit and how to determine whether they file the LTSS Application within thirty (30) days thereafter.

9. **In-Person Visit with LTSS Applicants.** Describe the policies and procedures you will use to schedule and conduct in-person visits with Potential LTSS Applicants and LTSS Applicants in accordance with the following:
 - a. **Scheduling.** The selected Applicant must assign and schedule an enrollment case manager to conduct the in-person visit within seven (7) calendar days of the date of referral of the Potential LTSS Applicant or LTSS Applicant. If requested by the individual, the selected Applicant must schedule the in-person visit to occur during evening hours or on the weekend. If the visit does not occur within seven (7) calendar days, the selected Applicant must document the reason for the delay in its records and schedule the visit to occur as soon as possible thereafter.
 - b. **Visit Site.** The enrollment case manager must conduct the in-person visit at the Potential LTSS Applicant's or LTSS Applicant's current residence or location, if the individual is hospitalized or in another residential setting.
 - c. **Tasks.** During the in-person visit, the enrollment case manager must complete the following tasks:
 - i. Ask the individual if he or she has designated any authorized representatives to make decisions and act on his or her behalf. If the individual has a legal guardian appointed or executed a power-of-attorney, ask the individual to copy the court order or power-of attorney.
 - ii. Explain the LTSS application and enrollment process to the individual and his or her authorized representative.
 - iii. Provide and explain the LTSS Application Packet and CHC Pre-enrollment Packet to the individual and his or her authorized representative.
 - iv. Explain to a Potential LTSS Applicant that, to begin the LTSS Application process, the individual or his or her representative must sign and submit

LTSS Application to the selected Applicant or the CAO or submit an LTSS Application through COMPASS.

- v.** Assist a Potential LTSS Applicant or his or her authorized representative to complete the LTSS Application during the in-person visit, if requested, and any other forms and documentation required for OLTL Program to which the individual is applying.
- vi.** Explain to the individual or his or her representative that they may contact the enrollment case manager if they need additional assistance after the in-person visit to complete the LTSS Application, submit information in support of the LTSS Application, or with the LTSS Application process.
- vii.** Inform the individual or his or her representative that they may contact the PA Link for additional assistance and PCC.
- viii.** Inform the individual or his or her representative that they may contact APPRISE if they have questions about or need additional assistance with their Medicare benefits.
- ix.** Complete an FED using a tool designated by DHS for each LTSS Applicant and any Potential LTSS Applicant who informs the enrollment case manager that he or she intends to submit an LTSS Application.
- x.** Explain that, to be clinically eligible for LTSS, a physician must submit a PC documenting that the individual is NFCE or requires the level of care provided an ICF/ORC (if applying for the OBRA Waiver) and ask whether the individual wants the enrollment case manager to contact his or her physician to request the physician to complete the PC or if the individual wants the selected Applicant to arrange for a physician to complete the PC.
- xi.** Provide choice counseling, and answer questions regarding CHC, making an advanced CHC-MCO selection or applying to enroll in an available LIFE program.
- xii.** Inform an LTSS Applicant seeking to enroll in the OBRA Waiver or Act 150 Attendant Care Program about Service Coordination Entities (SCEs) in the geographic area, and, with the LTSS Applicant, compile a list of the individual's three preferred SCEs in order of preference.
- xiii.** Provide and review with the LTSS Applicant other standard informational material required by OLTL that is not included in the LTSS Application Packet or CHC Pre-Enrollment Packet.
- xiv.** Confirm any designated contacts provided by the individual or his or her authorized representative during the initial contact with the selected Applicant. Inform them that they may provide contact information for up

to five (5) designated contacts, including referral sources and current service Providers, who may inquire about and receive information regarding the status of individual's LTSS Application, if desired.

- xv.** Confirm the language preferences, and preferred means and times provided by the individual or his or her authorized representative during the initial contact with the selected. Ask them to specify their language preferences, the preferred means and times to contact them (e.g., telephone, email, text message, etc.) and whether they wish to designate an alternate contact person if the selected Applicant is unable to reach them.
- xvi.** Notify the individual of his or her rights and responsibilities during the LTSS eligibility process and, as an LTSS Participant, should he or she be determined eligible.
- xvii.** Notify the individual of his or her right to an appeal and provide written instructions on how to appeal.
- xviii.** Provide a nursing facility resident who is transitioning to a home or community-based setting consent forms and related information about the MFP initiative and procedures.

Describe the process you will use to schedule in-person visits within the required 7 calendar day time frame and to track the reasons for any delays. Describe how you will manage the in-person visit to cover tasks described in this subsection to minimize the need to conduct more than one in-person visit with the LTSS Applicant.

10. LTSS Application Packet. The selected Applicant must provide a LTSS Application Packet to Potential LTSS Applicants and LTSS Applicants that includes, at a minimum, the following information:

- a. A cover letter that explains the forms and identifies the forms that must be completed, signed and returned to the selected Applicant within thirty (30) calendar days to start the LTSS application and enrollment process.
- b. An LTSS Application (not included if the individual is an MA beneficiary or has submitted an LTSS Application through COMPASS or directly with the CAO).
- c. Authorization of Release of Information (PA4).
- d. LTSS information, including an explanation of the LIFE Program and the LTSS available through LIFE and CHC.
- e. Information about the Estate Recovery Program.

- f. Information about the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program (not required if the individual is age 21 or older).
- g. Citizenship Form.
- h. Notice of Privacy Practices, including Acknowledgement Form.
- i. Notice of assistance available to complete the Application and with the Application process, including information on PCC associated with the regional PA LINK entities.
- j. A flow chart entitled "PA IEB Application Process for LTSS."
- k. Notice of Right to Timely Eligibility Determination.
- l. A Freedom of Choice form.
- m. Notice of the LTSS Applicant's rights and responsibilities during the eligibility determination process and as a Participant, if the LTSS Applicant is determined eligible.
- n. Notice of the LTSS Applicant's right to an appeal and instructions on how to appeal.
- o. Consent forms and related information about MFP options and procedures if LTSS Applicant is transitioning from a nursing facility setting.
- p. Information relating to alternative services that may be available in the event the individual is determined ineligible to receive LTSS under an OLTL Program, including an application for Act 150 for LTSS Applicants under the age of 60 and referral information to the local AAA for LTSS Applicants age 60 and over.

11. Clinical Eligibility Determination. To be clinically eligible for LTSS, an LTSS Applicant must be NFCE, or need the level of care provided in an ICF/ORC if applying for the OBRA Waiver. A clinical eligibility determination is based on the LTSS Applicant's Physician Certification and FED.

- a. **Physician Certification (PC).** The selected Applicant must monitor, arrange for and manage the submission of PC forms for each Potential LTSS Applicant who requests to apply for LTSS and each LTSS Applicant who intends to continue with the LTSS eligibility process.

If an LTSS Applicant chooses to have his or her own physician complete the PC, the selected Applicant must forward a PC form to the LTSS Applicant's physician and request that the physician complete and return the PC form to selected Applicant within seven (7) calendar days of the date the form was sent to the physician.

If an LTSS Applicant's physician does not submit the PC or if the LTSS Applicant does not identify a physician to complete the PC, the selected Applicant shall request the LTSS Applicant to consent to the selected Applicant's obtaining the LTSS Applicant's medical records and arranging for a physician to review the medical records, examine LTSS Applicant, if necessary, and complete the PC for the LTSS Applicant.

Describe the steps you will take to obtain and manage PCs for LTSS Applicants, including any steps you will take to follow-up with LTSS Applicants and their physicians who do not submit PCs within seven (7) calendar days of your request. Describe your strategy to engage or arrange for a physician to complete the PC in the event a PC is not obtained from the LTSS Applicant's physician. Provide a copy of any medical consent forms you will use to obtain the LTSS Applicant's medical records or for examination by your physician

- b. **Functional Assessments.** The selected Applicant must complete an initial FED for LTSS Applicants and Potential LTSS Applicants, including NF applicants, as specified in **Section X.Q.2.c.**
- c. **OLTL Referral.** If there is a discrepancy between the results of an LTSS Applicant's FED and his or her PC, the selected Applicant must refer the case to OLTL for a determination of clinical eligibility by OLTL's Medical Director. The selected Applicant must make the referral to OLTL within three (3) business days of the date the selected Applicant is in receipt of both the completed FED determination and the PC.
- d. **Clinically Ineligible LTSS Applicants.** If an LTSS Applicant is NFI and does not require ICF/ORC level of care, the selected Applicant shall:
 - i. Notify OLTL. OLTL will send the LTSS Applicant and the selected Applicant a written Notice of Decision informing the LTSS Applicant that he or she is not clinically eligible for LTSS and providing referral information on alternate service delivery systems designated by DHS; and
 - ii. Transmit a 1768 Ineligible form electronically to the CAO.

12. OBRA Waiver Program Eligibility. If the selected Applicant determines that an LTSS Applicant requires the ICF/ORC level of care, it shall then determine if the LTSS Applicant meets OBRA program eligibility criteria.

- a. If the selected Applicant determines that the LTSS Applicant meets the program eligibility criteria for the OBRA Waiver, it shall notify the CAO by transmitting a PA 1768 Approval form to the CAO. The CAO will complete the LTSS Applicant's financial eligibility determination, issue the final determination notifying the LTSS Applicant if he or she is eligible for the OBRA Waiver.

- b. If the selected Applicant determines that the LTSS Applicant does not meet the program eligibility criteria for the OBRA Waiver, it shall transmit its determination to OLTL for review and final determination. If OLTL determines that the LTSS Applicant fails to meet program eligibility criteria, OLTL will send a written notice to the LTSS Applicant that he or she does not meet program eligibility for LTSS and inform the selected Applicant to submit a 1768 Ineligible form to the CAO and close the case.

