



City of Seattle
Human Services Department

2016
Medicaid Case Management Program
Request for Qualification

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**City of Seattle
Human Services Department**

**2016
Medicaid Case Management Program
RFQ**

GUIDELINES

I. Introduction

The Aging and Disability Services (ADS) division of the City of Seattle Human Services Department (HSD) is seeking applications from agencies interested in providing Medicaid Long Term Supports and Services (LTSS) Case Management for eligible clients in King County. The primary focus of the Request for Qualification (RFQ) is to address an anticipated service gap for clients residing in East King County; a secondary focus is to increase capacity throughout the system to address the needs of an increasingly diverse client population, specifically clients from Eastern Europe, the Middle East and East Africa. This RFQ is open to non-profit, government, or public agencies.

Funding for the RFQ will be based on client volume and a negotiated rate from the following sources:

Fund Sources	RFQ Amount
<i>State Medicaid Title XIX</i>	Fee for service Range from \$102.75-\$115 per client per month

HSD intends to contract with one to three new agencies through this RFQ for services in East King County. Current case management contractors do not need to apply. Initial contracts for qualified applicants will be made for the period of July 1, 2016 – June 30, 2017. While it is the City’s intention to renew agreements resulting from this RFQ on an annual basis, future funding will be contingent upon performance and funding availability.

All materials and updates to the RFQ are available on [HSD’s Information for Grantees web page](#). HSD will not provide individual notice of changes, and applicants are responsible for regularly checking the web page for any updates, clarifications or amendments.

HSD will have no responsibility or obligation to pay any costs incurred by any applicant in preparing a response to this RFQ or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

If you have any questions about the Medicaid Case Management Program RFQ, please contact:

- Andrea Yip, Planning Supervisor via email at andrea.yip@seattle.gov
- Amy Holland, Contract Manager via email at amy.holland@seattle.gov

II. Timeline

Funding Opportunity Released	Tuesday, January 26, 2016
*Information Session	Wednesday, February 10, 2016 9 a.m. - 11 a.m. Bellevue City Hall 450 110 th Ave NE Room 1E-113 Bellevue, WA 98009
Last Day to Submit Questions	Friday, February 19, 2016 by 12:00 p.m.
Application Deadline	Tuesday, March 1, 2016 4:00 p.m.
Interviews and Site Visits	The week of April 4, 2016
Planned Award Notification	Thursday, May 5, 2016
Contract Start Date	Friday, July 1, 2016

*Please contact RFQ coordinator for accommodation requests: Andrea Yip, andrea.yip@seattle.gov

HSD reserves the right to change any dates in the RFQ timeline.

III. HSD Guiding Principles

In addition to the investment outcomes stated in this RFQ, investments will reflect the Seattle Human Services Department's vision, mission and values and support the department's theory of change.

Vision

The vision of the Seattle Human Services Department is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.

Mission

The mission of the Seattle Human Services Department is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities.

Values

We accomplish our mission by adhering to core values and funding programs whose work supports them:

- **Vision** – we are future-focused, funding outcomes that create a stronger community.
- **Innovation** – we foster an environment where creativity and new approaches are valued, tested, refined and implemented.
- **Results** – we fund and administer programs that are accountable, cost-effective, and research-based, ensuring people receive high-quality services.
- **Equity** – our resources are devoted to addressing and eliminating racial, social, economic, and health disparities in our community.
- **Creative collaboration** – we share the collective wisdom of our colleagues and community to develop and implement programs.
- **Service** – we ensure the programs we support are accessible to all community members and deliver high-quality, welcoming customer service.

IV. HSD's Commitment to Funding Culturally Responsive Services

In conjunction with the Seattle Race and Social Justice Initiative (RSJI), which is a citywide effort to end institutionalized racism and race-based inequities in Seattle, HSD has developed investment principles that reflect our commitment to funding culturally responsive services to create positive outcomes for service recipients. Agencies applying for investment will demonstrate the capacity to institute these principles through routine delivery of participant-centered and strength-based services that are culturally:

COMPETENT, as demonstrated by “the ability to honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and to diligently act on that understanding”.¹ It is “the ability to function effectively in the midst of cultural differences. It includes knowledge of cultural differences, awareness of one’s own cultural values, and ability to consistently function with members of other cultural groups”.²

RESPONSIVE to the cultural and linguistic needs of diverse populations. Agencies have the capacity to effectively serve and engage persons of diverse backgrounds. Agencies commit to practicing cultural responsiveness throughout all levels of the program, including policy, governance, staffing, and service model and delivery. Agencies make every effort to recruit and retain a work force (paid and voluntary), and policy-setting and decision-making bodies, that are reflective of the focus populations identified in the theory of change.

RELEVANT in addressing the cultural needs of diverse populations whose models of engagement or cultural standards differ from mainstream practices. Agencies are staffed with people who have the cultural competency to create authentic and effective relationships and provide culturally responsive services for members of specific cultural groups and/or communities of color. Commitment and experience of the agency reflects effective, mutually beneficial relationships with other organizations (such as grassroots or community-based organizations, churches, community networks, etc.) that are reflective of the populations being served.

ACCESSIBLE through language, location, and delivery style. Agencies have the capacity to overcome mainstream barriers and/or provide effective alternative strategies that enable residents to easily access mainstream and nontraditional programs and services.

¹ Coyne, C. (2001) “Cultural Competency: Reaching Out to All Populations”. PT Magazine, pgs. 44-50.

² York, S. (2003) Roots and Wings: Affirming Culture in Early Childhood Programs. St. Paul, MN: Redleaf Press, pg. 161.

V. Investment Area Background & Program Requirements

The Department of Social and Health Services (DSHS), Aging and Long Term Supports Administration (AL TSA) administers the Medicaid state plan and 1915(c) waivers that provide an array of long term services and supports to adults with unmet needs for assistance with activities of daily living due to functional impairments caused by age, physical disability or cognitive impairment.

AL TSA contracts with the 13 Area Agencies on Aging (AAA) in Washington State to develop and maintain a quality statewide Medicaid provider network to serve clients who are eligible for Medicaid long term services and supports (LTSS) and who choose to receive these services in their own homes and communities. ADS is the designated AAA for King County and contracts with AL TSA to administer and deliver the Medicaid LTSS case management program for community based clients. These case management services are currently delivered directly by ADS staff, as well as through three sub-contract providers: Evergreen Care Network, Asian Counseling and Referral Services (ACRS), and Chinese Information & Service Center (CISC).

