

Appendix E

Provider Relations and Incident Management

Delivery of medical and community long term care services and effective care coordination requires good working relationships with Ohio's health and long term care providers. Applicants that have working relationships with a wide variety of providers are better positioned to meet Ohio's goal of improving health outcomes. In general, Medicare-Medicaid eligible population and the integration of acute Medicare and Medicaid and long-term institutional and home- and community-based services (HCBS) present unique challenges for health plans. Therefore, the Applicant's history of working relationships with Ohio providers, and experience in other states with community long term care service providers, is valuable to ODJFS.

Selected Applicants must dedicate adequate resources to provider relations and must consider geographic accessibility and existing utilization patterns in developing their provider panel. Selected Applicants may not employ or contract with providers excluded from participation in federal health care programs under either section 1128 or section 1128A of the Social Security Act and must ensure that providers have met all credentialing requirements.

Selected Applicants will be required to demonstrate adequate provider capacity to meet the Medicare-Medicaid Panel Adequacy requirements for the region(s) for which they have applied. Plans are also required to maintain a network adequate to provide Medicaid benefits that exceed Medicare, such as dental and vision services.

Medicaid HCBS waivers provide services designed to prevent and replace the need for institutional long-term care. The term "waiver" refers to an exception in federal law that is granted to a state by the federal Centers for Medicare and Medicaid Services (CMS). That "waiver" requires states to provide specific assurances to CMS. Those assurances, as outlined in 42 CFR 441.302, include, but are not limited to: health and welfare, initial and annual evaluation of need, and free choice of HCBS or institutional care. These assurances require ODJFS to implement various waiver specific operations, including individual incident reporting and investigations. "Incident Reporting" is a system of reporting critical events or incidents (e.g., abuse, neglect and exploitation) that bring harm, or create the potential for harm, to a participant, and that must be reported for review and follow-up action by an appropriate authority (e.g., child or adult protective services, or law enforcement).

ODJFS currently enrolls both agency providers and independent providers (who do not work for a home health agency) to provide services in the home. ODJFS also enrolls vendors for equipment, accessibility adaptations, and home-delivered meals. Because these providers are not certified by traditional processes, ODJFS, and the Ohio Departments of Health or Aging, review applications against a set of requirements specified in chapters 5101:3-46 and 173-39 of the Ohio Administrative Code. Selected Applicants will be required to develop contractual relationships (including for reimbursement) with home and community services providers

certified by the Ohio Department of Health, and the Ohio Department of Aging, as well as those that ODJFS approves for the provision of home and community-based services.

The following sections provide an opportunity for Applicants to present their experience at contracting with and reimbursing providers for community-based long term care services. These sections also gather information about the Applicant’s experience with incident reporting and risk management.

Responses must be documented on the form below:

E-1: Does the applicant have more than 12 months’ direct experience, since January 1, 2007, at contracting with, and reimbursing, community-based long term care providers serving Medicaid populations such as the following? Mark all that apply and reference the form(s) submitted in Appendix B for which the experience applies.

Note that experience with up to two States/Lines of Business can be indicated.

Mark “X” if more than 12 months experience applies	Community-Based LTC Provider/Service Type	State and Line of Business Submitted in Appendix B	State and Line of Business Submitted in Appendix B
	Adult Day Health Services		
	Assisted Living Services		
	Emergency Response Systems		
	Home Delivered Meals		
	Homemaker/Housekeeping services		
	Minor Home Modifications		
	Non-Medical Transportation		
	Nurses affiliated with a Home Health Agency		
	Independent Nurses not affiliated with a Home Health Agency		
	Independent Aides not affiliated with a Home Health Agency		
	Nutritional consultation		
	Out of Home Respite Services		
	Personal care aides		

	affiliated with a Home Health Agency		
	Social work/Counseling		
	Supplemental Adaptive and Assistive Devices (e.g. lift chair, bath seat, grabber)		

E-2: Does the applicant have more than 12 months’ direct experience, since January 1, 2007, with reporting and/or investigating individual incidents related to the health and welfare of community long term care service providers and individuals? Mark all that apply and reference the form submitted in Appendix B.