13. Process relating to CAO Financial Eligibility Determinations.

- a. The selected Applicant shall generate and submit a 1768 Approval or 1768 Ineligible form to the CAO electronically on a daily basis using the 1768 Web Service to notify the CAO of the LTSS Applicants' clinical and program eligibility assessments. The selected Applicant must generate the 1768 Approval or 1768 Ineligible for each LTSS Applicant no later than three (3) business days after the completion of the FED and receipt of the PC for a LTSS Applicant.
- b. For 1768 Approvals, the CAO will complete a financial eligibility review and determine the LTSS Applicants' eligibility for MA LTSS. For 1768 Ineligibles, the CAO will complete a financial eligibility review and determine the LTSS Applicants' financial eligibility for MA. The selected Applicant will receive a copy of the PA 162 notices that the CAOs send to LTSS Applicants notifying them of the eligibility determinations. The selected Applicant will also be notified of final eligibility determinations through the Daily Eligibility File and 162 Commit File.

14. Act 150 Attendant Care Program. If a clinically eligible LTSS Applicant under the age of sixty (60) submitted an application for the Act 150 Attendant Care Program and the selected Applicant receives notice either through a daily 162 Commit File or a PA 162 Notice that the LTSS Applicant is financially ineligible for MA LTSS, the selected Applicant shall review and make a recommendation to OLTL on whether the LTSS Applicant meets program eligibility for the Act 150 Program.

If OLTL notifies the selected Applicant that the LTSS Applicant is eligible for the Act 150 Attendant Care Program, the selected Applicant must send a letter by first-class mail informing the Applicant to contact the selected Applicant within fifteen (15) calendar days if the Applicant is interested in receiving services under the Act 150 Attendant Care Program. If the LTSS Applicant does not contact selected Applicant within fifteen (15) calendar days of the date of the letter, the selected Applicant shall suspend further activity on the LTSS Applicant's case.

If the LTSS Applicant informs the selected Applicant that he or she is interested in receiving services through the Act 150 Attendant Care Program, the selected Applicant shall complete the LTSS Applicant's enrollment in the Act 150 Attendant Care Program.

If the OLTL determines that the LTSS Applicant is ineligible for the Act 150 Attendant Care Program, OLTL will send a Notice of Decision to the LTSS Applicant and notify the selected Applicant to close the case.

15. Additional Requirements relating to Personal Care Home Residents. Under limited circumstances, an individual may receive LTSS while a resident of a personal care home. If the selected Applicant determines that an LTSS Application has been or will be filed by, or on behalf of, a resident of a personal care home or an individual seeking to receive LTSS while residing in a personal care home, the selected Applicant must contact OLTL for instructions on processing the LTSS Application.

The selected Applicant must complete an initial FED for all personal care home residents as specified in **Section X.Q.2.c**, whether or not the personal care home residents apply for LTSS.

Describe how you will determine whether an individual is a resident of a personal care home or is seeking to receive LTSS in a personal care home.

16. Enrollment. The selected Applicant will complete the enrollment process within five (5) business days after notification that an LTSS Applicant has been determined eligible to participate in an OLTL Program:

- a. For CHC-LTSS Participants, the selected Applicant must follow the process specified in **Section X.R.5.b**.
- b. For LIFE Participants, the selected Applicant must follow the process specified in **Section X.P.17**.
- c. For OBRA Waiver and Act 150 Attendant Care Program Participants, the selected Applicant must complete the following additional tasks to close out the enrollment process after receiving the daily eligibility file containing notice of the Participants' eligibility:
 - i. Enter all required enrollment information data into the appropriate DHS service planning information systems (HCSIS and SAMS).
 - ii. Notify the SCE chosen by the Participant, in writing, via email if available, or regular mail.
 - iii. Transfer the Participant's file and all necessary documentation to the Participant's chosen SCE. The selected Applicant must include a tracking cover sheet with each transfer to an SCE.
 - iv. Alert the SCE if the Participant is transferring from OPTIONS services.
 - v. Notify the Participant or his or her representative in writing of the enrollment into the OLTL HCBS Program, the effective date of enrollment, and the name and telephone number of SCE, and the Participant Helpline number. Once the selected Applicant sends the written notification, it has completed the enrollment.

17. LIFE Program Enrollments.

- a. The selected Applicant must manage the application and enrollment process for individuals applying to enroll in LIFE programs. The selected Applicant will receive referrals for LIFE enrollment from LIFE programs, AAAs, through COMPASS, and from other referral sources. In addition, LTSS Applicants and Potential LTSS Applicants may choose to enroll in LIFE during the LTSS application and enrollment process and LTSS Participants may choose to transfer from their current OLTL Program to an available LIFE program.
- b. The selected Applicant shall complete the initial FEDs and facilitate the financial eligibility determinations for LTSS Applicants applying to enroll in a LIFE program, communicate with the LIFE programs regarding their program eligibility determinations and coordinate LIFE program enrollment and disenrollment dates with the CAO to comply with LIFE Dating Rules logic.
- c. The selected Applicant does not determine program eligibility for the LIFE program. The LIFE program conducts in-person visits to determine if LIFE Applicants can be safely served in the community and notifies the selected Applicant of its determination of program eligibility.
- d. If an LTSS Applicant, who is applying to enroll in LIFE, is determined NFCE, the selected Applicant must identify the LIFE program chosen by the LTSS Applicant as a contact on 1768 Approval forms so that the LIFE program receives a copy of LTSS Applicant's PA 162 eligibility determination.
- e. The selected Applicant shall coordinate Program Transfers to and from the LIFE program into CHC-LTSS or other OLTL Program.
- f. The selected Applicant must maintain a file of signed LIFE agreements that include the Enrollment Start Date. The selected Applicant must use the Enrollment Start Date for the LIFE Participant to populate any 1768 Approval in the Service Start Date field.
- g. The selected Applicant shall report the following LIFE enrollment application processing issues to OLTL: inaccurate dis-enrollments not initiated by selected Applicant as determined from the daily eligibility file; and delays in LTSS Applicant program eligibility determinations by the LIFE programs.
- h. The selected Applicant shall follow-up with the CAO on any LIFE enrollment that has not been processed by the CAO at least five (5) calendar days prior to the last day of the month preceding the projected LIFE enrollment date. The selected Applicant must begin to follow-up five (5) calendar days before the end of the month and continue to follow-up daily until financial eligibility is processed.

Describe how you will coordinate and cooperate with LIFE programs to exchange information necessary to facilitate and avoid delays in LIFE enrollments and minimize any overlap or duplication of effort in providing services.

18. Communication Touch Points. The selected Applicant shall be responsible for 'touch points' with LTSS Applicants. The selected Applicant must employ a strategy for communications with LTSS Applicants, and for tracking, disseminating and reporting on such communications, (i.e., electronic or automated notifications). At a minimum, the selected Applicant's communications strategy must achieve the following:

- a. Make LTSS Applicants aware of their current application status;
- b. Provide LTSS Applicants an opportunity to update information that is pertinent to the application process (i.e. changes in address, phone number or nursing facility admissions);
- c. Identify changes to an LTSS Applicant's desires or need for services.
- d. For LTSS Applicants transitioning from a nursing facility to a home or community setting, communicate with the LTSS Applicant's NHT Coordinator at least every thirty (30) calendar days from the date the LTSS Applicant is determined program eligible for NHT. If the LTSS Applicant does not have an assigned NHT Coordinator, the selected Applicant must communicate with the LTSS Applicant or his or her representative at least every thirty (30) calendar days.

Describe your strategy to comply with these requirements.

19. Waiting List. The selected Applicant must track and contact LTSS Applicants placed on a waiting list for the OBRA Waiver or Act 150 Attendant Care Program every ninety (90) calendar days to:

- a. Verify the LTSS Applicant's contact information;
- b. Capture changes to the LTSS Applicant's status;
- c. Capture changes in the LTSS Applicant's need for services;
- d. Confirm the LTSS Applicant's interest in services;
- e. Track and maintain current LTSS Applicant information; and,
- f. Coordinate completion of level of care determination annually.

Describe your strategy to comply with these requirements.

20. LTSS Eligibility Determination Appeals. The selected Applicant must track standard and expedited appeals filed by LTSS Applicants contesting LTSS eligibility determinations.

If an appeal relates to either an initial FED completed by the selected Applicant or a program eligibility recommendation made by the selected Applicant that was used by DHS in determining an LTSS Applicant's eligibility to participate in an OLTL Program,

the selected Applicant shall assist DHS in preparing for the hearing and shall attend the hearing and if requested by DHS, provide evidence necessary to support the eligibility determination.

For all other appeals relating to LTSS eligibility determinations, the selected Applicant must provide assistance during the appeals process if requested by DHS, including preparing for and participating in the hearings, and providing any requested information to DHS.

The selected Applicant may not provide legal representation to LTSS Applicants in hearings and appeals contesting LTSS eligibility determinations. The selected Applicant must refer the LTSS Applicants to PLAN or a local legal service provider for legal representation and assistance.

The selected Applicant must notify OLTL of all LTSS eligibility appeals and provide OLTL with any requested information concerning appeals.

Describe your strategy to comply with these requirements.