HSD intends to contract with one to three new agencies to provide case management services to vulnerable persons 18 years and older in King County who are eligible to receive Medicaid LTSS in their own homes. The focus of this RFQ is on the LTSS case management services provided by Evergreen Care Network, which is currently the primary provider for clients residing in East King County. ADS is also seeking to qualify agencies who can serve the growing immigrant and refugee populations throughout King County. Current contractors, ACRS and CISC, will continue their case management services.

A. Service/Program Model

Goals of Case Management

The primary goal of case management is to enable vulnerable adults to reside in the setting of their choice with long term services and supports that maximize independence, dignity, and quality of life. Case managers assist clients in developing a safe plan of care to achieve this goal, arrange for and coordinate related services, and provide ongoing monitoring of the care plan. Case managers are also custodians of state resources and must balance client choice with program limits.

Case Management Responsibilities. Per [RCW 74.39A.095](#), case management responsibilities for long-term care clients are shared by DSHS Home and Community Services and the Area Agency on Aging for King County. This includes case management for all clients, age 18 and older receiving AL TSA-funded community-based services in their home and in-home Medicaid clients who are temporarily in institutional settings. For more detailed information on requirements of case management, see the:

Home and Community Services Information for Professionals Procedure and Reference Materials, found at <https://www.dshs.wa.gov/altsa/home-and-community-services-information-professionals>, specifically:

- Long Term Care Manual:
 - Chapter 3: Assessment and Care Planning
 - Chapter 5: Case Management
 - Chapter 7: CORE LTC Programs
 - Chapter 7A: In-Home Provider Requirements
 - Chapter 24: Nursing Services
 - Chapter 27: New Freedom
- Assessor's Manual

Case Managers:

- Assess the client’s functional and cognitive needs.
- Support/maximize client independence and self-direction.
- Create and monitor care plans, coordinate with agency and Individual Providers to provide in-home services.
- Educate clients, family members, support systems, and other service providers that a comprehensive plan of care is developed within the choices and resources available and that meeting **all** needs may not be possible.
- Provide client-centered services, evaluating informal and community supports, with an overarching goal of preventing unnecessary institutionalization.

B. Criteria for Eligible Clients

Caseworkers from the WA Department of Social and Health Services (DSHS) determine client eligibility by assessing functional unmet need using a state assessment tool (CARE) and conducting a Medicaid financial determination. If a client is deemed eligible and chooses to receive LTSS in their own home, case management responsibilities are transferred to the local Area Agency on Aging, which assumes responsibility for determining the client’s ongoing functional eligibility for DSHS in-home programs.

C. Focus Population and Priority Community

The data below describes current and anticipated case management populations: 1) all in-home case management clients served by ADS and their sub-contractors; 2) all clients served by Evergreen Care Network; and 3) emerging immigrant and refugee groups.

1. Characteristics of King County In-Home Medicaid Case Management Clients

There are approximately 10,500 LTSS case management clients served monthly in King County. As the older adult population grows, demand for these services is increasing. In King County, the client caseload growth rate is about 3.5% per year, with the greatest growth among immigrant and refugee populations. Case management clients are individuals receiving long-term services in their homes who meet functional and financial eligibility for nursing facility care. Clients are eligible for these services due to needing support with performing activities of daily living, cognitive impairment, complex medical/psychosocial needs, or other symptoms. These are vulnerable adults over the age of 18, the majority of whom are over 65 and eligible for both Medicare and Medicaid.

a. Acuity Levels

Acuity Level	% of clients
Moderately limited activities of daily living (ADLs)	12%
Moderately limited ADLs and/or mood or behaviors that impact provision of care	20%
Moderately limited ADLs in combination with medical conditions that impact provision of care	27%
Very limited ADLs plus cognitive support needs	36%
Extremely limited ADLs, often immobile	5%

Source: ALISA CARE Assessment Data, ADS Seattle and ADS Renton, 2014

b. Number of clients by case management provider office in King County

CM Office	# of Clients	%	# Limited English	%	# Non White	%	Reside in Seattle	%	Reside outside Seattle	%
ADS Seattle	2,171	21	684	11	969	17	2,171	57	423	6
ADS Renton	3,939	38	1,804	29	1,564	27	136	4	3,803	54
ACRS	2,383	23	2,216	36	2,382	41	1,004	26	1,379	20
CISC	767	7	762	12	766	2	512	13	255	4
ECN	1,179	11	755	12	136	13		0	1,179	17
Total	10,439	100	6,221	100	5,817	100	3,823	100	7,039	100

