251 Renner Parkway
Richardson, TX 75080

Lisa Neveu, Quality Outcomes Specialist
280 State Drive HC 2 South, Waterbury, VT 05671-2070
(802) 241.0296

Ms. Neveu,

Please find enclosed Outreach Health Services, LLC (Outreach) response to the Request For Proposal (RFP) from the Vermont Department of Disabilities, Aging and Independent Living Adult Service Division for Fiscal Employer Agent.

Outreach has thoroughly responded to all of the RFP requirements and included a per member per month cost for services the company will provide.

Please contact me if you have any questions. We look forward to being a fiscal services provider in Vermont.

Best,

Heidi Davis
Director of Community Based Services
Heidi.davis@outreachhealth.com
972.840.7376
(c)972-467-1441

Outreach Health Services, Inc

Letter of Submittal

Outreach Health Services (Outreach) is a leading provider of home and community based services to aged and disabled populations across multiple states. In 1975 William E. ("Buddie") Ball began with one employee out of his garage, and the goal of being sensitive and sympathetic to the needs of the aged and disabled by providing quality home health services to the rural counties surrounding Dallas as one of the first Home Health Agencies in Texas. Today, Outreach is a diverse, mission driven, second generation family owned and operated company with over 8,000 employees who touch the lives of tens of thousands of individuals and families every day.

The picture below depicts the various home and community based services Outreach provides and highlights the company's uniqueness:

Self-Directed Services(F/EA/FIS/FMS)

As one of the first certified providers of Support Broker and Fiscal Management Services(FMS) under the Consumer Directed Services(CDS) Option in Texas, Outreach has been a leader in self-direction for over fourteen years now and is currently serving approximately 2,100 participants state wide. With now hundreds of FMSA providers competing, consistency in service delivery is critical for the state. Outreach's experience and expertise has allowed it to influence and provide direction service delivery best practices over the years, which the state regularly solicits. Outreach has been appointed by the Commissioner of Health and Human Services Commission (HHSC) to

be one of three provider representatives on the Texas Council on Consumer Direction(TCCD) and is currently serving a four-year term. Ms. Heidi Davis, Director of Home and Community Based Services, represents the company on this council, and was asked to chair the Training and Outreach Sub-committee which reviewing all training materials for participants/employer's employees, families, and case managers in an effort of identifying ways to promote self-direction in Texas.

In Texas, as a service delivery model, Outreach is working with a complex combination of programs; five state plans and seven waivers that are both under both traditional and managed care models. These eleven different programs serve both adults and children who are physically and intellectually/developmentally disabled.

Outreach began providing statewide FMS in North Carolina, in November 2015 where now both adults and children are served under prospective waivers. In the beginning of 2016, Outreach was asked by the state to partner with them in a pilot program testing out self-directing long-term services and supports for children. After the success of the pilot program, children began beginning able to self -direct state wide during the summer of 2017. Outreach now serves close to 400 participants across North Carolina.

In January of 2017, Outreach began providing Fiscal/Employer Agent(F/EA) services under the IRIS program in Wisconsin that serves the frail elderly, physically disabled, and developmentally disabled populations in the state. Outreach works with a very robust variety of vendors for a list of wide ranging approved goods and services. Now a statewide F/EA provider, Outreach hopes to be serving over 500 participants by year end.

The company is also certified in Minnesota and awaiting start of services. Because Outreach is a multi-state provider it has experience establishing a new business and securing a FEIN to process payroll in the aggregate; analyzing Medicaid regulations; revising policies and procedures to comply with regulations; revising participant enrollment materials and forms; revising new hire packets, revising employer training materials and establishing collaborative relationships with case managers, consultants and state personnel.

Because of Outreach's growing presence across the country and a leader in Self-Directed Services, Outreach was voted onto the FMS Membership Steering Committee for Applied Self Direction, the Technical Assistance, Training, and Membership arm of the National Resource Center for Participant-Directed Services (NRCPDS). This Network is comprised of FMSAs across the country, who through membership stay abreast of changes in the industry, advocate for service needs and the needs of participants and join with federal and state officials to establish best practices.

Outreach is also a regular presenter of self-direction at the National Home and Community Based Service Provider Conference and the National Resource Center for Participant Directed Services Fiscal Management Service National Conference.

Home Care

Outreach has been a leading provider of home and community based services in Texas for over forty years. Every day, the company provides care to over 8,000 seniors and persons with long

term disabilities. Caregivers assist clients with Activities of Daily Living(ADLs) and Instrumental Activities of Daily Living(IADLs). Habilitation, RN, and other skilled therapies are also offered. Outreach is contracted with Managed Care Organizations, Area Agencies on Aging, Veterans Administration, private insurances, and various other payer sources to provide home care services across the state.

Personal Emergency Response Services(PERS)

Outreach offers Personal Emergency Response Services (PERS) to approximately 4,500 individuals across multiple state and waiver programs. At the push of a button, emergency responders can be deployed to an individual's home when needed. Staff is available around the clock to respond to any situations. Monthly system checks and next day service calls are also offered.

Pediatric Home Health Services

The provision of home health services for medically fragile children on a long-term or short-term basis, including skilled nursing and attendant care as ordered by a physician is another service line offered by Outreach. The goal is to provide superior care and support to children and their families, thereby maintaining children's health and preventing further hospitalizations. By partnering with the family, each child attains his or her maximum potential.

Behavioral Health

The company has developed case management and rehabilitative services in Texas for adults with a serious disabling mental illness and children with serious emotional disturbance. Services will be delivered by a mobile team that meets with children and their families or adults in their homes and community.

Community First Choice(CFC)

When the State of Texas was approved by the Center for Medicaid and Medicare Services(CMS) for Community First Choice (CFC), Outreach designed a training curriculum for habilitation, an approved service under CFC, and cross-trains attendant care workers to provide habilitation services. Outreach is one of the only companies in Texas who has initiated being a provider of both personal assistant and habilitation services. Individuals who are authorized to receive both services can be served by Outreach.

Person-Centered Thinking(PCT)

Outreach is approved to provide Person Centered Training to state agencies and MCOs. The company employs a nationally certified Person-Centered Thinking Trainor. To date, Outreach has trained hundreds of case managers and company staff. Person-Centered Thinking is integrated into the company's culture, as the individual receiving services is at the center of all decision making.

This wide array of service provision experience helps Outreach understand the challenges people with disability and the elderly face daily to meet their goal of staying in their home and community when choosing to self-direct their services.

Company Structure
Address and Telephone Numbers of Principle Officers

Brian Partin Chief Executive Officer
269 W Renner Pkwy
Richardson TX 75080
214.703.1300 x7207
(c)214.718.9468

Steve Abshier, Chief Operations Officer
269 W Renner Pkwy
Richardson TX 75080
214.703.1300 x7368
(c)409.658.9653

Mark Patterson, Chief Financial Officer
269 W Renner Pkwy
Richardson TX 75080
214.703.1300 x1306
(c)469.585.6027

Address and Telephone Numbers of Project Lead

Heidi Davis
269 W Renner Pkwy
Richardson TX 75080
972.840.7376
(c)972.467.1441

STRUCTURE - Outreach establishes companies in each state where it does business. While Outreach Health Services, Inc is responding to this RFP, the local company Outreach Health Services of Vermont, LLC will be established when awarded contract. This structure gives each state its own identify which reflects the local culture. It is also easier to track regulation, Medicaid funds and establish bank accounts unique to that company. The Outreach company structure is below:

DAIL asks Outreach to describe the type of company it operates:

Outreach is a home and community based provider that offers an array of services with the goal of keeping people in their home and community. People are empowered to make decisions about the services they need and who provides them. The company integrates different philosophies into service delivery including person-centered thinking, self-direction, wraparound and the recovery model.

Outreach separates itself from competitors by the exemplary customer service offered, the quality improvement strategies utilized to ensure compliance with State and Federal regulations and the sophisticated software system used. This combination of strengths will ensure that all Contract deliverables are met beyond expectation.

One of Outreach's greatest strengths is the customer service provided. Customer service has allowed the company to be one of the largest providers of FMS in Texas where there are hundreds of providers. The customer service features are depicted in the diagram below:

✓ The Outreach Operations Center is staffed with well-trained customer service representatives 7am-6pm Monday through Friday, except holidays. Callers can leave messages anytime day or night, with all messages responded to within one business day. The participant is assigned a Customer Service Representatives (CSR) when enrolled so that they have a single point of contact. When they call, the person answering their call knows them and their unique skills, abilities and needs. Participants can call for assistance with completing forms and time entry. CSRs also with any additional needs, such as process and regulatory clarifications. This is especially useful when assisting with problem solving and resolutions to employer/employee related issues.

✓ Outreach employs technology that enables tracking of all calls and faxes, along with the speed response and the time to resolution. Phone calls are recorded for quality assurance and training purposes. The Operations Center is staffed with bi-lingual operators, speaking multiple languages including Spanish. Use of appropriate technical services for those communicating with TDI systems is available too. Any other language or communication needs will be met as required.

✓ Outreach encourages the use of technology to minimize the use of paper and improve efficiency. Employee and Employer packets, as well as other commonly used forms are pre-fillable PDFs for universal use across various platforms. This automation aids in the completions of these forms and greatens the accessibility of use. These packets and forms are offered on the Outreach website for download or print, but can be sent directly to recipients when requested as well. Training tools and other aids are available online too.

✓ Outreach employees undergo rigorous customer service training upon their hire. This includes Outreach internal systems, as well as training in self-direction and person-centered thinking. Employees also have training and annual retraining as necessary in Self-Directed Services, Medicaid 101, HIPAA, Universal Precautions, Providing Excellent Customer Service, Responding to Challenging Callers, Conflict Resolution, Preventing Medicaid Fraud and Cultural Sensitivity Training.

- ✓ Outreach has developed multiple training materials for participant/employers and their employees; HIPAA training, Safety Training, Recognizing Signs of Abuse, Neglect and Exploitation and Preventing Medicaid Fraud. The Employer Resource Guide is another training tool designed to be a reference guide for wage and hour information, State and Federal DOL regulations, as well as tips for how to be a good employer. Participant/employers and their employees also receive ongoing training and support on Outreach internal systems. The employer and employee are taught how to submit work time, review timesheets, open reports and other tasks as necessary to successfully self-direct their services. Training is conducted during an in-person visit, via webinars, and/or videos. If an employer chooses not to utilize Outreach's internal system and online portal, they are trained to the paper processes.

- ✓ Participants and employees are informed of the complaint process at enrollment and encouraged to communicate dissatisfaction immediately to prevent escalation. All complaints are trended and the data is used to improve processes and systems. Ongoing throughout their services, Outreach sends out annual surveys to participants, employees, and referral sources in order to solicit feedback and identify areas for improvement with its internal system, processes, staff, and overall operations and service delivery. These survey results are carefully analyzed by management and ownership. Action is then taken to improves in and on areas identified from the analysis.

- ✓ Enrollment of participant/employers is another area of service delivery that Outreach truly excels in. When the program requires in-person visits to the homes and communities of new participants, those are offered. Outreach representatives spend all the time necessary and needed to train new employers to self-direction. When able, Outreach will also aid in the hiring of the participant's first employees. When in home visits are optional or not funded, Outreach is able to offer alternative training and support remotely via phone, email, and even webinar that still results in the same success rates as in-home. CSRs will take as much time as is needed, in person or on the phone, with a participant and his/her employee(s) to complete the paperwork, discuss roles and responsibilities, and explain Outreach processes. Outreach has found that "front-loading" enrollments with intensive training and assistance during that process; avoids problems later, empowers the employer, and results in a successful long-term experience for the participant, employee(s), State personnel, and Outreach too. Outreach is committed to bringing people into service timely without unnecessary delays because of paperwork errors.

Another strength of Outreach is FMS Engine, the software system used by Outreach Self-Direction. FMS Engine is the leading FMS software in the United States. It was designed, tested and implemented under the guidance of nationally recognized FMS Policy and Procedure expert Mollie Murphy. The software is state of the art and is a fully integrated system that improves Outreach's compliance and decreases billing rejections, closely monitors participant spending, improves communication interdepartmentally, produces robust reports and gives the participant/employer increased access to payroll and spending information. The system boosts Outreach's operations in five key areas:

Participant Enrollment

- Pre-populated, custom enrollment packet with participant information
- Prints enrollment packet from anywhere at anytime
- Participants just review and sign their packets; no form completion is necessary
- The system tells how each form must be processed and in what order
- Complete employer, employee, vendor and case manager set-up and establishes relationships between individuals
- Ties payer to participant/employer
- System workflow tracks progress and provides clear next steps

Communication and Tracking

- Easily track all customer service activity
- Allow staff and selected stakeholders to see every communication that has taken place for a participant
- Automatic emails remind staff to take action as needed
- Tracks complaints and their resolution
- Keep all the information needed to detect fraud and pass audits

Budget and Authorization Management

- Easily create participant budgets from program services and rates
- Automatically budget for employer tax expenditures
- Budget is approved when the designated people authorize it
- Participants, care managers, state and families can see the budget and expenditures in real time

Timesheet and Invoice Processing

- Web-based timesheet and invoice entry
- Workers and vendors get immediate feedback if there is a problem with their timesheet or invoice
- After ensuring a payment is allowed per budget and program rules, system creates payroll and accounts payable files
- Create bills and reconcile remittances

Medicaid Billing

- Produce batch electronic billing files
- Import batch electronic remittance files to instantly mark each claim as paid, denied, or partially paid
- Track reason for denial, allowing for easy follow up and re-billing
- Benefit from robust controls to ensure accurate, speedy billing and payment
- Track accounts receivable and aging by program, payer, consumer and more
- Run powerful reports and use streamlined work flows
- Bill Managed Care providers
- Produce pre-populated CMS 1500 forms
- Check Medicaid eligibility in batch and prevent claims for ineligible consumers
- Web-based, allowing staff to access it from remote locations and work simultaneously.

FMS Engine will ensure that all program requirements are met because of its fully integrated systems, data gathering and robust reporting. This, paired with the quality assurance activities conducted by Outreach staff demonstrates the company's commitment to excellence.

Quality Assurance is another area of focus for Outreach. In order to monitor compliance with Federal and State standards, Outreach implements a Quality Assurance Plan with the following activities:

- Review of all participant and employees records to determine accurate and complete forms
- Data gathering for quality controls identified in policy and procedures
- Trending, analyzing, and putting action steps into effect for customer complaints
- Trending and analyzing and putting action steps into effect for customer feedback
- Reviewing reasons for terminations and putting action steps in place
- External audits

The State Manager, Operations Center Administrator, Director of Administrative Services and Director of Community Based Services compile data into quarterly reports and submit the reports to senior management. Any concerns are immediately addressed and changes to policy and procedures initiated to improve quality, if warranted. In addition, data is shared with state personnel per contractual agreement, as required. This continued feedback cycle regulatory compliance and that Outreach provides the highest quality of service.

This continual cycle of gathering data and review results in the highest quality of services.

The customer service provided, quality assurance activities and computer software utilized will ensure that all contract obligations are met and participants, employees, case managers and state personnel are fully satisfied with the service offered. These characteristics, coupled with support by local an operations center staff will exceed customer service expectations.

Customer Service is a two-pronged approach by having a local presence with a fully staffed office and an operations center who supports the local staff. For efficiency purposes and economies of scale, Outreach has established an Operations Center for fiscal management services located in Richardson TX. It is from this office that time sheets are received and processed, participant employees are paid and taxes processed, employer and employee packets are received and processed, information and technology systems are supported, claims are submitted and processed, vendors are paid, prepare spending summaries, store documents and all participant funds are accounted for.

Outreach will hire a Vermont State Manager that will work from a local office in Vermont. Enrollment Specialists will be hired locally as well. The State Manager will manage daily operations and work closely with the Operations Center Administrator to coordinate services. The manager will also work to resolve any complaints and engage in quality assurance activities. This position also is the point of contact for state personnel and will meet with them regularly to address service delivery issues.

The Enrollment Specialists will receive referrals, meet case managers, engage in public relation activities and train participants to employer tasks either in person, over the phone or through

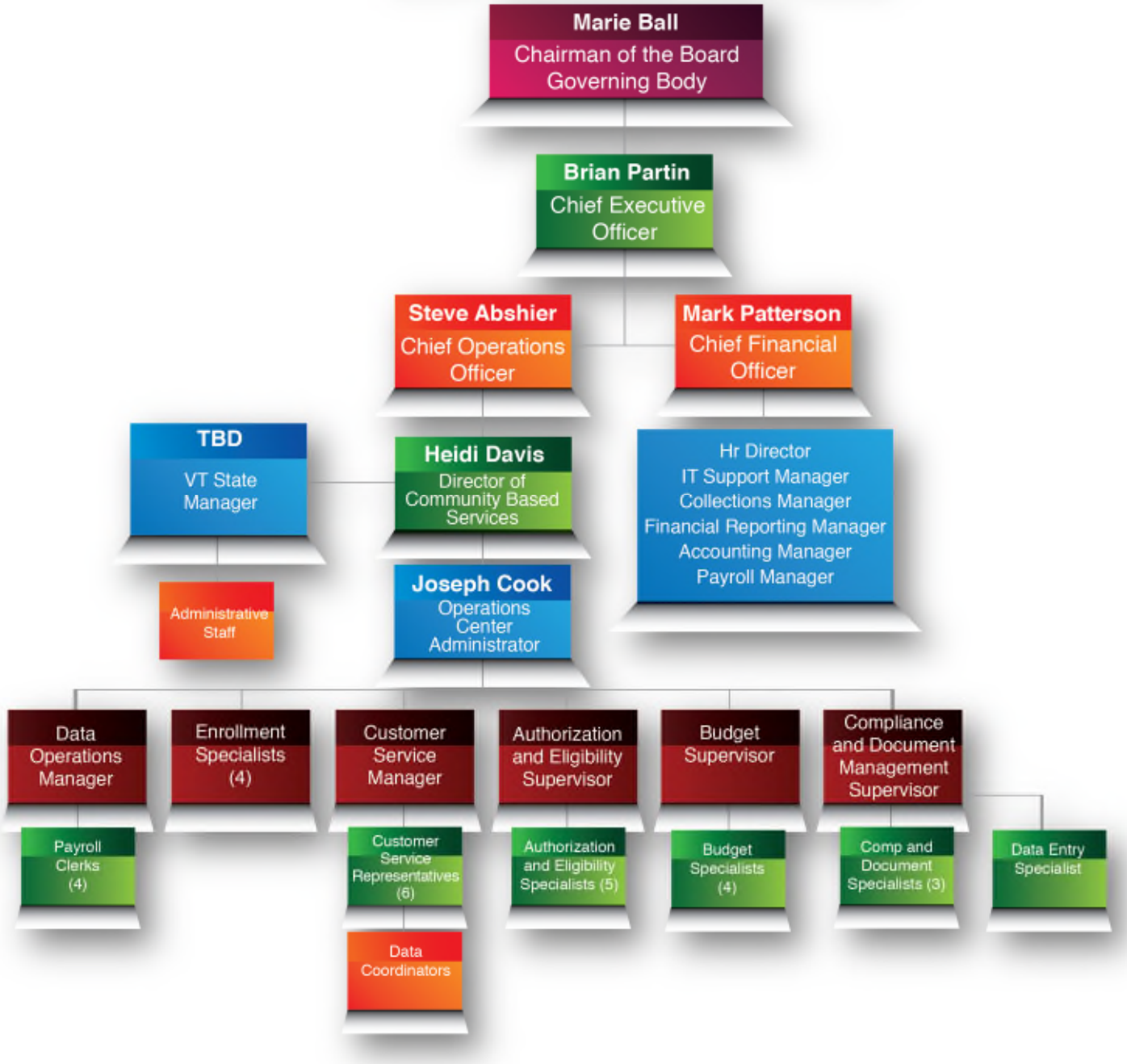
webinars. Enrollment Specialists will also work to resolve any complaints and engage in quality assurance activities.

The State Manager and Operations Center Administrator work closely together to ensure a seamless service delivery system occurs and that the highest quality of services are offered. A Vermont team will be hired and trained in Vermont rules and regulations and will develop their specific expertise around the Vermont system. These "Vermont-only" staff members will perform the various Customer Service tasks and will be placed on a team at the Operations Center led by a Supervisor as well as the State Manager. The participant knows who his or her single point of contact is at the Operation Center and can call him/her when needed. Contact information is given to the participant at enrollment.

The State Manager and Operations Center Administrator are supervised by the Director of Community Based Services and Vermont Project Lead. The three positions are in close contact and work together to implement the work plan. Technology has a way of narrowing the miles between states and connecting offices seamlessly. The Project Lead will also travel to Vermont frequently to support local operations.

Meetings with the Vermont team occur weekly, at a minimum, to address service delivery issues and resolve any problems. Action steps are put into place and completion or work activity is monitored by both the Operation Center Administrator and State Manager with oversight from the Director of Community Based Services.

Self-Directed Services



Outreach Health Services, Inc

Other statements Outreach wishes to convey to DAIL.

Outreach is beyond excited to bid to be a fiscal management provider in Vermont. The experience and innovativeness of the company will be of benefit to the citizens of Vermont. Outreach knows first-hand the challenges of being an individual with long term needs and managing employees and care needs. The systems put in place, training materials, ongoing of support of participants, provided, and ease of paperwork has been created so the participant can focus on maintaining their health and safety and not worry about the rest.

Not only does Outreach have over fourteen years of experience providing fiscal management services but it has over 40 years providing home care. There is no substitute for experience in the home care business. Outreach has accumulated a wealth of knowledge and experience with assessing people's health and safety, empowering them to make necessary decisions about their care, and the difficulties of recruiting and hiring employees in competitive markets and managing a workforce with 6000 employees. Using a Fiscal /Employer Agent company that is well versed in-Home Care will give Vermont and its most fragile citizens an added benefit that will lead to success.

The combined home care and self-directed experience has also helped Outreach develop efficient payroll systems. Outreach processes over 10,000 paychecks every two weeks and has the capacity to process the volume in Vermont. The Operations Center receives the time by portal, email, phone or fax and prepares it for the Payroll Department to process. The Operations Department reviews time sheets, calls the participant to make corrections, if needed, runs missing time sheet reports and calls participants if time sheets are missing. Outreach also runs payroll on the off-week to pay employees if an exception (i.e., in hospital, lost power, Outreach mistake, etc), has occurred. If Outreach has made a mistake, all efforts are made to get the employee paid on time by processing the pay even after the deadline for batching from the Operation Center to the Payroll Department.

Outreach is also very aware of the enormity of the project of transferring the large number of participants that will be necessary. Management has already begun laying plans for assembling the person power and procedures necessary to ensure a smooth transition for hundreds of participants at the same time. The Transition Plan included in the RFP outlines necessary steps to take. From bringing in staff on the ground in Vermont to ensuring the bandwidth and support systems at the Operations Center, Outreach will be ready to successfully manage this transition with no disruptions in service and very little hassle for the participants.

Last, but not least, Outreach has extensive experience with Electronic Verification (EVV) and is prepared to be part of the Cures Act implementation in the states where it does business. Texas requires that all personal care providers, traditional and self-directed to contract with an EVV

provider. As one of the largest home care and self-directed service providers, Outreach partners with an EVV provider who sets-up devices in participant homes so that caregivers can call – in at the start of shift an call again when the shift is over. They system records time worker and the caregiver can input tasks performed during the shift. Payroll and billing is prepared from these events.

EVV is an optional for self-direction in Texas. There are some allowances made with schedule verification and use of a cell phone for those managing their services. This is the second go-around with EVV in the state for Texans. The first attempt failed miserably with self-direction because of the restrictions of the system. This round, as mentioned, does have more flexibility but many folks self-directing services will not give it a try because of the first attempt. Knowing about that the Cures Act is around the corner has already put folks on edge.

As stated above, Outreach has faced and dealt with several new problems with its transition to EVV. A few of those are as follows:

Staff difficulty with learning system - Outreach provided meetings and trainings for staff and personal care attendants to learn the EVV system. Separate meetings were held for administrative and direct care staff. Meetings were held at various hours of the day, including after business hours, for those who were with clients during the meetings. Trainings were held in person, over the telephone and by Go-To-Meeting Webinars. Even with this level of training, many attendants needed additional instruction. Field Supervisors were dispatched to clients' homes, to field office and even to Starbucks to assist attendants in person with learning and understanding the system.

Below are three lessons learned by Outreach with EVV implementation:

Phased-In Compliance - The State implemented compliance with home and community based providers in a step by step process and Outreach managed its compliance the same way. Employees were given some latitude in the beginning with system errors using the system a certain amount of non-compliance at the beginning and stepped it down over a few months.

Training to participants and employees – it is extremely important to train participants and their employees to the system. Training must be conducted in a variety of ways to match learning styles. The training provided directly impacts errors and enthusiasm for using the EVV system.

Flexibility with the Schedule – it is imperative that flexibility with scheduling be part of the system. Traditional systems are built around the inputting of a schedule and staff running exceptions if there is a schedule change. This absolutely does not work with self-direction and is a burden to the participant.

Flexibility with service delivery – Most EVV systems place a device in the home that connects to a land phone line. The land phone line is number is used for the location or log in. Because self-directed services are community based, being tied to the home to call in and out does not work. Further, many people to not have land lines any more.

Electronic Time Entry – If the EVV system designed is flexible enough, it can function as an electronic time entry system totaling replacing the use of paper time sheets. Submitting paper time sheets has a higher percentage of errors and can result in late pay for employees. It also can be difficult for participants or their employees to fax and mail. Most people will call in time though, so as long as it is easy to do so!

These are just a few of the issues to consider when Vermont implements EVV. Outreach is in a unique position to lead on this issue and will use the vast experience the company has gained over the last few years to improve the transition to this new program.

Additionally, Heidi Davis, Project Lead, presented with Mollie Murphy at the national self-directed conference in the spring about the Cures Act. Because of the negativity surrounding EVV, she suggests calling it something different! People will react if they have had a poor experience. There is also opportunity for states and participants to work together under the CURES Act to design a system that will meet the needs of both parties. This collaboration should begin as soon as possible.

Outreach Health Services, Inc

Exceptions

Outreach does wish to propose any exceptions to the terms and conditions.

Outreach Health Services, Inc

Qualification

Outreach employs many staff knowledgeable and with experience delivering self-directed services. The resumes of key staff that will be involved in Vermont included in a.ii of the RFP, document hundreds of years of experience. One individual, Heidi Davis, Director of Community Based Services, is recognized as a national expert. She has worked with State official to develop self-directed services in multiple states (FL, NM, AZ, NC, TX, & WI,) and expanded services in many others over the past eleven years (MO, AK, MT). Ms. Davis started her career as a mental health provider and worked in the field for 17 years before moving to long term care services to learn about a philosophy of care that was brought to her attention – self-direction. Because of her commitment to community based services she has worked with state officials to enhance the array of services for children and adults with behavioral health issues. These services include family based services; transitional services for people 18 – 21 and home and community based school treatment programs. Her continued goal is to develop integrated service systems to address both behavioral health and long-term care services. Ms. Davis' experience is invaluable with any start-up and she has an excellent ability to partner with state personnel and establish fiscal management best practices. She will oversee the Vermont implementation.

Ms. Davis has a special connection to Vermont. Her family owned a home in Randolph Vermont growing up, and she graduated from St. Michael's College then in Winooski, and now addressed in Colchester. She still has relatives throughout the state. When designing mental health services in Montana, she studied the Vermont service system, and visited with Vermont state personnel to better understand service delivery. As a result, services in Montana are modeled after VT programs.

CEO Brian Partin and COO Steve Abshier each have over 25 years in home care and self-direction. Both were involved with the State during the startup and implementation of self-direction in Texas. Both have been directly involved in its operational issues for well over a decade. They oversee a team of managers, directors and staff which effectively serve over 8,000 participants and their employees across four states.

Additional employees provide mission-critical services in the provision of fiscal management services on a day to day basis to these 8,000 individuals. Resumes of Outreach principals as well as those who complete core tasks follow.

Included in the Enclosures attached to this document is the current ACORD Certificate of Insurance held by Outreach Health Services. If, upon contracting, Outreach needs further insurance as required by the State, the Company will obtain said appropriate coverage.

Title of Position: CEO	
Name of Person:	Brian Partin
Educational Degree (s): include college or university, major, and dates	Bachelor of Science, Human Relations and Business, Amberton University, 1997
# of years experience in area of service proposed to provide:	24 years Home Health Care experience, 14 years Self Direction experience.
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Outreach Health Services employee for 24 years.
Describe this person's responsibilities over the past 12 months.	Overall direction and leadership of Outreach Health Services.
Previous employer(s), positions, and Dates	Plano Police Department, Patrol Officer, 1990
Vendor fiscal agent	CEO of organization with 14year as a fiscal agent
Financial manager experience for self-directed services for developmentally disabled individuals	Hires and manages leadership of Outreach Financial Management Services Department. Provides general direction and oversight of the Department

Experience in Self Direction

Brian was the Chief Operations Officer at Outreach Health Services when the State of Texas implemented its first self-directed service plan, named Consumer Director Services. Outreach was at the table as the State developed its policies and procedures and rolled out this service.

Title of Position: Chief Operations Officer	
Name of Person:	Stephen Abshier
Educational Degree (s): include college or university, major, and dates	BBA Marketing, Lamar University, December 1974
Specialized Training Completed. Include dates and documentation of completion:	35 years of Home Health Experience with 10 years of Consumer Directed experience. Numerous training seminars
# of years experience in area of service proposed to provide:	35 years of Home Health Experience with 10 years of Consumer Directed or FMS Experience in Texas
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Current COO for 10 years
Describe this person's responsibilities over the past 12 months.	COO for the past 10 years with heavy emphasis on CDS/FMS
Previous employer(s), positions, and Dates	Texas Home Health, 25 years from 1979; Burroughs Corp. 1975-1979
Vendor fiscal agent	10 years as 2005 as Operations Officer
Financial manager experience for self-directed services for developmentally disabled individuals	10 years as 2005 as Operations Officer

Experience in Self Direction

A renowned expert in home health, Steve is an experienced manager in the self-directed field. His 14 years of day to day operational experience with the 8,000 Outreach participants and employees has brought him the expertise that is necessary to ensure profitability and service delivery integrity.

Title of Position: Chief Financial Officer	
Name of Person:	Mark Patterson
Educational Degree (s): include college or university, major, and dates	BA Political Science -Texas Tech University MBA Business – Texas Tech University MBA Accounting – University of North Texas
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Public Accountant- Texas
# of years experience in area of service proposed to provide:	35
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Outreach Health Services Chief Financial Officer since January 2016
Describe this person's responsibilities over the past 12 months.	I am accountable for the administrative, financial, and risk management operations of the company, including the development of a financial and operational strategy, metrics tied to that strategy, and the ongoing development and monitoring of control systems designed to preserve company assets and report accurate financial results
Previous employer(s), positions, and Dates	CFO for Spectocor, LLC, McKinney, Texas
✓ Vendor fiscal agent	CFO for OHS and NTHH
✓ Financial manager experience for self-directed services for developmentally disabled individuals	CFO for OHS and NTHH

Experience in Self Direction

Mark has extensive experience in managing all financial aspects of many different types of companies. He has overseen the payroll, accounting, collections and human resources functions for the current self-direction operation at Outreach Health Services since his employment at the company.

Title of Position: Director of Community Based Services	
Name of Person:	Heidi Davis
Educational Degree (s): include college or university, major, and dates	St. Michael's College, BA Psychology 1981-1985 University of Notre Dame, MA Psychology, 1986-1988
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Licensed Clinical Professional Counselor
Specialized Training Completed. Include dates and documentation of completion:	Certification in Aging 2008 – Boston University (BU) Certification in Care Management 2014 (BU) Certified Dementia Treatment Specialist 2014 Certificate Mental Health and Aging – 2015 (BU) Person Centered Thinking Training 2010
# of years experience in area of service proposed to provide:	9 years self-direction; 8 years fiscal management services 24 years home and community based services (includes mental health)
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, start date January 12, 2015
Describe this person's responsibilities over the past 12 months.	Research state regulations, develop policy and procedures in new states, set up new FMS software, developed and implemented new state program, respond to RFPs, developed and implemented habilitation services
Previous employer(s), positions, and Dates	Consumer Direct 2006-2014, Chief Development Officer Aware, Inc. 1994-2006, Regional Director Western Montana Mental Health Center 1998-2006, Therapist
✓ Vendor fiscal agent	Consumer Direct 2008 - 2014
✓ Financial manager experience for self-directed services for developmentally disabled individuals	Consumer Direct 2008-2014; Outreach Health Services 2015 to present

Experience in Self Direction

Heidi has run self-directed services in 9 different states over 10 years serving thousands and thousands of participants. She is a proficient in both operations and policy and is widely acknowledged as a subject matter expert in self direction. She has been a speaker at several national and regional conferences across the country.

Title of Position: Self-Directed Services Administrator	
Name of Person:	Joseph Cook
Specialized Training Completed. Include dates and documentation of completion:	Consumer Directed Services Training, DADS/HHSC Texas, 2014,2015,2016 Crestcom Bullet Proof Management Training: 2009,
# of years experience in area of service proposed to provide:	15 years of experience working with state Medicaid programs.
Describe person's relationship to offeror. If employee, # of years	15 years.
Describe this person's responsibilities over the past 12 months.	Direct operations for Self-Directed Services, responsible for all aspects of the Consumer Directed Services(CDS) Option in Texas, as well as operations for North Carolina and Wisconsin service delivery. As well as implementations in new states an software developments across all states.
Previous employer(s), positions, and Dates	Outreach Health Services, Inc. | Richardson, TX *Manager, PERS Department (2008-2014)* *Coordinator, PERS Department (2003-2007)* *Monitor, PERS Department (2002)* *Clerk, Home Care (2002)*
✓ Financial manager experience for self-directed services for developmentally disabled individuals	Administratively supervise the implementation of agency policy, compliance with rules and regulations related to SDS, the provision of services to SDS clients, SDS Customer Services, accounting, budgeting, and all record keeping functions and all internal controls and overseeing an effective budgeting and accounting system, oversight of Referral Intake, Initiation of Services, Authorizations, Eligibility, Budgets, Budget compliance, Billing and A/R Management, direct and coordinate quality control in service delivery. Lead and participate in the orientation, and education of all SDS Operations staff. Promote communication and public relations with referral sources.

Experience in Self Direction

Joseph is an instrumental part of Outreach's self-direction offerings. Working in positions of increasing authority at Outreach for over 15 years, Joseph has been directly involved with the program at all levels. Attending numerous State and National Trainings and Seminars, Joseph is a subject matter and operations expert in self direction. He has day to day direct supervisory responsibility for a program of aprox. 2,500 self-directed participants in multiple states.

Title of Position: Director of Business Development	
Name of Person:	Holly Arbuckle
Educational Degree (s): include college or university, major, and dates	The University of Texas, BA History/Psychology, 1983
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Home Health Administrator, 2014
Specialized Training Completed. Include dates and documentation of completion:	Consumer Directed Services training by TxDADS, 2014, 2015
# of years experience in area of service proposed to provide:	8 years
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 8 years
Describe this person's responsibilities over the past 12 months.	Marketing, Business Development, Community Awareness, Media, Advertising
✓ Financial manager experience for self-directed services for developmentally disabled individuals	Business Development, Client Education and Marketing

Experience in Self Direction

Serving as the "face" of Outreach, Holly takes the self-directed story to groups, conferences, seminars, fairs and trainings across the state and country. A requested state and national speaker on the subjects of self-direction, Holly is a powerful advocate for self-direction in general and Outreach's program in specific.

Title of Position: IT Manager	
Name of Person:	Toby Thornton
Educational Degree (s): include college or university, major, and dates	• College courses and Technical Training through Global Knowledge & New Horizons • Microsoft Certified Professional (MCP) • CompTIA A+; Windows 2000 Network and Operating Systems; Windows XP Professional; Windows Server 2003 Administration • Microsoft Certified Professional (MCP)
# of years' experience in area of service proposed to provide:	18 years
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 11 years
Describe this person's responsibilities over the past 12 months.	18 years' experience in various IT roles of increasing responsibility from help desk to network administration to IT management
✓ Vendor fiscal agent	Serve as lead help desk and other IT roles for current fiscal agent business
✓	

Experience in Self Direction

For over 8 years, Toby has worked with all payors, internal and external clients on the various computer, software, hardware and networking needs that are unique to self direction.

Title of Position: Corporate Payroll Manager	
Name of Person:	Terri Derner
Educational Degree (s): include college or university, major, and dates	Approx. 60 hrs of college coursework
# of years experience in area of service proposed to provide:	7 years
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Employee/ 7 years of service
Describe this person's responsibilities over the past 12 months.	Manage payroll staff who processes Corp, CCD and CDS payroll. Filing quarterly taxes, multiple G/L reconciliations
Previous employer(s), positions, and Dates	A/P and Finance Mgr at Kraft Foods 1985 – 2001 OHS A/R Mgr 2001 – 2005, OHS Payroll 2008 - Present
✓ Financial manager experience for self-directed services for developmentally disabled individuals	Oversee payroll processing and file tax forms

Experience in Self Direction

Attending numerous trainings and seminars, Terri has become an expert at the unique payroll issues that self-direction brings. With regular interaction and study of the IRS rules and regulations as they pertain to the 1,800 Outreach Health Services self direction participants, Terri maintains her expertise.

KEY PERSONNEL

Title of Position: Billing Manager	
Name of Person:	Janice Sterling
Educational Degree (s): include college or university, major, and dates	BS in Accounting, BA in Finance University of North Texas, 12/1994
# of years' experience in area of service proposed to provide:	8 years
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 8 years
Describe this person's responsibilities over the past 12 months.	Oversee billing and collection of Texas Medicaid claims
✓ Vendor fiscal agent	Serve as lead financial resource for current fiscal agent business
✓ Financial manager experience for self-directed services for developmentally disabled individuals	Developed relationships with all Payors in the IDD community in order to facilitate Outreach's current business with local authorities, MCOs, Veteran's groups and others with participants in this program.

Experience in Self Direction

For over 8 years, Janice has worked with state agencies, MCOs, LIDDAs, Veteran's Administration, AAAs and other payors in collecting the payments, developing the payment strategies and solving the problems that are unique to self direction.

Title of Position: Financial Analyst	
Name of Person:	Clare Reynolds
Educational Degree (s): include college or university, major, and dates	Park College, Kansas City 1990 Richland College, Richardson 2002 33 Accounting hours with 27 hours in Business
License(s)/Certification(s), #(s), expiration date(s), if applicable:	2014 Certification to Prepare Texas Department of Human Services cost reports (Cost report experience: 19 Years)
Specialized Training Completed. Include dates and documentation of completion:	1997 American Management Financial Analysis course
# of years' experience in area of service proposed to provide:	12 years general ledger experience in self-directed programs
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 1993, 22 years
Describe this person's responsibilities over the past 12 months.	Corporate level financial analysis, review monthly accounting data, perform month end closing entries, reconcile balance sheet accounts, produce month end management reports, file Texas HHSC annual cost reports, lead for annual corporate financial audits.
Previous employer(s), positions, and Dates	Fischbach & Moore International, Accounting Assistant, 1993 Unitog Company, Senior Accounting Staff, 1983 to 1992 Puritan-Bennett Corp., Accounts Receivable, 1981 to 1983
✓ Financial manager experience for self-directed services for developmentally disabled individuals	Corporate level financial analysis, review monthly accounting data, perform month end closing entries, reconcile balance sheet accounts, produce month end management reports, file Texas HHSC annual cost reports, lead for annual corporate financial audits.in self-directed programs

Experience in Self Direction

For the past 12 years, Clare has been involved in the day to day financial operations of Outreach's self-directed services. She watches trends and anomalies and offers input into all financial decisions in the program.

As the previous Associate Commissioner with responsibility for all Medicaid programs for the Health and Human Services Commission of Texas, Gary Jessee worked directly with Outreach Health Services. He has since taken a new position as a consultant and will be happy to speak with a representative from the State of Vermont regarding Outreach Health Services

Gary Jessee

Former Executive Commissioner

HHSC Texas

512.573.5739

BlueCross BlueShield of Texas

TEXAS STAR Kids Your Health Plan ★ Your Choice TEXAS STAR Your Health Plan ★ Your Choice CHIP

8/23/2017

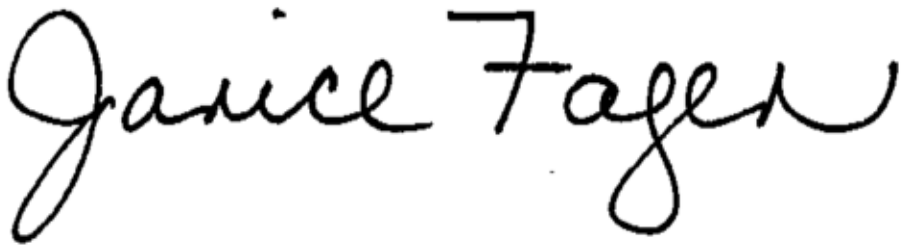
To Whom It May Concern:

I am happy to write this letter in support of Outreach Health Service. Blue Cross and Blue Shield of Texas uses Outreach as a home care provider as well as a Fiscal Management Services Agency. In addition, we have received training from Outreach for our Service Coordinators on several subjects including Person Center Training and Self Directed Services among them. Many of our staff were not experienced in Long Term Services and Supports. The Outreach staff has been very helpful to us along the way.

We have worked with several of the staff at Outreach and have always found them to be very knowledgeable in their subject matter as well as friendly and helpful. Please feel free to contact me if I can be of assistance.

Please feel free to call me if you have any questions.

Sincerely,



Janice Fagen

Vice President

Texas Medicaid Operations

Janice_fagen@bcbstx.com

(O) 512-349-4834

(M) 281-352-3982

It is difficult for a State official to submit a letter of reference. Ms. Bratts-Brown, of North Carolina will be happy to speak with a representative from the State of Vermont regarding Outreach Health Services.