21. Additional Notifications.

- a. Change in LTSS Applicant Address.** If, while providing services to an LTSS Applicant, the selected Applicant learns that the LTSS Applicant no longer resides at the address on the LTSS Applicant's LTSS Application, the selected Applicant must send a 1768 Change form to the CAO to notify the CAO of the LTSS Applicant's change of address.
- b. Authorized Representatives.** If, while providing services to an LTSS Applicant or Potential LTSS Applicant, the selected Applicant learns that the individual has designated an authorized representative to make decisions and act on his or her behalf, that the individual has a legal guardian or has executed a power of attorney authorizing an attorney-in-fact to act on his or her behalf, the selected Applicant must notify the CAO and, if applicable, the CHC-MCO or LIFE program in which the individual is enrolled of the individual's authorized representative. legal guardian or attorney-in fact. The selected Applicant must provide the CAO and the applicable CHC-MCO or LIFE program copies of any documentation obtained by the selected Applicant substantiating the appointment of the legal guardian or the attorney-in-fact.

Describe your strategy to comply with these requirements.

Q. Functional Assessment Tasks. The selected Applicant shall administer and conduct initial FEDs, review annual re-determinations of clinical eligibility for CHC Participants, and conduct PASRR-EV Level II screenings as follows:

1. General Requirements:

- a. Level of Care Standard.**

An LTSS Applicant must be NFCE to receive LTSS under CHC, LIFE and the Act 150 Attendant Care Program.

An LTSS Applicant must require the level of care provided by an ICF/ORC to enroll in the OBRA Waiver.

- b. Staffing and Qualifications** - The selected Applicant must have a sufficient number of enrollment case managers available to complete initial FEDs, and such other staff as may be required to conduct annual re-determinations and PASRR-EV Level II screenings on a timely basis.

The selected Applicant shall require that all enrollment case managers who complete initial FEDs meet the minimum qualifications specified in **Section VIII.A.2.**

Individuals completing annual re-determinations of CHC participants and PASRR-EV Level II screenings do not need to meet these assessor qualifications but must receive appropriate training on performing these tasks.

The selected Applicant may not subcontract for the initial FEDs. If the selected Applicant subcontracts for annual redetermination reviews and PASRR-EV Level II screenings, the selected Applicant must provide technical assistance, as required by DHS, to subcontractors failing to meet Agreement standards.

Describe your strategy to meet these requirements. Specify how you will determine the number of enrollment case managers and other staff necessary to perform these tasks. Describe the minimum qualifications and training of staff who will complete the annual redeterminations and PASRR-EV Level II screenings.

2. Assessment Tasks

- a. Initial FED.** The selected must complete an initial FED for each LTSS Applicant and each Potential LTSS Applicant who requests to apply for LTSS, including NF applicants. In addition, the selected Applicant must complete an initial FED for residents of personal care homes and domiciliary homes when requested by referral sources. In completing initial FEDs, the selected Applicant must comply with the following:
- i.** The selected Applicant must use the FED Tool designated by the Department.
 - ii.** The initial FED must be conducted in person by an enrollment case manager who has been trained and certified as specified in **Section X.N.4** and the approved training plan.
 - iii.** The enrollment case manager must complete initial FEDs using WiFi-enabled mobile device such as a tablet, iPad, or smartphones, and

upload the initial FED to the interRAI™ system immediately upon completion. If internet connectivity is not available when the FED assessment is conducted, the enrollment case manager must upload the initial FED assessment as soon as internet connectivity to the interRAI™ system is available, but no later than three (3) business days after completing the initial FED.

- iv. The enrollment case manager must complete the initial FED for LTSS Applicants or Potential Applicants (other than NF applicants) during the in-person visit scheduled in accordance with **Section X.P.9**.
 - v. The selected Applicant must receive requests from referral sources, including AAAs, nursing facilities, hospitals, LIFE programs, personal care homes or domiciliary care homes, to complete initial FEDs for NF Applicants and individuals seeking to reside in personal care homes or domiciliary care homes. In such cases, the date of the request for the initial FED will be considered the referral date of the individual. The selected Applicant must assign an enrollment case manager to complete the initial FED for the individual within seven (7) calendar days of the referral date.
- b. Reviews of Annual Redeterminations for CHC Participants.** The selected Applicant shall review the FED data collected by the CHC-MCOs for CHC Participants that are used to conduct annual clinical eligibility redeterminations for CHC Participants. The FED data will be transmitted to selected Applicant and the selected Applicant must complete its review of that data within ten (10) calendar days of receipt. The selected Applicant's review of the annual redetermination for CHC Participants shall consist of the following:
- i. Determining if the CHC-MCO completed the annual FED assessment data timely;
 - ii. Determining whether the FED is complete;
 - iii. Determining the existence of any factual discrepancies between the previous FED and the CHC-MCO's completed FED assessment data (e.g. correct names, birthdates, gender, etc.); and
 - iv. Notifying OLTL of incomplete FEDs and case discrepancies.
- c. PASSRR-EV Level II Screening.** The selected Applicant shall conduct an in-person PASSRR-EV Level II screening using a tool designated by the Department for individuals who are seeking admission to MA certified nursing facilities, and who have a Mental Illness ("MI"), Intellectual Disability ("ID") or an Other Related Condition ("ORC") regardless of payer source.
- i. A hospital, AAA, or individual familiar with the person will complete an initial PASRR-ID Level 1 screening tool to identify individuals with a

diagnosis of MI, ID, or ORC. Once the individual is referred to the selected Applicant, the selected Applicant must assign a staff person to complete a full PASRR-EV Level II screening. The selected Applicant must use professional staff fully trained in the use of the tool to conduct the PASRR-EV Level II screenings.

- ii. The selected Applicant's assigned staff shall interview each referred individual in person and will gather appropriate medical documentation. Once the PASRR- EV Level II screening tool has been completed, the selected Applicant shall electronically forward it to the appropriate State Authority for review. The State Authorities are OMHSAS for individuals with an MI diagnosis, ODP for individuals with an ID diagnosis and OLTL for an individual with an ORC.
- iii. The selected Applicant must complete the PASRR-EV Level II screening tool evaluation within five (5) business days from the referral to the IEB.

Describe your strategy to comply with these requirements.

- 3. Ongoing Evaluation and Monitoring.** The selected Applicant shall establish and maintain policies and procedures to monitor the enrollment case managers and other staff conducting assessments and screenings and evaluate the reliability, consistency and accuracy of those assessments and screenings. The selected Applicant shall use Quality Compliance Specialists to provide ongoing evaluation and monitoring and shall include in its procedures at least the following:
- a. Tracking and monitoring the assessment and screening activities.
 - b. Utilizing reports for monitoring, at a minimum, the scheduling of assessments and screenings, time management, and time frames.
 - c. Utilizing benchmark reports for statistical purposes and for monitoring of any outliers against statewide averages.
 - d. Conducting case reviews of a random sample of cases or as instructed by OLTL.
 - e. On-going training of staff.
 - f. Technical assistance.
 - g. Any other activities necessary to demonstrate compliance with 1915(c) waiver performance measures, as specified by OLTL.

Describe your strategy to comply with these requirements.

R. CHC Tasks. The selected Applicant must perform the following CHC tasks:

- 1. CHC Enrollment Materials.** The selected Applicant must develop and use materials and mailings that have been prior approved by DHS in providing choice counseling and enrollment services to LTSS Applicants, Potential LTSS Applicants and CHC Participants.
- 2. CHC Pre-enrollment Packets.** The selected Applicant must include a CHC Pre-enrollment Packet with the LTSS Application Packet that the selected Applicant provides to each LTSS Applicant and Potential LTSS Applicant during the in-person visit under **Section X.P.9**.

If the individual is a NF applicant, the selected Applicant must either mail the CHC Pre-enrollment Packet to the individual or provide the CHC Pre-enrollment Packet when an enrollment case manager makes an in-person contact to complete the individual's initial FED.

The CHC Pre-enrollment Packet must include, at a minimum, the following information:

- a.** A CHC pre-enrollment brochure that includes at least the following information:
 - i.** An explanation of the CHC Program, the decisions that need to be made, the timeframe for making the decisions, and the consequences of not making decisions.
 - ii.** General information on the differences between the CHC-MCOs in the Zone in which the CHC Participant resides.
 - iii.** Factors the CHC Participant should consider when making an enrollment decision.
 - iv.** An explanation of the role of a CHC-MCO's Participant Services Department.
 - v.** Information on the HealthChoices Behavioral Health program and how to get more information on and access the services provided.
 - vi.** An explanation of the role of the CHC-MCO PCP.
 - vii.** An explanation of the interaction of Medicare plan and coverage with CHC.
 - viii.** An explanation that a Dual Eligible Participant can keep his or her Medicare PCP.
 - ix.** Information on APPRISE.

- x. Information on MATP in the county where the CHC Participant resides and non-medical transportation.
 - xi. Information on the beneficiary support services available to individuals enrolled in or applying for LTSS.
 - xii. How to resolve a problem with the CHC-MCO, including information on the CHC Participant's right to file a complaint, grievance and request a DHS Fair Hearing.
 - xiii. How to contact the IEB through the IEB's toll-free number and the IEB Website.
 - xiv. Information on how to view and obtain a list of participating Providers, by Zone.
- b. A comparison chart, provided by DHS, which includes specific information on each CHC-MCO by Zone.
 - c. A standardized CHC-MCO enrollment form.
 - d. Outreach information provided by DHS.
 - e. Promotional information about the MAAC and its Subcommittee, including meeting times and locations.
 - f. Co-pay charts.
 - g. A postage paid return envelope.
- 3. CHC Post-Enrollment Packets.** The selected Applicant must mail a CHC Post-Enrollment Packet to each CHC Participant included in a Daily Eligibility File within three (3) calendar days of receiving the Daily Eligibility File from DHS.

The CHC Post- Enrollment Packet must include at least the following information.