Source: Client Profile Report for December 2014

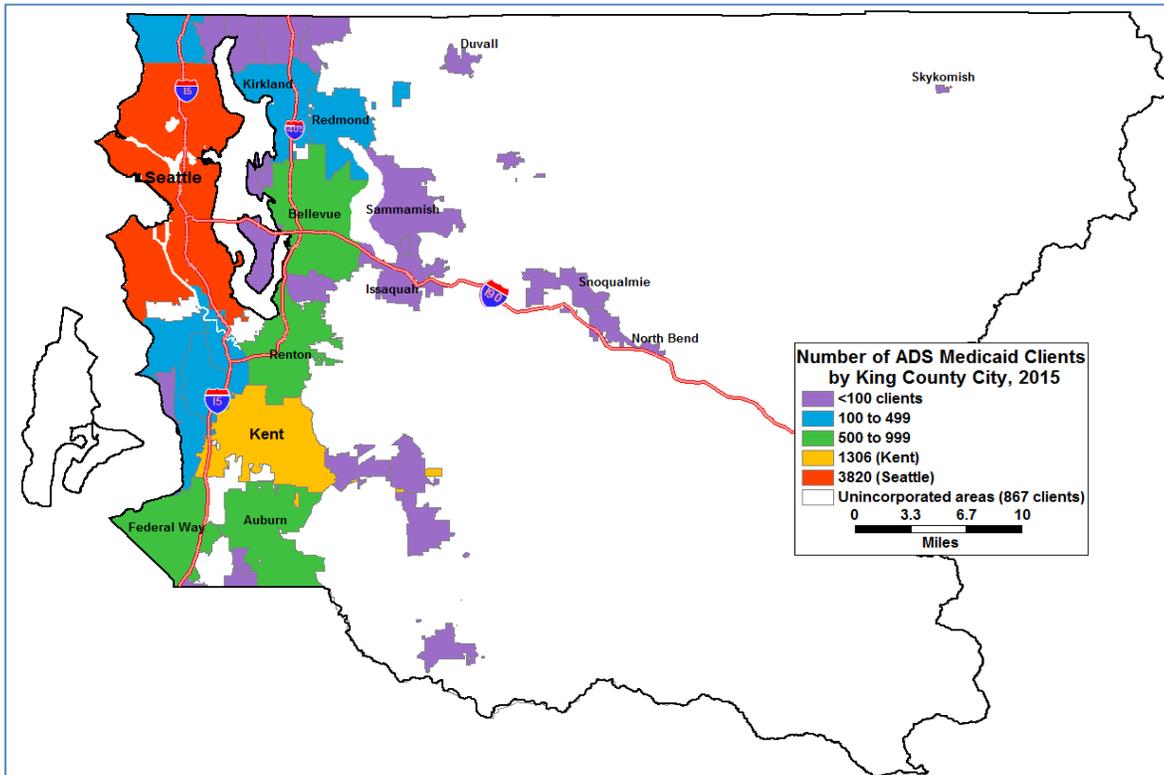
c. Top Languages spoken by King County case management clients

Case management services will continue to be provided by ADS, and by ACRS, and CISC who currently serve clients that speak Asian/Pacific Island languages, including Cambodian, Cantonese, Korean, Laotian, Mandarin, Samoan, Tagalog, and Vietnamese.

Languages Spoken	Approx. # Clients	%
English	3805	35%
Russian	1355	13%
Vietnamese	935	9%
Cantonese	510	5%
Ukrainian	463	4%
Somali	440	4%
Korean	398	4%
Mandarin	280	3%
Punjabi	228	2%
Arabic	212	2%
Nepalese	169	1.5%

Source: ALISA CARE Assessment data, King County AAA, October 2015

d. Map of all AAA King County Medicaid Clients.



2. Current Evergreen Care Network Clients (approximately 1100 clients as of December 2015)

a. Evergreen Caseload Complexity

Least complex	34%
Complex Clients	57%
More Complex Clients	5%
Most Complex Clients	4%

The least complex clients average around 22 in-home caregiver hours per month while the most complex could have 350 hours per month. Complex clients have a greater number of care needs and functional limitations based on the comprehensive assessment.

b. Evergreen Caseload Languages

Language or Region	% of cases
Russian	41%
English	35%
Middle East	14%
Other European	7%
South Asia	2%

Evergreen Care Network serves approximately 1100 clients per month with over 35 languages. Some of these populations may be served through expansion of services by current subcontractors.

c. Evergreen Caseload Geography

Evergreen Care Network’s current catchment area is East King County, defined as east of Lake Washington and north of I-90, including North Issaquah, and King County residents of Bothell and Kenmore.

3. Emerging Needs

ADS seeks to increase overall system capacity in response to:

- a) Caseload Growth: In King County, the Medicaid case management growth rate is about 3.5% per year, or roughly 400 new clients each year. This growth rate is expected to increase as the overall population ages.
- b) Increasing complexity of clients: The number of people 65 and older is growing with the fastest growing segment being the oldest old – those 85 and over. As the population lives longer, many face an increased likelihood of acquiring a chronic condition or disability. About half of adults 60 years and older living below the federal poverty level have a disability.
- c) Increasing diversity of clients: The greatest increase among new client populations are refugees and immigrants from Ukraine, Russia, the Middle East and East Africa, which aligns with the refugee settlement data below. ADS needs to build capacity to address the cultural and linguistic needs of these and other emerging client populations.

From around the world

The top 20 countries of origin of refugees who have come to Washington since 2003.

THE REST OF THE TOP 20

- 11 Vietnam
- 12 Dem. Rep. Congo
- 13 Sudan
- 14 Cuba
- 15 Belarus
- 16 Liberia
- 17 Burundi
- 18 Afghanistan
- 19 Kazakhstan
- 20 Kyrgyzstan



Source: U.S. Department of State

KELLY SHEA / THE SEATTLE TIMES

D. Expected Service Components

Required Functions of Case Management

- **Assessment.** Perform a face-to-face assessment with the client in the client’s residence to determine service needs and program eligibility at least annually or when there is a serious change in client condition. Both assessments and reassessments are completed using the state’s Comprehensive Assessment Reporting Evaluation (CARE) tool.
- **Planning/Plan monitoring.** Develop a plan of care with each client, authorize services according to that plan, and authorize the client’s choice of qualified provider. Monitor, through periodic telephone contacts or home visits, to see if the plan is being appropriately implemented and if the services provided are meeting the client’s needs.

- **Terminate unqualified providers.** Individual Providers may be deemed unqualified due to lack of compliance with background check, training, or certification rules or due to character, competency, and suitability review outcomes.
- **Contracting Individual Providers (IPs).** Clients may select individuals to provide services in their care plan. Case managers or case aides will ensure qualifications are met related to criminal background checks, training requirements, and home care aid certification requirements, and execute contracts in the statewide Agency Contracts Database.
- **Mandatory Reporting.** Report abuse, abandonment, neglect, self-neglect, or financial exploitation to Adult Protective Services (APS) per [Chapter 74.34 RCW](#).
- **Report Suicide Ideation.** According to policy.
- **Service Termination Planning.** Services are based on the client's current needs and level of services can change if needs change. This is especially true if the client has a temporary condition (e.g. post-surgical, broken bone). When the CARE assessment determines that a client is no longer eligible for a particular service, case managers make necessary referrals (if needed) to transition the client to other services, provide adequate notice, via a Planned Action Notice (PAN) and close services in the necessary timeframes.

Nurse Consulting Services. Nurses educate clients, providers, and case managers about health-related assessment topics to enhance the development and implementation of the client's plan of care. Referrals should be considered when clients meet the criteria as shown in the CARE tool. Agencies will deliver nursing services as defined in [Chapter 24 Nursing Services of the Long-Term Care Program Manual](#).