WRenia Bratts-Brown, MSW, MHA

Waiver Operations Manager

Division of Medical Assistance, Long-Term Services and Supports

North Carolina Department of Health and Human Services

919.855.4371 office

919.715.0052 fax

Wrenia.bratts-brown@dhhs.nc.gov

1985 Umstead Drive

2501 Mail Service Center

Raleigh, NC 27699-2501

Monday, August 21, 2017

To Whom It May Concern,

Outreach Health Services has been my FMSA assisting me to self-direct my PAS services through the CDS Option in Texas for the last 5 years. I have greatly appreciated the support in my employer related responsibilities I have received from them. I have my own representative who I can call or email anytime, and who helps me with timesheets and other paper work. The reports of my spending I get from them are easy to read and for me to understand. They even help me with getting new authorizations from my insurance company so my services don't stop. Outreach would benefit anyone self-directing their services.

Sincerely,

Joshua Anse Cook

joshuaanse@gmail.com

(214)567-4750

Outreach Health Services, Inc

Work Plan

The following is our approach for producing each required as described in section 2 of the RFP document.

A. Working with Employers and Employees: Outreach has the ability and capacity to assist participating employers to learn and to carry out their responsibilities as employers. Outreach recognizes that not all participants are equally prepared to be an employer and that the participating employers are not employment professionals and will require support, patience, and clear instructions to carry out their responsibilities. That is why Outreach has developed a variety of training tools to assist them in performing employer tasks.

An Employer Resource Guide is a tool developed that contains information about how to recruit, interview, hire, train, schedule, manage (includes communication skills and corrective action) and dismiss employees; work harassment and discrimination law; the importance of treating employees consistently and fairly; unemployment rates and their significance; reporting worker injury; and Outreach policies and procedures. The policy and procedure section includes time submittal, pay schedule, Medicaid fraud, hospitalization notice, duplicate hours, notification of demographic changes, complaint policy and more. Every employer is given the Guide at enrollment and is encouraged to read in totality or use it as a reference.

In addition to the Guide, Outreach provides all employers and employees with a handout on Medicaid Fraud and Abuse, Neglect and Exploitation. The Medicaid Fraud Handout defines fraud, gives examples of fraudulent behavior and informs the employer and employee of how to report fraud. The Abuse, Neglect Handout also gives definition, identifies signs and symptoms and informs the employer and employee of how to report incidences. In addition to the employer and employee being trained on these topics, all Outreach staff are as well.

Outreach, as a company, is culturally sensitive, emphasizes the philosophy of self-direction and person-centered thinking in all business practices. Outreach staff are trained to the meaning of cultural sensitivity at orientation. Outreach keeps the service recipient at the center of all decision

making and continually reviews processes to ensure they benefit the participant and not just the company.

Processes are developed that empower the service recipient by extending control and choice but also hold the participant responsible for choices. A Participant Agreement, signed by the employer and Outreach at the start of service clearly outlines the roles and responsibilities of each party (employer, employee, and Outreach).

Outreach will provide prompt and accessible assistance to participating employers through a toll-free phone line with convenient hours, FAX, and internet access. Outreach will have a local office (most likely in Montpelier), and establish a local, toll-free telephone, and fax numbers, as well as publish a group and individual email addresses to serve specific purposes on a designed and developed website with relevant information, resources and forms and access to a portal for time entry and access to reports. Office hours will be posted in the Guide and on the office door. Office hours are M-F, 8-5 except holidays. If local office staff are busy, the phone will ring to the Operations Center, who will answer phones during local (VT) business hours. All participants will be given a point of contact at the operations center to assist them when local staff are not available.

B. Authorizations and Program Limitations: Outreach will adhere to the State's processes requiring prior written/electronic authorization before services are initiated with an employer. Outreach's sophisticated software system, FMS Engine, tracks authorization time frames and approved services and accounts for spending. The system will manage the different service limitations of the various programs in Vermont. Outreach has experience managing a complicated service array in Texas where there are 7 waiver programs and 4 state plan programs both under both traditional and managed care models. Under two separate Managed Care programs for adults and children, Outreach is contracted and works with 15 different health plans. These eleven different programs serve both adults and children who are physically and intellectually/developmentally disabled, and all use different eligibility and billing systems, as well as have varying compliance requirements. Likewise, in North Carolina, Outreach has experience with working with contrasting waivers for adult and children that each have their unique authorizations and program limitations. The various types as described in section 2.B are all combinations Outreach has extensive experience working with.

FMS Engine Alerts Outreach staff 90, 60 and 30 days before an authorization expires, at which time Outreach communicates with referral sources on obtaining new authorizations to ensure no gaps or breaks in service.

Outreach will provide payment only for individuals who are Medicaid eligible at the time services are provided. Eligibility checks will be automated with FMS Engine so that Medicaid eligibility is available in real time. If the State is not able to automate this process with Outreach, Outreach staff will manually check the eligibility of participating participant/employers monthly.

The number of hours billed in one calendar day will not exceed 24 hours between multiple providers/employees, except in DDS as authorized by the Individualized Service Agreement (ISA) for any participating employer. Additionally, for employees, the number of hours billed in one calendar day will not exceed 24 hours between multiple participants/employers, except in DDS.

Lastly Outreach will not pay less than the minimum rate established in that agreement to providers employed through programs covered by the CBA between the State of Vermont and AFSCME. The wage paid to providers not covered by the terms of the CBA shall be paid no less than the Vermont minimum wage.

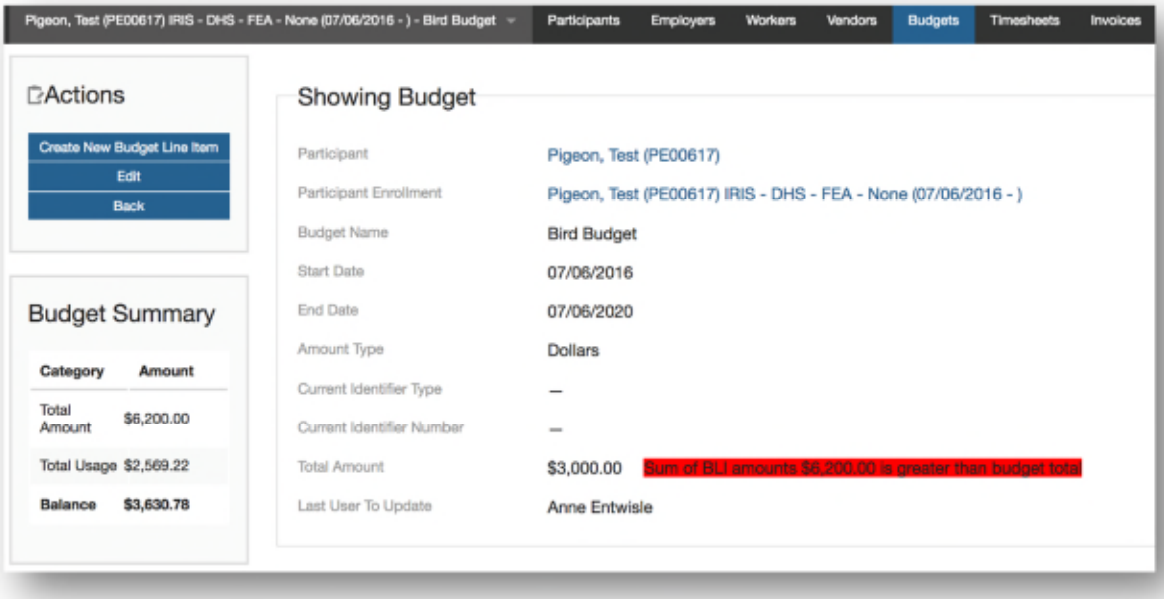
Participant's budgets (authorizations) will be managed through the Budgets, Invoices and Time sheets (BIT) module of FMS Engine. After obtaining participant budget data and entering or transferring it to the BIT module, Outreach will use BIT to manage all Participant budgets, time sheets and invoices for Participants. Only authorized users from Outreach will have access to view data within the BIT Module. Participants can have access to their own "Participant Dashboard", where they can view certain budget data in a user-friendly format.

The FMS Engine BIT Module is designed:

- to allow for the creation of budgets with different budget line items;
- to allow for tracking of spending in the budget as a whole;
- to allow for monitoring of spending on a budget: costs for goods and services, reimbursements, and total spending overall;
- to ensure that payments made to employees and vendors follow all of the parameters specific to the participant's plan;
- to alert Outreach staff if the dates of service do not fall within the dates of the participant's service authorization;
- to alert Outreach staff if invoices or reimbursement requests are submitted for a participant who is not yet 'active';
- to alert Outreach staff if invoices are submitted for a vendor who is not yet fully 'active' in FMS Engine;

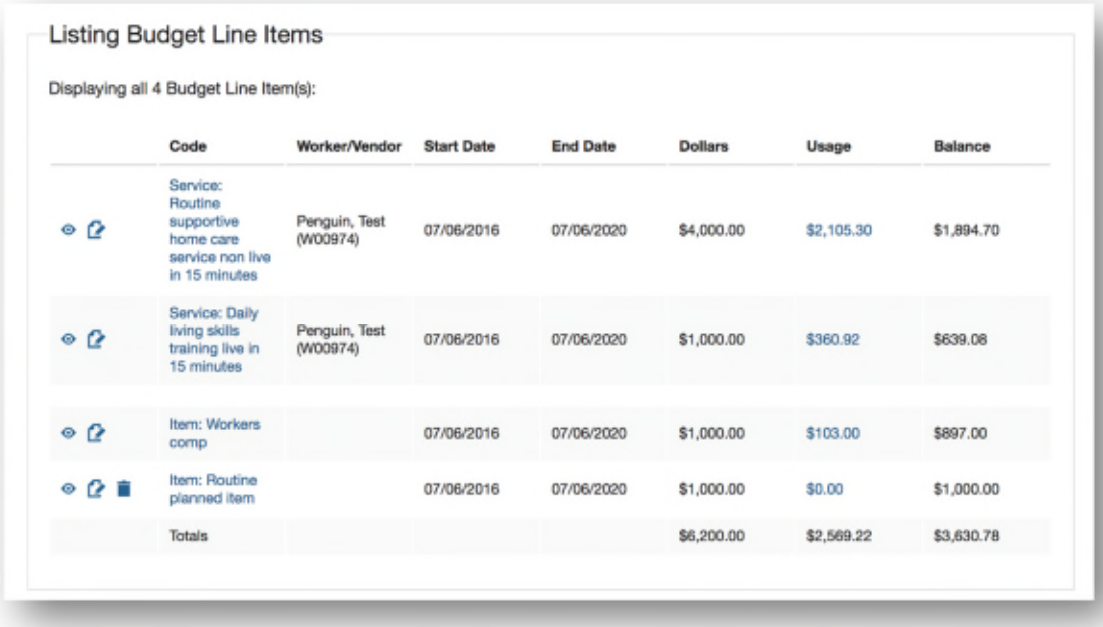
At the summary level, users will see basic data about the budget, including start/end dates, authorization number and total budget amount. An indicator also appears to warn a user if amounts allocated to budget line items do not equal the total amount available in the Participant's budget. The last user to update the budget is also displayed.

Sample Budget Summary:



The Participant's budget line items are displayed in the budget detail. Here, a user can see the current allocation, usage and balance of each line item. Further detail within the line items show the invoice or time sheet line items associated with the participant's budget usage. Outreach will have already specified (at a program level) the service/item codes that are eligible for inclusion on Participant budgets as part of this program.

Sample Line Item Detail:



All services must be authorized prior to issuing payment. Budget spending is tracked and time sheets/invoices will be held if and when the amount of any invoice or time sheet exceeds available funds in the budget. Budgets can be further monitored with cap records where users will be alerted if spending on a budget exceeds the expected amounts planned in set periods of time (weekly, monthly, etc.).

Invoices can be created and set up to automatically generate on a recurring basis (weekly, bi-weekly, monthly, annually or pay period). These invoices will post and then be processed against all budget/payment rules. Should there be any conflicts with program rules, the invoices will remain in a state of pending until all errors can be resolved.

The BIT Module has a series of rules associated with both Service Authorization (Budget) entry and rules enforced when processing Invoices. These rules prevent overspending and that all services have been properly authorized.

The following is a list of rules enforced in BIT concerning paying time sheets and invoices. Additional errors can be built into the system to track programs with specific rules concerning payment.

Rules Enforced in BIT when Paying Time sheets and Invoices

- A time sheet/invoice cannot be paid if there is no valid participant listed on the invoice.
- A time sheet/invoice cannot be paid if there is no valid vendor listed on the invoice.
- A time sheet/invoice cannot be paid if there is no relationship set up in the Enrollment Module between the participant and the vendor on the invoice.
- A time sheet/invoice cannot be paid if the participant is not yet fully enrolled in his/her program, i.e. if the participant is not “Active.”
- If the participant’s program has rules about how far in the past a time sheet/invoice is allowed to be submitted—for example an invoice cannot be paid if it is more than 90 days old—and an invoice is submitted which exceeds that requirement, the invoice will not be paid unless an admin user overrides the error and allows the invoice to be paid.
- A time sheet/invoice cannot be paid for a service that is not authorized in the participant’s service authorization, or if the dates of service on the time sheet/invoice fall outside of the date span of the authorized service.
- A time sheet/invoice cannot be paid if a budget suspension record has been entered on the participant’s service authorization during the dates of service provided.
- A time sheet/invoice cannot be paid in full if there is not enough authorized dollars/units in the service provided to pay the invoice.
- A time sheet/invoice cannot be paid in full if a line item exceeds a cap record entered on the authorized service in the participant’s service authorization.

Rules Enforced in BIT Concerning Service Authorization Entry

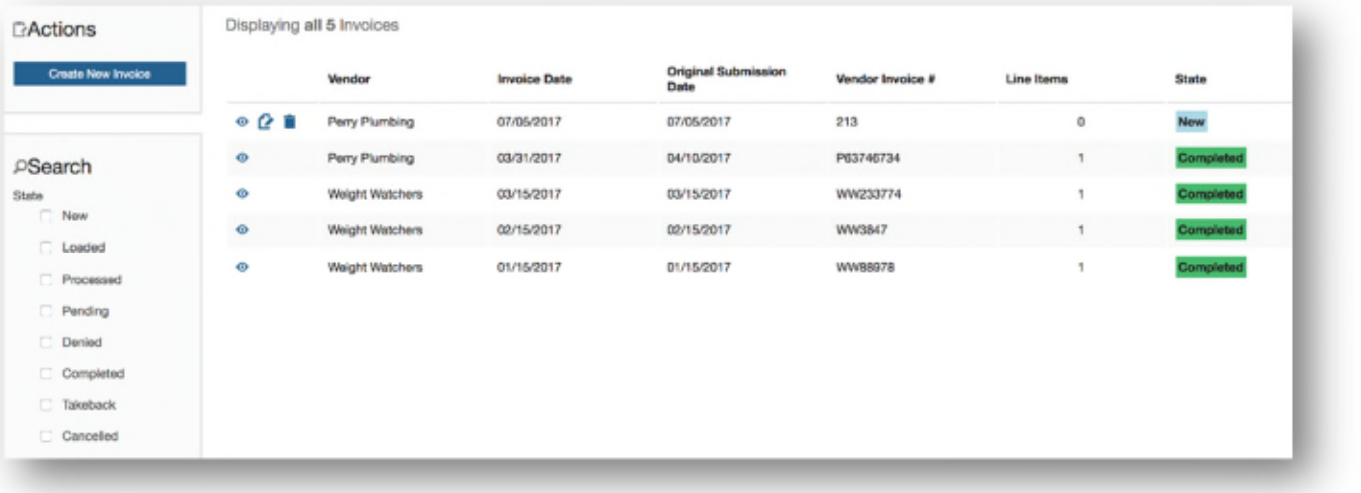
- All service authorization must have a start and an end date.
- All service authorizations must be tied to a particular participant enrollment.
- All services authorized in the service authorization must have a start and end date that falls within the service authorization’s period entered upon creation.
- No service authorization can have a start date before its end date.

- A service cannot be authorized for a participant if the service is not approved by the participant's program.
- All service authorizations must be authorized in either hours/units, or dollars.

The BIT Module of FMS Engine tracks the utilization of each participant's service authorization in great detail. Every vendor invoice or employee time sheet will have its own usage line in the participant's service authorization, which links directly to the associated time sheet or invoice in the system. BIT can be configured to only accept invoices/time sheets submitted in a timely manner (i.e. only invoices submitted within 90 days of the date of service). Reporting is also customizable and customized queries of data on a per-participant or at a program-based level can be created.

BIT will track the following data points related to all invoices submitted: (Invoice Date, Invoice Receipt Date, Date of Service, Date of Invoice Entry and export date). Customized reports can be built to provide totals on when invoices are submitted and/or how many days have elapsed between the date of service and the date of export (for payment). In the index below, you can see the invoice date and submission date.

Sample Invoice Index:



FMS Engine's BIT Module can be customized to add any required reports, provided that the data points for reporting exist in FMS Engine. By default, the BIT Module has a basic version of a "Spending Report" that can will provide a summary of how a budget has been spent for a given period of time. Reports like the spending report are generally run on a monthly or quarterly basis and mailed to Participants and/or their Care Coordinators. A customized "Service Utilization" report can be developed to include a summary of all service codes paid out for any given period of time.

C. Billing Agent for Family Directed Hi-Tech Nurses: Outreach will serve as the billing agent for family directed nurse-providers in the Medicaid Self/Family Directed HTN program. Outreach will:

- Receive time sheets from the nurse-provider;
- Confirm time sheets meet minimum acceptable criteria established by the State;
- Convert time sheets to a format accepted by the Vermont Medicaid fiscal agent (currently DXC).
- Submit claims to the Vermont Medicaid billing contractor (currently DXC);
- Monitor the processing of a claim and inform the nurse-provider if there is a problem with payment of a claim.

Outreach understands:

- That it is not responsible for producing checks based on these claims.
- Outreach understands the nurse-providers are functioning as independent contractors and, by serving as their billing agent, neither the vendor nor the families to whom the nurse-providers provide services are employers of these nurse
- It is the responsibility of the State Department of Vermont Health Access (DVHA) to ensure the nurse-providers have met all the requirements to be Vermont Medicaid providers.
- The vendor is held harmless for bills they do not process as a result of errors on the part of the nurse/provider or the State.

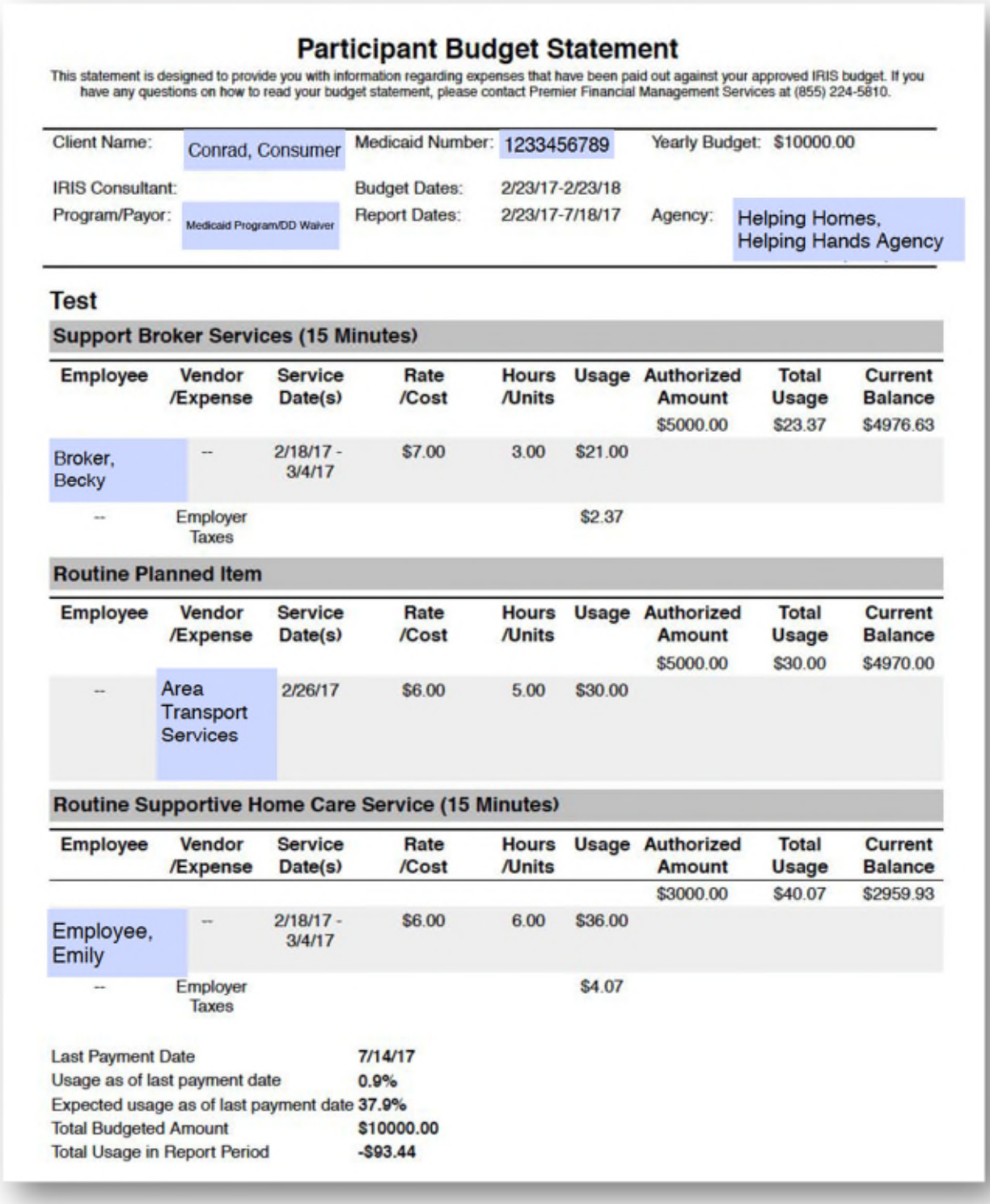
D. Patient Share: Outreach currently manages Patient Share process (Co-pay, deductible and Cost share) in each of the states it does business and will manage Patient Share in Choices for Care by:

- Billing participating employers any Patient Share payments as determined by DVHA.
- Tracking the amount of Patient Share withheld by Medicaid.
- Managing and tracking Patient Share notices from the DVHA.
- Where necessary, interacting with other service providers to ensure the "highest paid provider" determination accurately reflects the collection, withholding, and payment of Patient Share.
- Communicating any difficulties with other involved parties.

E. Payroll Reports: Outreach will provide an easy to understand Monthly Spending Report to participating employers and in DDS the Designated Agencies/Specialized Services Agencies/Supportive ISO, that shows the funds paid, the balance remaining in the authorized funding/service limits, the dates of service, the number of hours worked and the appropriate service code for each date of service.

The purpose of the statement is for the participating employer, and the designated agency supporting the participant (if any), to know whether payments are consistent with the authorized funding/service limits, and to know whether the payment made to the employee is reflective of the time sheet submitted. Outreach reviews the summaries as well and will call the participating employer or designated agency if concerns exist about spending.

An example of a Monthly Spending Summary is below:



Participant Budget Statement

This statement is designed to provide you with information regarding expenses that have been paid out against your approved IRIS budget. If you have any questions on how to read your budget statement, please contact Premier Financial Management Services at (855) 224-5810.

Client Name:	Conrad, Consumer	Medicaid Number:	1233456789	Yearly Budget:	$10000.00
IRIS Consultant:		Budget Dates:	2/23/17-2/23/18		
Program/Payor:	Medicaid Program/DD Waiver	Report Dates:	2/23/17-7/18/17	Agency:	Helping Homes, Helping Hands Agency

Test

Support Broker Services (15 Minutes)

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$5000.00	$23.37	$4976.63
Broker, Becky	--	2/18/17 - 3/4/17	$7.00	3.00	$21.00			
--	Employer Taxes				$2.37			

Routine Planned Item

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$5000.00	$30.00	$4970.00
--	Area Transport Services	2/26/17	$6.00	5.00	$30.00			

Routine Supportive Home Care Service (15 Minutes)

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$3000.00	$40.07	$2959.93
Employee, Emily	--	2/18/17 - 3/4/17	$6.00	6.00	$36.00			
--	Employer Taxes				$4.07			

Last Payment Date	**7/14/17**
Usage as of last payment date	**0.9%**
Expected usage as of last payment date	**37.9%**
Total Budgeted Amount	**$10000.00**
Total Usage in Report Period	**-$93.44**

Outreach understands that the format of these reports will vary from program to program and will be design the summary to meet the needs of the participants and employers in those programs. Outreach will also provide this information to the State if requested.

The report is easy to read for the employer to read and to follow. The formats for these reports will be approved by the State. The reports are available via the Participant Dashboard, can be emailed or distributed on paper through the US Mail when requested by the employer for a specific instance or on an ongoing basis. The employer will be asked their preference for receiving the summary at enrollment.

F. Unique Identifier: Outreach will maintain an Employer Identification Number (EIN) for each individual employer for the purposes of tax reporting and as a unique identifier in the secure system. The employer completes Form SS4 as part of the Enrollment Packet. The form is process in the operations center and the FEIN is secured.

G. Qualifying as the Fiscal Agent: Outreach will qualify to serve as a fiscal agent for each participating employer by having each employer complete Form 2678, which is included in the Enrollment Packet which is a required IRS procedure by obtaining required federal forms. Outreach will also prepare for filing any appropriate state forms to be recognized by state unemployment and income tax agencies as a fiscal agent for the employer. Outreach will not submit said paperwork to the IRS or other agencies until directed to do so by the State. . A process for such approval will be established once awarded contract.

H. Withholding and Judgments: Outreach will use the Internal Revenue Service (IRS) guidance to determine if an individual is an “employee” or an “independent contractor”.

- Outreach Payroll Department will ensure the employer's share of all taxes due, including state and federal income tax, FICA, and unemployment compensation taxes are withheld, filed, and paid on time and in full for each participating employee, and shall make advance payments of federal Earned Income Credit to eligible employees. Employees are notified of earned income credit by using Notification 797 when first employed.

I. Garnishments: Outreach Payroll Department ensures that all judgments, garnishments, tax levy, and any other related holds on a worker's wage as may be required by local, state or federal laws, and/or State policy and procedure, is properly administered in accordance with those laws, policies and procedures. Outreach also processes all judgments, garnishments, tax levies or related holds on an employee's wages required by local, state, or federal law.

J. Background Checks: Outreach will train designated staff to:

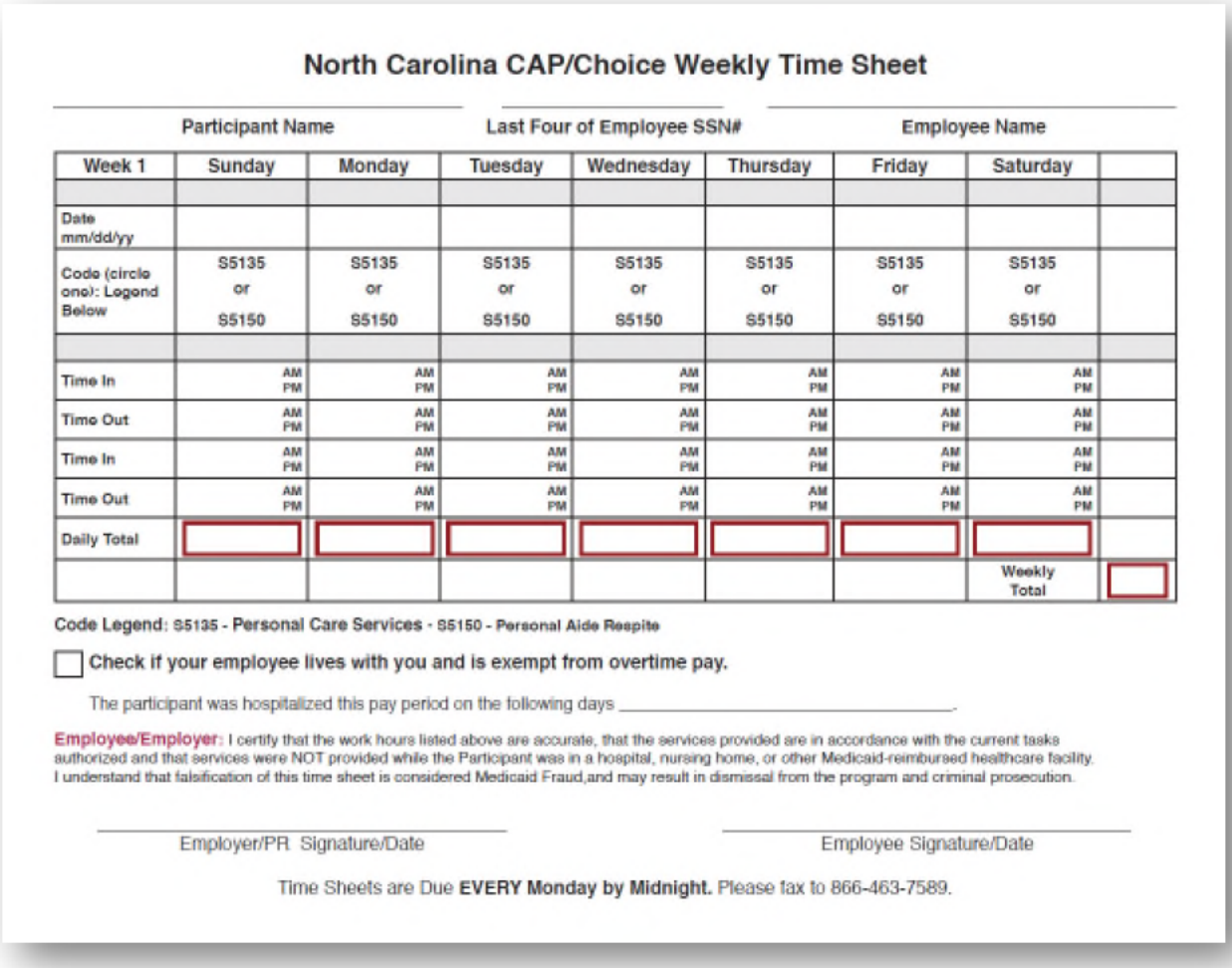
- Perform background checks for all participant employees in accordance with the DAIL’s Background Check Policy.
- Ensure employees are checked against the exclusionary lists as required by the State and the Federal Governments.

- Check the employee against the Department of Human Services Office of Inspector General's Exclusionary list.
- On a schedule and in a format agreed upon by the State and the Outreach, Outreach will supply the State with a list of all employees currently active in its system. The State shall check these employees against such exclusionary lists as required by state and federal law and regulation. If any employee is found to be on any of these lists, the state shall inform the Outreach of that finding.
- Upon being informed of the presence of an employee on any exclusionary list, confirm that the name on the list is, in fact, the employee receiving payment via their services
- Outreach informs the employer of the findings and cease payment as of the date of the Outreach's learning of the finding. Services cannot be provided until background checks are complete and the employee has met all background check requirements.
- The employer is informed by Outreach that payroll will not be processed for services provided for any employee who has not successfully met all required background checks or has not been granted a "variance" to work by the State. In addition to the background check, all new hire paperwork must be completed and processed. This information is on the Service Agreement and in the Employer Resource Guide.
- Outreach will call the employer and let him/her know when the employee can begin work and follow with a letter.
- In the case of DDS and Integrating Family Services-Respite and the Ombudsman Program, Outreach will send verification to the appropriate Designated Agency/Specialized Services Agency/Supportive Intermediary Service Organization (currently Transition II) that a background check has been performed on all workers paid through Outreach. A background check, in accordance with State policy, shall be performed, wen requested by an independent employer, on individuals who are hired by independent employers managing Developmental Services supports, but who may not use the vendor for payroll functions.
- Outreach will store all documentation in the employee record.

K. Accepting Time Sheets: Because paying employees timely is the single most important task Outreach performs, Outreach will securely accept time sheets through a variety of media including the internet, email, fax, picture of the time sheet and the US Mail.

- Employers are strongly encouraged to submit time sheets in an electronic format because of ease of completion and accuracy of recording. Outreach will provide participating employers and employees with paper time sheets and self-addressed stamped envelopes when requested.
- Outreach will design and accept time sheets both on paper and electronic formats. All time sheet formats are easy to read and complete and shall be approved by the State prior to use by the vendor. Multiple formats ensure that time sheets are submitted to the employer's preference and that employees are paid timely.

An example paper time sheet from North Carolina that can be revise for Vermont is below:



North Carolina CAP/Choice Weekly Time Sheet

Participant Name _____ Last Four of Employee SSN# _____ Employee Name _____

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date mm/dd/yy								
Code (circle one): Legend Below	S5135 or S5150	S5135 or S5150	S5135 or S5150	S5135 or S5150	S5135 or S5150	S5135 or S5150	S5135 or S5150	
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Daily Total								
							Weekly Total	

Code Legend: S5135 - Personal Care Services - S5150 - Personal Aide Respite

☐ Check if your employee lives with you and is exempt from overtime pay.

The participant was hospitalized this pay period on the following days _____.

Employee/Employer: I certify that the work hours listed above are accurate, that the services provided are in accordance with the current tasks authorized and that services were NOT provided while the Participant was in a hospital, nursing home, or other Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud,and may result in dismissal from the program and criminal prosecution.

Employer/PR Signature/Date _____ Employee Signature/Date _____

Time Sheets are Due **EVERY Monday by Midnight.** Please fax to 866-463-7589.

- Time sheets in any format will be retained by Outreach in compliance with Medicaid requirements established by the Center for Medicaid and Medicare Services (CMS) and as determined by the State. Generally, Outreach keeps record of time for seven years.
- Outreach will prepare the payroll from time sheets submitted by participating employers and as required by the participant's program.

L. Processing Time sheets: Outreach will process time sheets and non-payroll payments as follows:

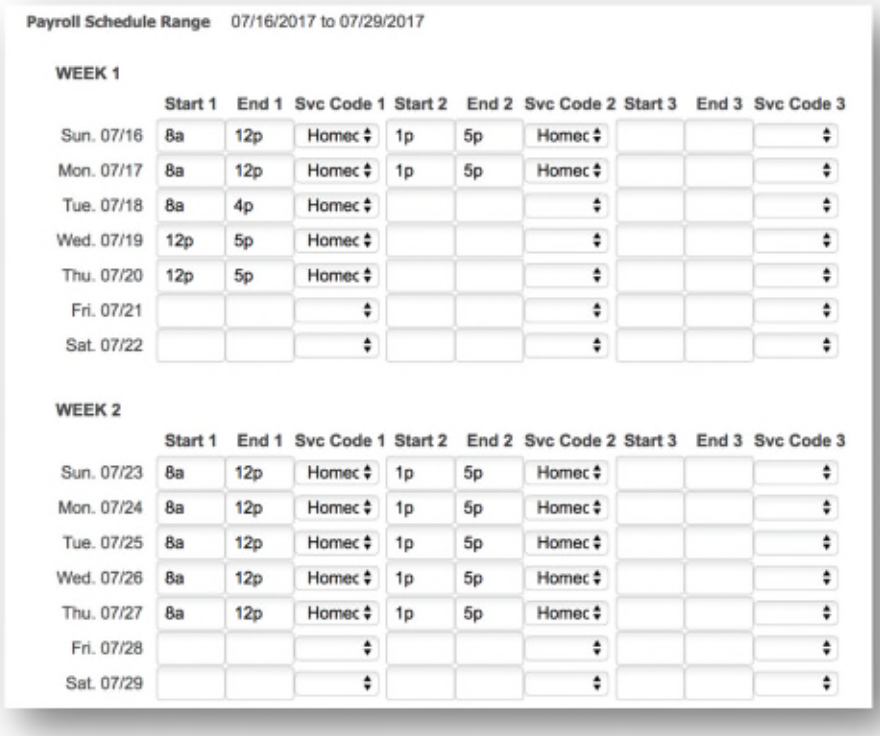
Inspection: Outreach will inspect all paper time sheets and non-payroll payment requests to ensure they are completed correctly. Electronic time sheets are designed with all necessary time sheet figures and safeguards automated.

Review: Outreach will data enter time sheets received by fax, phone or mail and rely on FMS engine to compare to authorization information in the system such as number of hours and the types of services documented on the time sheets and the non-payroll payment requests and employee payroll information to ensure:

- The participant is eligible for dates and services or payments represented;
- The amount to be paid does not exceed the authorized limits established by the State and the DA/SSA/SISO.
- Basic errors/potential fraud, as agreed upon between Outreach and the State, such as employees billing duplicate hours for multiple employers or programs, hours submitted exceeding the possible number of hours in the day, employers billing overlapping hours for multiple employees, etc. are identified. All Outreach staff are trained on how to detect Medicaid fraud, maintaining vigilance and reporting procedures.

Participants, their representatives and employees will have access to the Electronic Time Sheets module of FMS Engine. Once logged in, on their smart phone or computer, participants can see only those time sheets entered electronically by their employees. Employees see only those time sheets for those participants for whom they have worked. Representatives have the same view as participants, if the participant has authorized the representative to use electronic time sheets.

The electronic time sheet module has a specific workflow to ensure that both a participant (or his/her representative) and an employee fully approve a time sheet before it is processed. Either the participant, representative, or employee can start an electronic time sheet by logging in, selecting a pay period and entering dates worked, start time(s), end time(s) and services provided. Once the time sheet data is entered, the user (whether that's a participant, representative or employee) approves the time sheet, checking a box to agree with the statement of the time sheet's correctness and agreeing to submit an electronic signature.



Payroll Schedule Range 07/16/2017 to 07/29/2017

WEEK 1

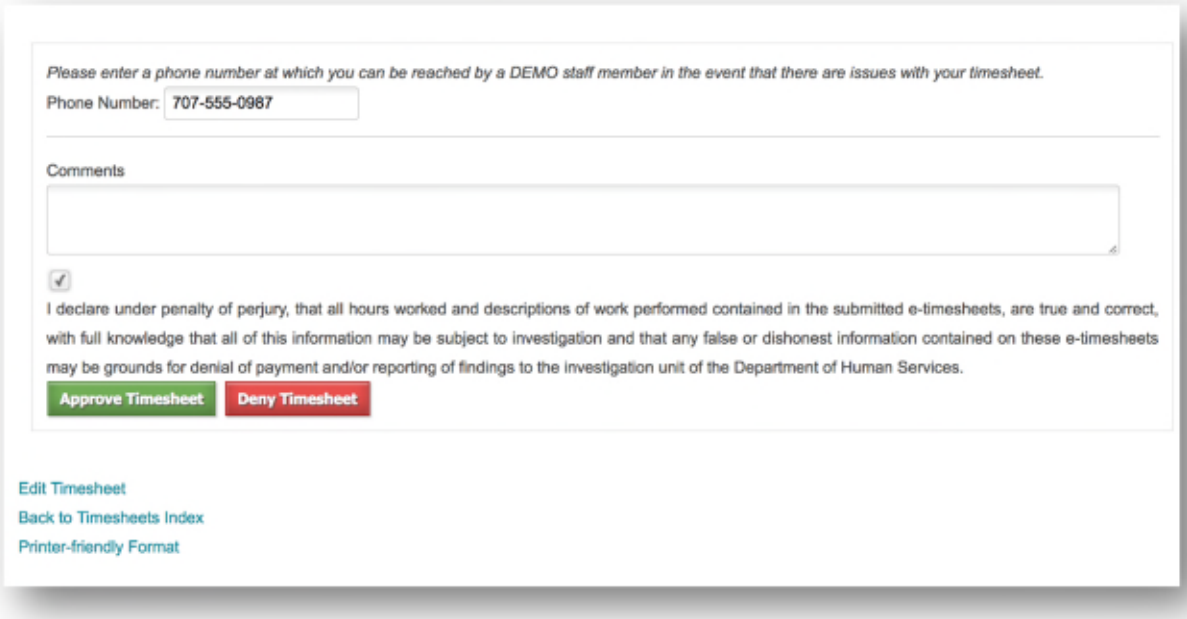
	Start 1	End 1	Svc Code 1	Start 2	End 2	Svc Code 2	Start 3	End 3	Svc Code 3
Sun. 07/16	8a	12p	Homec	1p	5p	Homec			
Mon. 07/17	8a	12p	Homec	1p	5p	Homec			
Tue. 07/18	8a	4p	Homec						
Wed. 07/19	12p	5p	Homec						
Thu. 07/20	12p	5p	Homec						
Fri. 07/21									
Sat. 07/22									

WEEK 2

	Start 1	End 1	Svc Code 1	Start 2	End 2	Svc Code 2	Start 3	End 3	Svc Code 3
Sun. 07/23	8a	12p	Homec	1p	5p	Homec			
Mon. 07/24	8a	12p	Homec	1p	5p	Homec			
Tue. 07/25	8a	12p	Homec	1p	5p	Homec			
Wed. 07/26	8a	12p	Homec	1p	5p	Homec			
Thu. 07/27	8a	12p	Homec	1p	5p	Homec			
Fri. 07/28									
Sat. 07/29									

Entering a time sheet is easy! This is what the screen looks like:

The next step is First Person Approval - It looks like this:



Please enter a phone number at which you can be reached by a DEMO staff member in the event that there are issues with your timesheet.

Phone Number: 707-555-0987

Comments

I declare under penalty of perjury, that all hours worked and descriptions of work performed contained in the submitted e-timesheets, are true and correct, with full knowledge that all of this information may be subject to investigation and that any false or dishonest information contained on these e-timesheets may be grounds for denial of payment and/or reporting of findings to the investigation unit of the Department of Human Services.