- a. Information on the CHC Participant's selected CHC-MCO's Participant Services Department and its hotline numbers.
- b. How to contact the IEB through the IEB's toll-free number and the IEB Website for assistance with Program and Plan Transfers and beneficiary supports.
- c. Information on emergency care.
- d. The role of the CHC-MCO.
- e. An explanation of the role of the CHC-MCO PCP, and, an explanation for dual eligible Participants, that the Participant can keep his or her Medicare PCP.

- f. Interaction of Medicare plan and coverage with CHC.
 - g. Information on APPRISE.
 - h. LTSS information, including an explanation of the LIFE Program and the LTSS available through LIFE and CHC and how the IEB will assist a CHC Participant, who has not already been determined eligible for LTSS, to apply for LTSS.
 - i. How to resolve a problem with the CHC-MCO, including information on the CHC Participant's right to file a complaint, grievance and request a DHS Fair Hearing and the assistance available from the selected Applicant in connection with complaints, grievances and fair hearings.
 - j. Information on the Behavioral Health Services provided through the BH-MCOs, how to access these services and the BH-MCO's member services hotline number.
 - k. Information on the MAAC and its Subcommittees.
 - l. In Packets sent to CHC NFI Dual Eligible Participants, a comparison chart, provided by DHS, which includes specific information on each CHC-MCO by Zone.
 - m. A confirmation notice that contains the following information:
 - i. The name of the CHC-MCO in which the CHC Participant is enrolled.
 - ii. The PCP's name and telephone number if one was selected at enrollment.
 - iii. The effective date of enrollment.
 - iv. That the Participant may change his or her CHC-MCO at any time by contacting the IEB.
- 4. Additional CHC Notices and Documents.** The selected Applicant must mail the following documents to CHC Participants, as applicable:
- a. A re-enrollment notice to CHC Participants who lose eligibility and regain it within six (6) months of ineligibility within five (5) calendar days of receipt of the Daily Eligibility File including those Participants.
 - b. A reminder notice to LTSS Applicants aged fifty-five (55) and older who have not made a program choice of CHC or LIFE. The selected Applicant must send the reminder notice within ten (10) calendar days of the LTSS Applicant's in-person visit.
 - c. A reminder notice to LTSS Applicants who have chosen to, or who are required to enroll in CHC, but have not made an advanced plan selection. The selected Applicant must send the reminder notice within ten (10) calendar days of the LTSS Applicant's in-person visit.

- d. A notice to CHC Participants whose advanced CHC-MCO selection could not be processed due to DHS's Dating Rules to inform them that their selection will be processed as a Plan Transfer. The selected Applicant must send the notice within three (3) calendar days of the receipt of the Weekly Enrollment/Disenrollment Reconciliation File from DHS, which identifies the Participants' plan assignments in CIS.
- e. A written notice sent at least annually to all CHC Participants informing them of their right to choose an alternate CHC-MCO or if available, a LIFE program if they are eligible at any time.

Describe the materials you will develop and use for CHC Participants and LTSS Applicants, including mailings and how you will develop and use materials that are culturally sensitive, easy to understand, ADA and LEP compliant and written with a text no higher than a sixth-grade reading level, whenever possible. Provide samples of materials that you have used for similar programs and recommend using for this program. Describe the challenges you anticipate in identifying current addresses for individuals for whom you receive returned mail and strategies you will use to attempt to secure appropriate addresses for these individuals.

5. CHC Participant Enrollments, CHC-MCO and PCP Selections. The selected Applicant shall manage the enrollment process for CHC Participants as follows:

- a. **CHC NFI Dual Eligible Participants.** DHS's on-line computer process will auto-assign a CHC NFI Dual Eligible Participant to a CHC-MCO when the CAO worker completes the Participant's eligibility determination. DHS will provide selected Applicant with a Daily Eligibility File that includes auto-assignment indicators for CHC NFI Dual Eligible Participants.
 - i. The selected Applicant must send CHC Post-Enrollment Packets to CHC NFI Dual Eligible Participants included in the Daily Eligibility File as specified in **Section X.R.3**. The selected Applicant must cross-reference its daily enrollments to the Daily Eligibility File to verify that all CHC NFI Dual Participants are sent a Packet and must correct all omissions.
 - ii. The selected Applicant must respond to and assist CHC NFI-Dual Eligible Participants with questions relating to CHC and their plan assignments. The selected Applicant must provide choice counseling to CHC NFI Dual Eligible Participants who are considering a Plan Transfer and facilitate any Plan Transfers made by those Participants in accordance with **Section X.R.8**. If requested by a CHC NFI Dual Eligible Participant, the selected Applicant must provide choice counseling and assistance in-person within seven (7) calendar days of the CHC NFI Dual Eligible Participant's request.
 - iii. The selected Applicant must store and transmit the CHC-MCO and PCP selections to DHS in the Weekly Enrollment/Disenrollment, as described in **Section X.B.d.3**.

- iv. The selected Applicant must transfer a CHC NFI-Dual Eligible Participant's file to his or her selected CHC-MCOs within three (3) calendar days of the individual's enrollment with the CHC-MCO.

Describe your strategy to comply with these requirements.

- b. **CHC-LTSS Participants.** The selected Applicant shall provide choice counseling and manage the CHC enrollment process for LTSS Applicants and Potential LTSS Applicants who are applying for LTSS under CHC, including NF Applicants.

- i. The selected Applicant must provide choice counseling and enrollment assistance to these individuals and respond to their questions relating to CHC and LIFE. If the individual chooses, or is required to enroll in CHC, the selected Applicant must assist the individual to make an advanced CHC-MCO and PCP selection as specified in **Section X.R.6**.
- ii. The selected Applicant must provide choice counseling and CHC enrollment assistance during an in-person visit with an LTSS Applicant or Potential LTSS Applicant conducted under **Section X.P.9**; during an in-person contact with a NF applicant to conduct the NF applicant's FED; or within seven (7) calendar days of a request for in-person choice counseling or enrollment assistance from an individual.
- iii. If an LTSS Applicant, age fifty-five (55) or older, expresses interest in enrolling in LIFE, the selected Applicant shall refer the individual to the LIFE program for a determination of LIFE program eligibility.
- iv. The selected Applicant must send CHC Pre-Enrollment Packets to LTSS Applicants and Potential LTSS Applicants, including NF applicants, as specified in **Section X.R.2**.
- v. The selected Applicant must send CHC Post-Enrollment Packets to all CHC-LTSS Participants included in a Daily Eligibility File as specified in specified in **Section X.R.3**. The selected Applicant must cross-reference its daily enrollments to the Daily Eligibility File to verify all CHC-LTSS Participants receive a Packet and must correct any omissions.
- vi. DHS will provide the selected Applicant with a Weekly Enrollment/Disenrollment Reconciliation File that includes the CHC-MCO and PCP selections for newly eligible CHC-LTSS Participants. The Weekly Enrollment/Disenrollment Reconciliation File will include an auto-assignment indicator for those Participants who have not yet made a CHC-MCO selection or who made a plan selection after the auto-assignment. A CHC-LTSS Participant who does not make a selection is be auto-assigned to a CHC-MCO. If a CHC-LTSS Participant, who is auto-assigned to a CHC-MCO, makes a different CHC-MCO selection after his or her auto-assignment is processed in CIS, the selected Applicant must contact the Participant to explain that the Participant may

choose to remain in the assigned CHC-MCO or transfer to his or her selected CHC-MCO and the date on which the transfer will become effective.

- vii.** The selected Applicant must facilitate any Plan Transfers made by CHC-LTSS Participants in accordance with **Section X.R.8** and transmit the Participants' selections to DHS in the Weekly Enrollment/Disenrollment File. The selected Applicant must use DHS's Dating Rules to determine the date that CHC-LTSS Participant will be transferred to a different CHC-MCO based upon when the CHC Participant contacts selected Applicant with a transfer request, and the date that the Weekly Enrollment/Disenrollment File is submitted to DHS.
- viii.** The selected Applicant must transfer a CHC LTSS Participant's file to his or her selected CHC-MCO within three (3) calendar days of the individual's enrollment with the CHC-MCO.

Describe your strategy to comply with these requirements.

- 6. CHC-LTSS Participant Advance Plan Selection.** If an LTSS Applicant or a CHC-LTSS Participant chooses to, or is required to enroll in CHC, the selected Applicant must provide the individual an opportunity to make an advanced CHC-MCO and PCP selection. The selected Applicant must actively engage with LTSS Applicants and CHC-LTSS Participants to enable them to make an informed and timely choice of a CHC-MCO and PCP so that their individual needs and preferences are appropriately addressed.

In performing these advance plan selection functions, the selected Applicant must:

- a.** Explain the available CHC-MCO options and provide any additional information required for an LTSS Applicant or CHC-LTSS Participant to make an informed choice of a CHC-MCO and PCP. The selected Applicant must use the intelligent assignment hierarchy specified in this subsection to assist the individual in making a CHC-MCO selection.
- b.** Store all CHC-MCO selections made by LTSS Applicants and CHC-LTSS Participants and transmit them electronically to DHS in an Advance Plan Selection File.
- c.** Store all PCP selections made by CHC-LTSS Participants and transmit them to the CHC-MCOs in a Daily Pending Enrollment File.
- d.** Assign a CHC-LTSS Participant who does not make an advanced CHC-MCO selection to a CHC-MCO based on the following intelligent assignment hierarchy starting with the first criterion:
 - First, Nursing Facility and corresponding CHC-MCO plan (i.e., if the individual is residing in a nursing facility at the time of CHC enrollment, the individual will be assigned to a plan in which his or her nursing facility is a Network Provider);

- Second, D-SNP and corresponding CHC-MCO plan (i.e., if the individual informs the selected Applicant that he or she is enrolled in a D-SNP, the individual will be assigned to the CHC-MCO aligned with his or her D-SNP);
 - Third, HC-MCO and corresponding CHC-MCO plan (i.e., if the individual is transferring from Health Choices, and the HC-MCO is also a CHC-MCO, the individual will be enrolled in that CHC-MCO); and
 - Last, if the individual provides the selected Applicant with the name of his or her PCP and the PCP is a Network Provider with a CHC-MCO, the Participant will be enrolled in that CHC-MCO.
- e. The selected Applicant will not assign a CHC-LTSS Participant to a CHC-MCO if, after providing choice counseling to the CHC-LTSS Participant, the individual does not make a plan selection and the selected Applicant determines that none of the hierarchy criteria in **Section X.R.6.d** applies.