Mark “X” if 12 months experience applies	Experience Type	State and Line of Business Submitted in Appendix B
	Documenting and reporting individual incidents to the state or other oversight/investigative agency.	
	Investigating individual incidents reported by individuals, providers and other entities and reporting outcomes to the state/oversight agency.	
	Prevention planning or risk management for individuals receiving long term care services in community settings.	

For each element marked and for each state/line of business referenced, describe in a brief essay the Applicant’s experience including sources and definitions/types of incidents and the Applicant’s responsibility and experience. Please limit responses to **one page** for each state/line of business referenced.

All essay responses must comply with the Essay Requirements, including the certification, described in Section III.B.3 of this RFA.

Appendix E

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Scoring: Section E-1

The remainder of this Appendix is a description of the process that will be used by ODJFS in scoring an Applicant’s responses to the questions in this Appendix. Applicants are not to fill in and return this section with their applications. However, ODJFS strongly encourages applicants to use these pages to evaluate the quality and responsiveness of their application packets prior to submission.

(1) ODJFS will award points only for LTC provider/service types for which the Applicant:

- a. Enters an “X” to indicate, for each specific LTC provider/service type, more than 12 months direct experience contracting with, and reimbursing, community-based long term care providers to serve Medicaid populations, AND
- b. Enters appropriate information, for each specific LTC provider/service type, to indicate at least one State and Line of Business, Submitted in Appendix B, for which the Applicant had direct experience at contracting with, and reimbursing, the associated community-based long term care provider to serve Medicaid or dual eligible populations

(2) For services where both of the conditions above are met, ODJFS will award points as follows:

- a. 150 points for each LTC provider/service types for which the Applicant indicates **ONE** State and Line of Business, Submitted in Appendix B
- b. 313 points for each LTC provider/service types for which the Applicant indicates **TWO** States and Lines of Business, Submitted in Appendix B

(3) The total score for this question will be limited to 2,500 points

Mark “X” if more than 12 months experience applies	Community-Based LTC Provider/Service Type	State and Line of Business Submitted in Appendix B (0 or 150 points)	State and Line of Business Submitted in Appendix B (0 or 163)	Total Points (0, 150, or 313 per row)
	Adult Day Health Services			

	Assisted Living Services			
	Emergency Response Systems			
	Home Delivered Meals			
	Homemaker/Housekeeping services			
	Minor Home Modifications			
	Non-Medical Transportation			
	Nurses affiliated with a Home Health Agency			
	Independent Nurses not affiliated with an agency			
	Independent Aides not affiliated with a Home Health Agency			
	Nutritional consultation			
	Out of Home Respite Services			
	Personal care aide services			
	Social work/Counseling			
	Supplemental Adaptive and Assistive Devices (i.e. lift chair, bath seat, grabber)			
TOTAL (limited to a maximum of 2,500 points)				

Appendix E

Provider Relations and Incident Management

Scoring: Section E-2

(1) ODJFS will award points only for the categories of experience with incident reporting/investigating/and prevention for which the Applicant:

- a. Enters an “X” to indicate more than 12 months’ direct experience, since January 1, 2007, with reporting, investigating, or preventing individual incidents related to the health and welfare of community long-term care service providers and individuals, AND
- b. Enters appropriate information, for a category of experience with incident management, to indicate a State/Line of Business/Population, submitted in Appendix B, for which the Applicant had this kind of experience

(2) When both of the conditions above are met, ODJFS will award 834 points for each category of experience with Incident Management (with an overall limit of 2,500 points)

Mark “X” if 12 months experience applies	Experience Type	State and Line of Business Submitted in Appendix B	Points (0 or 834 per row)
	Documenting and reporting individual incidents to the State or other oversight/investigative agency		
	Investigating individual incidents reported by individuals, providers and other entities and reporting outcomes to the state/oversight agency		
	Prevention planning or risk management for individuals receiving long term care services in community settings		
TOTAL (limited to a maximum of 2,500 points)			