Approve Timesheet | Deny Timesheet

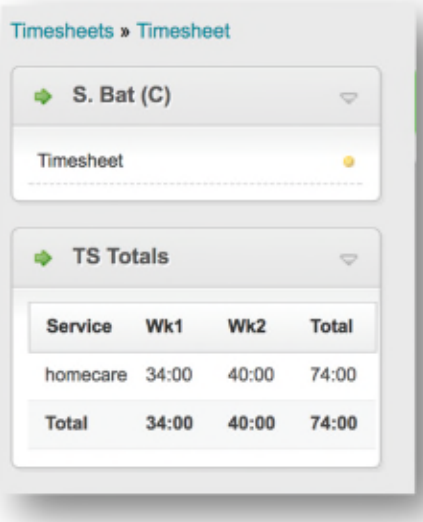
Edit Timesheet

Back to Timesheets Index

Printer-friendly Format

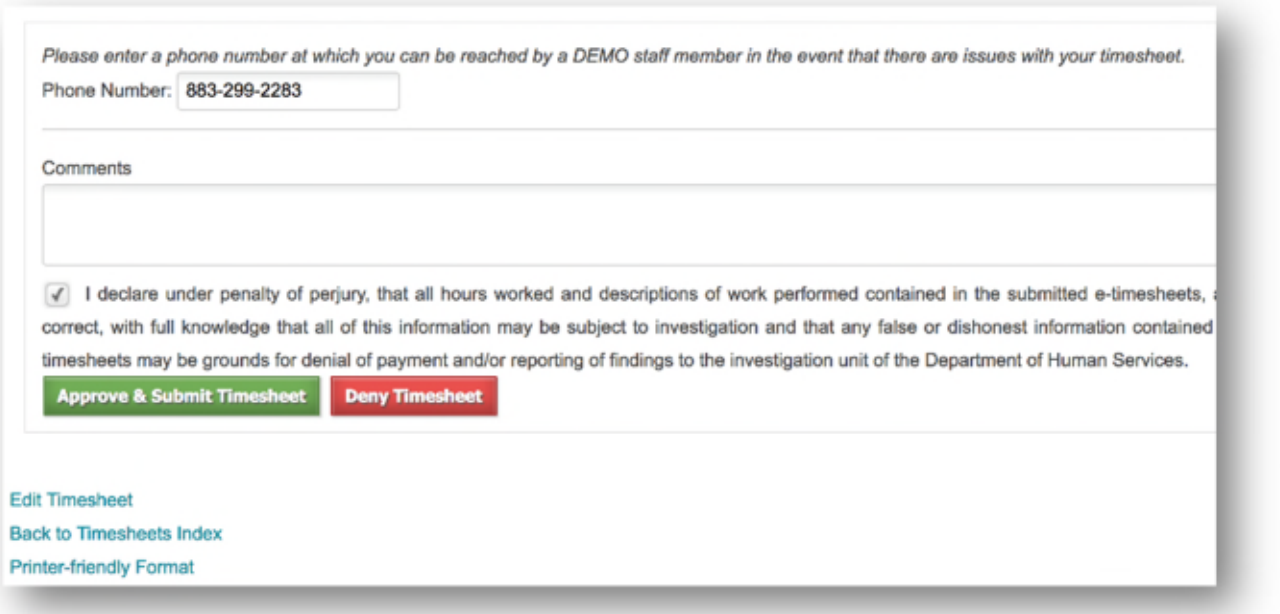
The Attestation Statement must be checked for the time sheet to be processed. The participant is confirming that the hours worked and tasks performed are consistent with the Service Plan.

Next is the Time sheet Summary - The Participant or employee sees a summary of hours worked before submitting for processing. If a discrepancy is noticed changes still can be made:

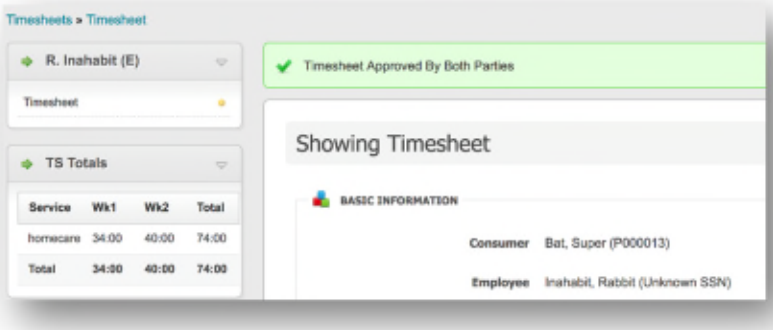


Whichever party did not submit the time sheet will get an email that a time sheet has been submitted for their approval. The email does not include HIPAA data, but does include a link for the receiving party to log in to FMS Engine and review and approve, edit or reject the electronic time sheet. That party logs in to FMS Engine with their username and password and is taken directly to the time sheet that requires approval to be paid.

Second User Approval – the second party can then approve the time sheet, thereby electronically signing it, or can edit or reject the time sheet. If the time sheet is approved, the time sheet has now been approved by both the provider and the participant/representative and continues to be processed by the BIT module for payment. If the time sheet is edited or rejected, an email goes to all other parties who did not make the edit or rejection (e.g. the participant, representative or employee) to notify the party that they must review, edit or reject the time sheet. This time sheet workflow continues until both parties (the participant or representative and the employee) approve the time sheet with the same time worked on it. This ensures, like with two parties signing a physical time sheet, that the final time sheet represents time worked that both parties have reviewed and agreed upon.

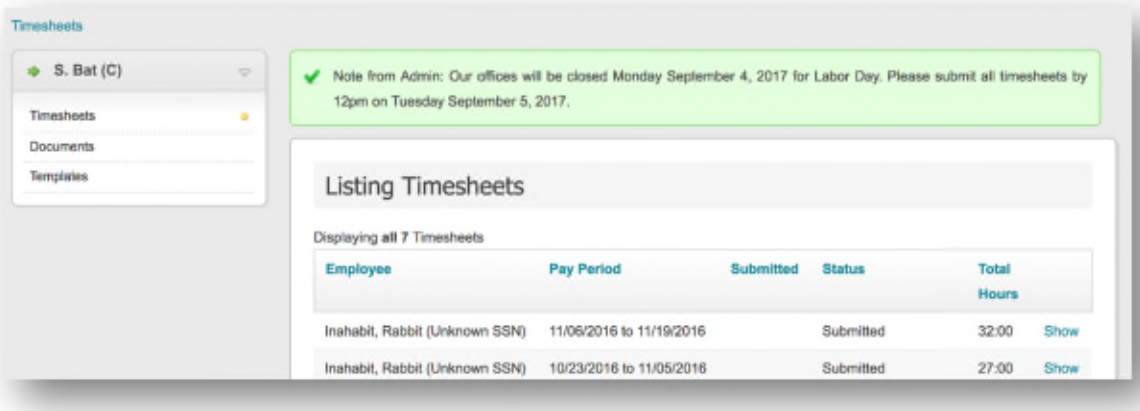


After Final Approval:



The Electronic Time Sheets module has a feature that displays a special announcement or notification when users login. Only Admin users from the FMS Provider have the ability to edit these announcements. The "banners" can be used to notify users of events, deadlines or planned system maintenance. Most often the announcements are used to display a reminder when there is a special deadline for submitting time sheets or that offices will be closed due to federal or state holidays.

Sample Announcement:



Again, Outreach will accommodate to the participant's preference for time sheet completion BUT electronic submittal will be encouraged for the following reasons:

- It increases timely submittal;
- Errors are reduced when completing the time sheet because of automation;
- There are less time sheets lost in the mail, faxed upside down etc.;
- There are less data entry errors;
- Increases on time payment for employee;
- There are no delays in processing claims because claims that are within authorization parameters are immediately sent for processing
    - Outreach will contact the responsible employer regarding all concerns related to paperwork, time sheets, invoices and payroll process. Outreach assists the employer in making corrections so that his/employee is paid timely. A missing time sheet

report is run before payroll is processed. Outreach staff will call the employers listed and remind them to turn in time for employees, especially if they are new and learning the payroll process.

- Outreach uses a Corrective Action Form to identify and communicate via email or US mail to the participant's case manager, consultant or service coordinator, employers who demonstrate frequent or ongoing problems in the completion of payroll paperwork, non-payroll payment requests, or non-compliance with the required payroll process. Outreach always retrains the employer first before entering into a Corrective Action Process. The corrective action details what steps are necessary for successful participation in the program. If corrective action is taken on one issue three times, Outreach will discuss with the case manager and employer, their appropriateness for participating in the program.
    - Outreach tracks employers who demonstrate frequent or ongoing problems in the completion of payroll paperwork, non-payroll payment requests, or non-compliance with the required payroll process and shall provide the State with this information on a regular basis as agreed upon by the vendor and the State.

M. Payment to Employees: Outreach will pay employees via direct deposit or pay card but and will pay via check for those employees who require it. Because Outreach encourages electronic deposit because of the problem with lost checks, 100 percent of employees are paid for by direct deposit or pay card in some states. In addition, Outreach will:

- Answer questions and provide information regarding payroll matters to employees, employers and participants via training materials and when they call the office.
- Process payroll to ensure payment to employees on a schedule approved by the State for accurate and on time sheets. All employers and employees receive a payroll calendar at enrollment that delineates when time sheets are due and pay days. Employees are paid every two weeks.

- The Payroll Calendar distributed looks like this:

2017

OUTREACH HEALTH SERVICES
Caring Since 1975

PAYROLL CALENDAR

Time Sheets Due | Pay Day | Holidays

JANUARY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- Because paying employees timely is important and contributes to employee retention and employer satisfaction, Outreach has an off week pay day so employees are paid if Outreach makes a mistake or there is an exception, i.e. employer loses electricity and cannot fax time sheet, or due to State error.
- The process to replace checks not received by the participating employee is outlined in training materials. The employee must report the lost check to their employer, who informs Outreach who waits 7 calendar days to see if the check will be delivered before cancelling and reissuing a new check. If an employee cashes a reported lost check, they may lose the option of having paper checks mailed to them. The money must be returned to Outreach as well, and may be garnished from future payments.
- Outreach will investigate statutory requirements and procedures established by the State Treasurer and establish a protocol and procedure to address un-cashed checks.
- Outreach has a process to regularly de-activate inactive participants, employers, and employees from the payroll system. If a time sheet is not turned in for a pay period the participant is called so Outreach immediately knows status. If Outreach does not hear from the participant and a time sheet is not turned in again, the case manager or equivalent is called to learn status. Decision for active or inactive status is made based on findings. For employees, an Active Employee Report is run monthly. Any employees who have not turned in a time sheet in that period are removed. The employer is informed of this procedure and encouraged to call Outreach when an employee is terminated so records are up to date.
- Outreach will make payments for goods, services and in cash when requested by a participating employer and as allowed under state policies and procedures and program guidelines. The good or service must be approved on the Service Plan. Invoices are

submitted and approved and processed for payment. All invoices are paid within thirty days.

- Outreach has a process that addresses employee wage changes in a timely manner. An employer and employee must complete and submit a wage change form in order for a wage to be changed in the payroll system.
- Outreach will follow the terms of the CBA between the State of Vermont and AFSCME.
- Outreach will comply with the Department of Labor "Home Care" Rule. This includes but is not limited to having a process to ensure employees are paid overtime in accordance with the Department of Labor (DOL) rules and State program standards for granting exceptions to allow overtime. https://www.dol.gov/whd/homecare/agencies.htm
- Outreach will establish a process, utilizing both FMS Engine and Payroll System to ensure employee sick leave accrual and use is tracked and implemented in accordance with the Vermont Earned Sick Time Rules issued by the Commissioner of Labor. http://labor.vermont.gov/wordpress/wp-content/uploads/Earned-Sick-Time-Rules.pdf

N. Tax Related Services: Outreach's Payroll Department will provide the following tax-related services, according to the requirements of the RFP including:

- Preparation and mailing of W-2 forms and annual tax reports as required by the IRS and the State of Vermont, including W-5 forms;
- Completion of IRS 941 deposits;
- Payment of workers' compensation insurance policy premiums.
- Payment of any other employment-related federal and state taxes;
- Completion of any other payroll-related reports or forms;
- Preparation and mailing of IRS 1099 forms for independent vendors;
- Payment of actual unemployment claim costs, as forwarded to Outreach by the Vermont Department of Labor (VT DOL). Outreach will be file unemployment forms by program;
- Participation in the annual Worker's Compensation Audit with the current policy carrier;
- Refund to employees and to the State any FICA payments withheld for those employees for whom FICA withholding is not required.

O. Providing Information: In the capacity of an F/EA, Outreach will communicate effectively and in a timely manner with relevant parties including participants, employers, and employees who have a wide variety of disabilities, cultural differences, and individuals with limited English proficiency. Outreach staff complete training on how to communicate effectively with individuals of varying abilities, the elderly and challenging callers. Written materials will be provided in plain English at a 6th grade reading level and available in alternative formats (e.g. large print, compatible with telecommunication devices for the hearing and speech impaired, languages other than English). Outreach consistently receives excellent ratings on customer service demonstrating that the customer service provided will exceed expectation. In addition, Outreach will:

- Revise, implement, and maintain orientation and skills training for employers, in a variety of mediums (e.g. online, in writing, in-person, etc.) to assist them to learn and to carry out their responsibilities as employers. Outreach currently has materials in written format that can be mailed to employers or can be accessed from the company's website. Currently, training is conducted as part of the face to face enrollment process in two states where Outreach does business – TX and NC. The in-person meeting is also a time to complete all employer and employee forms, which alleviates back and forth corrections. Data shows that in-person meetings better prepare the participant to be an employer. Outreach survey results reveal that people feel more prepared to manage their care after an enrollment meeting. In addition, Outreach is working on collecting specific articles, videos and webinars on topics that employers can use to enhance their employer skills. They will be available on the company website and if printable, can be mailed to employers. The training shall be updated annually and/or as requested by the State.
- Outreach has the ability to provide translation and interpreter services (e.g. American Sign Language and services for persons with Limited English Proficiency) and will expand these contracts and services to Vermont once awarded contract.
- Outreach will ensure that employers are provided with information periodically provided by the State by inserting stuffers in pay or report envelopes, posting notices on the Outreach's website, email blasts and by other electronic means of notification.

P. Claims and Reimbursement: The vendor will enroll and maintain its status as a Medicaid provider in Vermont to process claims. Outreach also will:

- Design a process, agreed upon with the State, to verify and ensure Medicaid eligibility before submitting Medicaid claims for any participants.
- Submit claims for reimbursement within required timelines.
- Work to resolve denied claims in the following manner. In the event of a denied claim, the vendor shall contact all involved parties within one business day. Outreach will follow-up regarding denied claims at least weekly and until resolved. Claims denied due to timely filing issues become the responsibility of Outreach unless proven otherwise.
- Send claims to different funding sources dependent upon the participant's program. These may include, Vermont Medicaid, DA/SSA/SISO, or directly to the State.

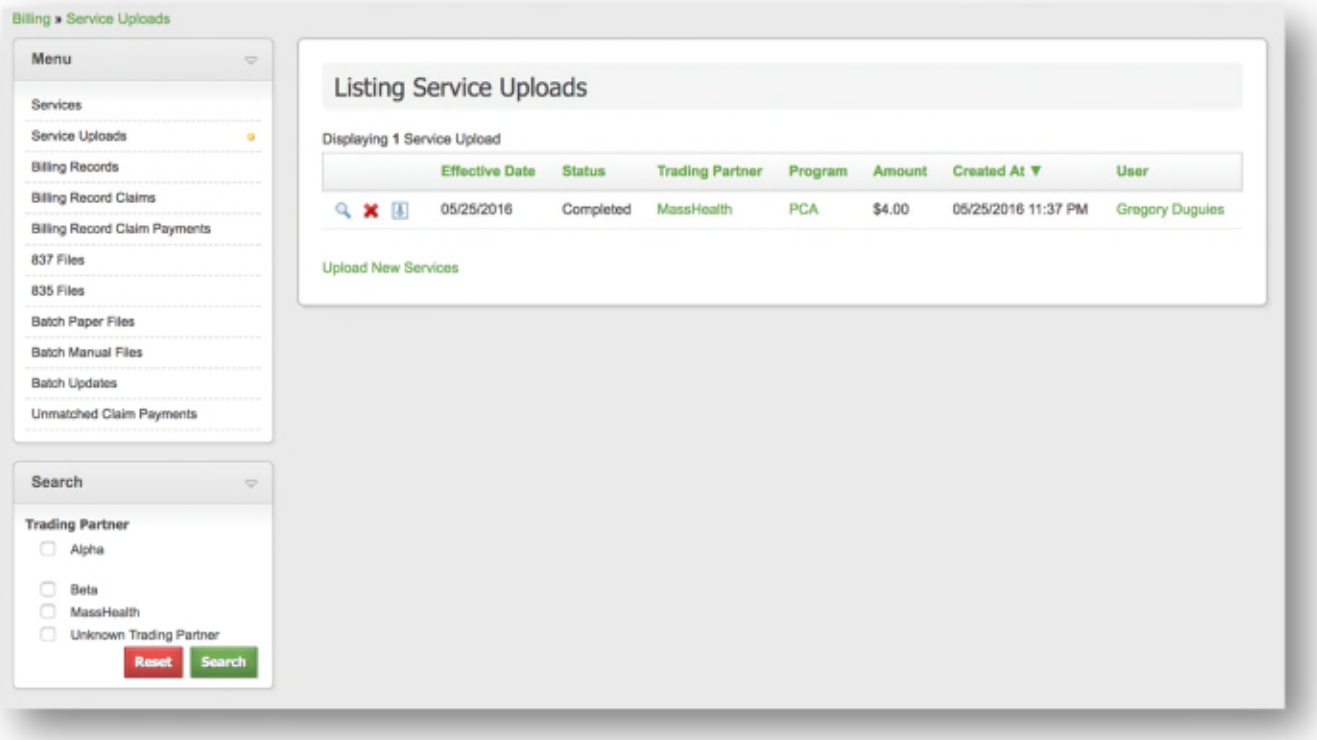
FMS Engine Billing Module ensures that Outreach is reimbursed for the services they provide from their state Medicaid office and other payer entities. Outreach uses FMS Engine to bill electronically with 837 files in batch, on paper using a pre-populated version of the CMS1500 form, or by manually entering in claim information into a payer online portal. The Billing Module saves Outreach staff time by using built-in logic to ensure billing and reporting accuracy and compliance with all federal, state, and payer billing guidelines. The Billing module is also highly customizable; as rules and priorities change, the system can accommodate these updates. All files generated within the system are compliant with HIPAA and Electronic Data Interchange standards.

With streamlined data exchange between the Enrollment, BIT, and Communications modules, manual data entry time is eliminated. All necessary billing information and participant information is directly transferred to the Billing Module. Time sheets are aggregated by participants and service type from the BIT system and sent directly to the Billing system for claim creation. Next, the Billing Module automatically creates claims for those participants; claims can be customizable by type (paper, electronic, or manual claim entry) and payer. This built-in automation saves billing staff time and significantly reduces the hassle of manually creating claim data. FMS Engine's streamlined billing process also ensures that all claims are submitted in a timely manner to comply with payer timely filing requirements.

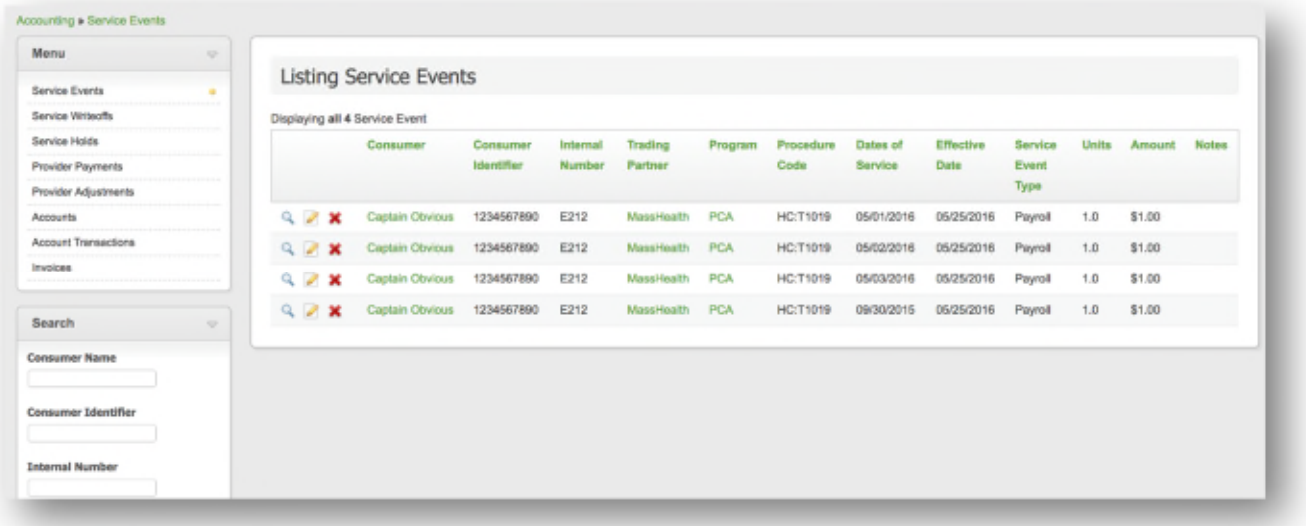
Billing Controls - Using automated logic and customizable controls, the billing system enforces billing rules and regulations. The billing system prevents claim overlap for the same participant, procedure code, and service date. If Outreach Health Services staff try to bill for the same participant, procedure code, and date of service, the system will throw a validation error and it will not create the duplicate claim. This internal control helps Outreach Health Services management confirm appropriate internal billing procedures.

Auto-Claim is one feature of the billing system that ensures appropriate claim creation and claim follow-up. The system will create a new claim if there are no current claims for a given participant, procedure code, and date of service; however, if a claim has already been sent, the system will wrap up any changes (late time sheets, etc.) as an automated follow-up claim. If a follow up claim is needed, the system will automatically update the original claim information with the new claim information and reference the Internal Claim Number (ICN) for the payer in the follow-up claim. A follow-up claim can only be created once the first claim has received a response; this confirms that only one claim (combination of participant, payor, procedure code, and service date) is waiting for a response at a time. By automating certain follow-up instances, the billing system saves Outreach Health Services staff time from tracking claim changes manually

Service Upload Index:



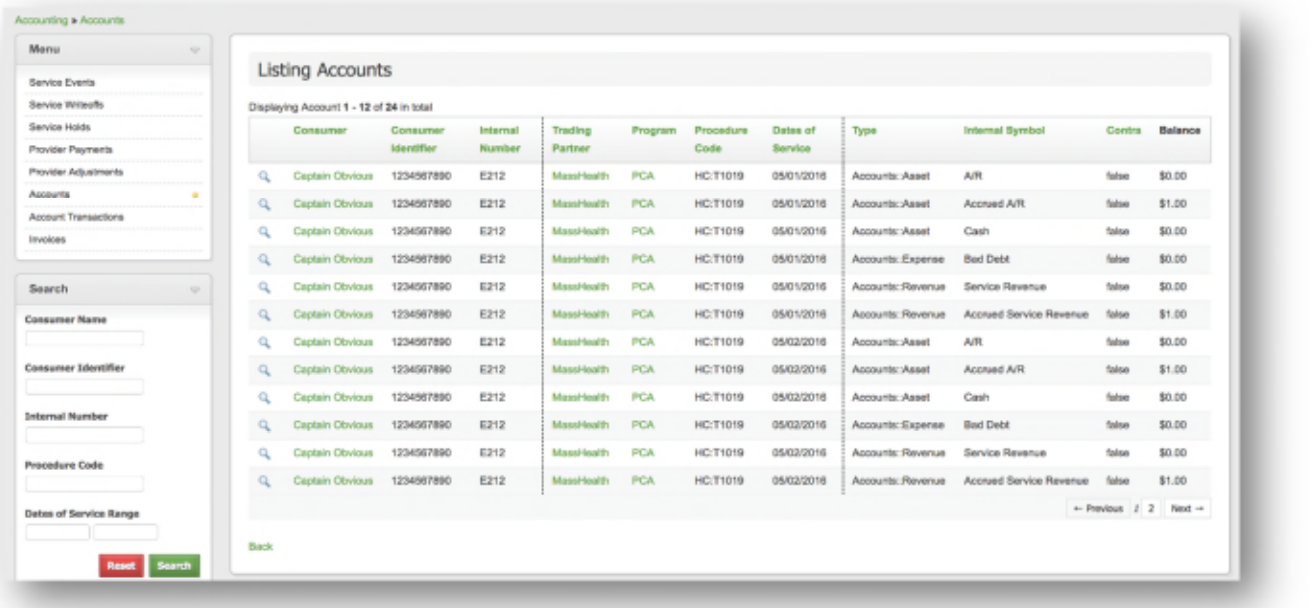
Service Events Index:



Claim Payment Functionality - When uploaded to the Billing Module, electronic payments on the 835-electronic payment file Health Care Claim payment advice are automatically matched to the appropriate claims. If a payer sends back claim payment information on a paper Remittance Advice, staff can smoothly enter in manual claim payment information from the user interface. By requiring that all claim payments are associated with a provider payment, the system checks that

money is tied to a specific check or Electronic Funds Transfer trace number. Furthermore, double-entry accounting transactions are created for all monetary transactions in the system to track accrued amounts service revenue, accounts receivable, cash and bad debt. These internal controls confirm that accounting and billing systems are in sync.

Account Summary:

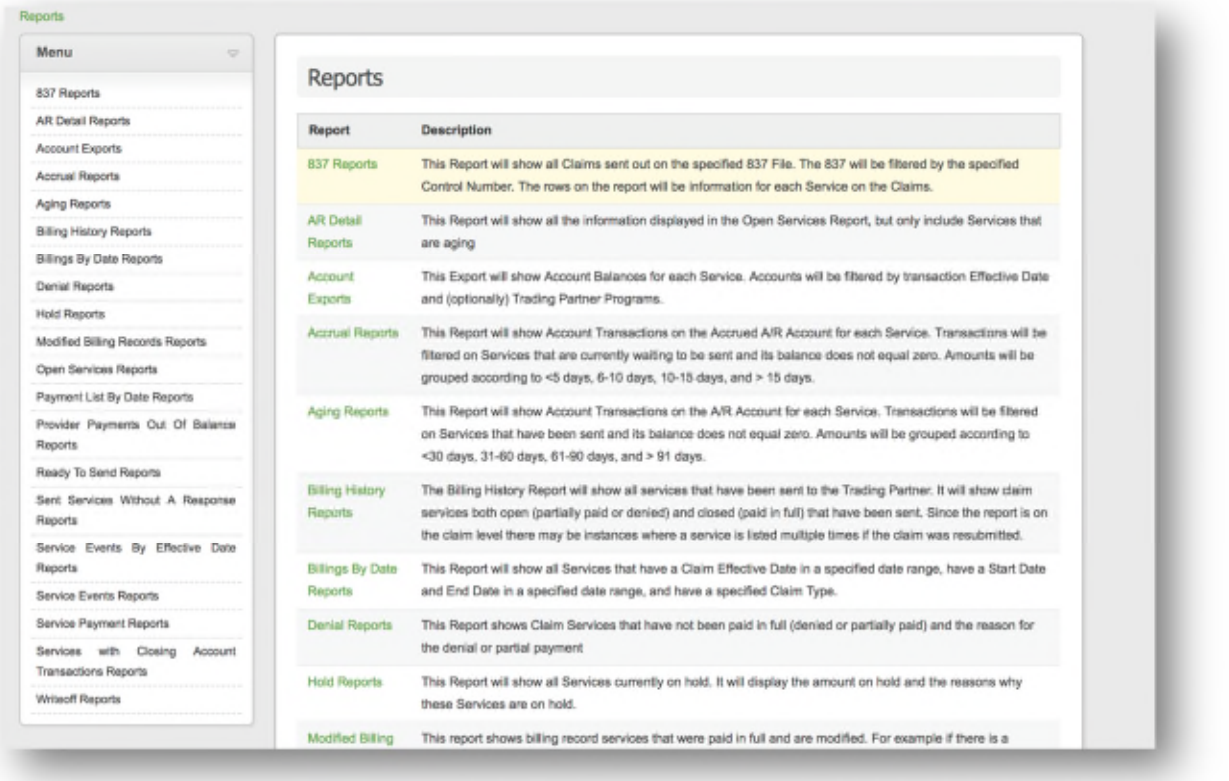


FMS Provider Service Payers - The Billing Module accommodates multiple payers and maintains the unique logic to bill each one. Payers may require different claim types depending on timely filing requirements. For example, if a follow up claim has not been submitted within a certain timeframe a payer may require a paper appeal process or manual update. The Billing system can customize those claim types and timeframes.

As new payers enter the market, the Billing Module is equipped to handle these requirements. With thorough testing, the billing module ensures that all payers are correctly set up before running files through the production site. For those payers that may require billing on the CMS1500 form, the system prepopulates this form with the appropriate claim information. Since all of this information is automatically entered, Outreach Health Services staff need only print out and mail the paper form claims.

Reporting Capabilities - The billing system includes a wide range of accounting and operational reports that are customizable based on changing federal, state, and other agency stakeholder demands. These reports include, but are not limited to: Aging Report, Accrual Report, Denial Report and Write-off Report. This allows Outreach Health Services personnel to review all claims in the system and confirm that any claim not paid in full has the appropriate follow up actions performed.

Report list and descriptions:



Q. Cash Flow: Outreach will maintain cash flow sufficient to pay all payroll and non-payroll payments in accordance with the established payroll schedules for each program.

R. Employer and Employee Enrollment: Outreach will produce and distribute program-specific enrollment packets, all required forms and instructions, and the employer handbooks to all employers. The packet and materials will be revised to Vermont specifications and required forms.

Outreach has developed an automated and pre-populated Participant Enrollment Packet that contains all the necessary Federal and State forms that need to be completed to begin self-directing services. Pre-populated means that some information like Outreach's address is hard coded so the employee or employer does not need to complete over and over. Auto-populated means that the packet will automatically populate fields when the Information Page with demographic and personal information like birthdate is completed. This prevents errors, saves time and eases completion.

The packet is organized with a cover sheet that explains the forms and their purposes and instructions for completing the automated packet. Below is the description of forms contained in Participant/Employer Enrollment Packet:

Participant/Employer Content List

Form	Purpose
Individual Enrollment Packet	A list of forms that must be completed that is initialed and signed by you and Outreach to document the Enrollment Meeting
Individual Data Form	This form gives Outreach basic information used to set up as an employer in our system.
Personal Representative Form	This form ONLY needs to be completed if the Individual or their Guardian wants to appoint a Designated Representative to perform employer tasks and act on the Individual's behalf.
Service Agreement	This agreement defines the roles and responsibilities of Outreach and the participant/employer. The participant/employer also selects Outreach as their fiscal management agency by signing the form.
SS-4 Application for Employer Identification Number (EIN)	Once complete, this form is submitted to the IRS to secure a Federal Employer IdentificationNumber (FEIN) as a household employer which is needed for filing and reporting taxes.
2678 Employer/Payer Appointment of Agent	This form appoints Outreach as your agent so we can complete employer tax responsibilities including withholding and depositing taxes for your employees with the IRS.
Form 8821 Tax Information Authorization	Your signature on this form gives Outreach authority to process and file taxes on your behalf. Because Form 2678 give Outreach the same permission, Outreach will not process this form with the IRS unless it is needed
State Business Registration Form	Every new business must be registered in Nevada. This form is submitted to both the Nevada Department of Taxation and the Nevada Employment Security Division

The packet is reviewed annually and revised as needed. Any State or federal changes to forms are integrated. Consistent with other states where Outreach does business the Participant Packet will be on the state specific website outreachhealth@outreachhealth.com/VT (will be developed once awarded contract) or can be mailed to the participant to complete. A CSR can fill in the demographic information for the participant before mailing the packet and highlight where additional information and signatures are needed to ease completion of the packet.

Once forms are received back in the office (faxing or emailing is recommended), A Welcome Packet with employer training materials and contact information is sent to the participant. The packet includes:

- Employer Resource Guide – contains information on pertinent employer related issues including wage and hour law, treating employees consistently and fairly, harassment and discrimination, how to give constructive feedback to employees; tips for hiring, interviewing, training, managing and terminating employees; Outreach processes and more
- Instructions for Electronic Time Entry
- Signs and Symptoms of Abuse, Neglect and Exploitation Pamphlet
- Preventing Medicaid Fraud Handout

- HIPAA and Confidentiality Handout
- Employee Training Materials – Universal Precautions, Safe Lifting, Preventing Trips and Falls
- Payroll Calendar
- Paper Time Sheets
- Magnet with all Outreach contact information (phone, fax, website, email)

The State Manager calls to personally welcome the participant and explain the training materials. Questions are answered and Outreach processes clarified. The participant is encouraged to call back with any questions. Participants are then introduced to their personal CSR at the Operations Center, this is one of the most important relationships in the self-direction of their services.

Outreach has a system for distributing, explaining, collecting, reviewing, processing and maintaining required forms.

A similar process occurs for new employees. Below is a sample policy from WI detailing the procedures used for new employee set-up:

New Employee Packet **O-7**

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POLICY

Outreach Health Services shall ensure that the Participant's identified applicant(s) with completed employee packets are hireable within two business days (based on processing time for background check).

PURPOSE

To collect and process state and federal forms for each participant employee, verify that they are eligible to work and set a date when the employee can begin work.

PROCEDURE

1. The Participant Hired Worker Packet contains the following forms:
   - Iris PHW Set-Up Form
   - IRIS Training Verification (Not returned with packet)
   - Background Check Information Disclosure Addendum
   - Background Check Information Disclosure BID
   - WI Medicaid Provider Agreement
   - PHW Agreement
   - Participant-Employee Agreement (contains wage)
   - Relationship Disclosure Form
   - IRS Form W-4
   - Form 1-9
   - Payroll Selection (pay card or direct deposit)

   Once hired, a Welcome Packet is sent to the new employee with the following information:
   - Contact Form – important phone numbers
   - Payroll Calendar
   - Time entry Instructions and time sheets
   - Complaint Process
   - Medicaid Fraud Handout
   - Abuse, Neglect, Exploitation Handout

2. The Consultant assists the Participant Employer and PHW with completing the packet. The State Manager trains the Consultant on how to auto-populate the packet. The packet is available on the website to complete for subsequent employees. Outreach will mail a packet to a participant for subsequent employees, if necessary.
3. Once forms are received, Outreach reviews all forms for accuracy and completeness. The participant employer or Consultant will be called to make corrections, if necessary.

OUTREACH HEALTH SERVICES

Financial Management Services (FMS)

New Employee Packet **O-7**

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4. Outreach processes all employee forms once received in accordance with company procedures.
5. Once all forms have been processed the employer is notified by phone that the employee can begin work. A letter of the notification is also sent.
6. The Program Manager enters the employee in WISITS.

QUALITY CONTROL

100 percent employee forms and approval letters in file

Outreach works to remove barriers so the onboarding of both the participant and his\her employees is easy and does not result in delays for beginning services. Outreach data collected shows that participant packets, once received are processed in two days. Same is true for the employee packet although there sometimes is a delay because of the length of time it takes to process a background check.

S. Unemployment and Workers' Compensation: Outreach will follow the procedures established to ensure coverage of eligible individuals under the group Workers' Compensation Insurance policy secured by the State. Additionally, Outreach will:

- Establish a separate account with the VT DOL for each of the employee groups represented by the respective programs.
- File any reports relating to health insurance coverage which are or will become required, even though employees employed by participants are not considered employees of the State for purposes of health insurance coverage.
- Serve as the employer's representative with VT DOL when claims related to the vendor's functions are filed and shall cooperate with the VT DOL in accordance with State procedures.

T. Training and Communication: Outreach will send a representative to training sessions as requested by the State. The collaborative relationship between state personnel and Outreach will ensure the success of the program. Outreach understands that it will be reimbursed for actual expenses as agreed upon between the vendor and the State.

U. Vermont Presence: Outreach will maintain a physical presence in Vermont, by establishing an office (most likely in Montpelier but suggestions of state personnel will be taken into consideration) with sufficient staff to receive referrals, verify current funding/service authorizations, provide training, support case managers or the equivalent, attend meetings and events, and answer questions posed by employers, program participants and employees. The local staff will also respond to complaints and document resolution. Outreach will also have the staff capacity to meet with State staff to meet face-to-face (on a regular basis, but at least monthly). This will be the responsibility of the State Manager. The State Manager has the authority to make decisions regarding the vendor's operations in Vermont. The local staff hired will have experience working in the Vermont service system and know local culture.

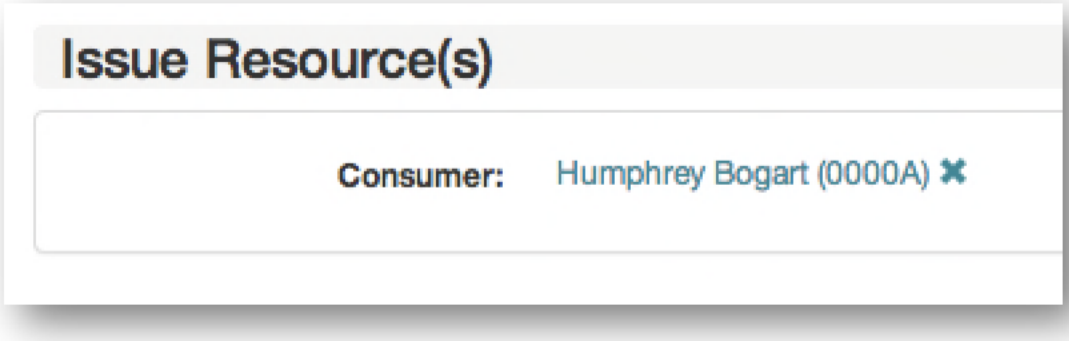
All communication is documented in Outreach's communication system. FMS Engine's Communications Module allows the FMS provider to internally track and follow up on all communications with or about a participant and a participant's related parties internally via a HIPAA compliant ticketing system. The Communications Module allows issues to be tracked throughout the FMS organization as FMS staff resolves them.

Streamlined Issue Data Entry - The Communications module allows for quick data entry and easy ticket follow-up. An issue is the system's way of recording communication while keeping track of any necessary follow-up. When creating a New Issue, the user may include the creator

department, assigned user, assigned department, communication mode (incoming call, outgoing call, etc.), subcategory, priority, and comments. Required fields for saving an issue are customizable and all settings are editable; this allows for flexibility in adding and removing issue components.

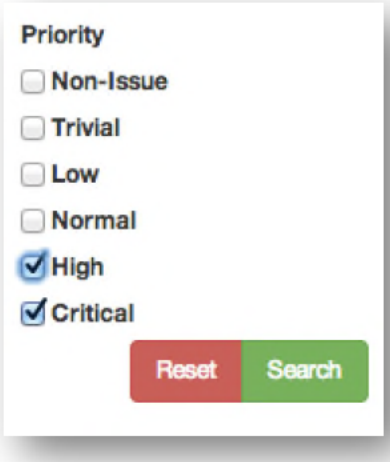
Issue Resources and Related Parties - Since issues are related to a Participant and their related parties, the system allows the user to include one or more issue resource(s), which ties the ticket to an object in the other modules. These objects include but are not limited to: agency, agency case manager, and participant. As the user types in the first three letters of the resource object, the system will cull down the responses so staff can easily select the related object. This limits the amount of staff time spent data entering.

Data is linked between the Enrollment and BIT modules when an issue arises, staff with appropriate access can quickly jump to the issue source (time sheet, consumer, employee, etc.) using the hyperlink provided. The fluid interactions between the modules and easy data entry allow for a quick and streamlined communications system.



HIPAA Secure Communications - By using a HIPAA secure email notification process, the communication system alerts staff as to when they have been assigned a ticket or tagged in a ticket. By clicking on the link provided in the body of the email, Outreach Health Services' staff can easily see when they have been assigned a ticket that requires next steps and what that ticket entails. Furthermore, by selecting the priority level as non-issue, trivial, low, normal, high, or critical, users can easily log into the system and filter on high priority issues.

Organization Monitoring Tool - Managers and other relevant parties can easily monitor all organization communications simply by logging into the issue index page and filtering on issue status, priority, and other relevant fields. Staff can also sort on open issues to track tickets that have not yet been resolved. The communication reports include but are not limited to: issue complaints, issues by payroll notice, issue by department, issues by assigned users, and issues by created users. These reports are customizable and allow managers and other parties to keep a finger on the pulse of the organization and easily see what is going on.



This ticketing system ensures that all communication with a customer pertaining to service delivery is documented and that issues are tracked and resolved quickly.

In addition to a local office, Outreach has an Operations Center that is responsible for receiving and processing Participant and Employee Packets, receiving and processing time sheets, processing employee payroll and taxes, billing for services and resolving remittances, paying workers comp premiums, gathering data for compliance and quality controls, and answering questions posed by employers, program participants and employees.

An operations team will be identified for Vermont at the Operations Center and every participant will be assigned a single point of contact so he or she knows who to call to assist them with tasks or to help resolve problems. A single point of contact allows for professional relationships to develop and efficiency. Outreach staff become familiar with the strengths of the participant and his or her needs and preferences which results in better problem solving.

V. Other Duties: In addition to the above, Outreach will comply with the following requirements:

- Provide reports to the State including financial statements and other reports to assist the State in monitoring the programs serviced by Outreach.
- Report any suspected abuse, neglect or exploitation of a vulnerable adult in accordance with Vermont Statutes Annotated Title 33, Chapter 69. http://legislature.vermont.gov/statutes/fullchapter/33/069. All staff are trained to abuse, neglect and exploitation and the role of a mandated reporter.
- Report any suspected abuse or neglect of a child to the State according to Vermont Statutes Annotated, Title 33, Chapter 49. http://legislature.vermont.gov/statutes/fullchapter/33/049.
- Report suspected fraud within two business days to the State via the contacts identified by the State. http://ovha.vermont.gov/
- Securely maintain all time sheets, billing records, background check records and payroll records as required by law. All documents and records will be made available to the State and any of its agents, including state auditors, for review and auditing, upon request.
- Outreach uses FMS Engine, described above, for receiving, responding to, and tracking complaints and shall provide the State with complaint and complaint resolution information

on a regular basis as agreed upon by Outreach and the State. The complaint process is outlined in the Employer Resource Guide. All complaints are tracked and trended in Outreach's and action plans put in place to improve quality, if needed. Outreach believes that complaints received improve quality of service when the data is analyzed and change is put in place.

Outreach also distributes a Customer Satisfaction Survey in each state yearly. The results are reviewed, analyzed, trended and action steps put in place. The Operations Center engaged in such a review last week. The whole team met to review 2016 results, discuss findings and identified action steps for improvement. Each employee also identified something they could do to improve quality. This took place because the Outreach TX company did not receive 100 in any area although overall performance was 96% (a very good score).