In such instances, the CHC-LTSS Participant will be auto-assigned to a CHC-MCO through CIS.

- f. If a CHC-LTSS Participant aged fifty-five (55) or older expresses interest in enrolling in LIFE, the selected Applicant shall provide application and enrollment assistance to the Participant as specified in **Section X.P.17** and will refer the Participant to the LIFE program selected by the individual for a program eligibility determination.
- g. LTSS Applicants may make multiple changes to their advanced CHC-MCO selections prior to their enrollment in CHC. The advanced plan selection on file with DHS will be assigned to the LTSS Applicant as of the date that the individual's financial eligibility is processed. If an individual's advanced CHC-MCO selection is received by DHS after his or her financial eligibility for LTSS has been processed by the CAO, the selected Applicant will receive an error message on the Advance Plan Selection Results file informing it that a CHC-MCO has been auto-assigned to the individual. The selected Applicant shall notify the individual that his or her CHC-MCO selection will be managed as a Plan Transfer according to standard dating rules. After enrollment, CHC-LTSS Participants may change CHC-MCOs at any time.

Describe how you propose to achieve the advance plan selection performance level specified in **Section XII** for LTSS Applicants or CHC-LTSS Participants who choose or are required to enroll in CHC. Specify the process you will use to contact these individuals and the number of times you will attempt to make contact to provide them the opportunity to make an advance CHC-MCO and PCP selection. Describe how you will use the intelligent assignment hierarchy in **Section X.R.6.d** to advise and inform CHC LTSS Participants in selecting a CHC-MCO.

7. Referrals for CHC-LTSS.

- a. CHC to CHC-LTSS. A CHC-MCO will refer CHC NFI Dual Eligible Participants with identified LTSS needs to the selected Applicant to facilitate the enrollment process into CHC-LTSS or for referral to an available LIFE program. The referred Participants will remain as CHC NFI Dual Eligible Participants until their eligibility for LTSS has been determined.
- b. HealthChoices to CHC-LTSS. HealthChoices members who are eligible for LTSS may be enrolled in CHC-LTSS or an available LIFE program. A HC-MCO will refer the member to the selected Applicant to facilitate the enrollment process. HC members will remain in Health Choices until clinical and financial eligibility are determined.

Describe how you will coordinate and cooperate with CHC-MCOs and HC-MCOs on referrals of Potential LTSS Applicants and Participants.

8. **Plan and Program Transfers.** A CHC Participant may change his or her CHC-MCO at any time or, in the case of a CHC-LTSS Participant who is age fifty-five (55) or older, transfer to an available LIFE program at any time. A CHC Participant may communicate his or her decision to transfer through the IEB Website, or by email, text message, fax, mail or telephone call.

The selected Applicant must implement all Plan and Program Transfers according to DHS's Dating Rules logic. Refer to Appendix _ for DHS's current Dating Rules Logic.

The selected Applicant must assist CHC Participants who wish to change their CHC-MCO or to enroll in LIFE, if available. The selected Applicant must ask the CHC Participant the reason for transfer and discuss the option to select a new PCP as an alternative to transferring, if the Participant chooses. If the CHC Participant still wishes to transfer, the selected Applicant must:

- a. Assist the CHC Participant with transferring from one CHC-MCO to another CHC-MCO in the Zone in which the CHC Participant resides or, in the case of a CHC-LTSS Participant aged fifty-five (55) or older, refer the individual to his or her selected LIFE program for a program eligibility determination.
- b. Assist the CHC Participant with selecting a participating PCP for the new CHC-MCO.
- c. Document the reasons for the CHC Participant's transfer with the applicable reason code as defined by DHS on the weekly file.
- d. Inform the CHC Participant of the effective date of enrollment in the new CHC-MCO based on DHS's dating rules.
- e. Store and transmit the Plan or Program Transfer to DHS in the Weekly Enrollment/Disenrollment File.

Describe how you will accept and manage Program and Plan Transfer requests. Describe how you will incorporate DHS's online auto-assign and batch plan transfer Dating Rules logic into your enrollment/disenrollment and PCP selection and changes processes.

- 9. Automatic Reassignment Following Resumption of Eligibility.** DHS will automatically re-enroll a CHC Participant who loses MA eligibility and regains it within six (6) months into his or her previous CHC-MCO, and with his or her previous PCP, as long as the CHC Participant's eligibility status or geographical residence is still valid for participation in that program. The selected Applicant must identify these re-enrolled CHC Participants.

The selected Applicant will not complete a CHC-MCO selection or PCP selection for these re-enrolled CHC Participants. The selected Applicant shall send the notice described in **Section X.R.4.a** to inform these CHC Participants that DHS has automatically reenrolled them with their previous CHC-MCO and that they have the opportunity to initiate a CHC-MCO change.

If a re-enrolled CHC Participant contacts the selected Applicant after receiving the notice, the selected Applicant must inform the individual that he or she has been automatically re-enrolled in his or her previous CHC-MCO. If the CHC Participant requests a Plan Transfer or a different PCP, the selected Applicant shall assist the CHC Participant with the Plan Transfer as specified in **Section X.R.8**.

Describe the process you will use to identify CHC Participants who lose eligibility and are re-enrolled in CHC within six (6) months.

- 10. Monthly Spend Down.** DHS will enroll a CHC Participant who is determined eligible for Monthly Spend Down with an eligibility end date for each month. DHS will enroll the CHC Participant into same CHC-MCO, and assign the same PCP, as long as the CHC Participant's geographical residence is unchanged.

The selected Applicant must identify CHC Participants who are eligible for Monthly Spend Down based on their Program Status Code in the Daily Eligibility File. The selected Applicant shall provide these CHC Participants with CHC enrollment packets only when they are initially determined eligible and enrolled in CHC and not with each new monthly enrollment.

If the CHC Participant who is eligible for Monthly Spend Down chooses to transfer plans, the selected Applicant shall process the Participant's new choice in accordance with instructions provided by DHS.

Describe the process you will use to identify CHC Participants are eligible for Monthly Spend Down and your strategy to comply with these requirements.

S. Additional BSS Services. The selected Applicant must provide the following additional BSS services:

1. Participant Point of Contact. The selected Applicant shall serve as a point of contact for Participants to ask questions or share concerns about their OLTL Program, enrollment, and access to covered services by:

- a. Using a person-centered approach to assist Participants to resolve complaints, concerns, and issues about access to benefits and services.
- b. Discussing complaints with the Participant (or his or her representative) to:
 - i. Determine the Participant's perspective;
 - ii. Request informed consent to investigate the complaint;
 - iii. Determine the Participant's wishes with respect to resolution of the complaint or issue, including:
 - Working with the Participant to develop a plan of action for resolution;
 - Facilitating communication between the Participant and his or her OLTL Program;
 - Working with other BSS entities to resolve the issue or complaint;
 - Determining whether the complaint or issue is resolved to the Participant's satisfaction; and
 - Reducing the need for a fair hearing through the provision of BSS services.

If requested by the Participant, the selected Applicant must provide these BSS services in person within seven (7) calendar days of the Participant's request.

Describe your strategy to comply with these requirements.

2. Participant Education. The selected Applicant shall provide education and assistance to Participants on the following topics:

- a. Successfully resolving conflicts with their OLTL Program, including providing support to the Participant when there is disagreement between the Participant and his or her service coordinator or OLTL Program.
- b. Enrollment and managed care program materials provided to the Participant by the selected Applicant, CHC-MCO, LIFE program or DHS.
- c. Participants' rights and responsibilities in managed care.

- d. Person-centered problem solving to provide Participants and families with the knowledge and tools they need to advocate for themselves.
- e. Benefits and access to services.
- f. Additional resources available to a Participant.

If requested by the Participant, the selected Applicant must provide these BSS services in person within seven (7) calendar days of the Participant's request.

Describe your strategy to comply with these requirements.

3. Assistance with CHC-MCO Complaint, Grievance and Fair Hearing Processes.

The selected Applicant shall help CHC Participants understand and navigate the complaint, grievance and fair hearing processes, including referrals to legal representation and other supportive resources outside of the CHC-MCO by:

- a. Serving as a resource to Participants in navigating the complaint, grievance, and fair hearing processes;
- b. Assisting the Participant to understand timeframes associated with the complaints, grievances, and fair hearings.

The selected Applicant may not provide legal representation to CHC Participants for complaint and grievance reviews and for state fair hearings.

If requested by the Participant, the selected Applicant must provide these BSS services in person within seven (7) calendar days of the Participant's request.

Describe your strategy to comply with these requirements.