The Nursing Service Program will maintain compliance with [RCW 74.34](#), [RCW 74.39](#), [RCW 74.39A](#), and all applicable regulations in [WAC 388-71](#) and [WAC 388-106](#).

Additional Supportive functions may be required. These include, but are not limited to:

- **Client Advocacy.** Support client self-advocacy. Intervene with agencies or persons to help clients receive appropriate benefits or services.
- **Assistance.** Assist clients to obtain a needed service or accomplish a necessary task that, due to physical or cognitive limitations, they cannot obtain independently.
- **Referrals.** Make and follow up on referrals to healthcare providers, including mental health and other services as identified in the assessment.
- **Family Support.** Assist the family or others in the client's informal support system to:
 - Make necessary changes in the home environment and/or lifestyle that clients have agreed to;
 - Encourage changes in high risk behaviors or choices that may improve the stability of the plan of care or improve health and psych/social outcomes;
 - Plan a move to or from residential care, etc.
 - Encourage caregiver self-care through support groups, education, and assistance accessing resources.
- **Crisis Intervention.** Provide short-term crisis intervention in an emergency situation to resolve the immediate problem before a long-term plan is developed or current plan is revised.
- **Access Resources.** Examples of available resources include discharge resources, local community services, assistive technology and benefits under the Medicaid State Plan.

Please see attachment 5 for a detailed case example.

E. Expected Investment Outcomes and Compensation

The expected case management outcome is that vulnerable adults remain independent in their homes for as long as possible. The indicators for these outcomes include receiving an annual comprehensive assessment and service plan. Quality assurance outcomes may include, but are not limited to assessments completed on time and services authorized correctly, number of contacts made with clients, and appropriate referrals made.

Contracts awarded under the RFQ will be paid on a unit rate. A payment is made for each client that has an open in-home service authorization per month. The unit rate for services proposed under this RFP will be determined during contract negotiations and will be based on the proposed budget and agreed upon number of clients to be served by the program. Agencies should propose to serve a minimum of 500 clients per month.

F. Description of Key Staff and Staffing Level

Staffing of case management programs must include roles for program management, clinical supervision, case management, and nursing staff. Case management programs also have specialized roles for administrative hearing coordination and internal staff training. Case aides may also be used to support case management duties such as tracking Individual Provider information, assisting family or client in completion of forms, and making referrals for services.

The ADS Case Management Program uses the following staffing guidelines:

Case manager to client ratio	1:92
Nurse to client ratio	1:800
Case handling staff* to client ratio	1:71
Supervisor to case handling staff ratio	1:10

*Case Handling Staff are case managers, nurses, and case aides. This ratio is set by ALTSA and must be met to receive full reimbursement under a case management contract.

This sample Staffing Plan shows a staffing configuration that would support a program serving 500 clients.

Case Managers	5.5 FTEs
Registered Nurse	0.6 FTE
Case Aide	1.0 FTE
Supervisor	0.75 FTE
Trainer	0.25 FTE
Administrative Hearing Coordinator	0.1 FTE
Total FTE	8.2 FTEs

Case Manager Qualifications

Case managers will meet at least the following minimum education and experience requirements:

1. Bachelor's degree (Master's preferred) in social services, psychology, or related field and three years of social service experience involving interviewing, counseling, or crisis intervention; or
2. An exception can be requested if it has been demonstrated that applicants cannot be located who meet the education and experience requirements above and one or more of the following two conditions exist:

- a. Bilingual or bicultural staff are necessary to assure access to limited-English speaking or culturally isolated populations; and/or
- b. The client populations are geographically isolated.

Case Management Supervisor Qualifications

Case Manager Supervisors must have a Bachelor's degree in Social Services, Human Services, Business, or Public Administration or a relevant field (Masters preferred) and three years of experience in human services or contract administration, service delivery, community organizing, including one year of supervisory or lead experience (or a combination of education, training and experience). Experience may be paid or volunteer.

Case Aide Qualifications

Case Aides must have at least two years of college level courses in social work or a related field and one year of experience providing direct human services. Experience may be paid or volunteer.

Program Manager Qualifications

A Case Management Program Manager must have a B.A. in a relevant field and two years of administrative experience (one year of supervisory experience may be substituted for one year of administrative experience).

Nurse Qualifications

A Case Management Program Nurse must have a current registered nurse (R.N) credential from the Washington State Department of Health. A nurse must also have a BS in Nursing; and two years of clinical nursing experience with elderly and/or adults with disabilities; or three years of clinical nursing experience.

VI. Agency Minimum Eligibility Requirements

Applications for this RFQ will be accepted from any legally constituted entities that meet the following minimum eligibility requirements:

- Applicant must meet all licensing requirements that apply to its organization. Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions.
- Applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.
- Applicant must be incorporated as a private non-profit corporation in the State of Washington and must have been granted 501(C) (3) tax exempt status by the United States Internal Revenue Service, the applicant's 501(C) (3) status must be in good standing and must not have been revoked in the previous calendar year.

OR

- If the applicant is a public corporation, commission, other legal entity or authority established pursuant to RCW 35.21.660 or RCW 35.21.730, the applicant's status as a legal entity must be in good standing and must not have been revoked in the previous calendar year.
- Applicants cannot also be a provider of Medicaid LTSS services such as homecare. There is a conflict of interest if the agency both authorizes and delivers service. If an applicant has a conflict, then clearly outline how the agency will mitigate the conflict.

VII. Client Data and Program Reporting Requirements

Agencies must be able to collect and report client-level demographic and service data as stated in any resulting contract. Agencies must implement policies and procedures to ensure privacy and confidentiality of client records for both paper files and electronic databases.

Agencies must have the ability to submit reports electronically to ADS. Current data specifications are available on the ADS website (www.agingkingcounty.org; click "Service Providers" then "Reporting Requirements").

Agencies will be required to enter client-level data in the statewide Comprehensive Assessment and Reporting Evaluation (CARE) System to evaluate client functioning and authorize in-home hours and supports. A VPN account for each case manager will be provided.