In addition, Outreach will comply with the following requirements:

- Outreach will establish a procedure to ensure that participants who live out of state will continue to receive fiscal management services when approved by the State.
- Outreach will notify the VT DOL of any newly hired persons, in the manner determined by VT DOL, in accordance with the requirements set forth by the State under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
- Periodically produce reports, as requested by the State, as to services it provides. Outreach will have a secure database which will facilitate comprehensive reporting of information about program participants, employers and employees. Reports can be loaded to a FTP site or emailed directly to State personnel. Outreach's email is fully encrypted to ensure HIPAA compliance
- Outreach has a functional disaster recovery plan in place for restoring software and master files and hardware backup in the event management information systems are disabled to ensure the payroll and payment systems remain intact. All files are backed up to a server every evening. Penetration testing shall be performed on this system annually. Results of testing are to be submitted to the State for review. The Disaster Recovery Plan reviewed and revised as needed annually. Vendor shall provide the State a copy of their Disaster Recovery Plan and provide updated versions as they occur. In addition, Annkissam, the developer of FMS Engine has a Disaster Recovery Plan in place for restoring software and master files and hardware backup in the event management information systems are disabled and to ensure the payroll (electronic time sheets) and payment systems remain intact.

W. Evaluations and Performance Measures: Outreach understands that the State will establish a process for evaluating the company during the contract period in accordance with performance measures listed in this section. Outreach is committed to quality improvement and always solicits information to evaluate its own performance relative to the information set forth below. Outreach will use the information to improve its business practices, and report the information to the State.

The performance measures include:

- Accuracy and timeliness of billing practices including the evaluation of Outreach performance in understanding and implementing payroll and processes.
- Outreach's success in providing assistance, support and relevant education to new participant employers and employees as well as on an ongoing basis.
- Outreach's success in working with individuals with limited English proficiencies and cultural differences.
- The extent to which the Outreach is meeting the expectations of its stakeholder groups, including employers, participants, employees, community agencies and the State.
- Outreach's success in identifying basic errors/potential fraud by employers and employees, such as:
    - Employees billing duplicate hours for multiple employers or programs;
    - Hours submitted exceeding the possible number of hours in the day;
    - Employers billing overlapping hours for multiple employees;
    - Employers who demonstrate frequent or ongoing problems in the completion of payroll paperwork, non-payroll payment requests, or non-compliance with the required payroll process.
- The cost or reimbursement strategy for administrative costs associated with the management of the contract.

The difficulty with quality improvement is making sure that the quality controls put in place are objective and measurable, Outreach has a policy and procedure manual that will be revised to Vermont standards. It is reviewed minimally annually. Each policy and procedure has an identified quality control to ensure that the policy and procedure is effective. Data is continually gathered for and evaluated for the quality controls established. Outreach will work closely with the state to identify quality controls to measure performance on the objectives above.

Outreach has developed a quality Improvement plan with measurable objectives. The State Manager, Operations Center Administrator, Director of Administrative Services and Director of Community Based Services compile data, once it is gathered, analyzed and trended, into quarterly reports and submit the reports to senior management. Any concerns are immediately addressed and changes to policy and procedures initiated to improve quality, if warranted. In addition, data is shared with state personnel per contractual agreement, as required. This continued feedback cycle regulatory compliance and that Outreach provides the highest quality of service.

Quality Assurance is a continual cycle. The cycle is depicted in the graph below:

The Quality Assurance Plan identifies goals and objectives used to evaluate company performance and that all state and federal regulations are followed. An example of a plan is below. The task, position and responsible and frequency of the activity are identified.

Quality Assurance Plan

Task	Position Responsible	Frequency
1. Participant Record Review (100% of records)		
a. All Participant/Employer Forms are reviewed when received	DC	daily
b. If incomplete, corrections are obtained	DC	daily
c. Forms are scanned and indexed in system	DC	daily
d. Run monthly record report on all forms (complete) to determine form compliance	QACTS	monthly
e. missing and incomplete forms are corrected and secured	DC	monthly
f. Errors are trended and analyzed	QACTS, DCBS, AOC	monthly
g. Corrective action steps are put in place for improvement	DCBS, AOC	monthly
2. Participant Employee Record Review (100% of records)		
a. All Participant/Employer Forms are reviewed when received	CSR	daily
b. If incomplete, corrections are obtained	CSR	daily

c. Forms are scanned and indexed in system	CSR	daily
d. Run monthly record report to determine form compliance (complete)	QACTS	monthly
e. missing and incomplete forms are corrected and secured	CSR	monthly
f. Errors are trended and analyzed	QACTS	monthly
g. Corrective action steps are put in place for improvement	QACTS, DCBS	QACTS, DCBS
3. Determine, Revise and Gather Operation Center Outcome Data (Customer Service, Budget, Authorization and Eligibility, Quality Assurance and Compliance, Information Processing)		
a. Review measurable outcome goals with Team Supervisors	AOC	monthly
b. Gather data to measure team success	AOC	quarterly
c. Evaluate data	AOC, DCBS	quarterly
d. Corrective action steps are put in place for improvement	AOC, DCBS	quarterly
4. Review, Revise Policies and Procedures		
a. Review and revise policies and procedures	AOC, DCBS, SM, QACTS	Annual or as needed
b. Submit revisions to Chief Operations Officer	DCBS	Annual or as needed
c. Once approved, distribute revisions to staff	DCBS	Annual or as needed
d. Review changes at staff meetings	AOC, SM	Annual or as needed
5. Review, Revise and Gather Internal Control Data		
a. Review and revise internal controls associated to policies	AOC, SM, DCBS	Annual or as needed
b. Gather data to measure policy compliance	QACTS	quarterly
c. Review and analyze data	AOC, SM, DCBS	quarterly
d. Corrective action steps are put in place for improvement	AOC, SM, DCBS	quarterly
6. Customer Feedback		
a. Send Customer Feedback Survey	DOA	Annual or as needed
b. Trend Data	DOA	Annual or as needed
c. Review Data	AOC, SM, DCBS	Annual or as needed
d. Corrective action steps are put in place for improvement	AOC, SM, DCBS, QACTS	Annual or as needed
7. Customer Complaints		
a. Review all customer complaints	QACTS	monthly
b. Trend Data	QACTS	monthly
c. Review Data	AOC, SM, DCBS	monthly
d. Corrective action steps are put in place for improvement	AOC, SM, DCBS	monthly
e. Report complaints to Chief Executive Officer	DCBS	quarterly
8. Utilization Review		

a. Select 15% of participants monthly to review billing	QACTS	Quarterly
b. Compare billing to authorization	QACTS	Quarterly
c. Report findings to CM	QACTS	Quarterly
d. adjust claims, if necessary	CM	Quarterly
e. Payback payer if over payment has occurred	CM	Quarterly
f. Report findings to Chief Financial Officer	DCBS	Quarterly
9. Incident Reporting		
a. review and trend incident reporting (includes reports of fraud and abuse/neglect)	QACTS	quarterly
b. Submit report for review by AOC, SM, DCBS	QACTS	quarterly
10. Quarterly Quality Assurance Report		
a. Gather data for report	QACTS	Quarterly
b. Prepare report	QACTS	Quarterly
c. Submit report to DCBS, SM, AOC	QACTS	Quarterly
d. Review Report	AOC, SM, DCBS	Quarterly
e. Submit report to Executive Management Team	DCBS	Quarterly

Abbreviation	Position
QACTS	Quality Assurance and Compliance Team Supervisor
AOC	Administrator Operations Center
SM	State Manager
DCBS	Director Community Based Services
DC	Data Coordinator
CM	Collections Manager
CSR	Customer Service Representative
DOA	Director of Administration

This Quality Assurance Plan ensures that Outreach is complaint with all State and Federal regulations in each state it does business and that the highest of quality services are provided.

To ensure that all contract deliverables and requirements are met, Outreach has developed a Work Plan. The Work Plan identifies the task to be performed, who is responsible and the date of completion. The person who is listed as responsible may delegate the task to someone on their team but they are held accountable for the completion of the task. The Implementation Team, those identified to start up services and implement the Work Plan, meets at a frequency determined by the Project Lead to complete the plan. The plan may be adjusted when unexpected delays occur. The reason for the delay is noted on the plan.

The Project Lead for VT will be Heidi Davis, a St Michael's College graduate, who skied her way through college at Smuggler's Notch, who is very familiar with the culture and service system of VT. Her family owned a home in Randolph, VT during her childhood so she got to experience country living at its best! Ms. Davis completed the Long Trail in sections and has road biked many of the back roads. Friends and family still live in various parts of the state.

Completion dates are established in weeks. It is expected that the task be completed by the end of the week noted. Week 1 begins at contract date and all tasks are completed by the first day of operations which is expected to be January 31. 2018. All systems and materials will be ready by 12/1/2017 however. The dates on this plan can be adjusted after meeting with the State to better understand expectations for transition and implementation.

The Implementation Team:

Name	Position	Abbreviation
Heidi Davis	Director of Community Based Services	DCBS
Brian Partin	Chief Executive Office/Chief Financial Officer	CEO
Steve Abshier	Chief Operations Officer	COO
Teresa Epperson	Director of Human Resources	DHR
Julie Ryon	Director of Administrative Services	DASS
Holly Arbuckle	Director of Business Development	DBD
Joey Cook	Operations Center Administrator	OCA
Janice Sterling	Collections Manager	CM
Terri Derner	Payroll Manager	PM
Jackie Tucker	Financial Reporting Manager	FRM
Paula Chambers	Accounts Payable Manager	APM
Toby Thornton	Support Manager	SM
TBD	State Program Manager	SPM
Zoe Carlburg	Project Lead	Annkissam

The Work Plan or "Implementation Plan" below is a high-level overview of tasks to be completed, as required by the RFP. The detailed steps to accomplish each task are included on a more comprehensive plan which is monitored by the Project Lead.

WORK PLAN			
Dept	**Task**	**Position**	**Complete**
	Meet with State personnel for contracting	CEO, DCBS	Week 1
	Clarify processes, roles and responsibilities of all parties	CEO, DCBS	Week 1
	Review and Sign Contracts	CEO, DASS	Week 1
	Establish business rules/operational guidelines	DCBS	Week 1
Admin	Review and approve rules/guidelines with state personnel	DCBS	Week 2
Start-up	Revise VT Implementation Plan, if needed	DCBS	Ongoing
	Identify Implementation Team Members	DCBS	Week 1
	Set meeting schedule for Implementation Team	DCBS	Week 2
	Request creation of legal entities to legal counsel	DASS	Week 2
	Establish Outreach Health Services for Vermont, LLC	DASS	Week 3
	Secure local office	DCBS	Week 10
	Secure business license, if required	DASS	Week 11
	Submit for FEIN numbers with IRS	FRM	Week 6
	Set up bank account for Accounts Payable	FRM	Week 7
	Set up bank account for FMS	FRM	Week 7
	Add VT to remote deposit	FRM	Week 8
	Request set up in cash manager for new accounts	FRM	Week 9
	Send ticket to IT for setup of Company in Navision test.	FRM	Week 13
	Add intercompany accounts to Navision (payroll system)	FRM	Week14
	Add and accounting periods to Navision	FRM	Week 14
	Add GL Account Card to Navision	FRM	Week 14
	Add indexing to Navision	FRM	Week 14
	Test new OHS of VT in Navision	FRM	Week15
	Provide budget and analysis as required	FRM	ongoing
Accounts	Revise invoice payment procedure	CR	Week 12
Payable	Set up Financial Reports	CR	Week 13
	Set up a state business/tax and use account.	DASS	Week 5
Admin	Set up state unemployment insurance account.	DASS	Week 8
	Set up state income tax account.	DASS	Week 9
	Research local tax/permit requirements.	DHR	Week 8
	Research minimum wage for participant employees	DHR	Week 4
	Research New Hire Reporting requirements	DHR	Week 5
	Research criminal background check procedures	DHR	Week 4

	Revise P and P OIG for employees, if applicable	DHR	Week 6
	Set up eligibility accounts as necessary	DHR	Week 7
Human	Secure temps to assist with transfer process	DHR, DCBS	Week 16
	Advertise, interview and hire state positions	DHR DCBS	Week 8
Resources	Revise OHS Employee Handbook, if needed	DHR	Week 12
	Train State Manager and other local staff to OHS Policies and Procedures (includes abuse and neglect reporting)	DCBS, DHS	Week 10
	Secure toll free dedicated VT phone number	DHR	Week 4
	Target toll free number to operations center staff	DHR	Week 4
	Secure dedicated VT toll free fax number	SM	Week 4
IT	Test fax number	SM	Week 4
	Secure group email address for VT	SM	Week 4
	Test email address	SM	Week 4
IT	Secure URL www.Outreachhealth@outreachhealth/VT.com	SM	Week 4
	Add mini site to website	SM	Week 5
	Populate mini-site with contact info, forms and training materials	SM	Week7
	Problem solve ongoing technology challenges	SM	ongoing
	Research tax law for VT and determine taxes	PM	Week 4
	Set payroll state income tax payments, unemployment tax, etc.	PM	Week 5
Payroll	Set tax rates/brackets in Navision for payroll tax calculations	PM	Week 6
	Identify state tax forms for employees	PM	Week 7
	Integrate tax forms to enrollment packets	OCA	Week 8
	Assist SDS Dept. in revision of employee and nurses time sheet	PM	Week 8
	Publish time sheet to website an4d packets	DCBS	Week 16
	Receive payroll batches from SDS Dept.	PM	Week 21 ongoing
	Pay participant employees and process taxes	PM	Week 21 ongoing
	Stop Payment on lost checks	PM	ongoing
	Set liens and garnishments for employees, if applicable	PM	ongoing
	File quarterly taxes (940, 941)	PM	ongoing
	Prepare W-2s for all participant employees	PM	ongoing
	Refund FICA payments, if applicable	PM	ongoing
	Outline Orientation and Training of SPM with OHS Departments	SPM	ongoing
	Secure Medicaid Regulations for programs	SPM	ongoing
	Revise FMS policies and procedures	DCBS	Week 5
SDS	Submit revisions to OHS Chairman for approval	DCBS	Week 7
	Publish VT FMS Policy and Procedure Manual	DCBS	Week 10
	Submit Policy and Procedure Manual to State, if needed	DCBS	Week 12
	Review Manual Yearly	DCBS	ongoing

	Train SDS staff to VT regulations and policy and procedure	DCBS	Week 6
	Identify SDS supervisor to oversee VT operation staff	DCBS	Week 6
	Review Participant Enrollment Packet	OCA	Week 6
	Revise Participant Enrollment Forms	OCA	Week 7
	Submit packet to state for approval, if needed	DCBS	Week 8
	Create Pre-Populated Participant Enrollment Forms	DCBS	Week 8-10
	Publish Participant packets to Website	DCBS	Week 15
	Receive and review Participant packets	DCBS	Week 16
	Process participant forms. File state and Federal forms	DCBS	Week 16
	Provide ongoing support with completing packets	DCBS	ongoing
SDS	Review Employee Packet	OCA	Week 6
	Revise Employee Packets	OCA	Week 6
	Submit packet to state for approval, if applicable	DCBS	Week 6
	Publish packets and forms to Website	DCBS	Week 15
	Receive and review employee packets	DCBS	Week 18
	Provide ongoing support with completing packets	OCA	ongoing
	Process employee forms and prepare for payroll	OCA	ongoing
	Batch work time to be paid to payroll	OCA	ongoing
	Provide ongoing problem solving with time entry	OCA	ongoing
	Secure Care Plan/Budget from VT	OCA	Week 5
	Work with Ann to design budget in the system	OCA	Week 10
	Identify budgeting parameters	DCBS	Week 6
	Train SDS staff to enter budgets and auths electronically	DCBS	Week 16 ongoing
	Train SDS staff to check eligibility	DCBS	Week 16 ongoing
	Train SDS Supervisors to background check	DCBS	Week 16
	Attend weekly departmental staff meetings	SDSA	ongoing
	Review fiscal management data reports monthly	SDSA	ongoing
	Prepare reports for state as requested	SDSA	ongoing
	Make program adjustments based on data from reports	SPM, DCBS	ongoing
	Work with Ann to set up claim system.	SPM,	Week 14
	Test system by sending test files.	SPM, DCBS	Week15
	Secure bill codes and enter into system.	CM	Week12
	Test claim system/adjust if needed.	CM	Week 15
Billing	Receive batched claims from payroll	CM	ongoing
	Bill for services	CM	ongoing
	Adjust denied claims	CM	ongoing
	Set up individual participant accounts	CM	Week 16 ongoing
	Enter service codes in budget template	Ann	Week 11
	Revise budget in system to VT requirements	Ann	Week 12

System	Account for individual budgets	Ann	Week 17
Config	Establish system business rules	Ann	Week 4
	Set position permissions	OCA	Week 5
	Identify necessary participant documents	OCA/Ann	Week 6
	Catalog participant forms to document management system	OCA	Week 7
	Produce reports for indexed documents	Ann	ongoing
	Maintain document management system for participant records	IT	ongoing
	Gather necessary employee documents	OCA	Week 6
	Catalog employee forms to document management system	OCA	Week 7
	Produce reports for indexed documents	Ann	ongoing
	Maintain document management system for employee records	Ann	ongoing
	Identify time entry parameters and set system	Ann	Week 12
	Adjust electronic time sheet to VT requirements	Ann	Week14
	Revise time sheet training tool for participants and employees	Ann	Week 16
	Test electronic time entry	Ann	Week 18
	Sync time entry to payroll	Ann	Week 16
	Test batching time to payroll	Ann	Week 16
	Sync payroll to billing	Ann	Week 16
	Test sending 837 file	Ann	Week 16
	Identify expected reports	Ann	Week 14
	Revise existing reports to comply to VT requirements	Ann	Week 16
System	Test running of reports with test data	Ann	Week 17
Config	Set generation of reports in system	Ann	Week 18
	Create internal and external permissions to online system	Ann	Week 16
	Train participants, employees and case managers to system	Ann	ongoing
	Create and distribute login numbers to participants	Ann	ongoing
	Create and distribute login numbers to employees	Ann	ongoing
	Create and distribute login numbers to state personnel	Ann	ongoing
	Monitor system functioning	Ann	ongoing
	Adjust system as needed	Ann	ongoing
	Revise communication system categories, if necessary	Ann	ongoing
Reporting	Prepare necessary reports to state	Ann	1/31/18
	Send format of reports to state	Ann	1/31/18
	Revise reports, if applicable	Ann	1/31/18
	Send reports to state	Ann	1/31/18
	Create VT Brochure	DBD	Week 10
	Revise and publish Participant Training Materials	DCBS	Week 11
Training	Revise and publish Employee Training Materials	DCBS	Week 13
	Design materials in alternative formats	DCBS	Week 16
Materials	Submit materials to state personnel for review, if applicable	DCBS	Week 16
	Revise Outreach Contact Information magnet	DBD	Week 19

	Order VT promotional items (pens, etc.)	DBD	Week 12
	Assist programmer with loading training to mini-site	DCBS	Week16
	Arrange meetings with referral sources	DBD	Week 15
	Order conference and exhibiting materials	DBD	Week 16
	Design PowerPoint for informational meetings	DCBS	Week 16
Meetings	Attend all required state meetings	DCBS, SPM, OCA	ongoing

Transitioning the large volume of employers and their employees will take an extraordinary amount of collaboration, coordination and organization. It is essential for the incumbent FMS to cooperate with the new FMS to exchange data, necessary forms and other information. Outreach will closely collaborate with the incumbent FMS and the State to accomplish all transition and project plan tasks. Lastly, Outreach will work with case managers to schedule and invite participants, employers and employees to attend Information and Enrollment meetings throughout the state. The meetings will be facilitated by a group of Outreach staff. The meetings are an efficient and effective way to familiarize participants, employers and employees with Outreach processes, train to important topics, e.g., Medicaid Fraud, distribute other training and informational materials (e.g., refrigerator magnets with contact information) and complete all necessary forms. Completing forms with Outreach's staff assistance at the meetings will prevent errors which can result in delays in service. A participant/employer can always elect to complete forms electronically and print materials from the Outreach website if they choose to. One on one meetings can also be arranged for those employers needing additional assistance.

The company plans an "all hands-on deck" strategy to ensure that this transition is efficient, expedient and seamless. The Primary Positions involved in the transition plan are the Director of Community Based Services (DCBS), the Operations Center Administrator, Operation Center Supervisor the State Program Manager (SPM), Enrollment Specialists, and Customer Service Representatives. These positions will organize the information and enrollment meetings, pre-populate packets and prepare materials. They will be assisted by additional Outreach staff to accomplish tasks timely and temporary staff to help complete enrollment tasks.

The Transition Plan identifies the tasks, lead person responsible and the expected date of completion. Group enrollment and information meetings will be scheduled once Outreach meets with the State to identify a clear time line of activity between award of BID, contract date and date Outreach will assume all activity which according to the RFP is Jan 31, 2017.

Transition Plan		
Transition Task	Position	End Date
Meet with state personnel and current FMS to identify transition plan	DCBS	Week 2
Identify information and documents to transfer	DCBS	Week 2
Document transition steps on the plan	DCBS	Week 3
Meet weekly to discuss progress on plan	DCBS	ongoing
Revise plan as needed to accomplish goals	DCBS	ongoing
Meet with Current FMS to outline information data exchange for participants, employers and employees	SPM	Week 4
Meet weekly to review exchange of data, identify system incompatibilities and make a plan alternative, if needed	SPM SPM	Week 12-21
Hire temporary staff to assist with data entry	OCA	Week 16
Prepare power point to introduce Outreach and systems	DCBS	Week 12
Work with case managers to organize group enrollments	SPM	Week 13
Utilize transfer automated packets to enroll	SPM	Week 16
Arrange Outreach Information/Enrollment Teams	SPM	Week 16
Schedule employers and employees to attend enrollments	SPM	Week 16
Pre-populate packets for enrollment meetings	CSR	Week 16
Train employers and employees to Outreach systems	SPM	Week 21
Distribute training materials and contact information	SPM	Week 21
Arrange for individual meetings with employer, if needed	SPM	Week 21
Audit paperwork at time of the meeting and make corrections if needed	CSR	Ongoing
Scan/index all paperwork to document management	CSR	Week 21
Hire temps to assist with the uploading process	CDSA	Week16
Process employee paperwork	CSR	Week 21
Call employees directly if missing information	CSR	Week 21
Process participant/employer paperwork	CSR	Week 21
Call participants/employers if more information is needed	CSR	Week 21

Outreach Health Services, Inc
Reporting Requirements

Below are samples of reporting documentation that would be applicable be applicable to the Detailed Requirements of this RFP.

FMS Engine has very robust reporting that is customizable. All of the data that is entered into FMS Engine can be used to generate reports helpful to track and trend service delivery. Queries can be run, turned into a report and sent to state officials at a frequency to be determined. Outreach has included some descriptions of commonly used reports. When available, screenshots of the FMS Engine reporting interface within each module have been included. Upon award of this contract, Outreach will work with Annkissam to create and customize reports needed to meet requirements for recurrent reporting to the State.

ENROLLMENT

The Enrollment Module is the starting point for the majority of data in FMS Engine. All demographic and enrollment related data starts in the Enrollment Module before being fed to the other FMS Engine Models. Select data meets with the datasets for Budgets, Timesheets, Billing, Eligibility and Communication via these feeds.

A list of reports is below. This is not inclusive of every available report from Enrollment, but a list of sample reports that have been generated in the past. Enrollment Reports generally fall under one of the following categories: Participant Reports, Employee Reports, Vendor Reports or General Reports. Note: The terms Participant/Consumer are used interchangeably in the titles of some FMS Engine reports.

Participant Reports **2**
- **Participant Address Report** **2**
- **Participant Count by County** **3**
- **Participant Count by Program Waiver** **3**
- **Participant Ethnicity Report** **4**
- **Workers' Compensation Report** **5**

Employee Reports **6**
- **Employee Employer Tax Exemptions Report** **6**
- **Federal Income Tax Exemption Report** **7**
- **Veteran Employee Report** **8**
- **Employee License/Certification Expiration Report** **9**
- **Employee Referral Report** **10**
- **Employee Address Report** **11**

Vendor Reports **12**
- **Vendor License/Certification Expiration Report** **12**

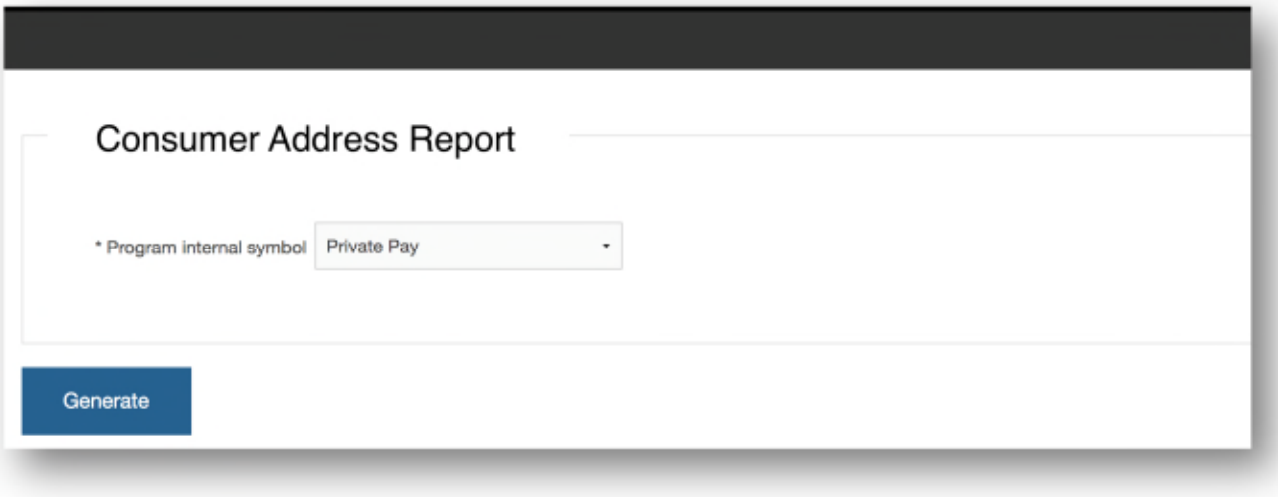
General Reports **13**

Language Metrics Report..... 13
Emergency Call Report 13

Participant Reports

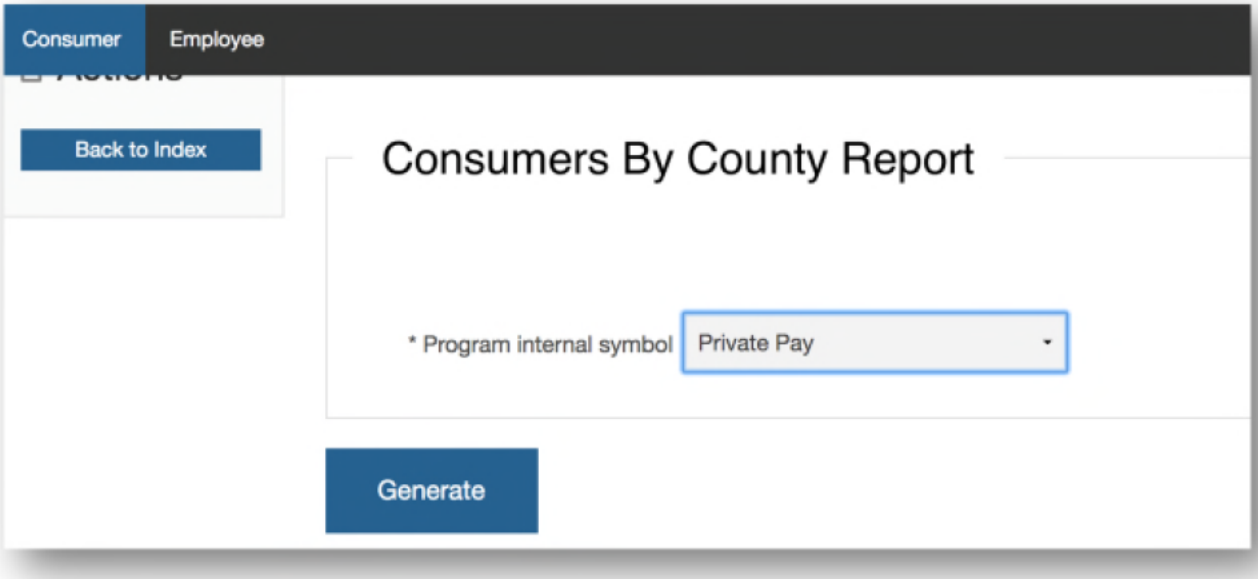
Participant Address Report
This demographic report is used for generating mass mailings or mailing lists.

- Participant's Name
- Participant's Mailing Address
- Participant's City, State and Zip Code



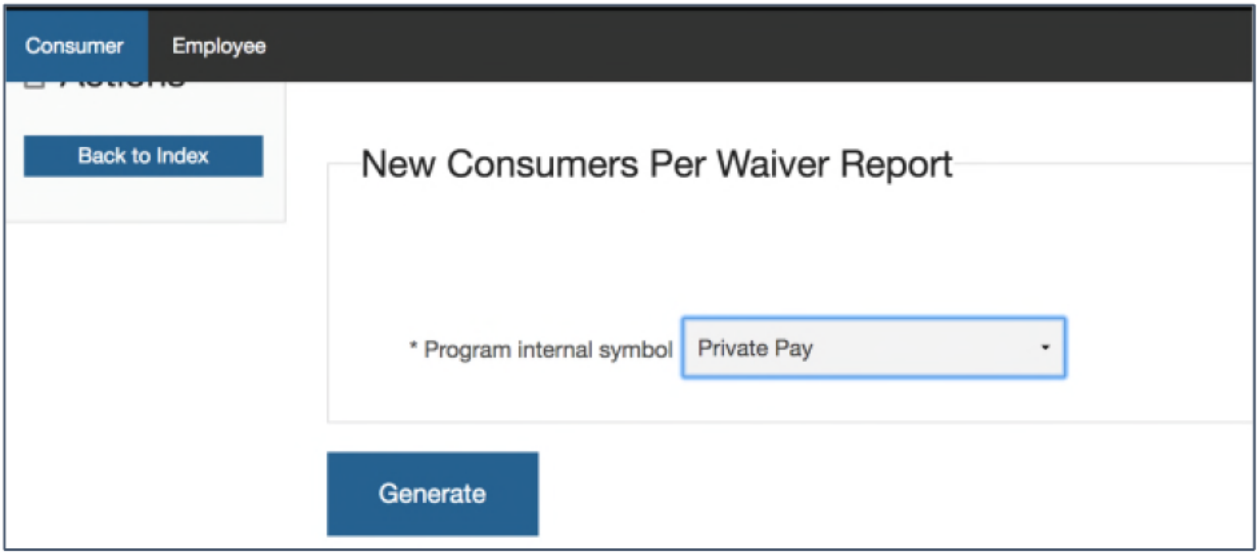
Participant Count by County
This report lists a count of active Participants based on the county they live in.

- County Name
- Count of Participants



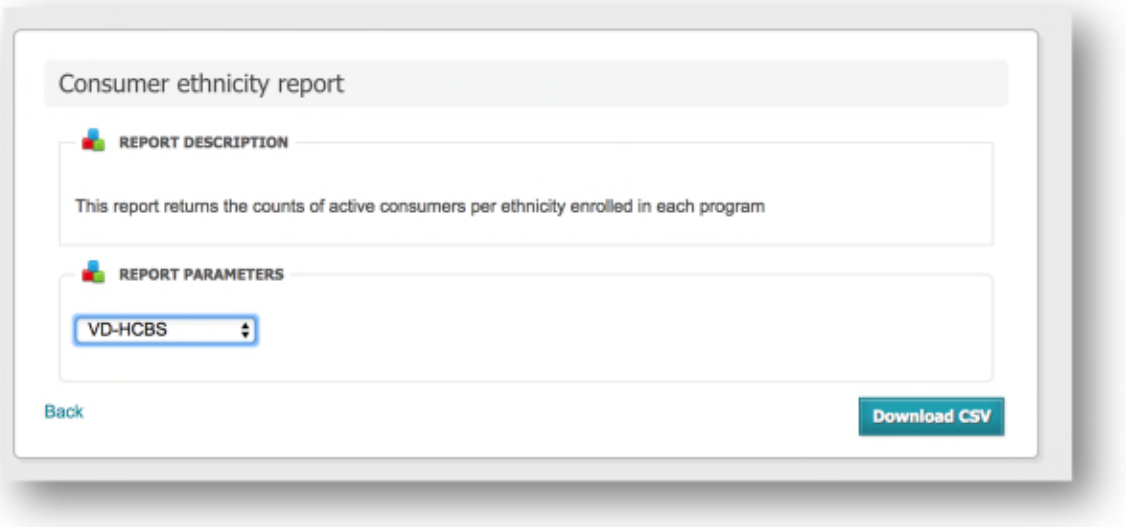
Participant Count by Program Waiver
This report lists a count of Participants based on the waiver they use.

- Waiver Name
- Count of Participants/Participants



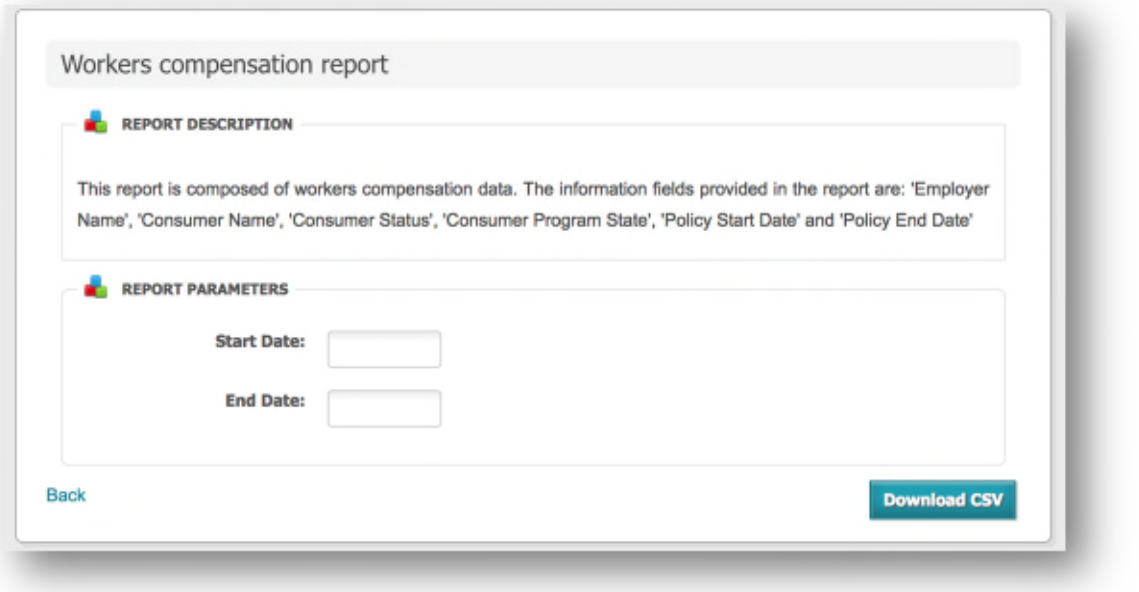
Participant Ethnicity Report
If the FMS Provider has chosen to collect such data, this report will provide a count of the current number of Participants that have self-identified their ethnicity.

- Ethnicity
- Count of Participants



Workers' Compensation Report
This report will produce a list of all Workers' Compensation Policy information for the Participants of a program.

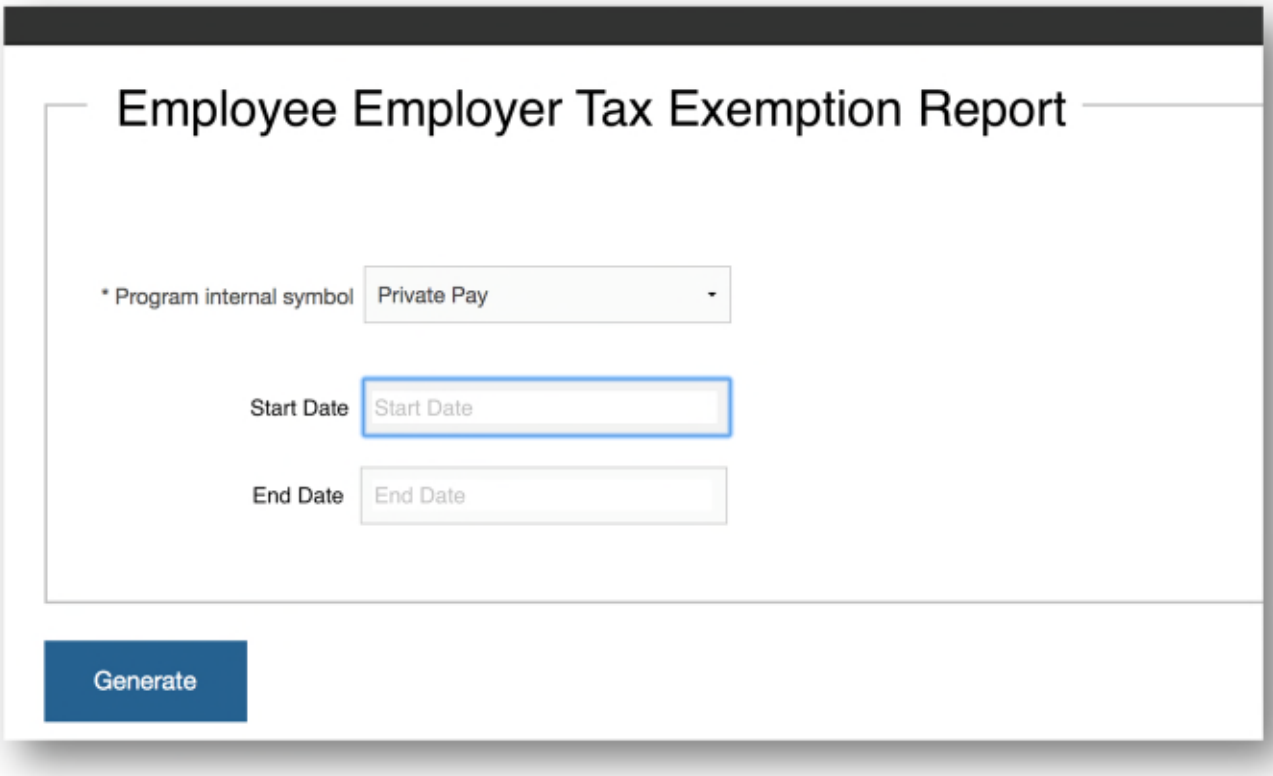
- Employer Name
- Participant Name
- Participant Status
- Participant's Program State
- Policy Start Date
- Policy End Date



Employee Reports

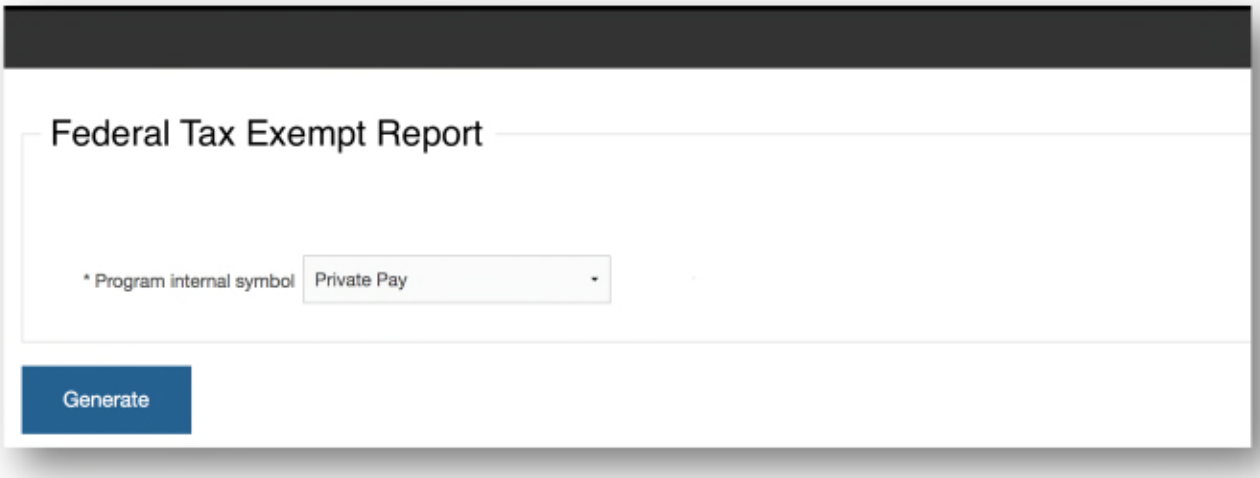
Employee Employer Tax Exemptions Report
This report generates a list of all employee/employer pairs within a specified program, where a tax exemption (FICA, FUTA or SUTA) exists. FMS providers can use this to verify exemption counts and verify the tax exemptions on a periodic basis.