4. IEB Complaint Tracking and Reporting Process. The selected Applicant must handle and report information regarding IEB-related complaints to DHS as follows:

- a. The selected Applicant must document and track complaints received by the selected Applicant relating to the IEB operations and staff. The selected Applicant must submit complaint information to DHS in a weekly report.
- b. If an IEB Customer or other individual contacts the selected Applicant to complain about an IEB-related issue, the selected Applicant must make every effort to respond to the complaint and address the individual's concerns on the same day that the complaint is received. The IEB staff assigned to handle and respond to the complaint must ask the individual if he or she is satisfied with the information given. If the individual is not satisfied, the staff will refer the individual to a manager or lead staff for follow-up and resolution.
- c. The selected Applicant must prioritize and respond to complaints received from DHS and to legislative inquiries within one (1) business day.

d. The selected Applicant must develop, implement and maintain a IEB complaint tracking system to collect and store the following information for each IEB-related complaint:

- i. Date the complaint was received;
- ii. Complainant name and relationship to IEB Customer;
- iii. Zone in which the Complainant is located;
- iv. Name of staff receiving and assigned to respond to complaint;
- v. A description of the complaint.
- vi. Documentation of any referrals to managers.
- vii. Date the complaint was resolved.
- viii. Description of the resolution of the complaint.

Describe the process you will use to manage and resolve IEB-related Complaints, including how Complaints will be assigned within your organization for investigation and resolution.

5. Participant Contact Tracking and Reporting Process. The selected Applicant shall maintain a process supported by adequate technology to track Participant contacts with the selected Applicant that enables the IEB to:

- a. Collect and analyze data about Participant-level complaints and issues within and across Programs and Zones to understand the common experiences of Participants in accessing care and services and identify any associated trends and patterns to help improve delivery of services; and
- b. Report on all Participant-level engagement in a format specified by OLTL, including, but not limited to, the following information:
 - i. Participant demographics;
 - ii. Number of Participant contacts by type of contact (electronic, in-person, phone and mail) and Zone and for phone contacts, total call volume and length of calls);
 - iii. Nature and subject of contacts (i.e., education, complaint or concern, enrollment, person-centered planning, or services), including percentage by Zone;
 - iv. Number of Participants requesting an in-person contact and the number who received that contact within seven (7) calendar days.

- v. Referrals to other entities if necessary and appropriate, including percentage by Zone;
- vi. Resolution of contact, including follow-up to verify whether Participants referred to other entities had their issue resolved to their satisfaction, including percentage by Zone;
- vii. Such other information as may be specified by OLTL.

Describe your strategy to comply with these requirements.

6. IEB Customer Input and Feedback; Satisfaction Survey. The selected Applicant shall solicit input and feedback from IEB Customers, and other stakeholders about the IEB and the Programs by:

- a. Providing an opportunity for every IEB Customer to provide feedback on his or her experience with selected Applicant and his or her OLTL Program and reporting to the Department on a monthly basis the feedback provided by IEB Customers.
- b. Soliciting IEB Customers' participation in a quarterly individual satisfaction surveys approved by the Department, which at a minimum allow IEB Customers to provide feedback on their overall experience with the selected Applicant, the LTSS application and enrollment process, their OLTL Program and reporting the results from the surveys to the Department on a quarterly basis using a Department-approved sampling methodology.

Describe how you will provide IEB Customers an opportunity to provide input feedback. Provide a sample of the survey you will use to obtain IEB Customer input and feedback. Explain how you will encourage and use IEB Customer comments and input to adopt quality improvements to your Project.

- 7. BSS Materials.** The selected Applicant must develop and market materials that include information on the BSS. Upon Department approval, these materials will be included in participant materials distributed by the CHC-MCOs, LIFE programs and the Commonwealth.
- 8. Advisory Committee Meetings.** The selected Applicant must attend meetings of the MAAC and its MLTSS subcommittee and CHC Participant Advisory Committee meetings as identified by the Department.
- 9. Staffing Requirements.** In addition to any staffing requirements included in this technical submittal, in performing the BSS services specified in this **Section X.S**, the IEB must be staffed adequately to meet with any Participant who requests BSS services in person within seven (7) calendar days of the Participant's request.

Describe your strategy to comply with these requirements.

T. Turnover. Turnover is defined as those activities that the selected Applicant must perform at the end of the Grant or notification of termination, to transition grant service delivery to

a successor Grantee or to Commonwealth resources. During the turnover period, the selected Applicant shall work cooperatively with any successor(s) and DHS.

1. Turnover Requirements. The selected Applicant must plan and manage the turnover in an orderly fashion so no disruption of services in grant services occurs. The selected Applicant must:

- a. Provide a Turnover Plan six (6) months prior to the end of the Grant term or within thirty (30) calendar days after notification of termination.
- b. Implement the approved Turnover Plan three (3) months prior to the end of the Grant term or the date specified by DHS after notification of termination.
- c. Maintain service delivery staffing levels during the turnover period.
- d. Not restrict or prevent the selected Applicant's staff from accepting employment or positions with DHS or with any successor. DHS will work with the selected Applicant on the timing of any transition of its staff.
- e. Provide to DHS or any successor, within fifteen (15) calendar days of the request, all updated scripts and other documentation and records required by DHS.
- f. Respond to all Department requests regarding turnover information within three (3) business days or within such other time period as specified by the Department.
- g. Work closely with DHS to complete the turnover of responsibilities and the necessary knowledge transfer by the end of the Grant period.
- h. Execute the approved Turnover Plan in cooperation with the successor's Implementation Plan, if any.

2. Turnover Plan. The turnover plan must include, at a minimum:

- a. A description of staffing resources including skill sets and experience required to support a successful turnover. Identify a manager to manage and coordinate all turnover activities.
- b. A turnover organizational chart.
- c. An outline of key points and considerations, turnover success criteria, and the major tasks and subtasks necessary for a successful turnover with minimal impact to operations.
- d. A plan and implementation schedule for sharing and transitioning responsibilities and operational support information to DHS or a successor. Prior to the end of the turnover period, the responsibilities of the selected Applicant will be shared by the selected Applicant's staff and the successor staff during regular hours in accordance with a Roles and Responsibilities document drafted by selected Applicant and approved by DHS.

The selected Applicant must negotiate in good faith with a successor to coordinate the responsibilities or shall provide space at the selected Applicant's then current business address, including access to necessary equipment, records, and information.

- e. An explanation of how the selected Applicant will manage the turnover plan, accurately assess progress, and mitigate variances for a successful turnover.
 - f. Description of how the selected Applicant will transfer all relevant data, materials, documentation, or other pertinent information to DHS or its designee in accordance with **Section X.T.3.**
 - g. Provisions for the transfer of correspondence, documentation of outstanding issues, and other service delivery support documentation, except that the selected Applicant may withhold confidential data and information regarding (i) the Personally Identifiable Information of selected Applicant's employees or agents, (ii) the selected Applicant's employment records, (iii) the selected Applicant's confidential corporate financial information, and (iv) any information that is subject to a confidentiality obligation to a third party. Confidential correspondences shall not include communications the contents of which are related to performance of the grant services.
 - h. Provisions for the transfer of the Toll-Free Telephone Number; URLs; and email address and PO Box.
- 3. Turnover Receivables.** Turnover receivables shall include instructions on total Project processes, all finished and unfinished documents, data, software, studies, reports, or other materials prepared under the Grant that the selected Applicant must turnover to DHS, other than those materials proprietary and confidential to the selected Applicant, as specified in accordance with the grant agreement. The selected Applicant shall package and label receivables by content and divide them into history, which includes materials more than six (6) months old, materials less than six (6) months old, and work in process. The selected Applicant shall send receivables to DHS or a designated third party as specified by DHS. The turnover receivables shall include, but are not limited to:
- a. **Communication/Outreach.**
 - i. Outline of accomplishments in the communication area.
 - ii. Comprehensive file of enrollment efforts related to the IEB application and enrollment process including news releases, packets, MA beneficiary brochures in English and other languages, time tables, mailings, and mailing lists.
 - iii. Comprehensive files of official communications sent to groups and mailings.

iv. Literature developed over the course of the Grant and work in progress showing timetables and mailings for both. This includes but is not limited to:

- Previously issued and in progress newsletter, and artworks.
- IEB Customer brochures.
- LTSS Application packet, notices and scripts.
- CHC pre- and post-enrollment packets, notices and scripts.

v. Outstanding projects and logistical information.

b. Administration.

- i. Files of inquiries, complaints and resolutions.
- ii. All stored literature including background information.
- iii. Copies of completed financial audits.

c. Materials and Turnover Training. The selected Applicant shall provide Department staff, other designated third parties or both with training materials, process-flow documents and other non-proprietary materials required to facilitate turnover. The selected Applicant shall train Department staff and other designated third parties on current processes, program status, and problem areas. This includes, but is not limited to:

- i. Enrollment/Disenrollment/Plan Transfer policies and procedures. Telephone systems use and how it works and pros and cons of the particular system.
- ii. Information systems including databases and how they relate, how reports are generated; creation of data; and
- iii. Transfer of all data files used in the IEB, in a readable format.

4. Turnover Results Reports. Following turnover of service delivery, the selected Applicant must provide DHS with a Turnover Results Report documenting the completion and outcomes of each step of the approved Turnover Plan. Turnover will not be considered complete and final payment will not be made until the Turnover Results Report is received and approved by DHS.

5. Financial Responsibility during Turnover. The selected Applicant shall be financially responsible for maintaining operations and systems during Turnover. All costs relating to the transfer of materials and responsibilities will be paid by selected

Applicant. Disputes between the IEB and the successor grantee will be resolved by DHS.

6. Responsibility for Transition of In-Process Applications, Enrollments and Plan Transfers.

- a. If not selected to continue providing services, the selected Applicant shall continue to handle any pending LTSS Applications in process for a three (3) month transition period at the end of the grant agreement term, as specified by DHS.
- b. For this three (3) month transition period, the selected Applicant shall extend its then current monthly billing rate for IEB operations pro-rated to reflect the percentage of IEB population for which selected Applicant continues to provide services.
- c. The selected Applicant is not responsible for any new LTSS Applications, Participant Enrollments, or any CHC-MCO Plan Transfers initiated on or after the start of the transition period.
- d. Selected Applicant shall transition all LTSS Applications, Participant enrollments or CHC MCO Plan Transfers in process as of end of the transition period to the successor grantee with all accompanying materials.