VIII. Contracting Requirements

- Any contract resulting from this RFQ will be between the City of Seattle, through its Human Services Department, and the applicant agency (referred to as "Contractor" in this section).
- Contracts may be amended to ensure that services and outcomes align with the community needs or due to availability of funding.
- Contractors will be required to comply with the Terms and Conditions of the Human Services Department Master Agency Services Agreement (MASA). These requirements shall be included in any contract awarded as a result of the RFQ and are not negotiable. A copy of the MASA is available on [HSD's Information for Grantees web page](#).
- HSD will attach Exhibits and Attachments to all resulting contracts which will further specify program terms, rules, requirements, guidelines and procedures.
- Contractors will be required to maintain books, records, documents, and other evidence directly related to performance of the work in accordance with Generally Acceptable Accounting Procedures. The City of Seattle, or any of its duly authorized representatives, shall have access to such books, records and documents for inspection, audit, and copying for a period of seven (7) years after completion of work.
- Contractors must complete all required reports and billing documentation as stated herein and in any resulting contract. Reimbursement will be contingent upon receipt and approval of required reports. Additional data may be required for audit or evaluation purposes.
- All programs funded through this RFQ must publicly recognize HSD's contribution to the program.
- Contractors will maintain a commercial general liability insurance policy with a minimum limit of \$1,000,000, naming the City of Seattle as insured.
- Contractors must have the capacity to protect and maintain all confidential information gained by reason of any resulting contract against unauthorized use, access, disclosure, modification or loss.
- Contractors must be able to collect and report data as described in Section VII.

IX. Selection Process

This RFQ is competitive. All interested parties must submit a complete application packet (as outlined in Section IV of the Application Instructions and Materials) by the deadline to be considered for funding. All completed applications turned in on or before the deadline that meet the minimum eligibility requirements (as outlined in Section VI of the Guidelines and Application) will be reviewed and individually scored by members of the rating committee.

Applications not meeting requirements of minimum eligibility or application completeness will be deemed ineligible and will be eliminated from further consideration. HSD reserves the right to seek clarification and accept or waive any nonmaterial irregularities or informalities in determining whether or not an application is eligible.

Eligible and complete applications will be rated based on the criteria for providing the required services outlined in the Guidelines and Application materials. HSD reserves the right to contact the primary contact person listed on the agency's completed Application Cover Sheet (Attachment 2) to clarify application contents. HSD also reserves the right to schedule and conduct interviews and/or site visits with some or all applicants prior to forwarding funding recommendations to the HSD Director. Following the rating process, including interviews if any, the rating committee will forward its funding recommendations to the HSD Director for final decision regarding the award(s). Notification of investment awards will be sent to the Executive Director of the applicant agency (or similar level agency management staff indicated on the application cover sheet).

Due to the competitive nature of this RFQ, beyond any scheduled information sessions offered by HSD, no individual technical assistance will be provided until the appeals process has closed. Applicants may not rely on oral communication from HSD staff at any information session, interview, site visit or otherwise and must review all written materials and addendums related to this RFQ.

HSD reserves the right to make an award(s) without further discussion of the proposal submitted. Therefore, the application should be submitted on the most favorable terms. If the application is selected for funding, applicants should be prepared to accept the proposed terms for incorporation into a contract resulting from this RFQ.

HSD also reserves all rights not expressly stated in the RFQ, including making no awards or awarding partial funding and negotiating with any proposer regarding the funding amount and other terms of any contract resulting from this RFQ.

X. Appeal Process

An applicant is any legal entity that has responded to a formal funding process conducted by the City of Seattle Human Services Department in soliciting applications for the provision of defined services. Applicants have the right to protest or appeal certain decisions in the award process made by HSD.

The following outlines the opportunities for applicants to appeal a decision made by HSD at two distinct points in the funding process:

1. **Minimum Eligibility Screening Appeal Process:** This process is applicable to applicants notified by HSD that their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity, and therefore will not be reviewed for funding consideration.
2. **Post-Notice of Award Appeal Process:** This process is applicable to applicants notified by HSD of the final status of their application, as determined by the HSD Director, upon the conclusion of the review and rating process.

While the grounds for appeals and deadlines differ, both processes will follow the same appeal format and content requirements and decision process, except as otherwise stated herein.

Minimum Eligibility Screening Appeal Process

Grounds for Appeals:

This process applies only to applicants wishing to appeal a decision regarding failure to submit a complete application or failure to meet the minimum eligibility requirements outlined in the funding opportunity. An appeal will only be determined to have merit if the applicant proves that the application submitted was complete, did meet the minimum eligibility requirements, qualifications, and formatting standards, and that the initial determination of ineligibility was in error. No additional information or details not included in the original application will be considered.

Appeals Deadlines:

1. The Human Services Department will notify applicants in writing if their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity.
2. Any applicant wishing to appeal must submit a written appeal to the HSD Director within five (5) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, an appeal based upon an application's incompleteness or failure to meet minimum eligibility requirements will not prevent HSD from moving forward with the review and rating process for other applications. HSD reserves the right to issue an interim contract for services to meet important client needs.

Post-Notice of Award Appeal Process

Grounds for Appeals:

Only an appeal alleging an issue concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest.
- Violation of policies or failure to adhere to guidelines or published criteria and/or procedures established in a funding opportunity.

Appeals Deadlines:

1. The Human Services Department will notify all applicants in writing of the final status of their application. For awarded applications, if appropriate, the level of funding to be allocated will be stated.
2. Any applicant wishing to appeal a decision regarding award must submit the appeal in writing to the HSD Director within ten (10) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, HSD reserves the right to issue an interim contract for services to meet important client needs.

Appeal Format and Content:

A notice to HSD staff that an applicant intends to appeal does not reserve the right to an appeal. The applicant must file an appeal within the required deadline and follow the proper format. A casual inquiry, complaint or an appeal that does not provide the facts and issues, and/or does not comply with the form, content or deadline herein, will not be considered by the Department or acted upon as an appeal.

All appeals shall be in writing and state that the applicant is submitting a formal appeal. Deliveries by hand, mail or email are acceptable methods. HSD is not responsible for ensuring that an appeal is received within the appeal deadlines. If HSD does not receive the appeal by the deadline, the protest will be rejected.