- Employee-Employer Internal ID
- Employer Name
- Employer Internal ID
- Employee Name
- Employee Internal ID
- Has current FICA Exemption Record (true/false)
- Has current FUTA Exemption Record (true/false)
- Has current SUTA Exemption Record (true/false)



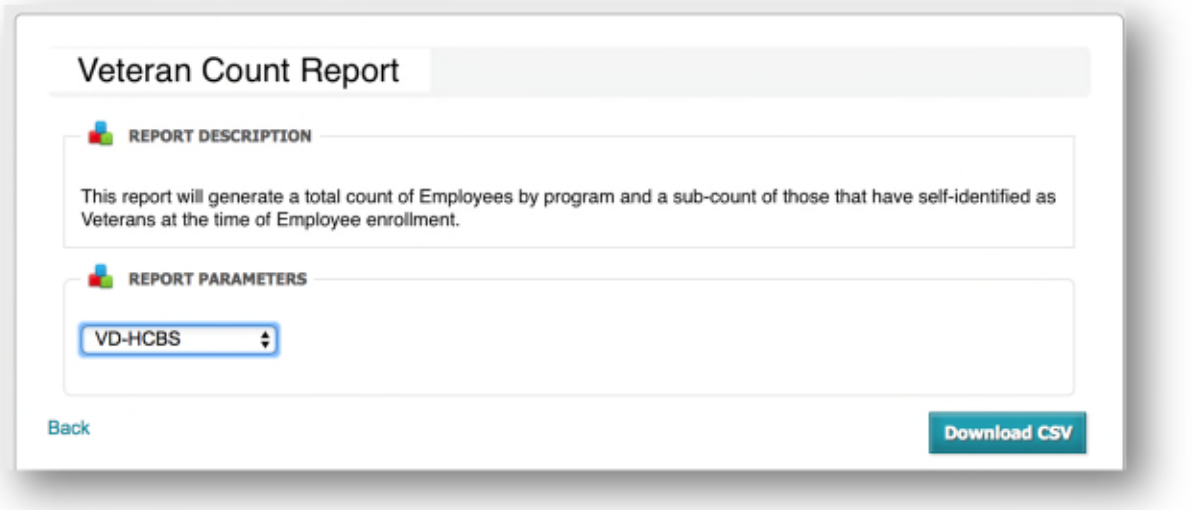
Federal Income Tax Exemption Report
This report generates a filtered list of Employees that have claimed exempt from Federal Income Tax on their Form W4. FMS Providers can use this list to generate a mailing to these employees at year-end, reminding them that they must submit a new W4 by the February deadline in order to renew the exemption for the upcoming tax year.

- Employee's Name
- Employee's Mailing Address
- Employee's City, State and Zip Code



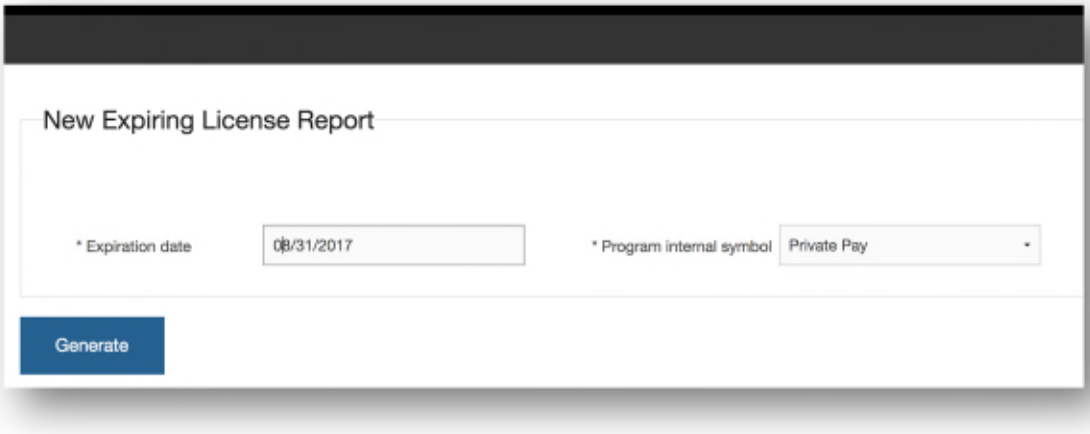
Veteran Employee Report
If the FMS Provider has chosen to collect such data, this report can be used to track and report a count of employees that have self-identified as a Veteran.

- Total Count of Employees
- Count of Veteran Employees



Employee License/Certification Expiration Report
This report will list all Employees with certifications that have already expired or will expire on a specific date. FMS Providers find this useful to send reminder letters to employees that need to provide updated credentials for certifications such as CPR, AED, First Aid or Driver's Licenses.

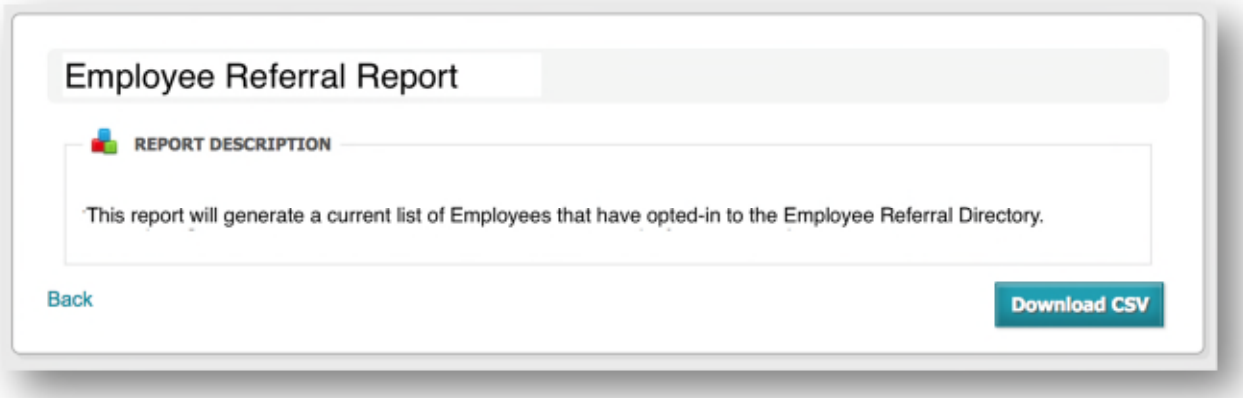
- Employee Name
- Employee Address (Address, City, State and Zip)
- Employee Phone Number
- Employee Email Address
- Certification/License Type & Expiration Date



Employee Referral Report

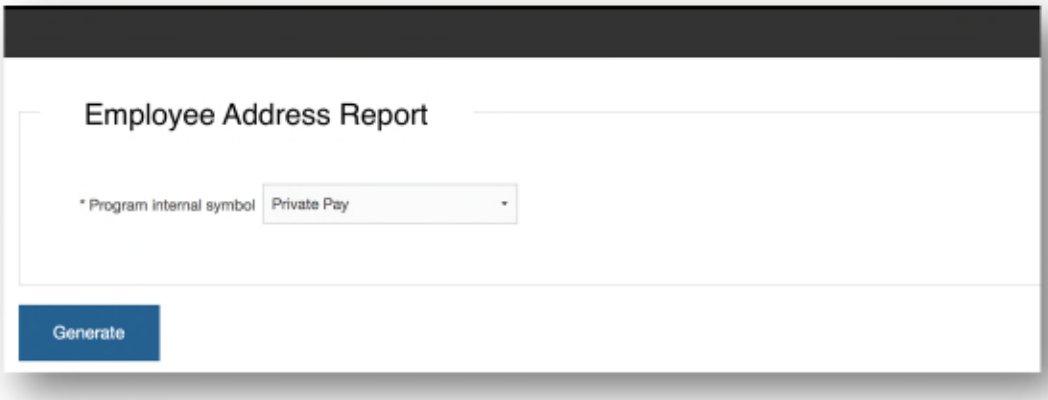
For FMS Providers that choose to establish a directory of available Personal Care Workers, this report will provide a listing of all employees that have opted to be listed as available to work for other Participants.

- Employee Name
- Employee Address (Address, City, State and Zip)
- Employee Phone Number
- Employee Email Address



Employee Address Report
This demographic report is used for generating mass mailings or mailing lists of employees by Program.

- Employee's Name
- Employee's Mailing Address
- Employee's City, State and Zip Code

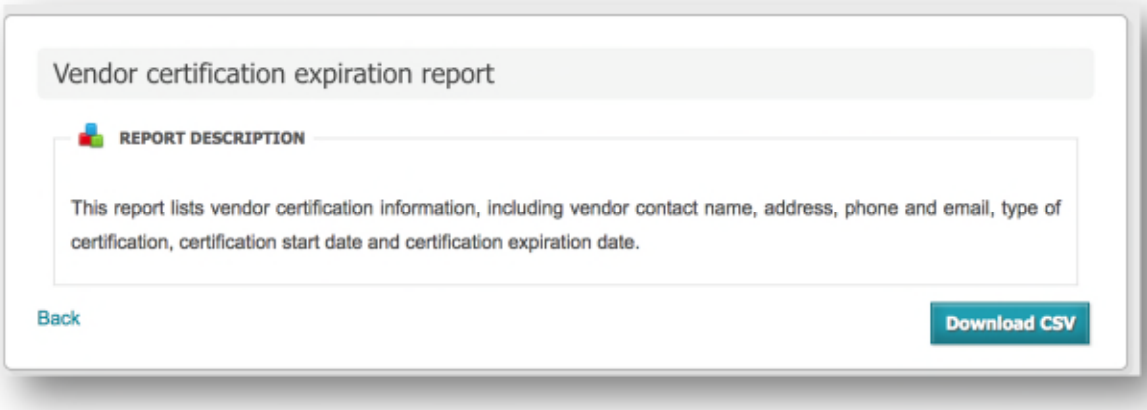


Vendor Reports

Vendor License/Certification Expiration Report

This report will list all Vendors with certifications that have or are about to expire. FMS Providers find this useful to send reminder letters to Vendors/Independent Contractors that need to provide updated credentials for certifications such as CPR, AED, First Aid, Physical Therapy, and LICSW.

- Vendor Name
- Vendor Address (Address, City, State and Zip)
- Vendor Phone Number
- Vendor Email Address
- Certification/License Type
- Certification Start Date
- Certification Expiration Date

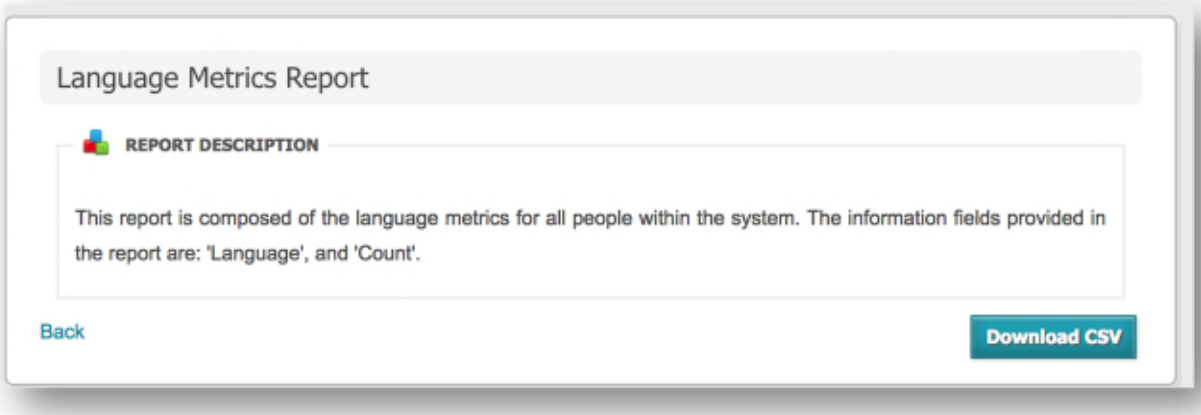


General Reports

Language Metrics Report

This report provides a count of all languages listed as “primary” for people in the system.

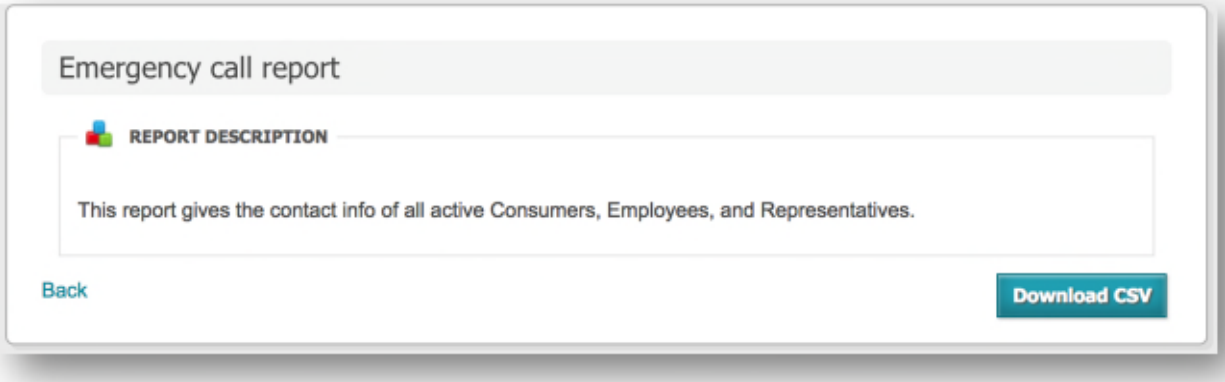
- Language Name
- Count of People where Language is marked Primary



Emergency Call Report

This demographic report usually contains email addresses and/or phone number contacts for Participants and Employees. FMS providers find this useful if they need to send and email blast, or automated phone call to inform clients of office closures due to inclement weather or unexpected extended power outages at the FMS Provider’s office.

- Person’s Name
- Person’s Role (Employee, Participant, Case Manager, Representative)
- Person’s Email Address
- Person‘s Phone Number



BILLING

The Billing module has highly customizable reports that allow Outreach to analyze the multiple processes involved in billing. A list of reports is below. A description of the different reports and how to run them follows. Outreach staff can run the reports at any frequency and report the data to state officials.

Base Report Set 15
- **Accrual Report 15**
- **Aging Report 17**
- **Denial Report 18**
- **Hold Reports 20**
- **Ready to Send Report 22**
- **Sent Services Without a Response Report 24**
- **Service Events Report 26**
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Add on Reports 29
- **837 Report 29**
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- **Account Exports 32**
- **Alternative Care Report 33**
- **Billing History Report 34**
- **Billings By Date Report 36**
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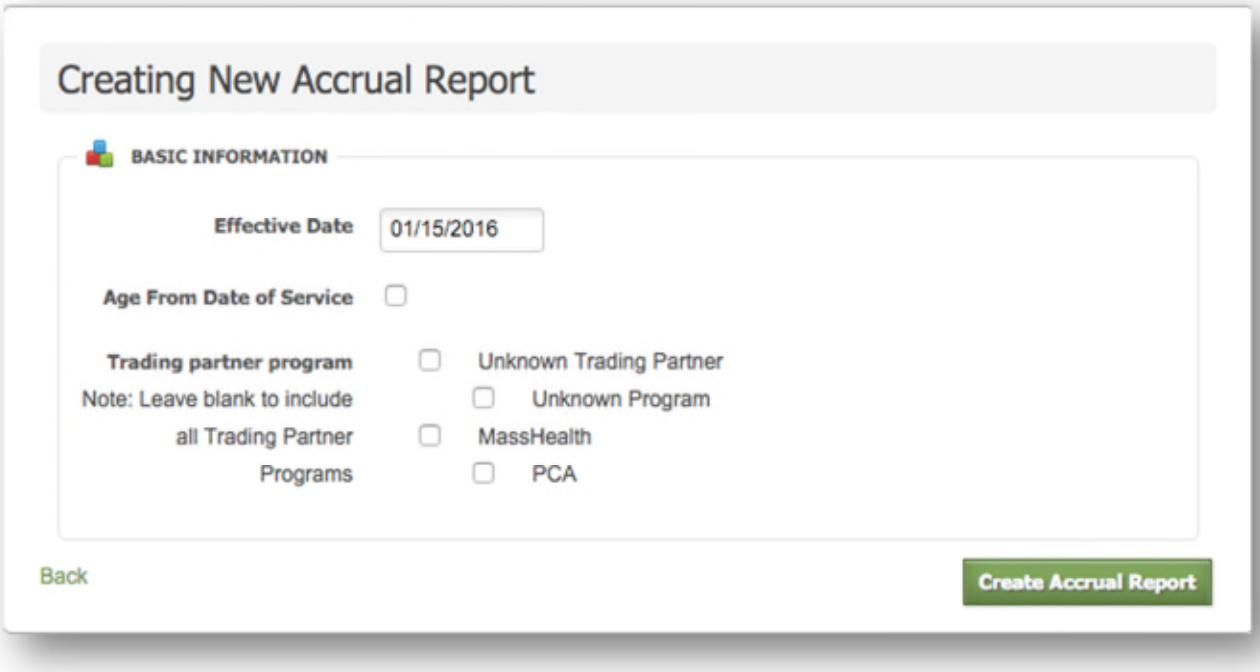
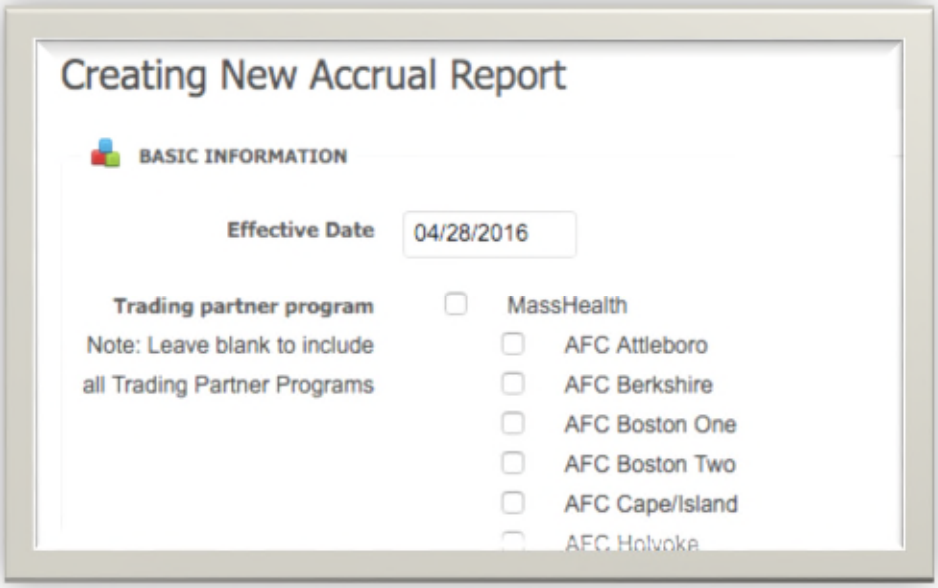
- **Open Services Report 40**
- **Payment List by Date Report 42**
- **Provider Payments Out of Balance Report 43**
- **Service Events by Effective Date 44**
- **Services Reconciled to Payment Amount 46**
- **Services with Closing Account Transactions Report 47**
- **Summary Aging Report 48**
- **Writeoff Report 49**

Base Report Set

Accrual Report
This Report will show Account Transactions on the Accrued A/R Account for each Service. Transactions will be filtered on Services that are currently waiting to be sent and its balance does not equal zero. Amounts will be grouped according to <5 days, 6-10 days, 10-15 days, and > 15 days.

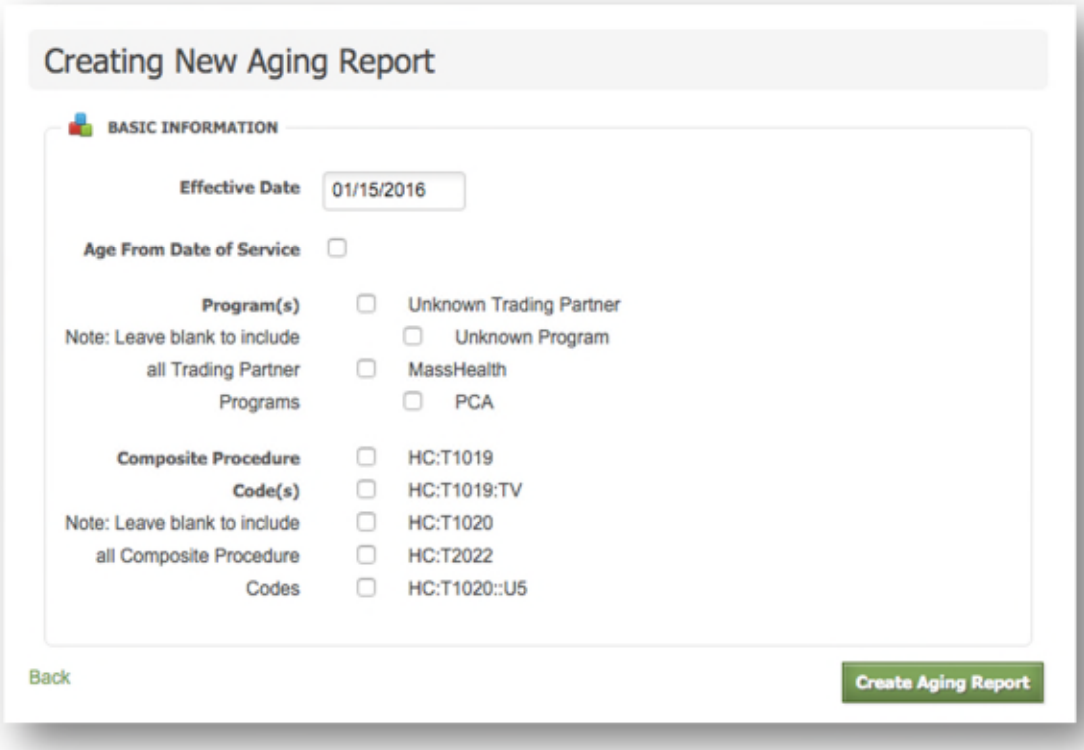
- First Name
- Last Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Service Start Date
- Service End Date
- Composite Procedure Code
- Service Created At Date
- <= 5 Days
- 6-10 Days
- 11-15 Days
- >15 Days
- Service URL




Creating New Accrual Report
BASIC INFORMATION
Effective Date
04/28/2016
Trading partner program
Note: Leave blank to include
all Trading Partner Programs
MassHealth
AFC Attleboro
AFC Berkshire
AFC Boston One
AFC Boston Two
AFC Cape/Island
AFC Holyoke

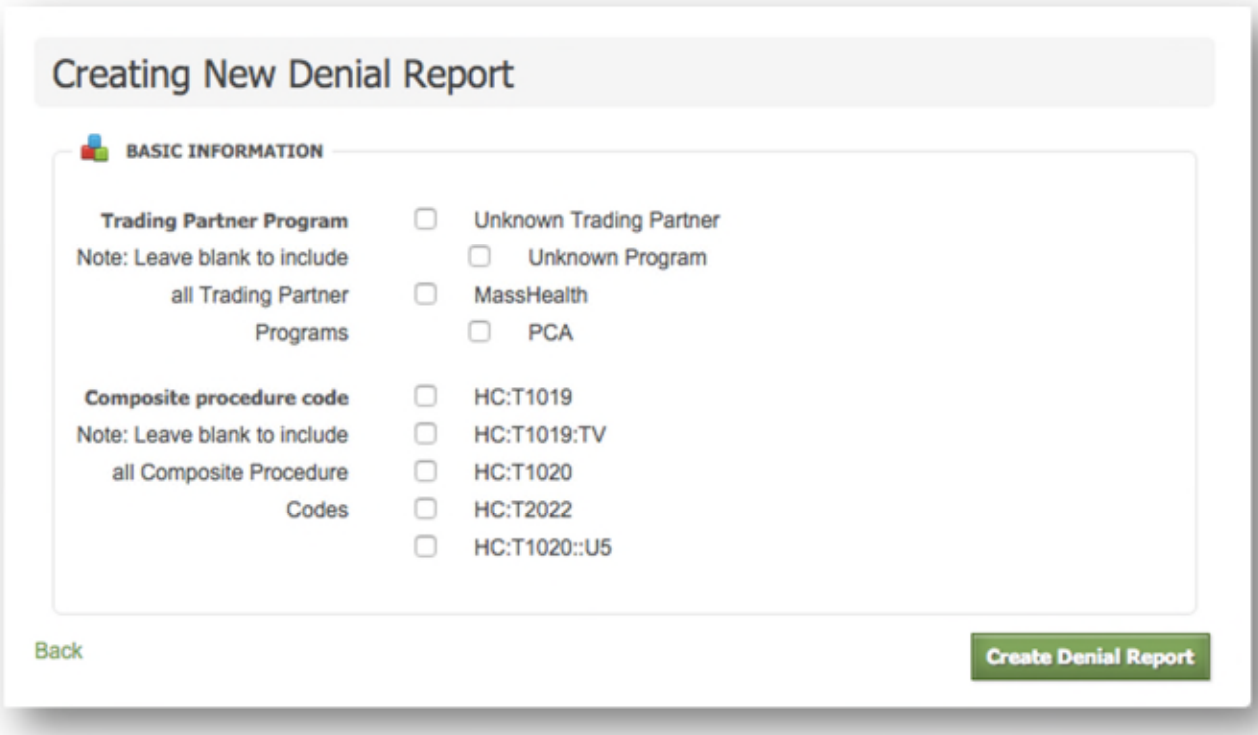
Aging Report
This Report will show Account Transactions on the A/R Account for each Service. Transactions will be filtered on Services that have been sent and its balance does not equal zero. Amounts will be grouped according to <30 days, 31-60 days, 61-90 days, and > 91 days.

- First Name
- Last Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Service Start Date
- Service End Date
- Composite Procedure Code
- Initial Date of Submission
- <= 30 Days
- 31-60 Days
- 61-90 Days
- >90 Days
- Service URL



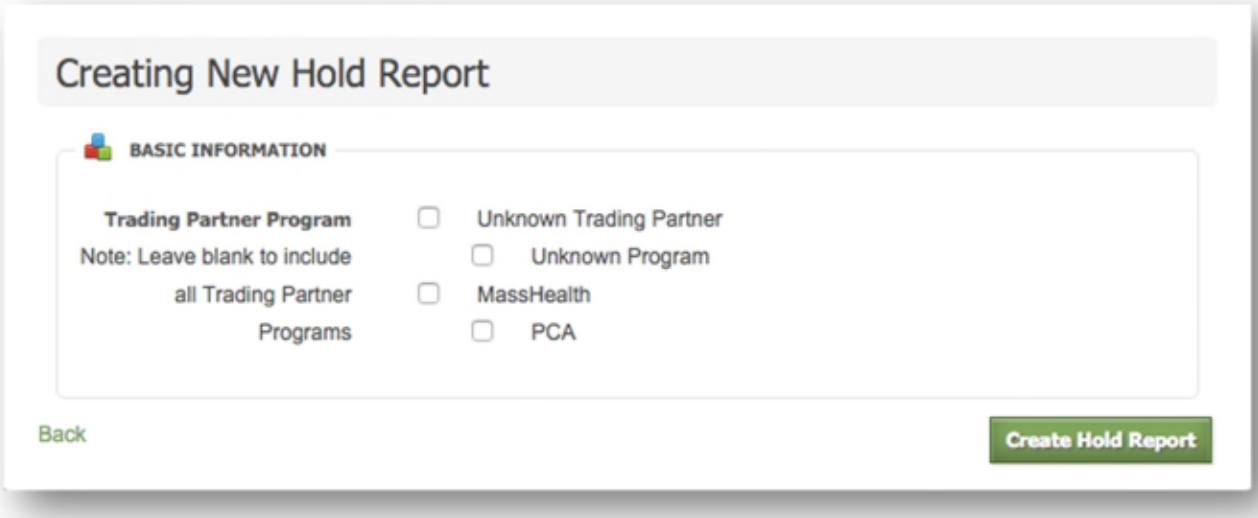
Denial Report
This Report shows Claim Services that have not been paid in full (denied or partially paid) and the reason for the denial or partial payment.

- Last Name
- First Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Claim #
- Claim Format
- Claim Type
- Payment Status
- Payer Claim Control Number - ICN
- Prior Authorization #
- Composite Procedure Code
- Service Start Date
- Service End Date
- Total Claim Amount
- Claim Service Units
- Claim Service Amount
- Service Payment Amount
- Most Recent Payment Date
- Days Since Most Recent Payment Date
- Control #
- Most Recent Submission Date
- Days Since Most Recent Submission Date
- Initial Date of Submission
- Days Since Initial Date of Submission
- Service Payment Comments
- Claim Payment Adjustment Codes
- Service Payment Adjustment Codes
- Service Payment Remittance Advice Remark Codes
- Billing Record URL


Creating New Denial Report
BASIC INFORMATION
Trading Partner Program
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
Composite procedure code
Note: Leave blank to include all Composite Procedure Codes
HC:T1019
HC:T1019:TV
HC:T1020
HC:T2022
HC:T1020::U5
Back
Create Denial Report

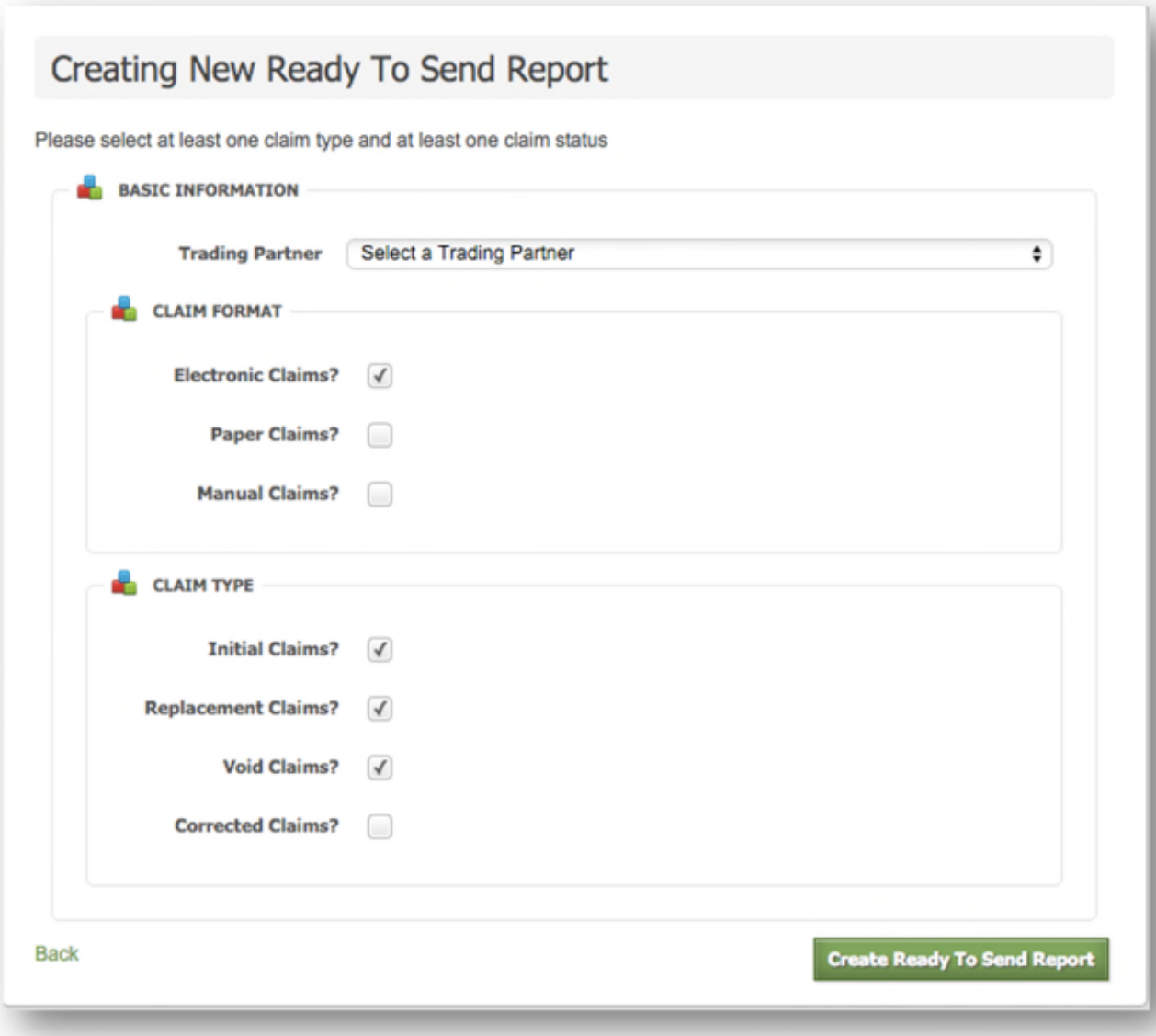
Hold Reports
This Report will show all Services currently on hold. It will display the amount on hold and the reasons why these Services are on hold

- Last Name
- First Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Service Start Date
- Service End Date
- Prior Authorization #
- Composite Procedure Code
- Rate
- Units
- Service Amount
- Paid Amount
- Balance
- Payment Status
- Claim Status
- Hold Amount
- Service Hold
- Billing Record Hold
- Partially on Hold
- Service Hold Code
- Billing Record Hold Code
- Service Hold Notes
- Initial Date of Submission
- Days Since Initial Date of Submission
- Most Recent Payment Date
- Days Since Most Recent Payment Date
- Service URL


Creating New Hold Report
BASIC INFORMATION
Trading Partner Program
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
Back
Create Hold Report

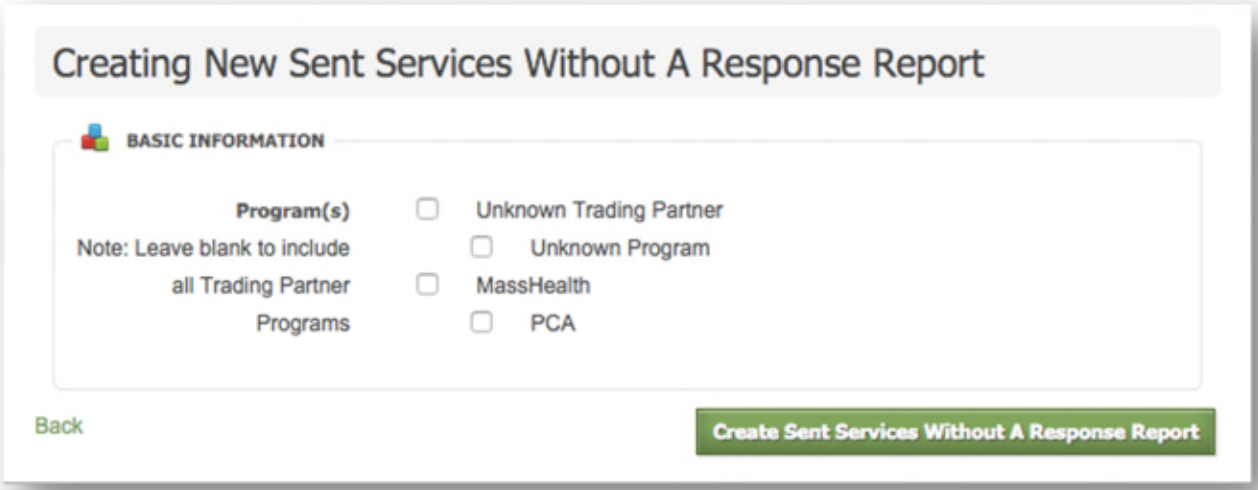
Ready to Send Report
This Report lists all Claim Services for a given Trading Partner and Claim Type that have a status of Ready to Send and a Billing Record not on hold.

- First Name
- Last Name
- Internal Number
- Identifier
- Trading Partner Identifier
- Trading Partner
- Program Name
- Start Date
- End Date
- Composite Procedure Code
- Claim Format
- Claim Type
- Total Claim Amount
- Total Claim Units
- Claim Service Amount
- Claim Service Units
- Previous Total Claim Amount
- Previous Total Claim Units
- Previous Claim Service Amount
- Previous Claim Service Units
- Billing Record URL


Creating New Ready To Send Report
Please select at least one claim type and at least one claim status
BASIC INFORMATION
Trading Partner
Select a Trading Partner
CLAIM FORMAT
Electronic Claims?
Paper Claims?
Manual Claims?
CLAIM TYPE
Initial Claims?
Replacement Claims?
Void Claims?
Corrected Claims?
Back
Create Ready To Send Report

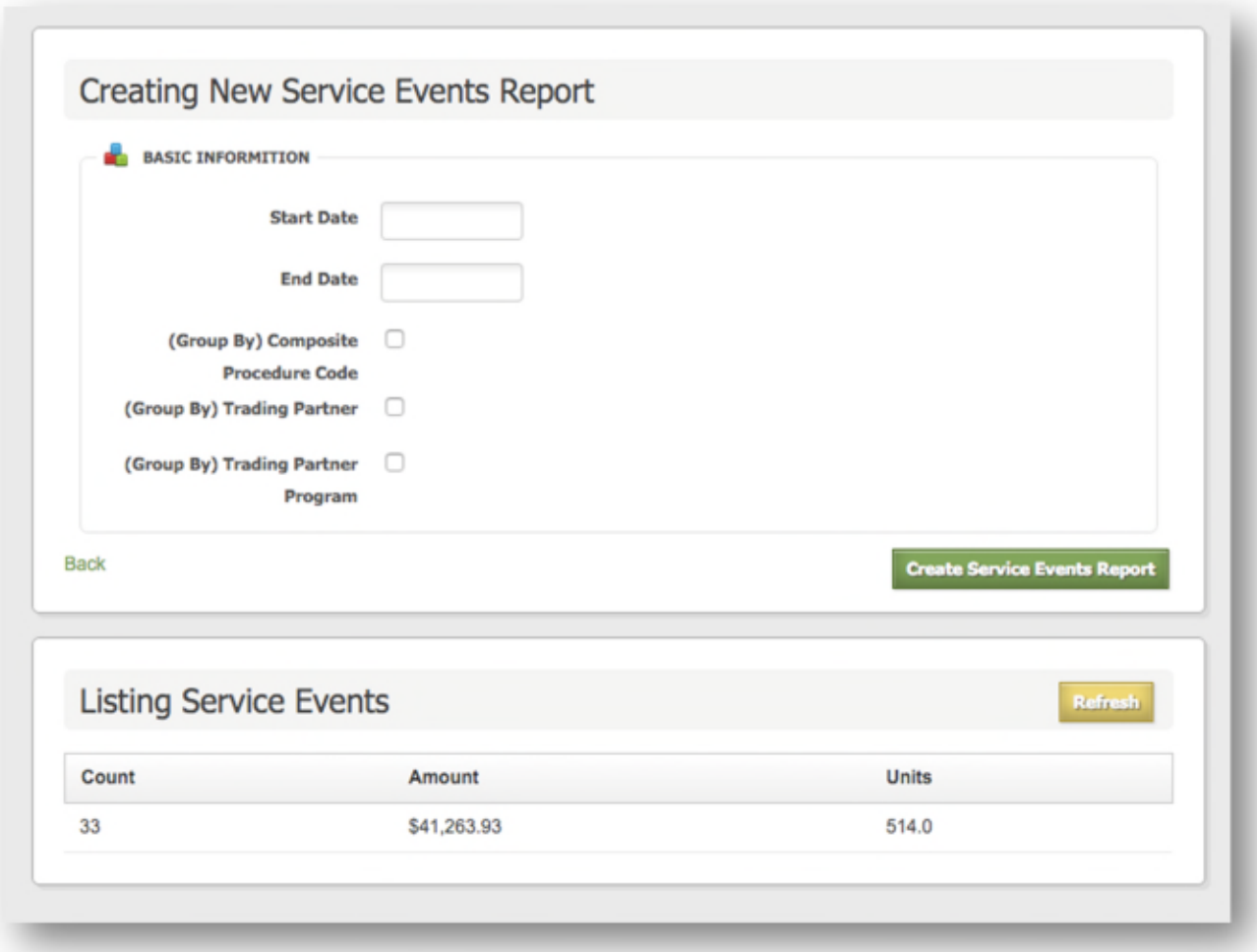
Sent Services Without a Response Report
This Report will show all Claim Services currently in the system with a status of Sent.

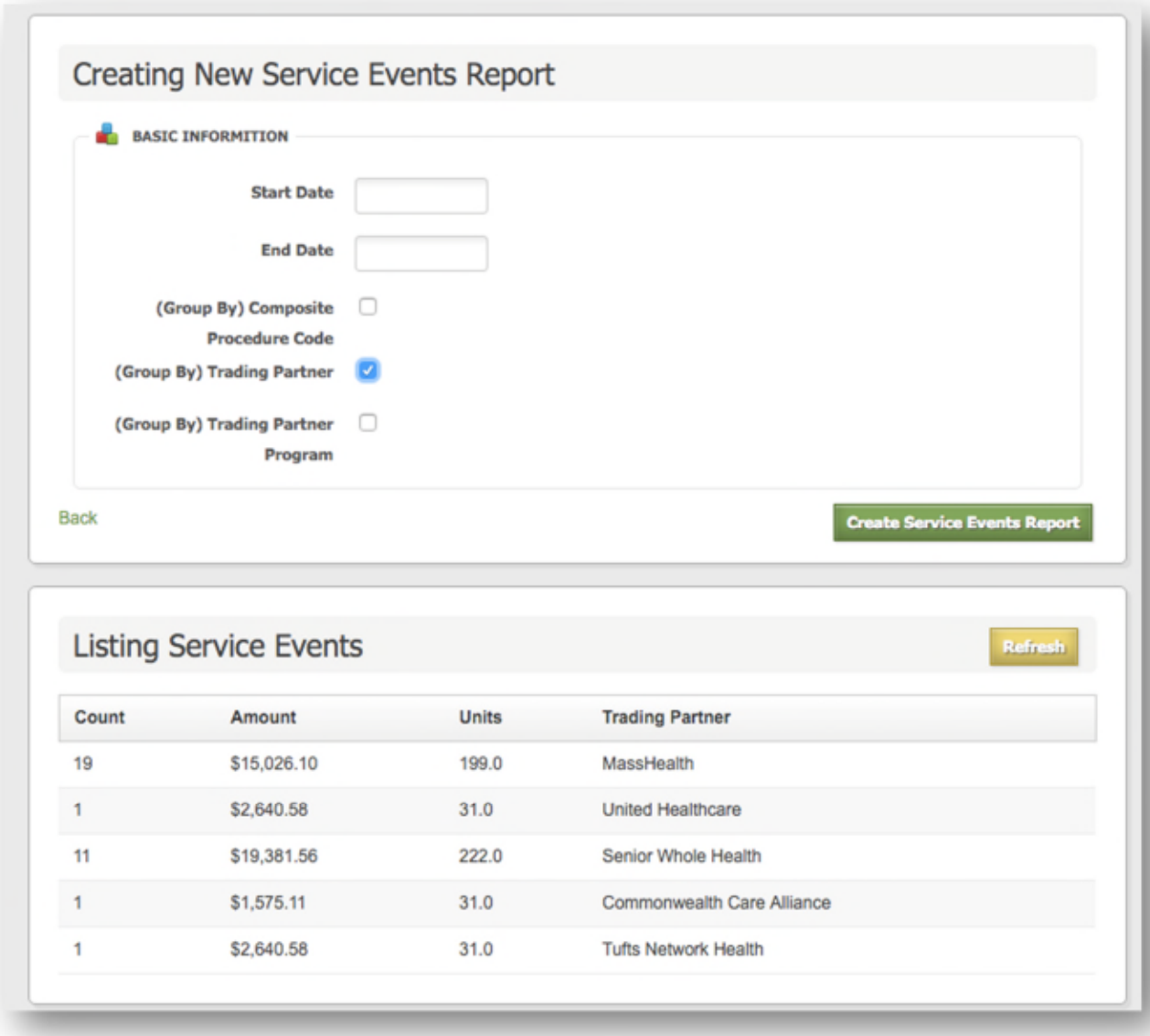
- Last Name
- First Name
- Internal Number
- Identifier
- Composite Procedure Code
- Service Start Date
- Service End Date
- Service Units
- Service Rate
- Service Amount
- Service Payment Amount
- Claim Service Balance
- Billing Record Balance
- Status Code
- Prior Authorization #
- Claim #
- Payer Claim Control Number
- Control #
- Most Recent Date of Submission
- Days Since Most Recent Date of Submission
- Initial Date of Submission
- Days Since Initial Date of Submission
- Trading Partner
- Program Name
- Days Since Service Start Date
- Most Recent Payment Date
- Days Since Most Recent Payment Date
- Service Payment Comments
- Billing Record URL


Creating New Sent Services Without A Response Report
BASIC INFORMATION
Program(s)
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
Back
Create Sent Services Without A Response Report

Service Events Report
The Report lists all the Service Events that have come into the system and their associated Amount, Units, Composite Procedure Code, Trading Partner, and Trading Partner Program.