XI. Reports and Project Control. The selected Applicant must establish and maintain a reporting system to compile and submit Pennsylvania-specific operational, financial and systematic reports, samples, and documentation as specified in this Section. The reporting system must be flexible enough to allow for ad hoc reporting.

The selected Applicant must submit all specified reports electronically in currently supported versions of Microsoft Word or Microsoft Excel as designated by DHS.

This section outlines the minimum reports the selected Applicant must submit to the Department. In addition, the selected Applicant must confer with the Department to determine additional reports that would be of use to the Department, and generate other relevant reports identified by the Department, throughout the duration of the Grant. The selected Applicant and the Department will mutually agree to due dates for any additional reports.

A. General Program Reporting Requirements. The selected Applicant must submit reports electronically at the intervals in the format specified in this Section or as otherwise specified by DHS. DHS may require the IEB to submit reports on a more frequent basis or as needed to address or clarify any standards not met or to provide data on any unforeseen obstacles that might be occurring. The selected Applicant must submit a final report at the end of the Grant.

B. Status Report. The selected Applicant must submit monthly progress reports covering activities, problems and recommendations keyed to the work plan the selected Applicant developed in its application, as amended or approved by the Department no later than fifteen (15) calendar days after the end of the month.

- C. IEB Customer Contact Reason Report.** The selected Applicant must submit a monthly reason code report containing data regarding the most frequent reasons for IEB Customer contacts, to be received by DHS no later than fifteen (15) calendar days after the end of the month.
- D. A Program Participant Contact Report.** The selected Applicant must submit a monthly report of Participant Contacts containing the data specified in **Section X.S.6.b**, to be received by DHS no later than fifteen (15) calendar days after the end of the month.
- E. IEB Complaint Report.** The selected Applicant must submit a weekly IEB complaint report containing the data specified in **Section X.S.5** to be received by DHS by Wednesday of the following week.
- F. IEB Daily Dashboard Report.** The selected Applicant must submit a daily statistical report containing daily, weekly and monthly data elements identified by the Department by the close of business each Business Day.
- G. Outreach Report.** The selected Applicant must submit a monthly outreach report containing data regarding public presentations and types of activities, to be received by DHS no later than fifteen (15) calendar days after the end of the month.
- H. Problem Identification Report.** An “as required” report, identifying problem areas. The report shall describe the problem and its impact on the overall Project and on each affected task. Selected Applicant must list possible courses of action with advantages and disadvantages of each and include its recommendations with supporting rationale.
- I. Daily Cases in Process Report.** The selected Applicant must submit a daily report each Business Day of all cases in process from referral through the determination and enrollment process. The following data elements are required on this report: COMPASS Case ID, First Name, Last Name, Date of Birth, SSN, Address, Resident County, Case Number, Language, LEP service, Referral Date, Initial Contact Date, Application Status, Application Status Date, Aging in Current Status, Medicaid Enrolled Indicator, MA ID, PA600 Received Date, Application Start Date, PC Eligibility, PC Length Care, FED Eligibility, FED Length Care, Aging in Days, Delayed Enrollment, Program, OPTIONS participant, SCE transfer date, advance CHC-MCO selection by Participant, advance CHC-MCO selection using intelligent assignment, PCP selection.
- J. Monthly Case Report.** The selected Applicant must submit a monthly report within five (5) calendar days from the last day of the month of all cases in process during that month identifying status of cases, number of cases closed within ninety (90) days, and explanations of any cases not closed within ninety (90) days. The following data elements are required on this report: COMPASS Case ID, First Name, Last Name, Case Number, SSN, County, Medicaid Enrolled Indicator, MA ID, PA600 Received Date, Language, LEP service, Referral Date, Application Start Date, Most Recent Status, Last Updated Status Date, PC Length Care, PC Eligibility, PC Date Requested, PC Date Received, FED Requested, FED Date Received, FED Result, Program Applied to, Delayed Enrollment, Notice of Determination Date, Aging Days, Aging Days Since Current Status, First Initial Contact Date, In-Person Visit Date, In-Person Visit Status, Reason for Delay of In-Person

Visit, Reason for Delay in Application Processing, Referral Suspension Date, Suspension Reason, Application Closing Date, Closing Reason, OPTIONS participant, SCE transfer date, advance CHC-MCO selection by Participant, advance CHC-MCO selection using intelligent assignment, PCP selection.

K. Key Performance Indicators Report. The selected Applicant must submit a monthly report no later than fifteen (15) calendar days after the end of the month for the following key performance measures:

1. Monthly Average Call Answer Time.
2. Number of individuals referred to the selected Applicant by a third party during the monthly reporting period and for whom the selected Applicant completed all required telephone attempts and mailed a follow-up letter, if required, within seven (7) calendar days of date of referral.
3. Number of LTSS Applicants who received an in-person visit during the monthly reporting period, and the percentage of those LTSS Applicants who received the in-person visit within seven (7) calendar days of their referral date, and the number of LTSS Applicants who requested an exception to the 7-day time frame for the in-person visit.
4. Number of Participants enrolled in the OBRA Waiver Program or Act 150 Attendant Care Program during the monthly reporting period and the percentage of those Participants whose file was transferred to the SC/SCE within three (3) calendar days of the enrollment date.
5. Number of CHC Participants enrolled in CHC during the monthly reporting period and the percentage of those Participants whose file was transferred to the CHC-MCO within three (3) calendar days of the enrollment date.
6. Number of Participants, excluding CHC NFI Dual Participants, by population category (i.e., nursing facility residents; Participants receiving HCBS) who enrolled in an OLTL Program during the monthly reporting period and the percentage of those Participants who had a FED prior to enrollment.
7. Number of LTSS Applications for which final eligibility determinations were issued during the monthly reporting period, and the percentage of those Applications for which the final eligibility determination was issued within ninety (90) calendar days of the LTSS Application date.

L. Call Statistics Report. The selected Applicant must submit a monthly statistical report containing data collected by ACD and IVR including calls received, answered, abandoned, outbound, blocked and transferred to the language line, as well average talk time, hold time, speed of answer, and voicemail messages, total number of calls answered within 60 seconds, total number of calls captured via voicemail that are returned within one (1) Business Day to be received by DHS no later than five (5) calendar days after the end of the month.

- M. Staffing Report.** The selected Applicant must provide any changes to staffing or contact information as they occur or as requested by DHS. This report must also include the all IEB staffing levels, including, enrollment case managers and other IEB staff performing services under the grant agreement.
- 1. Quarterly Training Report:** The selected Applicant shall complete and submit a quarterly training report to DHS within thirty (30) days of the end of a quarter. The Training Report must identify the total number of enrollment case managers or other IEB staff who attended required trainings and supplemental training sessions and the topics and names of the training sessions.
- N. Length of Time (Days) for PASRR-EV Level II Evaluations Completed for Applicant:** The selected Applicant shall submit a monthly report for the prior month's activities and cumulative aggregate annual report for the prior year's activities of the dates an individual was referred for a PASRR-EV Level II evaluation, the date the selected Applicant received the request to perform the PASRR-EV Level II evaluation if different than the date on the initial PASRR I Form, the date the PASRR-EV Level II evaluation was completed and the date the evaluation and related documentation was sent to the appropriate State Authority Agency and the total number of days for completion. The monthly report must be submitted by the 10th business day of the following month. The annual report must be submitted by the 15th business day of the following year.
- O. Length of Time (Days) for Annual Redetermination Reviews Completed for CHC Participants:** The selected Applicant must submit a monthly report for the prior month's activities and cumulative aggregate annual report for the prior year's activities of the number of days from the date annual re-determination data from FED form is supplied by CHC MCO to the date redetermination was completed. The monthly report must be submitted by the 10th business day of the following month. The annual report must be submitted by the 15th business day of the following year.
- P. CHC Enrollment Summary Report.** The selected Applicant must submit a monthly enrollment report containing CHC Participant data for Participants enrolled during the monthly reporting period, sorted by Zone, Participant category (NFI Dual; Participants receiving services in nursing facilities; and Participants receiving HCBS), county, CHC-MCO, gender, age and method of enrollment, to be received by DHS no later than fifteen (15) calendar days after the end of the month.
- Q. CHC PCP Selection Summary Report.** The selected Applicant must submit a monthly PCP selection report containing CHC Participant data regarding PCP selection sorted by Zone, county, CHC-MCO, gender, age and method of enrollment, to be received by DHS no later than fifteen (15) calendar days after the end of the month.
- R. LIFE Enrollment Summary Report.** The selected Applicant must submit a monthly enrollment report containing LIFE Participant data sorted by Zone, county, LIFE program, gender, age and method of enrollment, to be received by DHS no later than fifteen (15) calendar days after the end of the month.