Appeals must be addressed to:

Catherine Lester, Director
Seattle Human Services Department
700 5th Avenue, Suite 5800
P.O. Box 34215
Seattle, WA 98124-4125

Email: Catherine.Lester@seattle.gov

Include the following information and any additional information you would like considered in the appeal. Failure to provide the following information may result in rejection of the appeal if the materials are not sufficient for HSD to adequately consider the nature of the appeal:

1. Agency name, mailing address, phone number and name of individual responsible for submission of the appeal;
2. Specify the funding opportunity title;
3. State the specific action or decision you are appealing;

4. Indicate the basis for the appeal including specific facts;
5. Indicate what relief or corrective action you believe HSD should make;
6. Demonstrate that you made every reasonable effort within the funding process schedule to resolve the issue, including asking questions, attending information sessions, seeking clarification and otherwise alerting HSD to any perceived problems; and
7. Signed by the Agency's Executive Director or similar level agency management staff.

Appeals Process:

Within two (2) business days of receiving an appeal according to the appeals submission process outlined herein, the applicant will receive a receipt from the HSD Director's Office notifying the applicant of the date, time and method by which the appeal was received. If the applicant does not receive a receipt within two business days, it should be assumed that HSD did not receive the appeal and it will therefore not be considered.

The HSD Director will review the appeal. All available facts will be considered and the HSD Director shall issue a final decision. This decision shall be delivered in writing by email or mailed letter to the individual making the appeal and the Agency's Executive Director or similar level agency management staff who signed the appeal.

Each written determination of the appeal shall specify whether the HSD Director:

1. Finds the appeal lacking in merit and upholds the City action; or
2. Finds only immaterial or harmless errors in HSD's funding process and therefore rejects the appeal; or
3. Finds merit in the appeal and:
 - a. **For the Minimum Eligibility Screening Appeal Process:** proceeds with inclusion of the original application, as submitted, in the application review and rating process. (This does not guarantee an award from the funding process, but rather allows the originally rejected application to re-enter the evaluation process for funding consideration.)
 - b. **For the Post-Notice of Award Appeal Process:** states the appropriate action, which may include but is not limited to rejecting all intended awardees, making partial award, re-tabulating scores, or any other action determined by the HSD Director.

If HSD finds an appeal without merit, HSD may continue with the funding process (contract execution). Even if the appeal is determined to have merit, HSD may issue an interim contract for services to meet important client needs. Nothing herein shall diminish the authority of HSD to enter into a contract, whether an appeal action or intention to appeal has been issued or otherwise.



City of Seattle
Human Services Department

2016
Medicaid Case Management Program
Request for Qualification

APPLICATION

Instructions and Materials

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2016 Medicaid Case Management Request for Qualification (RFQ). The RFQ Guidelines is a separate document that outlines the RFQ award process and provides more details on the service and funding requirements.

I. Submission Instructions & Deadline

Completed application packets are due by 4:00 p.m. on Tuesday, March 1, 2016.

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 4:00 p.m. deadline. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFQ will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD's Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

- Electronic Submittal: Application packets may be submitted electronically via HSD's Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
- Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department
RFQ Response – Medicaid Case Management
Attn: Andrea Yip

Delivery Address
700 5th Ave., 58th Floor
Seattle, WA 98104-5017

Mailing Address
P.O. Box 34215
Seattle, WA 98124-4215

II. Format Instructions

- A. Applications will be rated only on the information requested and outlined in this RFQ, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be rated.
- B. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
- C. The application may not exceed a total of 12 pages including the narrative sections and attachments (unless the attachment is requested and specifically states that it will not count toward the page limit). Pages which exceed the page limitation will not be included in the rating.
- D. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. You do not need to rewrite the questions for specific elements of each question.

III. Proposal Narrative & Rating Criteria

Write a narrative response to sections A – D. Answer each section completely according to the questions. Do not exceed a total of 12 pages for section A – D combined.

NARRATIVE QUESTIONS

A. PROGRAM DESIGN DESCRIPTION (30 points)

1. Describe how your organization will provide the required and supportive service components of LTSS case management. (Refer to Section V of the Guidelines, specifically subsection D “required components”. For background information, please see Attachment 5, Case Example.)
 - Describe your organization’s ability to coordinate client services across institutions and systems, such as with DSHS Home & Community Services or the Regional Support Network agencies.
 - Describe how you will connect clients and families to other services as needed.
 - If your organization has a conflict for authorizing services (e.g. you provide homecare or home delivered meals), describe your structure to mitigate a potential conflict.
2. Describe which of the population(s) from the list below you are proposing to serve (refer to Guidelines section V, C):
 - East King County (approximately 1100 clients)
 - East King County – Russian (subset of East King County -approximately 500 clients)
 - Other immigrant and refugee groups (propose a minimum of 500 clients)
 - a) Describe your experience working with these populations.
 - b) Include office location, and business hours.

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant presents a thorough description of the program that conveys an understanding of the service components, evidence of likely success in service delivery, and ability to comply with program requirements.
- Applicant demonstrates an ability to build upon and work with existing service delivery systems.
- Applicant clearly describes an organizational structure that keeps authorization and service delivery separate.
- Applicant clearly defines the population(s) they plan to serve which aligns with the current or future capacity needs of the case management program.

- Applicant demonstrates experience working with the focus population.
- Applicant demonstrates a presence in the geographic region and accessibility during normal business hours.

B. CAPACITY AND EXPERIENCE (45 points)

1. Describe your organization’s experience operating programs with complex State and Federal regulations. Include your organization’s experience with developing and implementing training and quality assurance activities to ensure compliance.
2. Describe your organization’s experience related to client assessment and care planning including person-centered care. Describe your knowledge and expertise working with medically complex adults with functional limitations and with challenging behaviors.
3. Describe your organization’s ability to address changes in funding, staffing, changing needs in the community, and developing and/or maintaining board or leadership support. Include a plan for rapid development of service capacity, and attach a start-up timeline (this does not count toward the 12-page narrative.)
4. Describe your plan for staff recruitment, training, supervision, and retention for the proposed program. Provide a list of and a brief job description for all key personnel who will have a significant role in service delivery. Complete the Proposed Personnel Detail Budget (Attachment 4; this does not count toward the 12-page narrative limit).
5. Describe your organization’s experience with data management – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information and ensuring that confidentiality of client information is maintained?