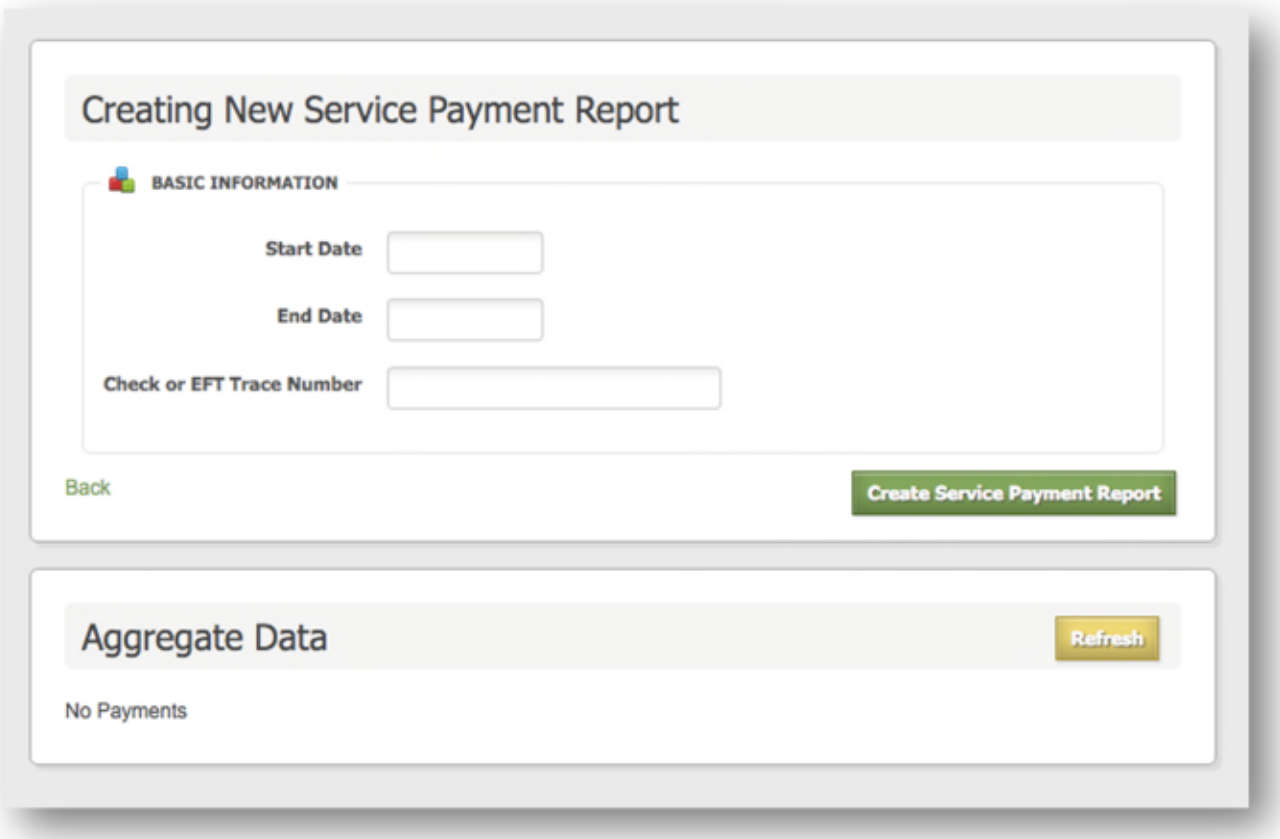
- Count
- Amount
- Units
- Composite Procedure Code
- Trading Partner
- Trading Partner Program




Creating New Service Events Report
BASIC INFORMITION
Start Date
End Date
(Group By) Composite Procedure Code
(Group By) Trading Partner
(Group By) Trading Partner Program
Back
Create Service Events Report
Listing Service Events
Refresh
Count
Amount
Units
Trading Partner
19
$15,026.10
199.0
MassHealth
1
$2,640.58
31.0
United Healthcare
11
$19,381.56
222.0
Senior Whole Health
1
$1,575.11
31.0
Commonwealth Care Alliance
1
$2,640.58
31.0
Tufts Network Health

Service Payment Reports
This Report displays the Claim Service Payments in the system. These Claim Service Payments can be filtered by the payments effective date within a given date range and/or a Check/EFT number of the Provider Payment related to these payments.

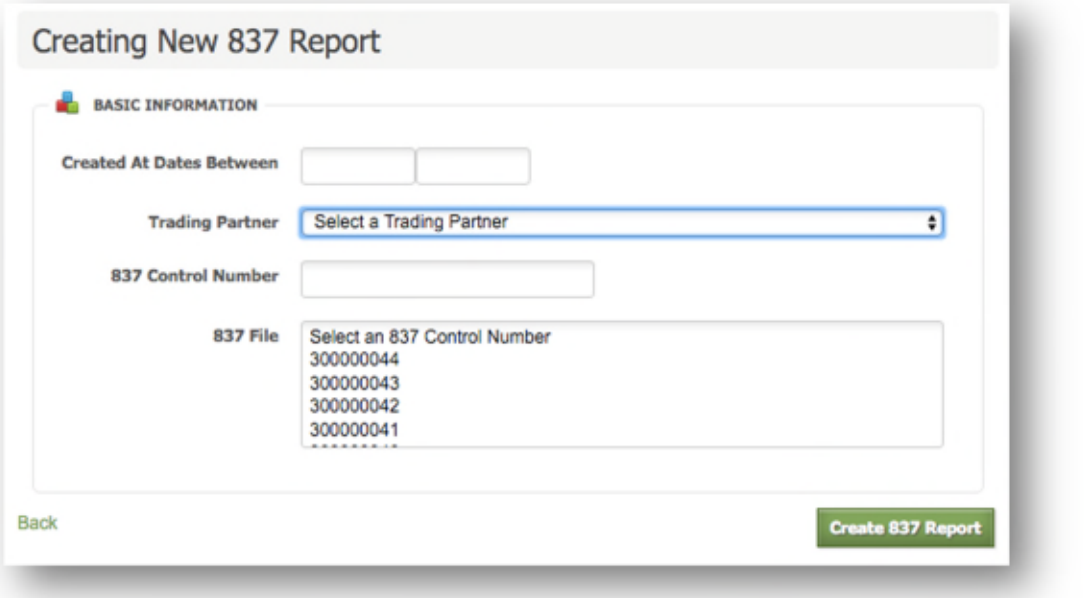
- First Name
- Last Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Claim Service Start Date
- Claim Service End Date
- Composite Procedure Code
- Payment Amount
- Effective Date
- Check / EFT Number
- Service Payment Comments



Add on Reports

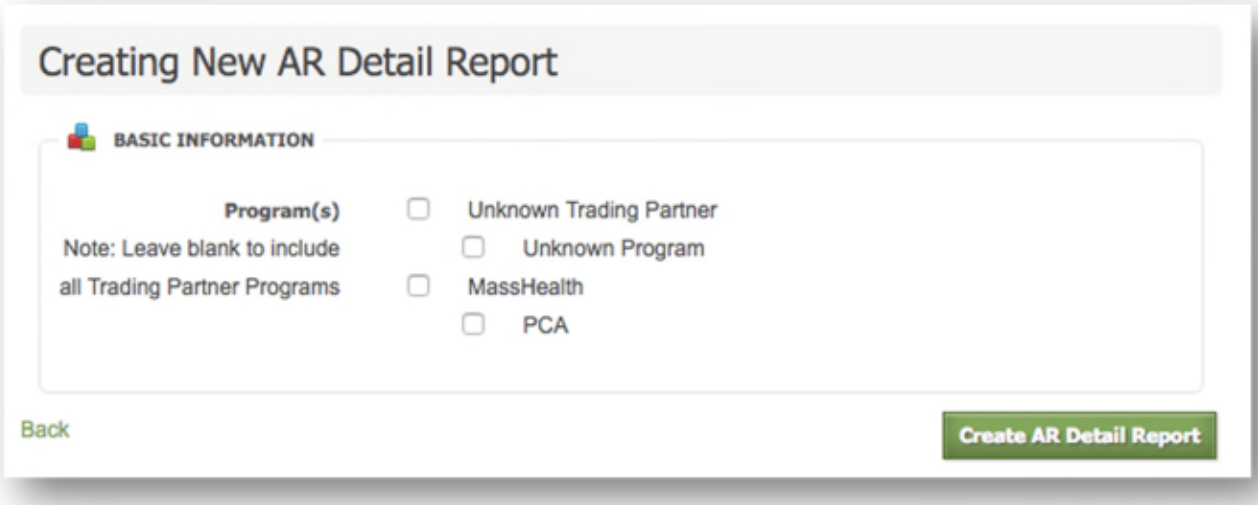
837 Report
This Report will show all Claims sent out on the specified 837 File. The 837 will be filtered by the specified Control Number. The rows on the report will be information for each Service on the Claims.

- Last Name
- First
- Internal Number
- Identifier
- Service Start Date
- Service End Date
- Service Units
- Service Amount
- 837 Effective Date
- Trading partner
- Program Name
- Referral #
- Prior Authorization #
- Composite Procedure Code
- Diagnosis Type
- Diagnosis Code
- Claim #
- Billing Record Claim URL



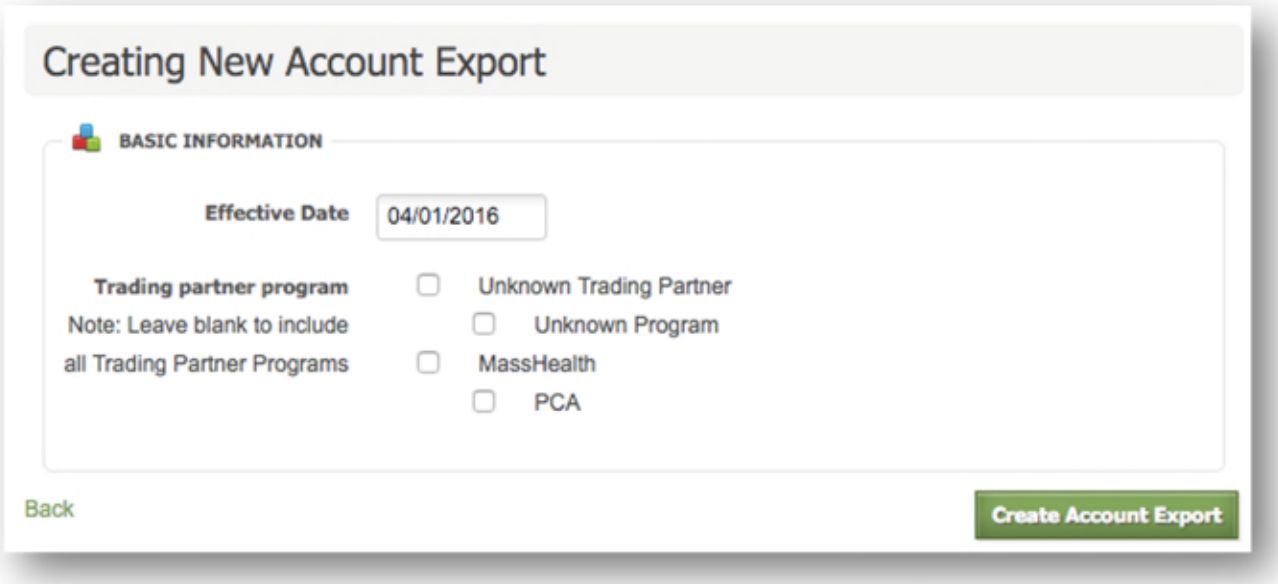
AR Detail Report
This Report will show all the information displayed in the Open Services Report, but only include Services that are aging.

- Last Name
- First Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Composite Procedure Code
- Service Start Date
- Days Since Service Start Date
- Service End Date
- Service Units
- Service Rate
- Service Amount
- Service Payment Amount
- Service Balance
- Total Aging Amount
- Status Code
- Prior Authorization #
- Claim #
- Payer Claim Control Number – ICN
- Control #
- Most Recent Date of Submission
- Days Since Most Recent Date of Submission
- Initial Date of Submission
- Days Since Initial Date of Submission
- Most Recent Payment Date
- Days Since Most Recent Payment Date
- Service URL


Creating New AR Detail Report
BASIC INFORMATION
Program(s)
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
Back
Create AR Detail Report

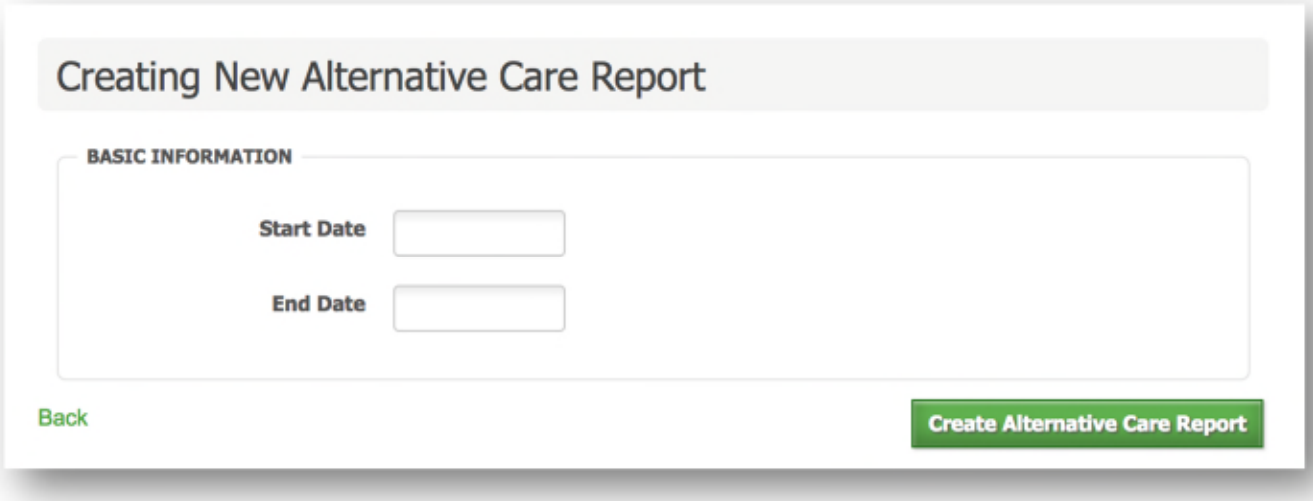
Account Exports
This Export will show Account Balances for each Service. Accounts will be filtered by transaction Effective Date and (optionally) Trading Partner Programs.

- First Name
- Last Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Service Start Date
- Service End Date
- Composite Procedure Code
- Service Amount
- Service Payment Amount
- Service Balance
- Accrued Service Revenue Balance
- Accrued A/R Balance
- Service Revenue Balance
- A/R Balance
- Cash Balance
- Service URL



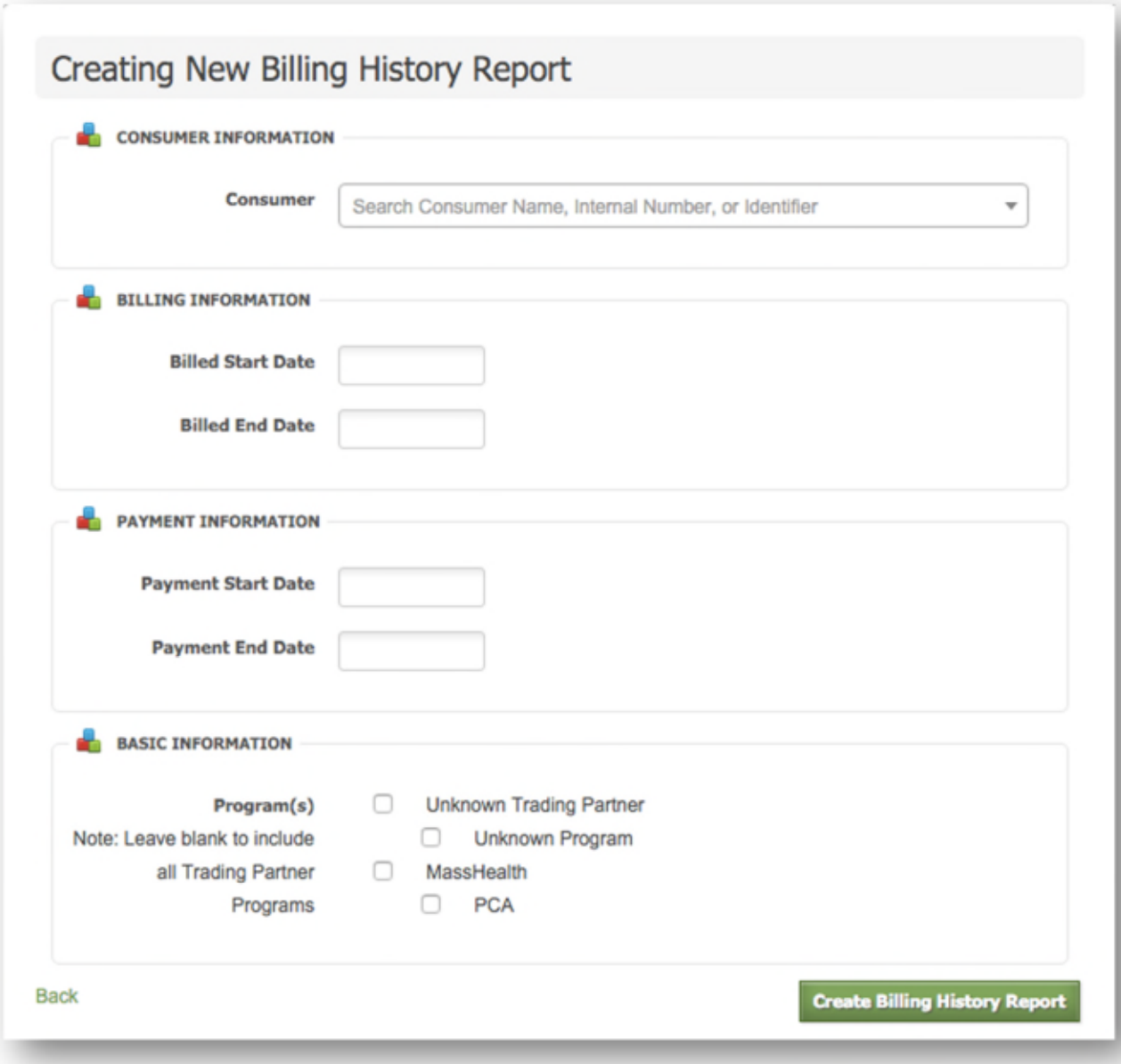
Alternative Care Report
This Report will show the most recent claims and its status for each Participant billed with Alternative Care (i.e. Using a Composite Procedure Code of ER:S5140:TF or ER:S5140:U5)

- First Name
- Last Name
- Date of Birth
- Internal Number
- Total Claims Per Participant
- Service Start Date
- Service End Date
- Units
- Paid Amount
- Claim Status
- Claim Number
- Trading Partner
- Composite Procedure Code
- Billing Record URL



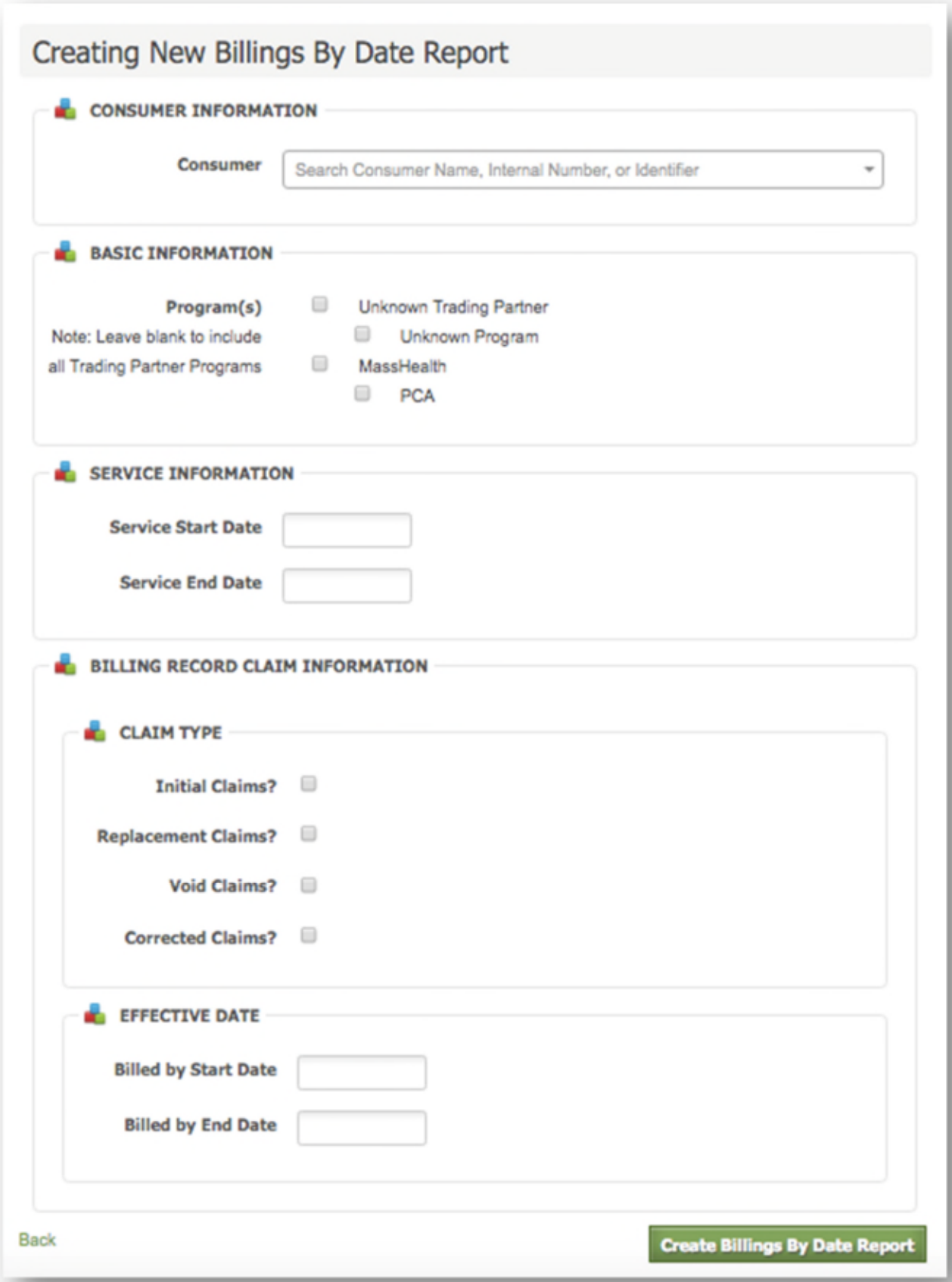
Billing History Report
The Billing History Report will show all services that have been sent to the Trading Partner. It will show claim services both open (partially paid or denied) and closed (paid in full) that have been sent. Since the report is on the claim level there may be instances where a service is listed multiple times if the claim was resubmitted.

- Last Name
- First Name
- Internal Number
- Identifier
- Trading Partner Identifier
- Trading Partner
- Program Name
- Composite Procedure Code
- Service Start Date
- Service End Date
- Service Units
- Service Rate
- Service Amount
- Service Balance
- Service Payment Amount
- Claim Service Unit Difference
- Claim Service Amount Difference
- Status Code
- Prior Authorization #
- Claim #
- Payer Claim Control Number - ICN
- Control #
- Most Recent Date of Submission
- Most Recent Payment Date
- Service URL


Creating New Billing History Report
CONSUMER INFORMATION
Consumer
Search Consumer Name, Internal Number, or Identifier
BILLING INFORMATION
Billed Start Date
Billed End Date
PAYMENT INFORMATION
Payment Start Date
Payment End Date
BASIC INFORMATION
Program(s)
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
Back
Create Billing History Report

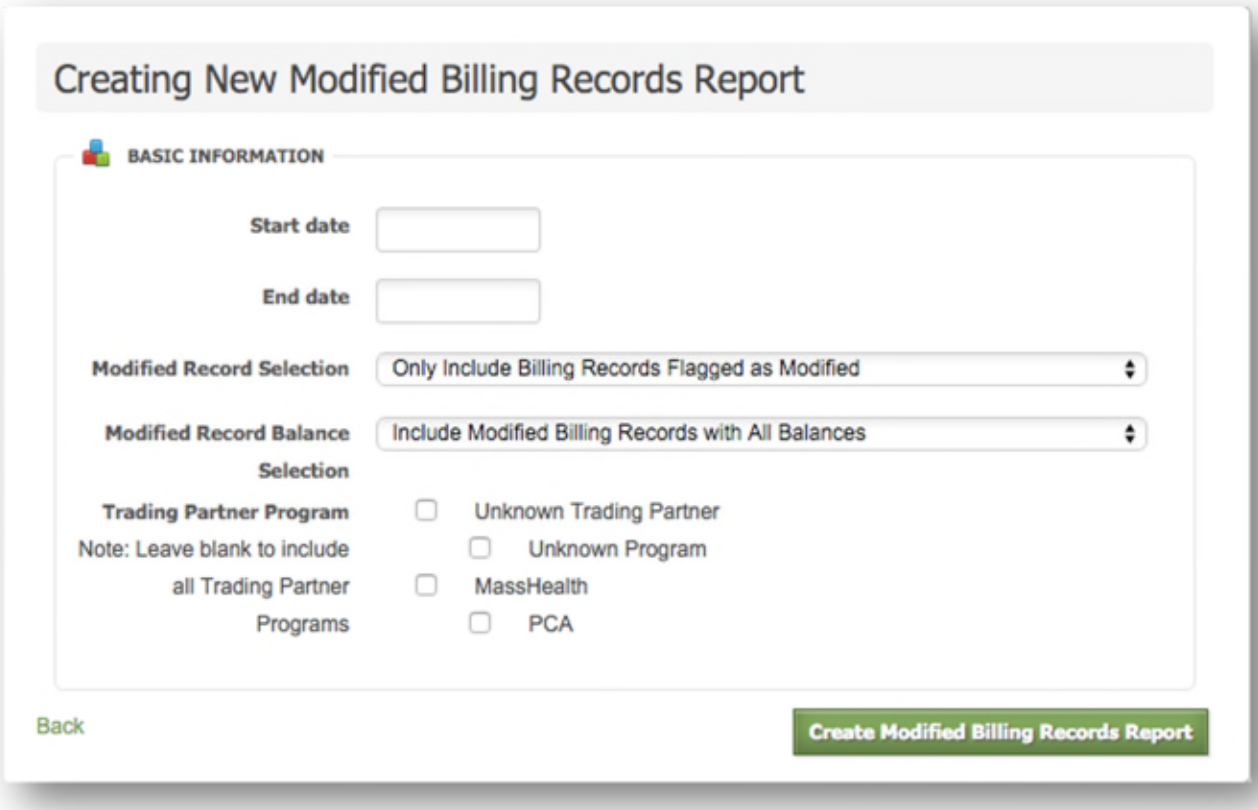
Billings By Date Report
This Report will show all Services that have a Claim Effective Date in a specified date range, have a Start Date and End Date in a specified date range, and have a specified Claim Type.

- Trading Partner
- Program
- Service Type
- First Name
- Last Name
- Identifier
- Service Start Date
- Service End Date
- Composite Procedure Code
- Claim Effective Date
- Claim Service Amount
- Service Balance
- Service URL


Creating New Billings By Date Report
CONSUMER INFORMATION
Consumer
Search Consumer Name, Internal Number, or Identifier
BASIC INFORMATION
Program(s)
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
SERVICE INFORMATION
Service Start Date
Service End Date
BILLING RECORD CLAIM INFORMATION
CLAIM TYPE
Initial Claims?
Replacement Claims?
Void Claims?
Corrected Claims?
EFFECTIVE DATE
Billed by Start Date
Billed by End Date
Back
Create Billings By Date Report

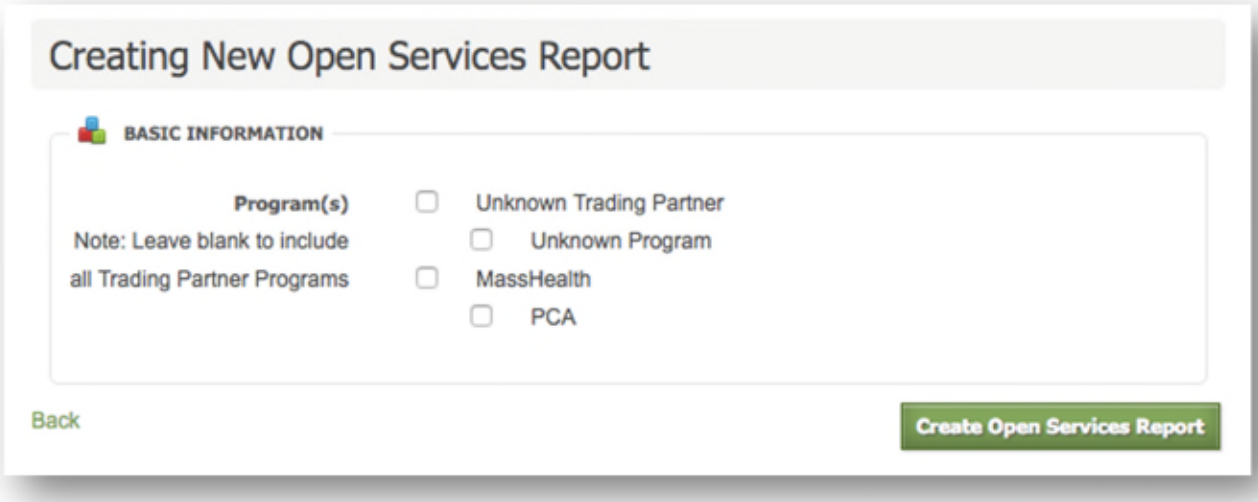
Modified Billing Records Report
This report shows billing record services that were paid in full and are modified. For example, if there is a change in date of service or diagnosis code after the billing record has been paid in full, then these services will show up on the report so the claims can be updated as necessary.

- Last Name
- First Name
- Internal Number
- Trading Partner
- Identifier
- Program Name
- Service Start Date
- Service End Date
- Composite Procedure Code
- Claim Format
- Claim Type
- Claim Amount
- Claim Units
- Service Amount
- Service Units
- Previous Claim Amount
- Previous Service Amount
- Autoclaim Status
- Billing Record URL


Creating New Modified Billing Records Report
BASIC INFORMATION
Start date
End date
Modified Record Selection
Only Include Billing Records Flagged as Modified
Modified Record Balance Selection
Include Modified Billing Records with All Balances
Trading Partner Program
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
Back
Create Modified Billing Records Report

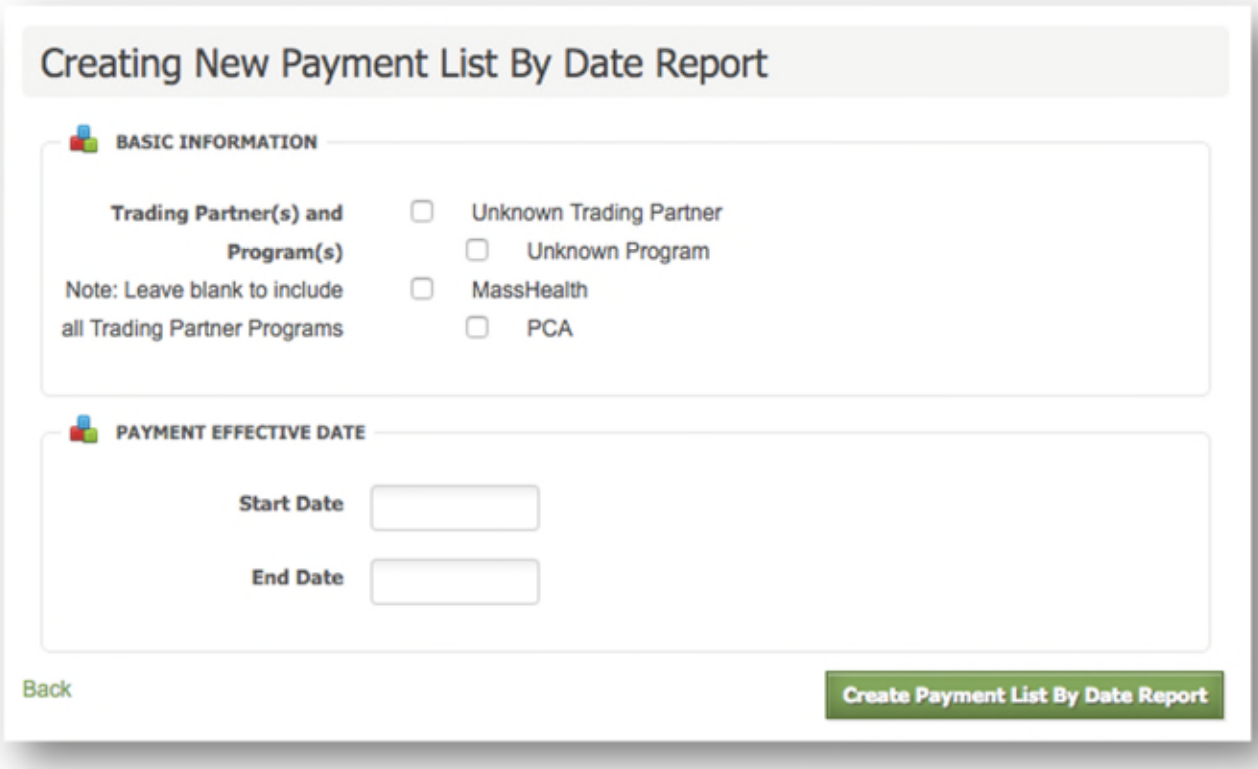
Open Services Report
This Report will show all Services currently in the system with an open balance.

- Last Name
- First Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Composite Procedure Code
- Service Start Date
- Service End Date
- Service Units
- Service Rate
- Service Amount
- Service Payment Amount
- Service Balance
- Prior Authorization #
- Payer Claim Control Number – ICN
- Most Recent Date of Submission
- Days Since Most Recent Date of Submission
- Initial Date of Submission
- Days Since Most Recent Date of Submission
- Initial Date of Submission
- Days Since Initial Date of Submission
- Most Recent Payment Date
- Days Since Most Recent Payment Date
- Service URL


Creating New Open Services Report
BASIC INFORMATION
Program(s)
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
Back
Create Open Services Report

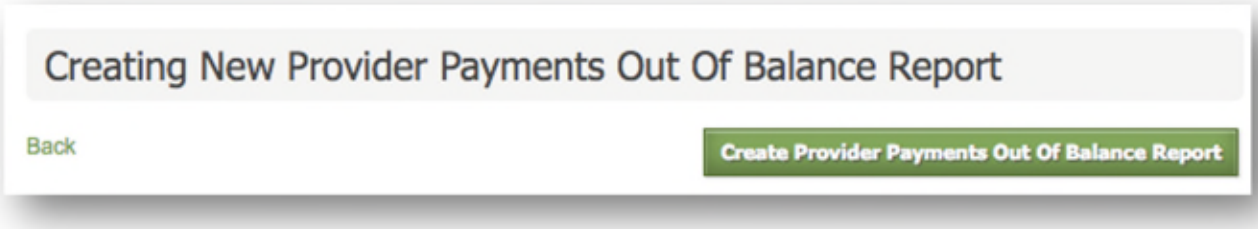
Payment List by Date Report
This report will show all payments by date and Participant, as well as any associated adjustments and totals within a specified date range.

- Participant
- 1st Claim Date
- Payment Date
- Payment Amount
- Writeoff/Adj. Amount



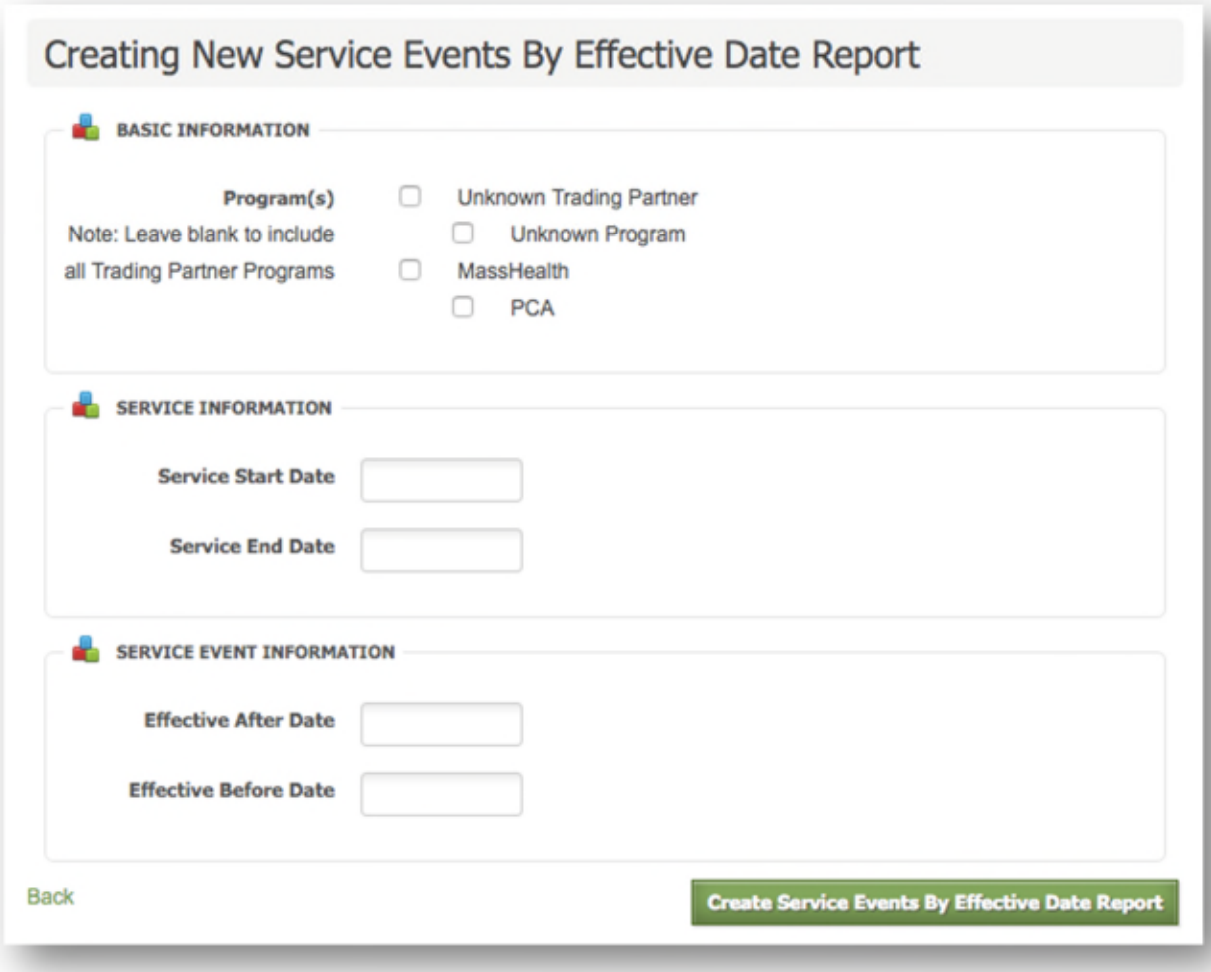
Provider Payments Out of Balance Report
This Report displays the Provider Payments in the system with a payment difference greater or less than zero.