- S. Program and Plan Transfers.** The selected Applicant must submit a monthly Program and Plan Transfer report containing data regarding transfers, including transfer reasons, between OLTL Programs, and transfers between CHC-MCOs, to be received by DHS no later than fifteen (15) calendar days after the end of the month.
- T. IEB Customer and Program Participant Satisfaction Survey Report.** The selected Applicant must submit a quarterly report containing the results of the IEB Customer and Program Participant Satisfaction Survey, to be received by DHS no later than fifteen (15) calendar days after the end of the calendar quarter.
- U. Quality Assurance Reports.** The selected Applicant must submit the following Quality Assurance Reports:
1. The IEB must provide DHS a monthly statistical and narrative report regarding its QMS data and activities undertaken to monitor and improve the quality and performance of the Project, the work performed by its staff and subcontractor(s), including any training during the reporting period, as specified in selected Applicant's approved QMS, to be received by DHS no later than fifteen (15) calendar days after the end of the month.
 2. On a monthly basis, or within such other timeframe as may be specified by DHS, the IEB must select a random sample of recorded calls, audit the calls, and provide DHS with a report of the audit results and the recorded calls.
- V. Waiver Assurance Performance Measure Report.** The selected Applicant must submit a Waiver Assurance Performance Report on a monthly basis in a format specified by OLTL that includes performance results and remediation activities.
- W. Final Report.** The Department will provide the format for the final report that the selected Applicant shall submit upon completion of the grant. Requested information will include, but is not be limited to:
1. Abstract or summary of the result of the services in terminology that will be meaningful to management and others generally familiar with the subject areas.
 2. Description of data collection and analytical and other techniques used.
 3. Summary of the findings, conclusions and recommendations developed in relation to each task.
 4. Include all supporting documentation; e.g., flow-charts, forms, questionnaires.
 5. Recommendations.
- X. Ad-Hoc Reports.** The selected Applicant must provide Ad-hoc Reports as requested by DHS.
- XII. Performance Standards.** The Commonwealth has developed a set of minimum Performance Standards defined below, which, at a minimum, selected Applicant must meet or exceed in order to be in good standing. The Department may, at its discretion, assess

liquidated damages, as indicated below, if selected Applicant fails to meet a minimum Performance Standard. Where the liquidated damage is defined as an “up to” amount, the dollar value will be set at the discretion of the Department. The Department will not assess liquidated damages during the first three (3) months of the grant agreement for any applicable Performance Standard. Unless otherwise specified, the Department will review and assess performance on a monthly basis. The Department’s Grant Administrator will give written notice of each failure to meet a Performance Standard to selected Applicant. If the Department does not assess liquidated damages in a particular instance, the Department is not precluded from pursuing other or future liquidated damage assessments relating to those performance standards.

A. Performance Standards:

IEB CONTACTS				
PERFORMANCE STANDARD	MINIMUM ACCEPTABLE	MEASURE & VALIDATION METHOD	DAMAGES	PERFORMANCE MEASUREMENT INTERVAL
Monthly average call answer time does not exceed 60 seconds.	Monthly average of less than 60 seconds	Monthly average of all calls answered will be calculated from the daily average call answer times for every day on which the IEB must be operational for the month.	2% of monthly invoice if monthly call average time exceeds 60 seconds.	Monthly
Blocked call rate (busy signal) is less than 1%.	Less than 1% of calls blocked	Number of blocked calls per month/Total calls per month.	1% of monthly invoice for every 1% of calls blocked.	Monthly
Calls are not abandoned before being answered by IEB staff	Monthly average abandonment rate is less than 5%.	Monthly average of calls that are abandoned will be calculated from the daily average abandonment rates for every day on which the IEB must be operational for the month.	1% of monthly invoice for every 5% of calls abandoned.	Monthly
Responsiveness to voice mail messages	98% of voice mail messages are returned within one Business Day.	Number and percentage of calls captured via voice mail that are returned within one Business Day	Up to 2% of the monthly invoice amount.	Monthly
Responsiveness to email messages	98% of email messages are returned within one Business Day.	Number and percentage of email messages that are returned within one Business Day	Up to 2% of the monthly invoice amount.	Monthly

IEB CONTACTS				
PERFORMANCE STANDARD	MINIMUM ACCEPTABLE	MEASURE & VALIDATION METHOD	DAMAGES	PERFORMANCE MEASUREMENT INTERVAL
Responsiveness to hard copy inquiries	98% of hard copy inquiries are answered within one Business Day.	Number and percentage of hard copy inquiries that are returned within one Business Day	Up to 2% of the monthly invoice amount.	Monthly

LTSS APPLICATION PROCESSING				
PERFORMANCE STANDARD	MINIMUM ACCEPTABLE	MEASURE & VALIDATION METHOD	DAMAGES	PERFORMANCE MEASUREMENT INTERVAL
Number of LTSS Applicants and Potential LTSS Applicants who had an initial contact with the selected Applicant and who received an in-person visit within seven (7) calendar days of their referral date.	90%	Number of LTSS Applicants and Potential LTSS Applicants who receive an in-person visit by the IEB within seven (7) calendar days of the referral date/Total number of LTSS Applicants and Potential LTSS Applicants who had an initial contact with the selected Applicant.	1% of overall monthly invoice if less than 90% LTSS Applicants and Potential LTSS Applicants do not receive an in-person visit within seven (7) calendar days of the referral date.	Monthly
Unless an exception applies, an LTSS Application is determined eligible or ineligible within ninety (90) calendar days from the LTSS Application Date.	97%	Timeliness of LTSS Application determination	5% of invoice if performance measure is below minimum acceptable limit.	Monthly

CHC ADVANCED PLAN SELECTION				
PERFORMANCE STANDARD	MINIMUM ACCEPTABLE	MEASURE & VALIDATION METHOD	DAMAGES	PERFORMANCE MEASUREMENT INTERVAL
CHC-LTSS Participants make a selection of their CHC-MCO plan prior to enrollment.	80%	Number of enrolled CHC-LTSS Participants selecting CHC-MCO /Total number of enrolled CHC-LTSS Participants	3% of monthly invoice in any month where the actual percentage is below 80%	Monthly

FEDs, REDETERMINATIONS AND PASSR LEVEL II				
PERFORMANCE STANDARD	MINIMUM ACCEPTABLE	MEASURE & VALIDATION METHOD	DAMAGES	PERFORMANCE MEASUREMENT INTERVAL
Completion of initial FED within seven (7) calendar days of referral date.	95%	Comparison of the referral date and the completion date	Up to 5% of the monthly invoiced amount in any month where the actual percentage is below 95%	Monthly.
Completion of PASRR-EV Level II Tool within five (5) calendar days of referral for evaluation	95%	Comparison of the referral date and the completion date	Up to 5% of the monthly invoiced amount for PASRRs in any month where the actual percentage is below 95%.	Monthly
Annual Redeterminations are completed within ten (10) business days of request from CHC-MCO	95%	Comparison of the request date and the completion date	Up to 5% of the monthly invoiced amount for annual redeterminations in any month where the actual percentage is below 95%.	Monthly

BSS and OTHER REQUIREMENTS				
PERFORMANCE STANDARD	MINIMUM ACCEPTABLE	MEASURE & VALIDATION METHOD	DAMAGES	PERFORMANCE MEASUREMENT INTERVAL
IEB Customers are satisfied with their overall experience with the IEB	90% of IEB Customers are satisfied with the IEB experience	Number of IEB Customers participating in the quarterly satisfaction survey who are satisfied with IEB/Total Number of IEB Customers participating in the survey	If IEB Customer satisfaction falls below 90% for 2 consecutive quarters, 3% of total monthly invoice for the third month.	Quarterly
Program participants are satisfied with their experience	90% of Program participants are satisfied with their experience	Number and percent of Program Participants reporting resolution to their issue or complaint through the quarterly satisfaction surveys.	If Program Participant satisfaction falls below 90% for 2 consecutive quarters, 3% of total monthly invoice for the third month.	Quarterly

BSS and OTHER REQUIREMENTS				
PERFORMANCE STANDARD	MINIMUM ACCEPTABLE	MEASURE & VALIDATION METHOD	DAMAGES	PERFORMANCE MEASUREMENT INTERVAL
Responsiveness to Program Participants requesting an in-person contact	98% of Program Participants requesting an in-person contact receive one in seven (7) calendar days	Number and percentage of in-person contact that occurred within seven (7) calendar days of request	Up to 2% of the monthly invoice amount.	Monthly
Responsiveness to questions submitted through the IEB Website	98% of questions submitted to the IEB Website are answered the next business day	Number and percentage of questions answered through the IEB Website within one (1) business days of receipt	Up to 2% of the monthly invoice amount.	Monthly
Timely submission of Reports.	98%	Number of Reports submitted timely.	Up to 2% of the monthly invoice amount	Ongoing
Corrective Action Plan (CAP) is submitted by the deadline specified by OLTL.	100%	Number of calendar days beyond the due date for submission of the CAP.	For each CAP, up to \$500 per calendar day after due date.	Daily
IEB implements corrective measures required under the approved CAP within the specified time frames.	100%	Timely implementation of all corrective measures required in the approved CAP.	For each failure to implement an approved CAP, 5% of the total monthly invoice until full compliance is achieved.	Daily

B. Corrective Action Plan.

1. **Submission.** The selected Applicant shall prepare and submit a corrective action plan for any observation or finding contained in a notice of deficiency issued by DHS. The selected Applicant must submit the corrective action plan to DHS within ten (10) calendar days of notification of the deficiency or such longer time as may be agreed to by the Department.
2. **Contents.** The corrective action plan must include, but is not limited to:
 - a. Brief description of the findings;
 - b. Specific steps the selected Applicant will take to correct the situation or reasons why it believes corrective action is not necessary;

- c. Name(s) and title(s) of responsible staff person(s);
 - d. Timetable for performance of the corrective action steps;
 - e. Monitoring that will be performed to verify that corrective action steps were implemented;
 - f. Signature of the selected Applicant's Contract Administrator or a senior executive.
3. **Implementation.** The selected Applicant must implement the corrective action plan within the timeframe agreed to by the parties for that particular corrective action plan. Failure to implement a corrective action plan, in the manner agreed to, may result in further action by the Department, including, but not limited to, a finding of default.

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