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant demonstrates experience in operating programs with complex requirements and the provision of training and quality assurance activities.
- Applicant demonstrates an understanding of person-centered assessment and care planning and experience working with medically-complex adults with functional limitations and challenging behaviors.
- Applicant demonstrates successful experience adapting to changes in funds and community needs.
- Applicant’s leadership is likely to provide strong ongoing support for the service proposed.
- Applicant presents a clear and realistic description and timeline for launching a new service.
- Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described. Staff list and job descriptions meet program requirements.
- The program has a sufficient number of qualified staff to deliver the services as described, or a plan to build staff capacity in a short time
- Applicant demonstrates an understanding of and capacity for data management and ensuring client confidentiality.

C. CULTURAL COMPETENCY (15 points)

1. Describe your experience providing services to diverse groups, including racial and ethnic minorities, immigrants and refugees, low-income populations, and English language learners. If experience is limited, what steps will you take to provide culturally competent services?
2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds?
3. Describe how the organization board and staff represent the cultural, linguistic and socio-economic background of program participants.

4. Describe your program's strategy for ensuring cultural and linguistic competence is infused through your policies, procedures and practices.
5. What kind of trainings does your organization provide to support cultural competency?

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant demonstrates understanding of cultural competence and describes how cultural competence is incorporated into the program and service delivery.
- Applicant demonstrates the ability to provide culturally competent services within diverse communities and shows an understanding of the challenges.
- Applicant has a proven track record of providing culturally and linguistically relevant services to diverse focus population(s).
- Applicant's staff composition reflects the cultural and linguistic characteristics of the focus population(s).
- Applicant's board composition reflects the cultural and linguistic characteristics of the focus population(s).
- Applicant's policies and procedures demonstrate a respect and appreciation for the cultural and linguistic characteristics of the focus population(s).
- Applicant has demonstrated a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery.

D. BUDGET AND LEVERAGING (10 points)

1. Complete the Proposed Program Budget (Attachment 3; this does not count toward the 12 page narrative limit) showing the cost of operating a program serving the proposed number of clients (minimum of 500). Refer to the sample staffing plan in Section V of the funding Guidelines for guidance on positions to include in the Personnel Detail section of the budget (Attachment 4). The actual number of clients served by a contractor and the unit rate of compensation will be determined after the outcome of the RFQ process. The costs reflected in this budget should be for the service area only, not your total agency budget.
2. Describe how these funds will be used.
3. Describe your organization's financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this RFQ. Entities without such capabilities may wish to have an established agency act as fiscal agent.
4. Describe how your organization has the capability to meet program expenses in advance of reimbursement.

Rating Criteria – A strong application meets all of the criteria listed below.

- Costs are reasonable and appropriate given the nature of the service and the proposed level of service.
- The proposed program is cost effective given the type, quantity, and quality of services. Indirect costs do not exceed 15% of the total budget.
- The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this RFQ.
- The applicant demonstrates the capability to meet program expenses in advance of reimbursement.

Total = 100 points

IV. Completed Application Requirements

AT APPLICATION SUBMITTAL

To be considered Complete, your application packet must include all of the following items or the application will be deemed incomplete and will not be rated:

1. A completed and signed one-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. Roster of your agency's current Board of Directors.
6. Minutes from your agency's last three Board of Directors meetings.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
9. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.

AFTER MINIMUM ELIGIBILITY SCREENING AND DETERMINATION OF A COMPLETED APPLICATION

If HSD does not already have them on file, any or all of the following documents may be requested after applications have been determined eligible for review and rating. Agencies have four (4) business days from the date of written request to provide requested documents to the funding process coordinator:

1. A copy of the agency's current fiscal year's financial statements reports, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency's CFO, Finance Officer, or Board Treasurer.
2. A copy of the agency's most recent audit report.
3. A copy of the agency's most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency's insurance must conform to MASA requirements at the start of the contract.

V. List of Attachments & Related Materials

- Attachment 1: Application Checklist
Attachment 2: Application Cover Sheet
Attachment 3: Proposed Program Budget
Attachment 4: Proposed Personnel Detail Budget
Attachment 5: Case Example

2016 Medicaid Case Management Program RFQ Application Checklist

This optional checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

HAVE YOU....

- Completed and signed the 1-page Application Cover Sheet (Attachment 2)?***
- Completed each section of the Narrative response?**
- Must not exceed 12 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1 inch margins.
 - Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this RFQ.
 - A completed narrative response addresses all of the following:
 - Program Design Description (30%)
 - *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. "same as previous component").*
 - Capacity and Experience (45%)
 - Cultural Competency (15%)
 - Budget and Leveraging (10%)
- Completed the full Proposed Program Budget (Attachment 3)?***
- Completed the full Proposed Personnel Detail Budget (Attachment 4)?***
- Attached the following supporting documents?***
- Roster of your current Board of Directors
 - Minutes from your agency's last three Board of Directors meetings
 - Current verification of nonprofit status or evidence of incorporation or status as a legal entity
 - If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?
- If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning July 1, 2016?***

**These documents do not count against the 12 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **4:00 p.m. on Tuesday, March 1, 2016**. Application packets received after this deadline will not be considered. See Section I for submission instructions.



**City of Seattle
Human Services Department**

**2016 Medicaid Case Management Program RFQ
Application Cover Sheet**

1. Applicant Agency:			
2. Agency Executive Director:			
3. Agency Primary Contact			
Name:			Title:
Address:			
Email:			
Phone #:			
4. Organization Type			
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Other (Specify):			
5. Federal Tax ID or EIN:		6. DUNS Number:	
7. WA Business License Number:			
8. Proposed Program Name:			
9. Funding Amount Requested:	n/a		
10. # of clients to be served:			
11. Which population(s) is your agency applying for? Check all that apply.			
East King County	_____		
East King County – Russian	_____		
Other languages	_____		
Authorized physical signature of applicant/lead agency			
<i>To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.</i>			
Name and Title of Authorized Representative: _____			
Signature of Authorized Representative: _____			Date: _____

**2016 Medicaid Case Management Program RFQ
Proposed Program Budget
July 1, 2016 – June 30, 2017**

Complete the Program Budget showing the cost of operating a program serving the proposed number of clients (minimum of 500). Refer to the sample staffing plan in Section V for guidance on positions to include in the Personnel Detail.