- Trading Partner Name
- Payment Date (Effective Date)
- Check/EFT Trace #
- Unmatched Claim Payment Amount
- Payment Difference
- Provider Payment URL



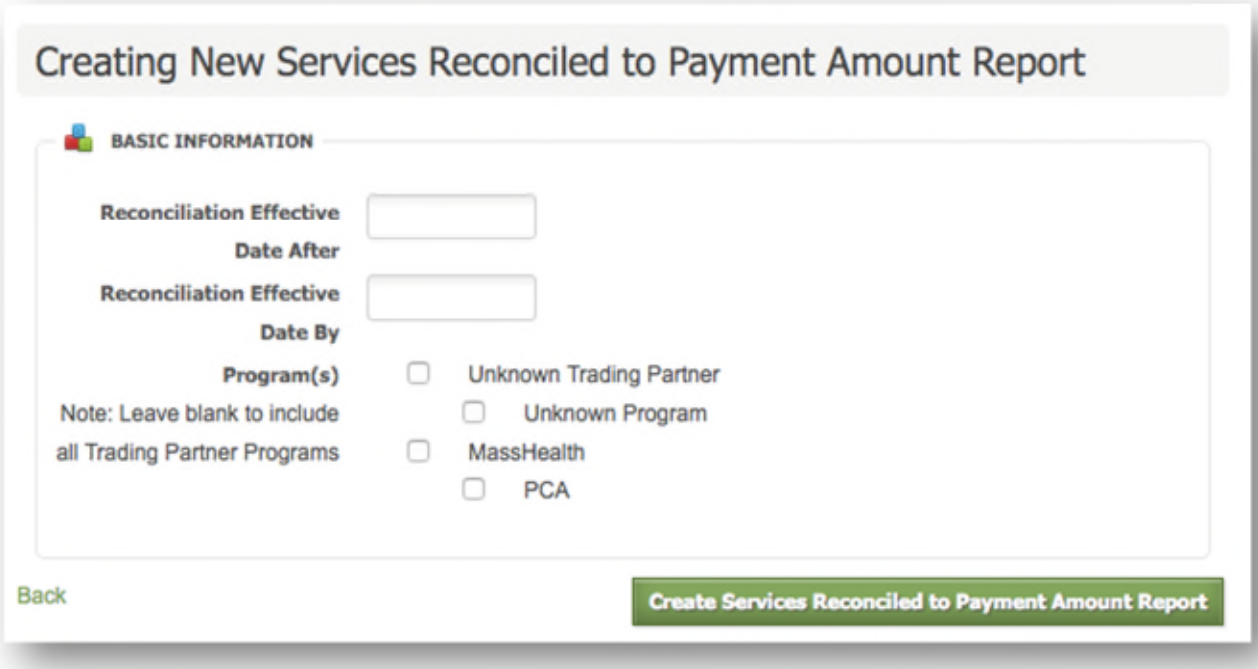
Service Events by Effective Date
This Report will show all Services that have a Service Event Effective Date in a specified date range and have a Start Date and End Date in a specified date range.

- Trading Partner
- Program
- First Name
- Last Name
- Identifier
- Diagnosis Type
- Diagnosis Code
- Service Start Date
- Service End Date
- Composite Procedure Code
- Service Event Amount
- Service Event Units
- Service Event Effective Date
- Service Event Rate Invalid
- Service Balance
- Service Rate
- Service URL


Creating New Service Events By Effective Date Report
BASIC INFORMATION
Program(s)
Note: Leave blank to include all Trading Partner Programs
Unknown Trading Partner
Unknown Program
MassHealth
PCA
SERVICE INFORMATION
Service Start Date
Service End Date
SERVICE EVENT INFORMATION
Effective After Date
Effective Before Date
Back
Create Service Events By Effective Date Report

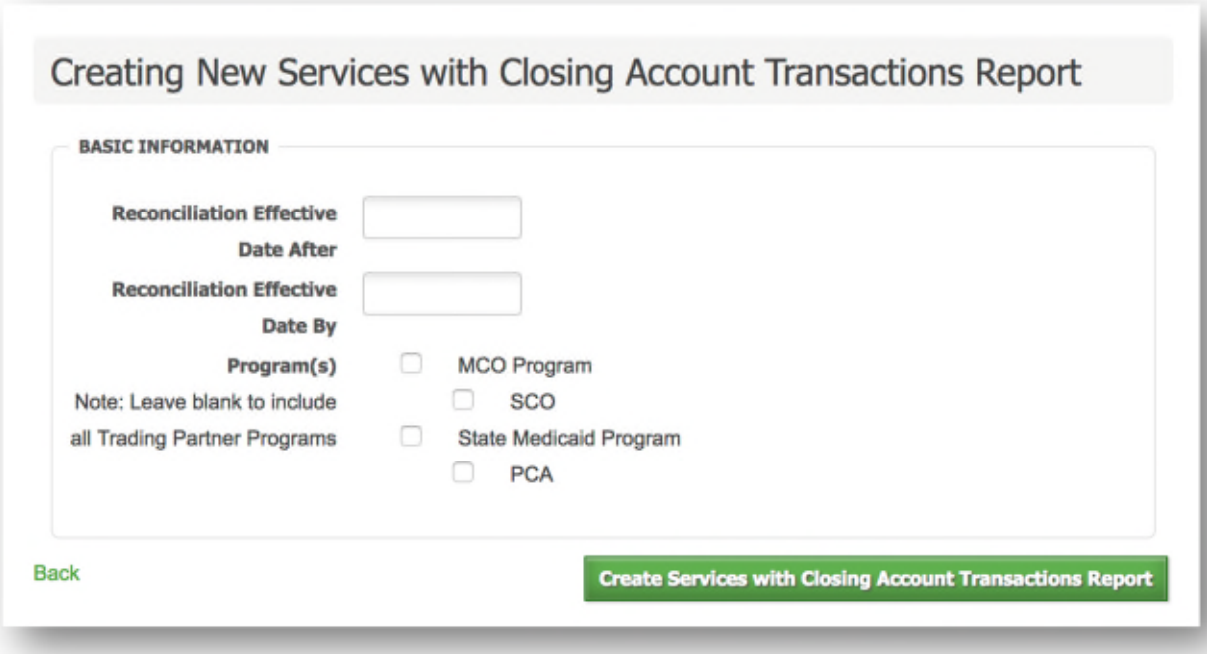
Services Reconciled to Payment Amount
This Report will show all Services currently in the system that have been manually reconciled to its payment amount.

- Last Name
- First Name
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Composite Procedure Code
- Service Start Date
- Service End Date
- Service Units
- Service Rate
- Service Amount
- Service Paid Amount
- Service Balance
- Closeout Amount
- Closeout Effective Date
- User
- Service URL



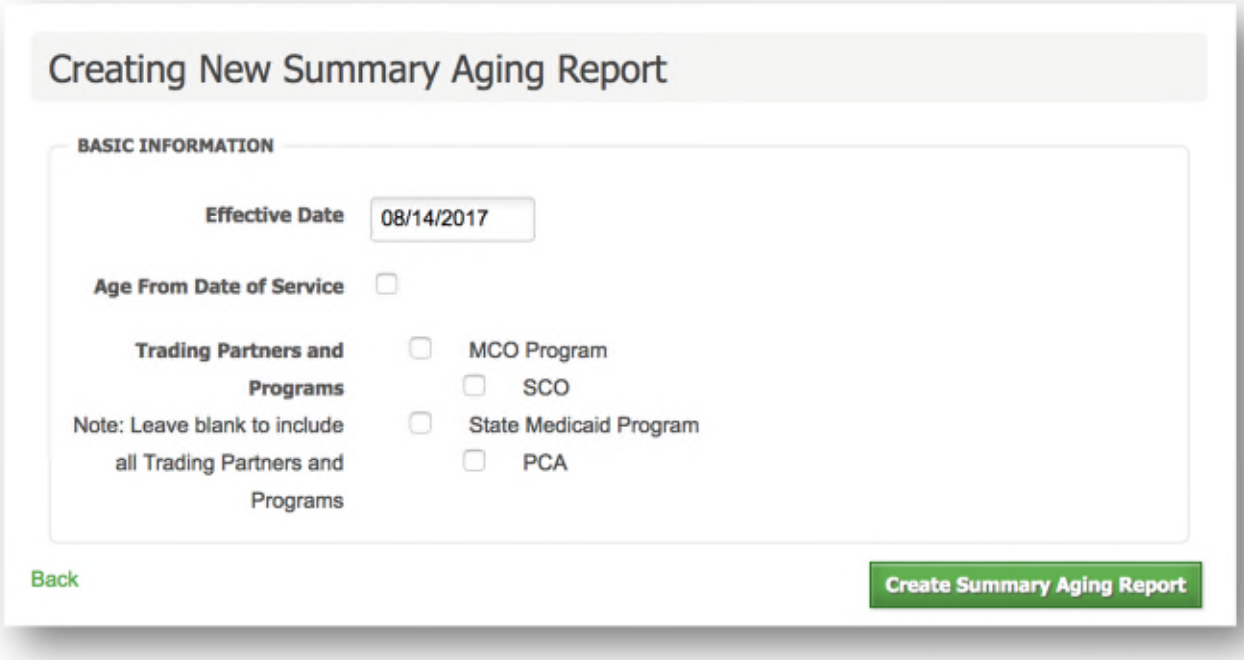
Services with Closing Account Transactions Report
This Report will show all Services currently in the system that have a closing account transaction due to a closing Service Event or Service Payment.

- Last Name
- First Name
- Date of Birth
- Internal Number
- Identifier
- Trading Partner
- Program Name
- Composite Procedure Code
- Service Start Date
- Service End Date
- Service Units
- Service Rate
- Service Amount
- Service Paid Amount
- Service Balance
- Closeout Amount
- Closeout Effective Date
- User
- Creator
- Service URL



Summary Aging Report
This Report shows aging totals summarized by Trading Partner and Program.

- Trading Partner
- Program Name
- <= 30 Days
- 31-60 Days
- 61-90 Days
- >= 91 Days
- Total



Write-off Report
This Report will show all Services that have Service Write-offs currently in the system.

- First Name
- Last Name
- Trading Partner
- Program Name
- Service Start Date
- Service End Date
- Composite Procedure Code
- Service Units
- Service Rate Service Amount
- Service Payment Amount
- Service Balance
- Write-off Amount
- Initial Date of Submission
- Most Recent Payment Date
- Write-off Effective Date
- write-off Code
- User
- Service URL

BIT Module

The Budget, Invoices and Timesheets Module (BIT) will generate reports related to Budget Spending, Utilization and Expiration. Customized reports can also be designed to track data such as Admin Fees and spending by Service Category/Code.

Spending Report..... 50
Underbilling Report..... 51
Overbilling Report..... 52
Admin Fee Report..... 53
Expiring Budgets Report..... 54

Spending Report

This report tracks spending on Participant Budgets. Spending Reports are generated as a PDF, printed and mailed out to Participants on a frequency as determined by the FMS Provider and/or the State.

Spending Report

12/14/2015

Client Name:	Aardvark, Arthur	PMI:	35262462	Monthly Allocation:	$2100.00
Case Manager:		Budget Dates:	8/1/15-9/30/15	Agency:	ILC ADRC
Program/Payor:	AK-VOICE-VHA	Report Dates:	8/1/15-9/30/15		

Pca Services

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$1000.00	$1085.40	$-85.40
Employee, Emily	–	8/30/15 - 9/12/15	$20.00	2.00	$40.00			
	–	9/13/15 - 9/26/15	$20.00	48.00	$960.00			
	–	9/13/15 - 9/26/15	$10.00	8.00	$80.00			
–	Employer Taxes				$5.40			

Admin Fee

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$479.00	$0.00	$479.00

Workers Comp

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$200.00	$0.00	$200.00

Rainy Day Fund

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$1000.00	$0.00	$150.78

Unallocated Funds

Employee	Vendor /Expense	Service Date(s)	Rate /Cost	Hours /Units	Usage	Authorized Amount	Total Usage	Current Balance
						$1021.00	$0.00	$1021.00

Last Payment Date	12/4/15
Usage as of last payment date	25.8%
Expected usage as of last payment date	100.0%
Total Budgeted Amount	$4200.00
Total Usage in Report Period	-$1085.40
Current Budget Balance	**$3114.60**

Underbilling Report

The Underbilling Report generates a list of Participant services where available funds are being underutilized (based on expectation records set for the Participant's Budget). For example, if a Participant is expected to use 20 hours of services per week, but is only using 10 hours – they would appear on this report as underbilling by 50%. FMS Providers can then take appropriate action with the Participant and/or Case Manager.

- Participant Internal Number
- Participant Name
- Medicaid ID
- Service
- Prior Authorization Number
- Prior Authorization Start Date
- Prior Authorization End Date
- Number of Hours Approved
- Number of Hours Used
- Percent of Underuse

Underbilling Report

Participant Number	Participant Name	Medicaid ID	Service	PA Number	PA Start Date	PA End Date	Week Start	Week End	Number of Hours Approved	Number of Hours Used	*Number of Hours Underused by*	*Percent Underuse*
P12345	Sinatra, James	123456789	Supportive Home Care	1234567	10/1/2016	12/31/2016	10/31/2016	11/11/2016	60	50	10	17%
P54321	Boop, Betty	987654321	Respite	22222	1/1/2017	12/31/2017	10/31/2016	11/11/2016	20	10	10	50%

Overbilling Report

The Overbilling Report generates a list of Participant services where available funds are being over-utilized (based on expectation records set for the Participant's Budget). For example, if an Expectation Record (soft-cap) is set for the Participant to use 20 hours of services per week, but the Participant has been using 25 hours per week – they would appear on the overbilling report. FMS Providers can then take appropriate action with the Participant and/or Case Manager.

- Participant Internal Number
- Participant Name
- Medicaid ID
- Service
- Prior Authorization Number
- Prior Authorization Start Date
- Prior Authorization End Date
- Number of Hours Approved
- Number of Hours Used
- Percent of Overuse

Overbilling Report

Participant Number	Participant Name	Medicaid ID	Service	PA Number	PA Start Date	PA End Date	Week Start	Week End	Number of Hours Approved	Number of Hours Used	*Number of Hours Overused by*	*Percent Overuse*
P12345	Sinatra, James	123456789	Supportive Home Care	1234567	10/1/2016	12/31/2016	10/31/2016	11/11/2016	60	72	12	0.20
P54321	Boop, Betty	987654321	Respite	22222	1/1/2017	12/31/2017	10/31/2016	11/11/2016	20	30	10	0.50

Admin Fee Report

The Admin Fee Report tracks administrative fees on a per participant basis.

- Participant Name
- Participant Internal Number
- Admin Fee Amount
- Posting Date of Admin Fee

Admin Fee Report

Consumer Name	Consumer Internal Number	Admin Fee Amount	Date
Aardvark Arthur	P000086	958	1/1/2016
Aardvark Arthur	P000086	958	10/1/2015
Aardvark Arthur	P000086	958	11/1/2015
Aardvark Arthur	P000086	958	12/1/2015
After-Year Closed	P000076	400	10/1/2015
After-Year Closed	P000076	400	11/1/2015
After-Year Closed	P000076	400	12/1/2015
After-Year Closed	P000076	400	1/1/2016
Agency-Only Anna	P000108	480	10/1/2015
Agency-Only Anna	P000108	440	11/1/2015
Agency-Only Anna	P000108	480	12/1/2015
Agency-Only Anna	P000108	40	1/1/2016
Benatar Pat	P000041	400	10/1/2015
Benatar Pat	P000041	400	11/1/2015
Bureaucrat DC	P000101	400	10/1/2015
Bureaucrat DC	P000101	400	12/1/2015
Bureaucrat DC	P000101	300	1/1/2016
Closure-Test Connie	P000038	1438	1/1/2016
Jordan Michael	P000027	400	10/1/2015
Jordan Michael	P000027	400	11/1/2015
Jordan Michael	P000027	400	12/1/2015
Jordan Michael	P000027	200	1/1/2016

Expiring Budgets Report

The Expiring Budgets Report tracks the end dates of budgets that are close to expiring. FMS Providers can follow up with appropriate parties as needed.

- Prior Authorization Number
- Participant Name
- Participant Internal ID
- Participant Specialist Name
- Budget Start Date
- Budget End Date
- Budget URL (BIT Module)

Expiring Budgets Report

Budget Prior Auth Number	Client Name	Consumer Enrollment Number	Consumer Specialist Number	Start Date	End Date	Budget URL
104017174	Arthur, King	2548	Caseload 2	5/1/2014	4/30/2015	https://client-bit-staging.annkissamprojects.com/budgets/6
1415402771	Buck, Chuck	1480	Caseload 2	4/1/2014	3/31/2015	https://client-bit-staging.annkissamprojects.com/budgets/7
614567136	Brad, Guy	2497	Caseload 2	4/1/2014	3/31/2015	https://client-bit-staging.annkissamprojects.com/budgets/8
104346295	Burnson, Markson	2430	Caseload 2	2/5/2014	2/4/2015	https://client-bit-staging.annkissamprojects.com/budgets/9
616019386	Bugle, Mary	2509	Caseload 2	4/1/2014	3/31/2015	https://client-bit-staging.annkissamprojects.com/budgets/10
612932159	Burt, Kurt	2390	Caseload 2	1/13/2014	1/12/2015	https://client-bit-staging.annkissamprojects.com/budgets/11
613961275	Circle, Square	1778	Caseload 2	6/16/2014	6/15/2015	https://client-bit-staging.annkissamprojects.com/budgets/12
614465948	Cleese, Richard	852	Caseload 2	2/1/2014	1/31/2015	https://client-bit-staging.annkissamprojects.com/budgets/13
615485507	Cortez, America	2433	Caseload 2	2/18/2014	2/17/2015	https://client-bit-staging.annkissamprojects.com/budgets/14

Communications Module

As described in the RFP, this module is designed to hold all communication related to service delivery. It is also an incredible database that can trend and track information like complaints. The reports generated from the system are utilized in the internal quality assurance activities Outreach utilizes. Some sample reports are below:

Complaints Report **55**
Productivity Report **57**

Complaints Report

The Complaints report lists the number of issues with a category of Complaint for all users in the Communications module. You may generate the Report for a specific date range, or leave the start and end date blank to return all matching issues.

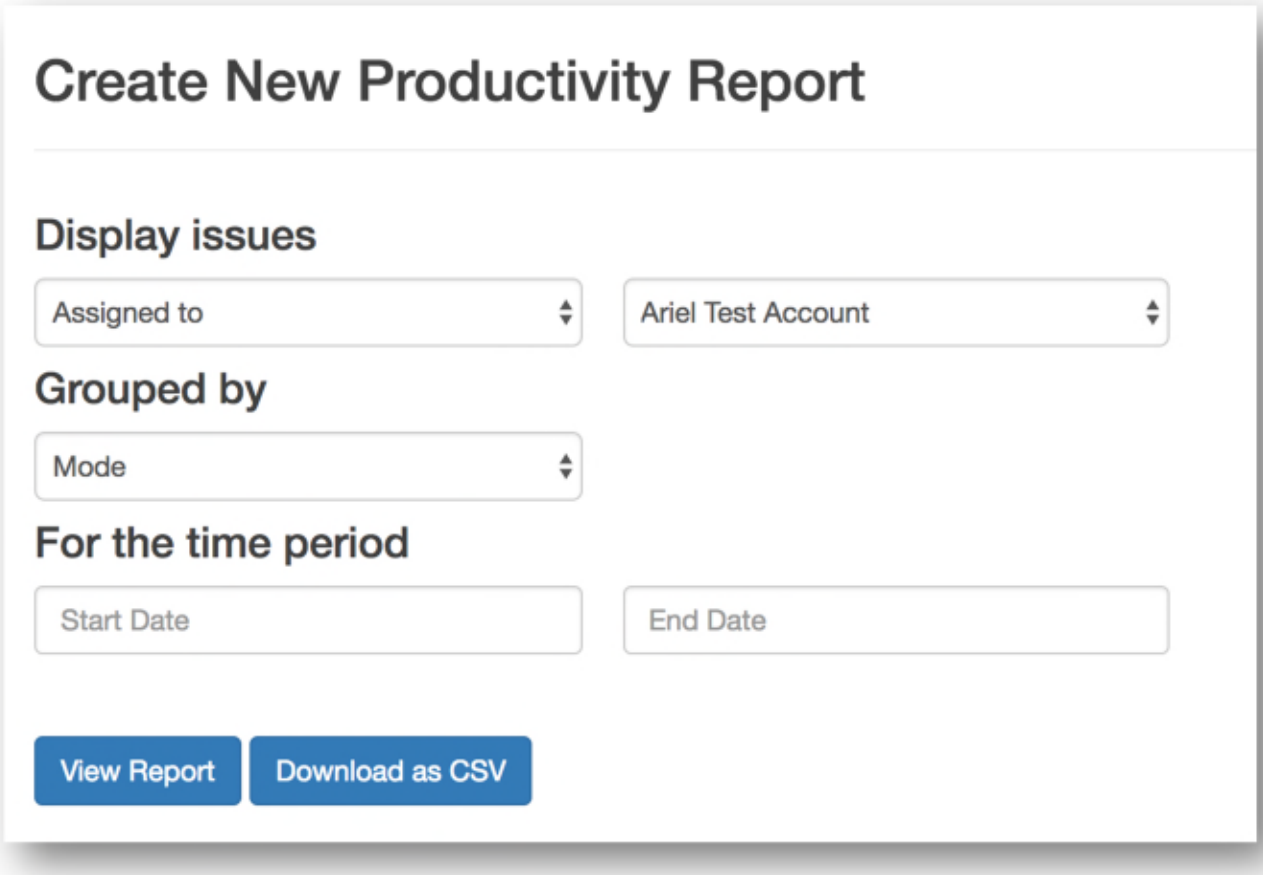
Sample Complaints Report:

Showing Complaints Report 24 complaints from 12/15/2014 to 07/25/2017

Created	Creator	Assignee	Complaint Type	Status	Priority	Issue Link
12/15/2014 11:07 AM	Ariel Nathanson		PCA Complaints: Payment	Open	Normal	Issue 41
05/04/2015 01:16 PM			Fax Issues	Closed	Normal	Issue 86
06/03/2015 03:48 PM		Ariel Test Account	PCA Complaints: Consumers / Work Related	Closed	Normal	Issue 87
12/30/2015 11:04 AM	Mollie Grotpeter	Customer Service	Paycheck Not Received	Closed	Normal	Issue 122
03/16/2016 02:20 PM	James Ngeiyamu	Ariel Test Account	Customer Service Complaints	Open		Issue 127
04/13/2016 08:56 AM	Danica Belber	Payroll	Checks: Received Late	Open	Normal	Issue 130
05/13/2016 01:53 PM	Ariel Nathanson		Checks: Not Stuffed on Payroll Envelope	Closed		Issue 131
05/13/2016 01:54 PM	Ariel Nathanson		Checks: Not Stuffed on Payroll Envelope	Closed		Issue 132
05/31/2016 03:09 PM	Zoe Carlberg		Checks: Not Stuffed on Payroll Envelope	Closed		Issue 134
05/31/2016 03:11 PM	Zoe Carlberg	Ariel Test Account	Checks: Not Stuffed on Payroll Envelope	Closed	Normal	Issue 135
08/12/2016 11:09 AM	Ariel Nathanson	Payroll	Checks: Received Late	Open	Normal	Issue 144
08/12/2016 11:16 AM	Ariel Nathanson		Checks: Not Stuffed on Payroll Envelope	Closed		Issue 146
08/12/2016 11:18 AM	Ariel Nathanson		Checks: Not Stuffed on Payroll Envelope	Closed		Issue 147
09/14/2016 02:34 PM	Stephanie Lambrenos	Tammy Tester		Open	High	Issue 153

Productivity Report

The Productivity Report shows issues for a specific User grouped by Category, Mode, or Priority. You may generate the Report for a specific date range, or leave the start and end date blank to return all matching issues. Counts are grouped by week and weeks start on the closest Sunday to your specified start date.

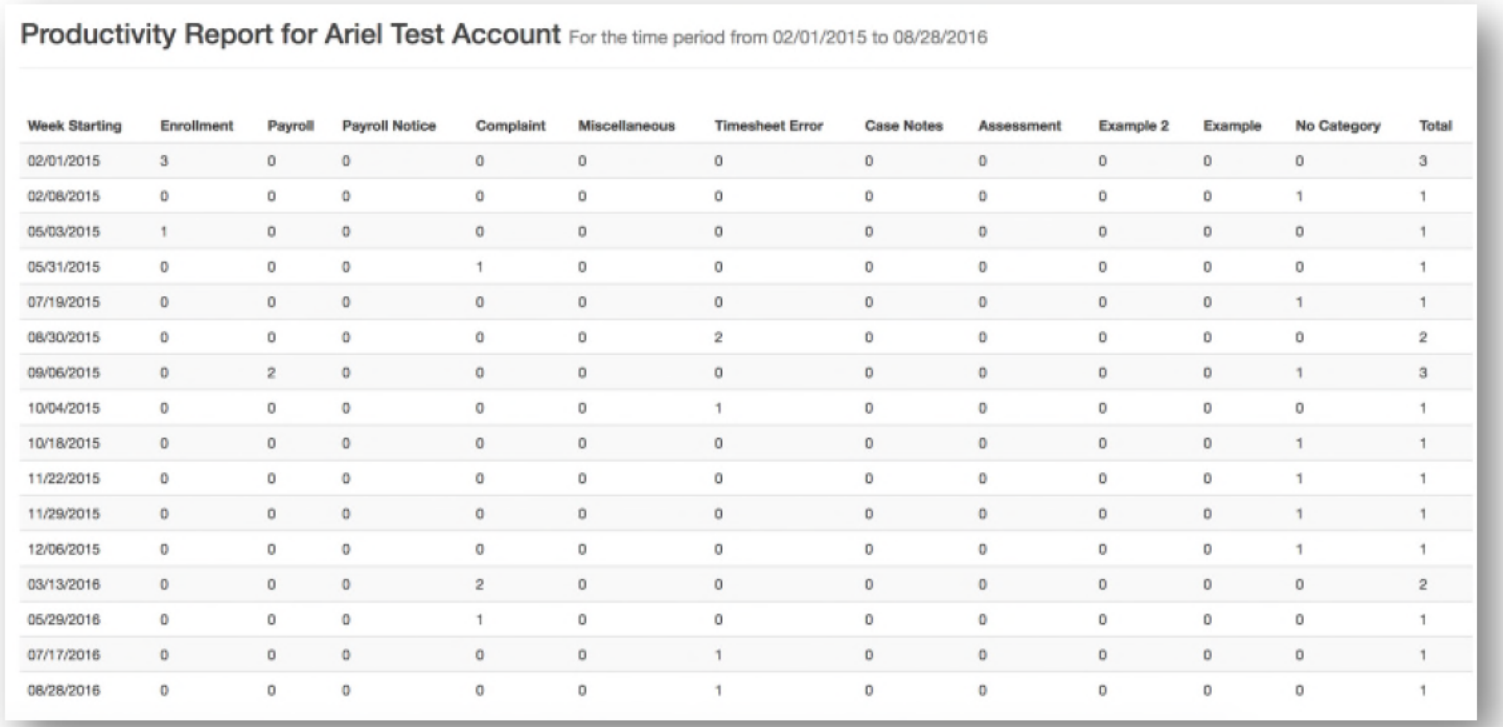


Sample Productivity Report Based on Mode of Communication:

Productivity Report for Ariel Test Account For the time period from 02/01/2015 to 08/28/2016

Week Starting	Incoming Call	Outgoing Call	Voice Mail	Email	Letter	Walk In	Other	Fax	In-Person (Not at Home)	In-Home	No Mode	Total
02/01/2015	2	0	1	0	0	0	0	0	0	0	0	3
02/08/2015	0	0	0	0	0	0	0	0	0	0	1	1
05/03/2015	0	0	0	0	0	0	0	0	0	0	1	1
05/31/2015	1	0	0	0	0	0	0	0	0	0	0	1
07/19/2015	0	0	0	0	0	0	0	0	0	0	1	1
08/30/2015	0	0	0	0	0	0	0	0	0	0	2	2
09/06/2015	2	0	0	0	0	0	0	0	0	0	1	3
10/04/2015	0	0	0	0	0	0	0	0	0	0	1	1
10/18/2015	0	1	0	0	0	0	0	0	0	0	0	1
11/22/2015	0	0	0	0	0	0	0	0	0	0	1	1
11/29/2015	0	0	0	0	0	0	0	0	0	0	1	1
12/06/2015	0	0	0	0	0	0	0	0	0	0	1	1
03/13/2016	2	0	0	0	0	0	0	0	0	0	0	2
05/29/2016	1	0	0	0	0	0	0	0	0	0	0	1
07/17/2016	0	0	0	0	0	0	0	0	0	0	1	1
08/28/2016	0	0	0	0	0	0	0	0	0	0	1	1

Sample Productivity Report Based on Report Category:



Productivity Report for Ariel Test Account For the time period from 02/01/2015 to 08/28/2016

Week Starting	Enrollment	Payroll	Payroll Notice	Complaint	Miscellaneous	Timesheet Error	Case Notes	Assessment	Example 2	Example	No Category	Total
02/01/2015	3	0	0	0	0	0	0	0	0	0	0	3
02/08/2015	0	0	0	0	0	0	0	0	0	0	1	1
05/03/2015	1	0	0	0	0	0	0	0	0	0	0	1
05/31/2015	0	0	0	1	0	0	0	0	0	0	0	1
07/19/2015	0	0	0	0	0	0	0	0	0	0	1	1
08/30/2015	0	0	0	0	0	2	0	0	0	0	0	2
09/06/2015	0	2	0	0	0	0	0	0	0	0	1	3
10/04/2015	0	0	0	0	0	1	0	0	0	0	0	1
10/18/2015	0	0	0	0	0	0	0	0	0	0	1	1
11/22/2015	0	0	0	0	0	0	0	0	0	0	1	1
11/29/2015	0	0	0	0	0	0	0	0	0	0	1	1
12/06/2015	0	0	0	0	0	0	0	0	0	0	1	1
03/13/2016	0	0	0	2	0	0	0	0	0	0	0	2
05/29/2016	0	0	0	1	0	0	0	0	0	0	0	1
07/17/2016	0	0	0	0	0	1	0	0	0	0	0	1
08/28/2016	0	0	0	0	0	1	0	0	0	0	0	1

Sample Productivity Report Based on Priority Level Assignment:

Productivity Report for Ariel Test Account For the time period from 02/01/2015 to 08/28/2016

Week Starting	Critical	High	Normal	Low	Trivial	No Priority	Total
02/01/2015	0	0	3	0	0	0	3
02/08/2015	0	0	0	0	0	1	1
05/03/2015	0	0	1	0	0	0	1
05/31/2015	0	0	1	0	0	0	1
07/19/2015	0	0	0	0	0	1	1
08/30/2015	0	0	2	0	0	0	2
09/06/2015	0	0	1	0	0	2	3
10/04/2015	0	0	1	0	0	0	1
10/18/2015	0	0	0	0	0	1	1
11/22/2015	0	0	0	0	0	1	1
11/29/2015	0	0	0	0	0	1	1
12/06/2015	0	0	0	0	0	1	1
03/13/2016	0	1	0	0	0	1	2
05/29/2016	0	0	1	0	0	0	1
07/17/2016	0	0	1	0	0	0	1
08/28/2016	0	0	1	0	0	0	1

CERTIFICATE OF COMPLIANCE

For a bid to be considered valid, this form must be completed in its entirety, executed by a duly authorized representative of the bidder, and submitted as part of the response to the proposal.

A. **NON COLLUSION:** Bidder hereby certifies that the prices quoted have been arrived at without collusion and that no prior information concerning these prices has been received from or given to a competitive company. If there is sufficient evidence to warrant investigation of the bid/contract process by the Office of the Attorney General, bidder understands that this paragraph might be used as a basis for litigation.

B. **CONTRACT TERMS:** Bidder hereby acknowledges that is has read, understands and agrees to the terms of this RFP, including Attachment C: Standard State Contract Provisions, and any other contract attachments included with this RFP.

C. **FORM OF PAYMENT:** Does Bidder accept the Visa Purchasing Card as a form of payment?

XX Yes ____ No

D. **WORKER CLASSIFICATION COMPLIANCE REQUIREMENT:** In accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), the following provisions and requirements apply to Bidder when the amount of its bid exceeds $250,000.00.

Self-Reporting. Bidder hereby self-reports the following information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers, that occurred in the previous 12 months.

Summary of Detailed Information	Date of Notification	Outcome
NA		

Subcontractor Reporting. Bidder hereby acknowledges and agrees that if it is a successful bidder, prior to execution of any contract resulting from this RFP, Bidder will provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), and Bidder will provide any update of such list to the State as additional subcontractors are hired. Bidder further acknowledges and agrees that the failure to submit subcontractor reporting in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54) will constitute non-compliance and may result in cancellation of contract and/or restriction from bidding on future state contracts.

E. **Executive Order 05 – 16: Climate Change Considerations in State Procurements Certification**

Bidder certifies to the following (Bidder may attach any desired explanation or substantiation. Please also note that Bidder may be asked to provide documentation for any applicable claims):

1. Bidder owns, leases or utilizes, for business purposes, space that has received:
   - ❑ Energy Star® Certification
   - ❑ LEED®, Green Globes®, or Living Buildings Challenge℠ Certification
   - ❑ Other internationally recognized building certification:

_____

2. Bidder has received incentives or rebates from an Energy Efficiency Utility or Energy Efficiency Program in the last five years for energy efficient improvements made at bidder's place of business. Please explain:

_____

3. Please Check all that apply:
   - ❑ Bidder can claim on-site renewable power or anaerobic-digester power ("cow-power"). Or bidder consumes renewable electricity through voluntary purchase or offset, provided no such claimed power can be double-claimed by another party.
   - ❑ Bidder uses renewable biomass or bio-fuel for the purposes of thermal (heat) energy at its place of business.
   - ❑ Bidder's heating system has modern, high-efficiency units (boilers, furnaces, stoves, etc.), having reduced emissions of particulate matter and other air pollutants.
   - ❑ Bidder tracks its energy consumption and harmful greenhouse gas emissions. What tool is used to do this? _____
   - ❑ Bidder promotes the use of plug-in electric vehicles by providing electric vehicle charging, electric fleet vehicles, preferred parking, designated parking, purchase or lease incentives, etc..
   - ❑ Bidder offers employees an option for a fossil fuel divestment retirement account.
   - ❑ Bidder offers products or services that reduce waste, conserve water, or promote energy efficiency and conservation. Please explain:

Outreach Health Services contracts for its energy with NextEra Energy Resources, the largest generator of renewable energy from the wind and sun in North America. With 85 wind facilities in the United States and Canada, NextEra Energy Resources produces enough power for more than two million average homes. They also co-own and operate the largest solar field in the world in California's Mojave Desert.

4. Please list any additional practices that promote clean energy and take action to address climate change:

Outreach has mandatory recycling throughout the company and has multiple shredding contracts. The company has a commitment to using less paper and the most recent initiative has resulted in an 18% decrease in paper consumption.

_____

F. Acknowledge receipt of the following Addenda:

Addendum No.:_____ Dated:_____

Addendum No.:_____ Dated:_____

Addendum No.:_____ Dated:_____

Bidder Name: Outreach Health Services, Inc. Contact Name: Heidi Davis

Address: 269 W Renner Parkway Fax Number: 866-703-1130

Richardson, TX 75080 Telephone: 972-467-1441

E-Mail: Heidi.davis@outreachhealth.com

By: /s/ Heidi Davis Name: Heidi Davis
Signature of Bidder (or Representative) (Type or Print)

END OF CERTIFICATE OF COMPLIANCERFP/PROJECT:

Outreach Health Services, Inc

Cost

Outreach has calculated a realistic, market-competitive, affordable and cost-effective cost structure for the FE/A services as listen in the RFP and outlined in section 2:

A. Working with Employers and Employees
B. Authorization and Program Limitations
C. Billing Agent for Family Directed Hi-Tech Nurses
D. Patient Share
E. Payroll Reports
F. Unique Identifier
G. Qualifying as the Fiscal Agent
H. Withholding and Judgements
I. Garnishments
J. Background Checks
K. Accepting timesheets
L. Processing Timesheets
M. Payment to Employees
N. Tax Relates Services
O. Providing Information
P. Claims and Reimbursements
Q. Cash Flow
R. Employer and Employee Enrollment
S. Unemployment and Workers' Compensation
T. Training and Communication
U. Vermont Presence
V. Other Duties

The per participant per month fee Outreach calculated is $**68.00**, to be paid preferably 15 days after receipt.

Should additional work be requested by the State, Outreach will utilize standard wage and business practices to determine costs, with direct input from the state. An hourly rate or project fee rate will be agreed upon before commencement of any additional work.

With EVV, cost of business could increase. However, without certainty of EVV implementation, Outreach has elected not to factor that cost in at this time.

Outreach brings over forty (40) years' experience contracting with various States under per participant per month fees and operating budgets. Letters of Reference are attached to this proposal.

As stated above, Outreach Health Services will bill the State of Vermont on a per participant per month basis and requests that any invoice submitted be paid on a timely basis, preferably 15 days after receipt.

Outreach Health Services, Inc

Enclosures

Enclosures submitted in this proposal:

1) ACORD Insurance Coverages
2) Employee Resource Guide
3) Medicaid Fraud Handout
4) Abuse Neglect Handout
5) Participant Agreement

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/16/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MHBT Inc. 301 Congress, Suite 1000 Austin TX 78701	CONTACT NAME: Lonnie Long PHONE (A/C, No, Ext): 512-226-7951 FAX (A/C, No): 512-225-8851 E-MAIL ADDRESS: lonnie_long@mhbt.com
INSURED Outreach Health Care, Inc. 269 W. Renner Parkway Richardson TX 75080	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Columbia Casualty Company — 31127 INSURER B: National Fire Insurance Co of Hartf — 20478 INSURER C: INSURER D: INSURER E: INSURER F:

OUTREHEA

COVERAGES **CERTIFICATE NUMBER:** 229228800 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	10/30/2016	10/30/2017	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	X 25,000						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE L MIT APPL ES PER:						PERSONAL & ADV INJURY	$1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$3,000,000
								$
B	AUTOMOBILE LIABILITY			[redacted]	10/30/2016	10/30/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	X ALL OWNED AUTOS; SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS; NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB OCCUR			[redacted]	10/30/2016	10/30/2017	EACH OCCURRENCE	$1,000,000
	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$1,000,000
	DED X RETENTION $0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACC DENT	$
	If yes, describe under DESCR PTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability incl. Abuse/Molestation			[redacted]	10/30/2016	10/30/2017	Each Claim Aggregate Limit Deductible	$1,000,000 $3,000,000 $25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured Person or Organization:

Outreach Health Care, Inc. (Parent Corporation)
Outreach Health – General Partner, Inc.
Outreach Health – Limited Partner, LLC
Outreach Health Real Estate Holdings – Richardson, LLC
See Attached...

CERTIFICATE HOLDER

For Information Purposes Only
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. TX .

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

OUTREACH
HEALTH SERVICES
Caring Since 1975

Outreach Employer Resource Guide

WELCOME!

Welcome to IRIS and Outreach Health Services (Outreach). We are glad you have chosen us to be your Fiscal Employer Agent (FEA)! Outreach firmly believes in self-directed services because it allows people to have more control and choice over the services they receive, when they are provided and who provides the services. By self-directing your services, you have opportunity to live the life you want to live.

The purpose of this Handbook is to help participants and their participant hired worker (PHW)s understand their roles and responsibilities in IRIS, Outreach's policies and procedures and state and Federal rules and regulations for being and employer.

This Guide is meant to be a resource for you. If it does not answer your questions, please call Outreach toll free 877-901-5826 for additional assistance.

WHAT ARE SELF-DIRECTED SERVICES

Self-Direction got its start in the 1970s when people moved out of institutions and back into community. It is founded on the belief that the person needing support and services know what they need better than anyone else to stay at home and in their community. It also includes self-determination which respects the right of people with disability and the elderly to live the life they want to live. Self-directed services give the participant (person receiving services) choice, control and independence. With freedom comes more responsibility, however. With self-direction the participant can elect to exercise employer authority. With employer authority the participant:

- Is the employer
- Recruits, interviews and hires participant hired worker (PHW)s
- Trains the PHW to his or her care needs
- Schedules the PHW
- Decides what approved tasks the PHW will do and when the participant wants them done
- Manages the PHW day to day
- Terminates the PHW if they are not doing a good job
- Submits invoices for reimbursement for goods and services

INVOLVED PARTIES

In IRIS, the person who self-directs his or her care is called the **participant employer**. A participant is a "person receiving services" and can be the employer of record. If a **Legal Guardian** is involved, the legal guardian is the employer of record. A participant can choose a **Personal Representative** to assist him/her with employer tasks. A **PHW** works for the participant or legal guardian, **NOT** Outreach.

The IRIS **Consultant** determines the participant's ongoing eligibility for services, and helps determine the participant's service needs and designs a Plan of Care with the participant that lists needed goods and services. The Consultant is also available to provide ongoing support to the participant and revises the Plan of Care if there is a change in services.

Outreach is a Fiscal Employer Agent (FEA) with IRIS. Outreach sets up the participant as an employer, process payroll for the participant's PHWs, provides reports to monitor service delivery and provides ongoing support with employer tasks. Tasks Outreach performs include:

- Processes PHW paperwork
- Determines PHW eligibility including processing background checks
- Collects and process time sheets
- Pays PHWs for time worked and process taxes
- Pays for goods and services provided if approved in the Plan of Care
- Provides workers' compensation and insurance
- Produces monthly spending summaries and spending detail reports to track use of hours
- Collects and tracks monthly Medicaid cost share payments for those with a cost share

Other duties for each party are discussed throughout the Guide. It is important to remember that the participant does not have to manage his/her services alone. The participant has lots of support including the representative, PHW, IRIS Consultant and the FEA.

PARTICIPANT/EMPLOYER RESPONSIBILITIES

Because the participant or legal guardian is an employer all state and Federal employment laws, rules and regulations must be followed. They are listed below.

Alcohol and Drug Free Workplace

A PHW using or having alcohol or any illegal drug, in any amount, while working, is NOT allowed. Being under the influence of alcohol and drugs while working risks the safety of the participant and PHW. Violating this policy can result in termination for a PHW.

PHW Rights

PHW Rights in the Workplace

All PHWs have basic rights in the workplace. These include the right to privacy, fair compensation, and freedom from discrimination. A job applicant also has certain rights

even prior to being hired as a PHW. Those rights include the right to be free from discrimination based on age, gender, race, national origin, religion or sexual orientation during the hiring process. For example, a prospective employer cannot ask a job applicant if they are married during the hiring process.

In most states, PHWs have a right to privacy in the workplace. This right to privacy applies to the PHW's personal possessions, including handbags, backpacks or briefcases.

Other important PHW rights include:

- Right to be free from discrimination and harassment of all types;
- Right to a safe workplace free of dangerous conditions, toxic substances, and other potential safety hazards;
- Right to be free from retaliation for filing a claim or complaint against an employer (these are sometimes called "whistleblower" rights);
- Right to fair wages for work performed.