Applicant Agency Name:	
Proposed Program Name:	

Item	Amount by Fund Source			Total Project
	Requested HSD Funding	Other ¹	Other ¹	
1000 - PERSONNEL SERVICES				
1110 Salaries (Full- & Part-Time)				
1300 Fringe Benefits				
1400 Other Employee Benefits ²				
SUBTOTAL - PERSONNEL SERVICES				
2000 - SUPPLIES				
2100 Office Supplies				
2200 Operating Supplies ³				
2300 Repairs & Maintenance Supplies				
SUBTOTAL – SUPPLIES				
3000 - 4000 OTHER SERVICES & CHARGES				
3100 Expert & Consultant Services				
3140 Contractual Employment				
3150 Data Processing				
3190 Other Professional Services ⁴				
3210 Telephone				
3220 Postage				
3300 Automobile Expense				
3310 Convention & Travel				
3400 Advertising				
3500 Printing & Duplicating				
3600 Insurance				
3700 Public Utility Services				
3800 Repairs & Maintenance				
3900 Rentals – Buildings				
Rentals - Equipment				
4210 Education Expense				
4290 Other Miscellaneous Expenses ⁵				
4999 Administrative Costs/Indirect Costs ⁶				
SUBTOTAL - OTHER SERVICES & CHARGES				
TOTAL EXPENDITURES				

¹ Identify specific funding sources included under the "Other" column(s) above:	
	\$
	\$
	\$
	\$
Total	\$

² Other Employee Benefits - Itemize below:	
	\$
	\$
	\$
	\$
Total	\$

³ Operating Supplies - Itemize below (Do Not Include Office Supplies):	
	\$
	\$
	\$
	\$
Total	\$

⁴ Other Professional Services - Itemize below:	
	\$
	\$
	\$
	\$
Total	\$

⁵ Other Miscellaneous Expenses - Itemize below:	
	\$
	\$
	\$
	\$
Total	\$

⁶ Administrative Costs/Indirect Costs - Itemize below:	
	\$
	\$
	\$
	\$
Total	\$

⁶ Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

Does the agency have a federally approved rate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, provide the rate.				

**2016 Medicaid Case Management Program RFQ
Proposed Personnel Detail Budget
July 1, 2016 – June 30, 2017**

Applicant Agency Name:	
Proposed Program Name:	

Agency's Full-Time Equivalent (FTE)		hours/week			Amount by Fund Source(s)				
=									
Position Title	Staff Name	FTE	# of Hours Employed	Hourly Rate	Requested HSD Funding	Other Fund Source	Other Fund Source	Other Fund Source	Total Program
Subtotal – Salaries & Wages									
Personnel Benefits:									
FICA									
Pensions/Retirement									
Industrial Insurance									
Health/Dental									
Unemployment Compensation									
Other Employee Benefits									
Subtotal – Personnel Benefits:									
TOTAL PERSONNEL COSTS (SALARIES & BENEFITS):									

Medicaid LTSS Case Management Program Case Example

A 75 year old low income female, Betty, is living alone in an apartment in Kirkland. She has trouble seeing due to glaucoma, is falling often and calls 911 frequently. She has congestive heart failure, arthritis, and asthma. She forgets to take her medications at times, and she has trouble bathing and dressing herself due to pain in her arms related to arthritis. Betty's daughter, Laura, who works full time, called Community Living Connections for assistance. They conducted an initial screening for Betty, which included gathering information such as her address, contact information, date of birth, social security number, and care needs. Once they determined she may be eligible for Medicaid LTSS, they completed a Department of Social and Health Services (DSHS) Home and Community Services (HCS) intake and referral, and faxed the form to HCS to request a home assessment.

To determine financial eligibility, Laura provided her mom's income verification documents to the HCS office, including bank statements, proof of income, any burial policies, and rent statements. The social worker then arranged for a home visit, at a time when the daughter could be present, to complete a comprehensive assessment of Betty's functional and care needs. The assessment, which was done with the state's electronic Comprehensive and Reporting Evaluation (CARE) tool, determined that Betty was eligible for two types of LTSS programs, COPES and Community First Choice, and should receive 100 hours a month of in-home service. Betty agreed to receive home care services from an agency, rather than an Individual Provider or family member. The social worker contacted ResCare, a homecare agency, to arrange for services and then transferred the case to the local AAA case management provider.

A case manager contacted Betty to arrange a home visit; a face-to-face assessment must be conducted within 30 days of receiving the case. The day of the appointment, the case manager called to confirm the appointment. Betty wasn't feeling well so they rescheduled. The following week, the case manager completed a home visit, and reviewed and confirmed the information from the CARE tool including, emergency contact information, demographics, medical provider, and functional assessment data. The case manager reviewed and discussed all service options and provider types. The case manager also obtained signatures on all required paperwork, including the consent and privacy forms.

Three months after the initial 30 day home visit, Laura called the case manager to report that her mom had a stroke which resulted in residual left sided weakness, slurred speech, and greater visual impairment. She also indicated there was some cognitive impairment as her mom didn't always recognize her. The case manager scheduled a "significant change assessment" which is required within 30 days of a reported change in the following: cognition, ADL's, mood, behaviors, or medical condition that will affect the care plan.

During the assessment, Laura reported that Betty had a skin issue the size of a dime on her right hip. The doctor had not been notified and there was no treatment prescribed. The case manager entered this information into the assessment tool which automatically triggered the Skin Observation Protocol, requiring a referral to the case management program nurse. Based on a review of the case file and DSHS policies and procedures, the nurse arranged a home visit to assess the skin issue; she also coached Betty on managing her medications.

Also during the significant change assessment, the case manager learned that Betty was having difficulty getting on and off the toilet and that she could not stand in the shower. The case manager arranged for a home safety evaluation with One Step Ahead, a DSHS contracted provider for physical and occupational therapy. During the evaluation process, a physical therapist worked with the case manager and case aide to order, deliver, and install bathroom grab bars near the toilet, as well as a shower bench. The case manager authorized the payment for these services in ProviderOne, the state's authorization and payment system for Medicaid in-home services. The case manager completed a follow-up call within 3 months of the significant change assessment, during which Laura reported that Betty's skin issue had resolved, the shower bench is used regularly, and Betty had not had any falls.