Treating PHWs Consistently and Fairly

As an employer, it is important to treat PHWs fairly and consistently. By doing so, PHWs are happier and they will continue to work for you. If a PHW believes you are favoring another PHW and treating them differently it may lead to hard feelings.

As an employer, your IRIS budget pays unemployment benefits and taxes for your PHW(s) to the state and federal government. A PHW can file an unemployment claim if they believe they lost their job unfairly. If the PHW's claim is founded, the PHW will receive unemployment payments.

Fair treatment consists of:

1. Spend time getting to know each PHW and establishing a relationship with each. Everyone is different and you will learn each of their strengths.
2. Establish clear policies for lateness, attendance and other work place issues. If someone is late to work more than one time what is your response? Your response should be consistent with each PHW.
3. Give your PHWs regular feedback about the work they do both verbally and in writing. Giving feedback helps the PHW know they are doing what you want them to do and will help them improve. If you have given verbal feedback to a~~n~~ PHW about what you expect from them and the behavior continues, you may want to put your expectation in writing. If you need to dismiss them from employment at a later date you would have documentation to use if the PHW files for unemployment.
4. Make sure staff know that PHW pay and tasks you assign to a PHW are based on experience and expertise not because you like one PHW more than the other.

5. Always compliment PHWs for good work. Expressing your appreciation for what PHWs do makes for happier PHWs!
6. Listen to PHW who tells you that they feel like you are favoring another PHW. You may learn how to be a better employer!

Work Place Harassment

As an employer, you have a responsibility to keep the work place free of harassment.

Harassment goes against the basic standards of conduct between individuals and is prohibited by Title VII of the Civil Rights of 1964, the Equal Opportunity Commission and State regulations. The technical definitions are below:

Harassment– any verbal, physical or visual conduct or action that belittles or shows hostility or dislike towards any individual because of race, color, religion, gender, national origin, age, disability, physical features, creed, marital status, sexual orientation or status with regard to public assistance and which has the purpose or effect of creating an intimidating, hostile or offensive workplace, interferes with an individual's work performance or otherwise negatively affects an individual's employment opportunities.

Sexual Harassment– unwelcome sexual advances, requests for sexual favors and/or all other verbal, physical or visual conduct of a sexual or otherwise objectionable nature where submission is made explicitly or implicitly a term or condition of obtaining or continuing employment, or is used as the basis for making employment decisions, or has the purpose or effect of unreasonably interfering with the individual's work performance, or creates an intimidating, hostile or offensive work environment. Sexual Harassment includes third-party situations in which an individual is offended by the sexual interaction, conduct or communication between others.

PHW's responsibilities

A PHW may, at any time, file a complaint if he or she believes harassment has occurred with either the State of Wisconsin, U.S. DHHS Office for Civil Rights, Equal Rights Division or the United States Equal Employment Opportunity Commission. Retaliation or intimidation directed towards the PHW by the employer once a complaint is made will not be tolerated and can result in penalties.

Work Place Safety

The participant and PHW are responsible for:

- Maintaining a safe and healthy work environment.
- Following all federal, state, and local health and safety laws and requirements.
- Reading the PHW training materials provided by their employer.

Both the participant and PHW should:

- Always follow correct practices and procedures so that injury, illness and damage to property is avoided. Please report any unsafe conditions immediately to the Consultant, Adult Protective Services or the authorities, if appropriate.

Medicaid Fraud

The money that pays for services the participant receives comes from the state and federal government and is Medicaid funding. Intentional abuse of Medicaid funds is against the law. If a participant or PHW is suspected of Medicaid fraud, it must immediately be reported to the State Office of Inspector General and Outreach must be informed.

Examples of participant (employer) or PHW fraud and abuse of Medicaid funds are:

- Recording and billing for tasks or procedures and time worked when they were not done
- Writing down more time than was actually worked on a time sheet
- Accepting pay for time that was not worked
- Changing another person's time sheet or paperwork
- Forging an PHW's or participant's signature on a time sheet or paperwork
- Performing tasks that are not approved on the Plan of Care and recording the time on a time sheet
- Suggesting or helping a participant get services or supplies that are not required for the person's disability
- "Padding" time sheets…such as showing up late or leaving early and writing down more time than actually worked, or taking a break and not subtracting break time when the time is recorded

If you realize you have made a mistake on a time sheet, call Outreach right away. Outreach staff might be able to fix the error before they pay for the services. If not, they can fix the billing and note that a correction was made. A mistake is not fraud if it is reported right away.

If you think a participant, PHW or Outreach is doing something that is fraudulent, PLEASE contact: □□□d□s□isconsin□ov□oi□inde□□tm and Outreach or your IRIS Consultant.

Abuse, Neglect and Exploitation

Abuse, neglect, and exploitation are difficult issues to talk about, but they are very important to discuss. Most PHWs provide excellent care. However, some PHWs take advantage of the participants for whom they work and who are in need of their help. Sometimes even a family members may not treat the participant well. If a PHW has a concern about the safety of a participant, the PHW, should report the concern as well.

The law protects “vulnerable adults” and children from abuse, neglect and exploitation. A “vulnerable adult” is defined to be an elderly person or person with developmental disabilities. The different types of abuse are:

Physical Abuse includes hitting, slapping, pinching, kicking and other forms of aggressive behavior. If a PHW does something that causes physical pain, it may be physical abuse. For example, a participant spills his milk while eating. The PHW slaps him.

Verbal Abuse means any time a PHW uses spoken or written words or gestures that are meant to insult, attack or make the participant feel bad. For example: you forget to take your pills and your PHW says, “You are so stupid.”

Psychological Abuse happens if a PHW uses actions or makes statements that are meant to humiliate, threaten or cause emotional harm. For example, your PHW continually tells you, “You are worthless. You do not deserve me being nice to you.”

Sexual Abuse includes any unwanted sexual annoyance, touching, fondling or attack. If a participant feels uneasy about a sexual advancement it may be sexual abuse. For example, a PHW fondles a participant’s breasts when changing her clothes.

Neglect means a PHW is not meeting the participant’s basic needs for food, hygiene, clothing or health maintenance. Neglect includes repeated acts of carelessness. For example, a participant is authorized to receive a bath three times a week and the caregiver has not given her one in two weeks.

Exploitation happens when the PHW lies or scares a participant in order to take or use property or money for him or herself. Examples are a caregiver telling a participant that they are taking his car to the shop and driving it around town for a few weeks, or convincing a participant to add a PHW to her bank account.

If you feel like an PHW is not treating you well or taking advantage of you, you should talk to them right away. This may keep the behavior from worsening.

- The participant should tell the PHW the actions and behaviors he or she does not like.
- Tell the PHW if the behavior does not stop right away her employment will be terminated

DO NOT put up with mistreatment. Protect yourself. Safety is the priority. If you feel you are being mistreated, call your IRIS Consultant or Outreach right away. If you feel threatened and may be harmed, call 911.

There are some things the participant can do to protect him or herself:

1. Check References for PHWs - even if the person seems nice! Three (3) references are recommended.

2. Let applicants know there is a background check - an abuser may change his/her mind with applying when they know this occurs.
3. Let the PHW know from the start that abusive or unsafe behavior will not be tolerated. If such behavior occurs, the police WILL be called.
4. Make sure PHW(s) know you are supported by family and a number of friends.
5. Solve problems early. Do not let emotions build.
6. Do not minimize PHW behavior that you do not like or is uncomfortable.
7. Tell other people if you are feeling unsafe or threatened.
8. Do not think the situation will just go away. Deal with it right away.

How to Recognize Potential Abuse

- Does the PHW ignore instructions and requests?
- Does the PHW make mistakes and then blame other people?
- Does the PHW ask personal questions and try to get information unrelated to care, such as your financial situation?
- Does the PHW eat the participant's food without asking?
- Does the PHW make unwanted and critical comments about the participant's appearance, weight, clothing, speech, eating habits, etc.?
- Is there less money than expected in the participant's wallet, purse or account?
- Are there unfamiliar charges in the participant's checking or credit card account?
- Does the PHW attempt to control the participant's choices, such as what to wear or eat?

If the answer to any of these questions is "yes", there may be potential for abuse.

All persons involved in the life of the participant should be watchful of suspected abuse, neglect, exploitation, or self-neglect. If the participant tells of an incident of abuse or has concerns, Outreach expects that the PHW will report it.

The following acts should be reported to the appropriate authorities immediately:

- Threatening or causing harm to a participant or a member of the participant's household with physical, sexual, mental abuse or coercion
- Exploiting a participant for financial gain or continuing to allow an PHW to work who has exploited a participant for financial gain
- Theft of medication, money, property, supplies or equipment
- Failing to report a theft, as described in this section
- Allowing a PHW who is under the influence of alcohol or drugs to work with a participant.
- Working with a participant who is under the influence of alcohol or drugs and the PHW is unable to complete the job without jeopardizing participant safety.
- Violating, or knowingly allowing an PHW to violate state or federal laws regulating prescription drugs and controlled substances, including forging prescriptions and unlawfully distributing prescriptions
- Performing, or allowing an PHW to perform tasks beyond that PHW's professional training

- Violating the disclosure of information provisions of the Health Insurance Portability and Accountability Act of 1996
- Discriminating, or allowing an PHW to discriminate, on the basis of race, religion, color, national origin, ancestry, or sexual orientation in the provision of care to a participant

PLEASE REPORT Abuse, neglect and exploitation to the appropriate authority (police or 911), the Department of Social Services in county in which I live. If you need additional help call the □□□□d□s□□isconsin□□ov□oi□□inde□□□tm**, and your IRIS Consultant or Outreach.**

Documents and Record-Keeping (online time entry/time sheets)

Participants and PHWs maintain weekly online time cards (or paper time sheet) for each participant receiving IRIS services. Online time cards and paper time sheets are **legal** documents that track actual hours worked. They must contain:

□Name of the participant and PHW
□Days of the week and dates that services were provided
□Time in and time out (start and stop times)
□Service code from Individual Plan of Care
□Legal signature from participant and PHW (paper time sheet only)
□Total hours worked

Outreach will issue payment to the PHW on behalf of the participant biweekly (every two weeks) following submission of accurate online time entries (or paper time sheet). Time cards must be received by midnight on the payroll due date listed on the payroll schedule. Submittal of work-time records after this deadline may result in a delay in payment, in which case payment may be issued the following week on a non-scheduled pay date or the next pay period, based on the circumstance.

Submitting time online is the **best** method of time entry. It is more efficient and accurate. Relying on faxing or the mail to submit time sheets may sometimes result in payment delays if not received on time.

PHWs can make corrections to online time cards any time prior to the entry being reviewed and the correction can be approved by the participant. For paper time sheets, corrections can be made by drawing a single line through the error, entering the correct information nearby, and having both the PHW and the participant initial the change.

Incorrect or incomplete submission of online time cards/paper time sheets will need to be resubmitted with corrections, which may result in delay of pay.

If you have any questions at all about time entry, please call the office. We want to make sure your PHWs are paid right and on time!

Working Hours and Payroll

It is important that PHWs work only hours as scheduled by the participant. It is important for employers to let their employee(s) know that hours are not always guaranteed because a participant's health condition could change causing them to change their caregivers. The participant determines tasks that the PHW will do and the hours of care are listed on the participant's current Individual Plan of Care.

Outreach pays the employer and PHW taxes and submits them to the state and federal government. All employers are responsible for paying both federal and state taxes and unemployment. In addition, Outreach calculates and deposit the PHW's taxes as required by law. If the employee is related to the employer, they may not have to pay certain taxes. Remember that the PHW can change the amount of taxes they pay by completing a new W-4 at any time.

Outreach issues pay on behalf of the participant through direct deposit to the PHW's bank account or by pay card every other Friday, according to the IRIS Payroll Schedule. Paper checks may be issued but are discouraged because of unreliability of mail. Paystubs, which summarize the PHWs pay are sent to the PHW's address on file.

W2's issued to all PHWs by the Federal date (often January 31) for the previous year. The date the W2 will be published on the Outreach website because it changes year to year.

Workers Compensation Insurance

Outreach provides Workers Compensation Insurance coverage to participant/employers PHWs as required by Wisconsin law. This means that a PHWs medical costs are paid for if the injury occurred while the PHW was working. The PHW may also be paid for work time if unable to work because of the injury.

If the PHW is injured while working, he or she must report the accident to the employer immediately. The PHW must also call the Employee Injury Line 1-877-901-5824 and report the injury right away. If the PHW waits too long to report the injury, he or she may not be covered by worker's compensation insurance. It is important to report all injuries, no matter how small. A small injury that typically does not need medical attention might get worse so it is always good to report.

An employee should also report injuries that occur outside of work by call the Employee Injury Line 1-877-901-5824. Precautions might need to be taken on the job to keep the injury from getting worse or putting the participant at risk.

Outreach provides the employer with safety materials for their PHWs to promote a safe work environment and prevent injury. It is the employer's responsibility to review these materials with the employee.

Reporting an Injury

Please follow these steps if an injury in the work place occurs:

1. Get medical attention, if needed.
    - If the injury is serious and life-threatening, call 911.
    - If the injury needs medical treatment, (but is not life-threatening), the PHW should go to Urgent Care clinic or doctor's office. If the PHW cannot get to Urgent Care or a doctor's office, he or she should go to the emergency room.
2. Tell the employer about the injury.
3. Call Outreach Health Services 1-877-901-5824 to report the injury. If the PHW cannot call, the employer can call for him or her.
4. If the PHW is seeking medical care, he or she will be asked to submit a drug test. This is routine.

Work Place Safety

Both the participant/employer and the employee are responsible for maintaining a safe work environment. This is done by:

- Following all federal, state and local health and safety laws and requirements.
- Reading and understanding the Employee Safety Handout given to the participant/employer when beginning with IRIS
- Report any unsafe living conditions to the IRIS Consultant and to others in the county in which the participant lives immediately.

Overtime Pay

The PHW is eligible for overtime pay if the worker works more than 40 hours in a work week. A PHW is exempt from overtime if they meet federal qualifications for an exemption. Your Consultant will discuss this with you. Paying an overtime rate will use up your budget faster than not paying overtime.

For example:

You pay your PHW $10.00 an hour. If the PHW works 45 hours in a week you pay $15 an hour for five hours.

If the overtime is anticipated, you must have your IRIS consultant update your plan so the overtime amount can be paid. If time sheets are submitted with overtime hours and the hours are not authorized up front, the participant/employer may be considered to be mismanaging his/her IRIS budget. Budget mismanagement is a reason a person may be discharged from the IRIS program. When overtime is worked and it could not be anticipated, call your IRIS consultant as soon as you know the overtime is worked to adjust the budget.

Having more than one worker helps prevent overtime pay and is encouraged.

Paying for Goods and Services

Outreach will pay providers or the participant employer or designee for goods and services if they are listed on the approved Plan of Care. The following steps must be followed for reimbursement:

Reimbursement for Goods

Reimbursing a participant or PHW should generally be avoided as it is preferable to issue payment directly to the provider of the service or good.

When a reimbursement to a participant or PHW must occur:
1. The participant employer must complete a Reimbursement Form, attach a receipt and submit to Outreach.
2. Outreach will reimburse the participant employer or PHW, if an approved expense on the Care Plan.
3. The reimbursement will be reflected on the next Monthly Spending Summary.
4. The participant employer or PHW is reimbursed according to the Vendor Payment calendar

Payment for Services

1. A Vendor Packet must be completed by the provider and the participant and the materials must be submitted to Outreach.
2. The Participant or Vendor must submit an invoice to Outreach containing the necessary information for payment.
3. Outreach will pay the vendor directly if the service is approved on the Care Plan.
4. Payment will be reflected on the Monthly Spending Summary.
5. Vendors are paid according to the Vendor Payment Calendar.

Confidentiality and Disclosure

PHWs must keep **all** information concerning the participant's medical care and the services received confidential. This is true even if the PHW is a family member! It is a violation of HIPPA (Health Information Privacy and Portability Act) to reveal any protected health information (PHI) about the participant to anyone without the participant's permission. Exceptions to confidentiality are made when reporting concerns of abuse, neglect or exploitation as required. This includes the following situations:

- If an PHW is worried that a participant has threatened, or poses a threat to, the physical safety of another person, and it seems like the threat may be carried out
- The PHW believes the participant is at risk of immediate harm
- The PHW believes the participant is being abused, neglected or exploited

If a participant/employer has concerns that their PHW has breached confidentiality, call your IRIS consultant or Outreach to discuss. Terminating a PHW for this violation is warranted.

Notifications to Outreach

The participant must let Outreach know within one (1) business day of the following:

- Changes in an PHW's status
- If the participant terminates an PHW
- If an PHW resigns
- If an PHW is charged with a felony
- If a participant is hospitalized and the dates
- If the participant loses Medicaid coverage
- A change in Personal Representative

Participants and PHWs must notify Outreach as soon as possible but no longer than (5) five days:

- Name change
- Address change
- Phone number change

Outreach is not responsible for sending mail or issuing checks with the wrong name on it, etc. if not informed of addresses changes.

Emergency Planning

Emergency planning is a good idea for everyone. Having a plan for dealing with different types of emergencies, such as: medical emergencies, hospitalizations, fires, power outages, severe weather, and other natural disasters help keep the participant safe and minimize any injury or damage.

Things to consider when making a plan:

1. Make a list of people to contact for each type of emergency.
2. Make a plan on how to contact family and PHWs if there is a power outage or natural disaster.
3. Make a list of medications and/or equipment to take if it's necessary to evacuate.
4. Organize medical information, emergency contact information and, if applicable, living will information, and place it all together in an easy to access location.
5. Store extra food and water in case of a severe weather emergency or other natural disaster.
6. Have other items needed handy such as a flashlight, blankets, etc.
7. Discuss with and include PHWs in emergency planning. It is helpful to keep emergency information near the telephone. Show the PHW this list and talk about an emergency plan during orientation and training.
8. In the event of an emergency review with your PHW what they need to do, who should he or she call, or where should he or she take the participant?
9. Some fire departments have special stickers to put in the participant's window to

let them know of a disability. Then the firemen can plan for a special evacuation, if necessary.

10. What are the evacuation routes and who should be called?

Compliments, Complaints and Grievances

Outreach wants to hear from participants and PHWs about services Outreach provides to you. Making a phone call to tell us how we are doing, good or not good, is always appreciated. Your feedback helps us improve.

Complaint and Grievance Procedure

If a participant or PHW has a complaint about the services received from Outreach, please report it immediately. The earlier it is talked about it the better, so things do not build up. A complaint may be made verbally, by calling, or in writing by email or letter.

Outreach will respond to all complaints promptly. Our goal is to find a positive solution to resolve the problem. The complaint will be addressed within a maximum of five business days by the State Manager. If the participant is not satisfied with the resolution of the complaint, the next step is to talk to the next person in charge. The participant can ask the person working with them who that person is. The participant's complaint or grievance can go up the chain to the Chief Executive Officer to reach a solution, if needed.

If the participant feels that Outreach has not addressed the complaint to there satisfaction, a complaint may be filed with IRIS complaints and grievances @ 1-888-203-8338 or your consultant.

A grievance should be filed if the participant feels their rights have been violated or Outreach policy has not been followed in a situation. Grievances are fully investigated by Outreach administrative staff. They are processed similarly to a complaint and resolution is put in writing.

Termination of Services

Services may be terminated by Outreach or the participant.

By Outreach

Outreach may terminate the working relationship with a participant if the participant is not following state and federal regulations or IRIS processes or Outreach is worried that services are putting the participant's health and safety at risk.

Outreach will not terminate services without offering additional training, encouraging the use of a personal representative and talking with the participant's Consultant. Outreach will provide advance written notice of termination to the participant based on Outreach policy.

By the Participant
The participant may decide that the self-directed option is not for him. The participant may choose to terminate services at any time or choose another FEA. The participant should discuss this with their Consultant.

Freedom of Choice and FEA Transfers

Outreach will work very hard to provide good customer service. If you are unhappy with our services, please let us know right away so we can fix the problem. Participants have the right to choose a provider agency. The participant can contact their Consultant if they wish to transfer to another agency. Outreach will send the appropriate documentation to the agency transferring too.

Information for Completing Employer Tasks

Many people self-directing their care have not been employers before. This section provides information on how to interview, hire, train and manage PHWs. If hiring a family member some of the information may not apply. For example, the participant may not interview a family member the same way or get references because she knows them well.

There are other employer tasks that you will want to perform even though if the PHW is a family member. Because you are the employer you still need to treat the family member as an employee. It is sometimes hard to maintain employer boundaries with family members but it is important. Providing orientation and training to your PHW who is a family member treats them fairly and consistently like you would another PHW and is important.

Recruiting and Interviewing

Recruiting PHWs may be challenging. Finding a good worker that you trust is important. Ideas for recruiting or advertising are:

- Create an advertisement on a sheet of paper and hang it at the local job service/employment office, grocery store, laundromat, church, community college or university, social service agency, community.
- Advertise in the local newspaper, weekly advertising guide or other newspapers. This sometimes costs money so investigate before you commit.
- Advertise using web based resources but do not share private information on the web.

Call these places first, find out who to talk to and ask about their rules for posting flyers or placing an advertisement. Also, protect personal information when advertising. Include a phone number for the interested party to call but <u>not</u> your name or address.

You can give more information about yourself when the interested person calls if you feel comfortable. Describe briefly what is needed in general terms.

EXAMPLE:

> Caregiver needed to assist with shopping, preparing meals and other light household tasks. M,W,F 10am-1pm.
>
> CALL 555-555-1212 if interested.

- Spread the Word - Telling family, friends, and other participants that you are looking for an PHW may help identify a worker. Sometimes other participants have PHWs who want to work more hours or who are willing to fill in.
- Let your IRIS consultant know. She may know of other participant's PHWs who are looking for more hours

Screening Job Applicants

It is illegal to ask people certain questions. The information learned can be used to discriminate against them. **Questions that *cannot* be asked when screening or interviewing an applicant:**

- How old are you?
- What is your native language?
- Are you married?
- Do you have any children?
- Have you ever been arrested?
- What church do you attend?
- What is your religion?
- Do you belong to any clubs or organizations?
- What is your credit rating?
- Do you own or rent your home?
- In what country were you born?
- When were you born?
- Do you have a disability or medical condition?
- Are you a republican or democrat?
- What are your family members' names?
- What is your race?

It is a good idea to talk with an applicant by phone before you interview them. You can tell them about the job and what you need from them. Letting them know the schedule, amount of hours and hourly pay rate may help the applicant decide if the job is right for

them. Screening an applicant helps you and the applicant know whether you want to schedule an interview.

Go over the criteria for being a PHW in the IRIS program:

- Must generally be 18 years of old
- U.S. Citizen or legal alien authorized to work in the U.S.
- Submit to a background check and not have any barring offenses
- Be able to communicate clearly with me

Interviewing

An interview allows the participant/employer to meet the applicant and decide if she or he is the right person for the job. One can learn a lot of things about a person by asking them questions and meeting the person.

It is best to schedule an interview in a place other than your home. This is for safety reasons. You also may want to bring another person with you to get their opinion.

Have a list of questions prepared that you want to ask and ask the same questions of each person. It helps to write down answers so you remember what they said. Open ended questions are encouraged. They are questions that cannot be answered with a "yes" or "no" and give you information about the candidate.

Sample Questions:

1. What is an accomplishment you are proud of during the last few years?
2. What interests you about this position?
3. What are your career goals?
4. What are your strengths and weaknesses?
5. What are your interests?
6. Tell them about what you need them to do…Are you comfortable with and can you perform these tasks (be honest with what you need them to do so they are not later surprised)?
7. Ask specifics about their skills. For example, 'I need help making meals. How do you rate your cooking skills on a scale of 1 to 5?
8. Make sure they can perform all tasks. While you cannot ask the candidate if they have a disability, you can ask, "Is there anything that keeps you from doing the job I described?'
9. For health reasons, I cannot be around cigarette smoke. Are you a smoker?

If you have a dog or cat, let them know to learn if they have allergies or are uncomfortable.

There are lots of ideas for questions on the internet if you want more ideas. It is also good to let them ask you questions about the job to improve their understanding of what you need.

Signs to be concerned about:

There are things you may notice during an interview that make you uncomfortable. If you have feelings of uncertainty, it is a sure sign that you should not hire the person.

- They come late for the interview
- They do not make eye contact with you or do not seem to listen to you
- They are unkempt (hair dirty, clothes ragged and unclean)
- They ask you personal questions (do you live alone? What is your address?)
- They use inappropriate language
- They make comments about things that are offensive to you

Offering the position – Once interview is done, it is time to decide on the best candidate. Who is the best fit for you?

When you call, remind the candidate of the schedule, start date and rate of pay. You may want to get their acceptance of the position before you tell them your address and where to report to work.

Set an appointment too complete PHW paperwork and remind them what they need to bring to the appointment:

- Driver's License (proves age)
- Social Security Card (for payroll)
- Voided Check for direct deposit
- Forms of ID for the I-9

Background Checks

Every PHW is required to have a background check, an abuse registry check and Office of the Inspector General Check. Applicants need to give permission to have a criminal background check. This form is in the New PHW Packet. If they have a history of neglect, abuse or exploitation, they cannot be hired, which may eliminate some applicants.

Outreach will submit and review the background check once received. It will be compared to the State's list of barred offenses. Outreach will contact the employer to let him/her know if the applicant can be hired. The employer can request to view the background check on the PHW. Once received and reviewed, the employer must destroy the check because of the confidential nature of the document.

If eligible to work, the employer must then complete the hiring documents for the PHW. Once received, the forms will be reviewed for completeness. Outreach will call the employer and let him/her know when their PHW can begin work. **The PHW will not be paid for time worked until the approval to begin work is given by Outreach.** Outreach will also send an approval letter to the participant employer with the date when the PHW can begin work for his/her records.

A PHW CANNOT work without a successful background check screening result. A background check
must be completed every four years. PHWs are also expected to inform the employer if they are charged with a felony between checks.

Hiring PHWs

Because the participant is the employer, he or she is responsible for hiring and completing paperwork for new PHWs. The paperwork **must** be completed before a PHW can begin work. The employee and employer packets contain both federal and state forms. Some of the forms need the employer's signature so please read through them carefully.

Outreach will assist the employer, if needed. It is a good idea for the PHW to read the training pamphlet. It helps promote safety in the home and protects the participant's health.

All of the forms must be completed accurately and returned to Outreach for processing. Outreach will contact the employer to inform them of when the PHW can begin work.

PHW Packets

All employment forms and a complete New PHW Packet are located on the Outreach website https://outreachhealth.com/wi/.You can also call the Outreach Office to have a packet mailed to you, if needed.

Completing the PHW Packet

As the employer, the participant is required to ensure the PHW packet is completed. Please double check that the packet is filled out completely. There are directions in the packet on how to fill out each form. Incomplete packets will be returned to the participant and will delay the PHW starting work.

A PHW cannot begin work until each form in the packet has been completed and the Background Clearance received. Outreach will call you and notify you in writing when your PHW can begin work. Hours worked prior to receiving approval will not be paid.

REMEMBER: Contact Outreach if you need help completing a packet, if you are having problems with a PHW or if there are any changes for PHWs.

Orientation and Training

A PHW's first day of work is the best time to orient them to the job and discuss your expectations. Give the PHW a tour of the house, show them where items are that they will need to use are located and outline job duties.

It is important to:

- Be very clear about job duties.
- Organize paperwork, training materials, etc.
- Prepare: If the PHW will be grocery shopping, think about how to get groceries, what you need them to buy, how they will pay for groceries, the need to keep receipts, where to shop, etc.
- Set the work schedule.
- Identify house rules they need to know about.
- Let them know about how to dress for the job.
- Let them know consequences if they are late or do not show for work.
- Give a tour so the PHW knows where supplies are located.
- Tell the PHW about any areas of the home that are off limits.
- Show the PHW where emergency exits are and where the fire extinguisher is located.
- Identify where emergency numbers are located and explain what to do in an emergency situation.
- Explain the participant's disability – is there anything specific the PHW should know (i.e., food allergies, blood sugar issues, forgetfulness?)

Protecting the health and safety of the participant is essential. Below are important orientation topics to discuss with a new PHW:

- Review safe procedures for completing lifts and transfers.
- Discuss safety guidelines for any disability-related equipment the PHW will be expected to use.
- Review safety guidelines for any household appliances or equipment the PHW will be expected to use.
- Discuss emergency protocol.
- If the participant is not able to open the door, how will the PHW get in?
- Remind of the importance of washing hands thoroughly before preparing food, and before and after personal care duties.
- Discuss the use of plastic gloves and where they are stored if preferred. Let him or her know if there is a sharps container and the plan for disposing sharps.

Be clear with expectations:

- Explain your rules regarding use of the phone, car, washing machine, computer/printer and eating the participant's food. State these rules clearly at

orientation. It is always better to state the rules than to wait until after something has happened.

- Tell the PHW the rate of pay, explain when time sheets are due and when the PHW will be paid. The rate of pay is identified on the Employer-PHW Agreement.
- Let the PHW know your response to poor performance like being late for shifts, not completing job tasks, etc. That way they know what to expect and they are not surprised by your response.
- Remind the PHW of the importance of confidentiality. What the participant's (employer) says and does while the PHW works should remain confidential. The help being provided by the PHW is personal and should not to be discussed with friends, family members or other individuals they may work for.
  The PHW should be reminded that violating confidentiality can be grounds for termination. Having the PHW read HIPAA guidelines when they begin work will help them know the law.

Confirm the work schedule

The work schedule helps the PHW know what days of the week and times he or she needs to work. Setting a schedule also makes sure that the participant is receiving services according to the Care Plan.

If the PHW wants to take time off what procedures must be followed? It is not unusual for a PHW to be sick or want vacation. For this reason, it is good to have a back-up PHW.

A back-up PHW is a PHW who is paid for working when your regularly scheduled PHW is unavailable. If you have two PHWs, they can be back-up for each other.

Record Keeping

- The PHW is expected to document work time on a time sheet (online or paper).
- The PHW should report any critical incidences to the Consultant immediately and document what occurred,

Managing PHWs

Treat PHWs how you would like to be treated. This is called mutual respect.

Managing and supervising PHWs requires that the participant be direct with communication, create a good working relationship, give positive and constructive feedback, deal with conflict and evaluate the performance of the PHW. How the participant manages and supervises PHWs affects how long they will work, how happy they are working and the quality of the services they provide.

Working with a PHW that provides in-home services is different from other working relationships. Most other employer/PHW relationships do not involve such personal contact. In order to be a good supervisor and be sure that care needs are being met, the participant will have to be direct with communication and assertive. This means the participant will have to be comfortable expressing needs, preferences and how he or she wants things done. It is sometimes challenging to be direct and assertive with family members who are PHWs because of the existing relationship. The participant or the participant's legal guardian is the employer though and the family member needs to respect that. The same is true if the PHW is a friend.

How the participant communicates with the PHW is a big part of the success of the employer-PHW relationship. Being assertive and direct with communication means:

- being respectful
- explaining care needs
- being clear with what you like and dislike
- expressing thoughts and opinions
- expressing appreciation

Another good communication strategy is to use "I statements" to give feedback to an PHW. For example, "when you do _____, I feel _____." This communicates the effect of the PHW's behavior on you and does not personalize the feedback.

Supervising Others

Being a supervisor involves teaching and coaching the PHW. This will help the PHW to do a good job. If the PHW is doing the job well, compliment him or her. If they are not doing the job right, the participant needs to give the PHW suggestions for what they could do differently to make it better.

Feedback about how the PHW is doing should be specific. The best kind of feedback is positive feedback. Complimenting the PHW, thanking him or her and showing appreciation will keep the PHW doing those things. If the participant is unhappy with how the PHW is doing something, tell or show the PHW how to do the task differently. For example, "This meal is so good. Will you make it again?" or "I feel safer when you grab onto my belt to help me walk."

The participant/employer tries to:

- Get to know the PHW.
- Create a positive work atmosphere.
- Indicate belief (confidence) in the PHW.
- Explain the rules clearly and expect they are followed.
- Explain the consequences of breaking the rules.
- Be consistent in how the participant responds to each PHW.
- Avoid demanding or commanding. Ask by saying "please".

Creating a Good Working Environment

It is hard to find good PHWs. When you do, you will want them to stay working with you. Most PHWs stay with a job because they like who they are working with and the job is rewarding. Below are some ideas for creating a good working environment:

- Treat PHWs with kindness, fairness and respect.
- Be constructive with feedback (focus on the behavior, not the person).
- Keep communication open.
- Discuss problems as they arise.
- Avoid taking out frustrations on the PHW.
- Use a sense of humor.
- Be flexible when possible (If the PHW asks to come in a few minutes late because they have something important to do).
- Express appreciation for the work the PHW is doing.
- Check in with the PHW about how he or she likes the job. If the PHW is unhappy, you can talk about it with them.

A positive work environment will help the PHW be happy, productive and motivated to work. Good communication between the participant and PHW is the key to a good working relationship. If the PHW is happy working with you she will stay longer and do a better job.

Resolving Conflict

Conflict is a natural part of any relationship. People are different from each other which is why conflict arises. Conflict itself is not a problem. It is how people deal with the conflict that is the problem. Most people are uncomfortable with conflict so they avoid it. That is the worst thing to do! It is best to deal with problems as they come up. Remember to keep emotions in control. If the PHW has done something that makes you angry, wait until you cool off to discuss.

When resolving conflict, it helps to use a step-by-step process to resolve the problem.

1. Identify the Problem

You may have a problem with something the PHW is doing but they do not know it, like playing the music too loudly when cleaning. The PHW may have a problem with you that you need to know about. For example, the PHW thinks you can do more to help prepare a meal than you do.

2. Define the Problem

Ask open-ended questions and use active listening to get a better understanding and definition of the problem. Try to identify whose responsibility it is to solve this problem? Examples include:

A PHW who listens to music when cleaning is the participant's problem because the PHW cannot hear when the participant might need him or her. It is also irritating to the participant.

The PHW is frustrated because she thinks the participant could help more when making meals. Even though the participant is receiving in-home services, she should always try to do tasks that she can do. This is the PHW's problem.

When solving problems, each person involved should have input, but whoever 'owns' the problem should make the final decision.

3. Generate Solutions

Everyone involved should suggest solutions. Do not criticize any suggestions at this step. Think of as many ideas as possible. Write them all down, no matter what it is.

The participant decides on an acceptable music level, or asks the caregiver to wear headphones, if safe to do so.

The PHW identifies tasks the participant can do to help and includes them more in the meal making process.

4. Discussion and Evaluation

Discuss the positives and negatives of each solution suggested. Writing out a list of the good and bad can help in the evaluation process.

5. Select a Solution

Decide on the solution that will best solve the problem.

6. Make a Plan

Agree on who will do what, where, when, and how to solve the problem.

7. Evaluate the Solution

Set a date and time to discuss whether the solution is working and revise the plan as needed.

By facing problems right away, working relationships can be strengthened and improved. Solving problems builds trust.

Correcting the action of PHWs

When a PHW is not following the participant's work rules or not performing tasks correctly, it is important to give feedback. Constructive feedback, not critical, is best. Constructive feedback is about performance and behavior and is not about the person.

For example:

Constructive: "You were late for work. I need you to be on time because I cannot get out of bed without you."

Critical: "You are very irresponsible."

Using a 3-step process called "progressive discipline" to help PHWs understand that their work must be improved or corrected. The steps are:

(1) Verbal warning
(2) Written warning
(3) Job termination

This process gives the PHW opportunity to improve at each level. If they do not and the problem continues the next level is used. If there is still no improvement, the participant will need to think about whether he or she wants them to continue working.

Put the feedback in writing (even if a verbal warning). The PHW cannot deny that they heard the feedback if they sign a note. The documentation also helps if the PHW later files for unemployment.

When giving feedback, it is also important to identify what the PHW can do to improve. The problem solving steps explained above may be helpful to use.

Pay Reminders

Paying PHWs accurately and timely is most important. Outreach relies on the participant to make sure time sheets are submitted on schedule.

- Pay periods are every two weeks.
- A pay period begins on a Sunday (12am) and ends on a Saturday (11:59pm).
- Paper time sheets are due according to the payroll calendar. Entering time via the web portal or by phone can be entered daily BUT must be entered by the date on the payroll calendar.
- Late time sheets may result in late pay for the PHW.
- Paydays are every other Friday.

- Both pay periods and paydays are identified on the pay schedule which you receive at enrollment. It is also located on the resource tab https://outreachhealth.com/wi/
- If an PHW quits, the final check will be paid according to the pay schedule.
- When an PHW is terminated (fired), wages owed will be paid within three working days of termination (not including weekends and holidays).
- A PHW will be paid within three working days if an PHW no longer works because the participant is not receiving fiscal services through Outreach.
- A PHW will not be paid for hours worked or tasks performed that are not authorized on the Care Plan. If the participant has the PHW work hours that are not authorized on the care plan or do tasks that are not approved, he or she may be considered to be mismanaging his/her IRIS budget and could be dis-enrolled form the program.
- Over time pay leads to over spending of the participant's budget. It is important to closely manage hours so the participant is not left with overspending the budget and no services. A budget revision may need to occur if overtime is used and the pay rate of the PHW adjusted.
- Unused funds cannot be used for goods, services or bonuses.

If Outreach makes a mistake with paying an PHW, PLEASE let us know right away. We will fix the pay immediately.

Remember that Outreach is not the employer. The participant or the legal guardian is the employer and may be responsible for the PHW's pay if the budget associated with the care plan is not managed properly.

Terminating PHWs

A PHW may choose to end their employment with the participant, or vice versa. If a PHW gives notice, ask them to give you enough time to find another PHW. A two week notice is ideal. The PHW leaving will be paid for hours worked according to the payroll calendar. A final time sheet must be submitted within two (2) business days of the last date of employment to Outreach so that the PHW receives payment, by law.

If the participant is considering terminating a PHW for poor performance, let Outreach know right away. Staff can support you and walk you through the termination steps. When terminating, it is best too:

- State the reasons for termination clearly. Identify the behavior that is not acceptable.
- Have another person there if the PHW might be angry or put the participant's safety at risk
- Call the person and terminate, if possible.
- Have a backup PHW or new PHW ready to start work

- It is illegal to threaten or withhold payment of wages, even if the participant does not like the work the PHW is doing.

Employment should be terminated immediately if the PHW has:

- Stolen from the participant
- Abused the participant physically or mentally
- Threatened to harm the participant
- Broken confidentiality

Any actions that are against the law should be reported to the police **immediately**.

Notice of Privacy Practices

Outreach Health Services, LLC (Outreach) is required by law to maintain the privacy of the participant's health information. Outreach is also responsible for giving the participant information about the company's privacy practices and legal duties concerning health information. Outreach's Privacy Practices is in the Participant Enrollment Packet.

What is Medicaid Fraud?

Medicaid fraud involves knowingly misrepresenting the truth about services provided.

Fraud includes:

Abuse of Medicaid dollars resulting in increased costs.

Waste which is overusing resources and receiving inaccurate payments for services.

The following are typical schemes used to defraud the Medicaid program:

Billing for Services Not Provided

A caregiver records time worked for services not performed, such as recording time worked preparing and cooking a meal for a participant when the caregiver did not.

Doubling Billing

A participant approves time worked for two caregivers at the same time or approves time worked for a caregiver when the participant was in the hospital.

Billing for Phantom Visits

A participant falsely bills the Medicaid program for caregiver visits that never take place.

Billing for More Hours Than Worked

Inflating the amount of time a caregiver spends with the participant, for example submitting a time sheet that records the caregiver having worked five hours in a day when the caregiver actually worked three.

Unapproved Tasks

Asking a caregiver to perform tasks, like walking a dog, that is not an approved Medicaid task and submitting the time spent on a time sheet.

Non-Eligible Employee

Submitting a time sheet using the name of an employee who is approved to work but a different person actually did the work and receives payment.

COMMITTING FRAUD IS A CRIME!

Consequences: ***Paying back the money received falsely, being charged with a felony or misdemeanor crime, and incarceration or serving time in prison.***

If you recognize that you have made a mistake on a time sheet, call Outreach right away so it can be corrected: **877-901-5827**

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If you are concerned that fraud is occurring, call DHHS Customer Service Center at 1-800-662-7030 and inform Outreach 866-463-7589

Signs of Financial Abuse

- Sudden changes in bank account or banking practice
- Unexplained withdrawal of a lot of money by a person accompanying the victim
- Adding additional names on a bank signature card
- Unapproved withdrawal of funds using an ATM card
- Sudden changes in a will or other financial documents
- Unexplained missing funds or valuables
- Providing substandard care
- Unpaid bills despite having enough money
- Forged signature for financial transactions or for the titles of property
- Sudden appearance of previously uninvolved relatives claiming their rights to a person's affairs and possessions
- Unexplained sudden transfer of assets
- Providing unnecessary services
- A complaint of financial exploitation

Signs of Mistreatment

- Prevents vulnerable adult/elder from speaking to or seeing visitors
- Anger, indifference, aggressive behavior toward vulnerable adult/elder
- History of substance abuse, mental illness, criminal behavior, or family violence
- Lack of affection toward vulnerable adult/elder
- Flirtation or coyness as possible indicator of inappropriate sexual relationship
- Conflicting accounts of incidents
- Talks of vulnerable adult/elder as a burden

What is Abandonment?

"Abandonment" is when a person or agency with a duty to care for a vulnerable adult acts (or fails to act) in a way that leaves the vulnerable adult unable to get needed food, clothing, shelter, or health care.

To report concerns of Abuse, Neglect and Exploitation, contact the Department of Social Services in the county in which you live. If the vulnerable adult is in immediate danger, please call 911.

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www.outreachhealth.com | information@outreachhealth.com | 1-800-793-0081

Outreach Health Services is a leading health care provider to individuals and families in several states. Our goal is to assist people with health issues related to aging, medical conditions, or physical limitations so they may stay in their community as long as they wish.

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Signs of Abuse, Neglect & Exploitation

The law protects the health and safety of “vulnerable adults.” It is important for participants and employees to know signs and symptoms of abuse, neglect and exploitation for their protection. If you have concerns that a “vulnerable adult” is being mistreated PLEASE report your concerns immediately to the appropriate authorities.

Who are “Vulnerable Adults?”

A participant in the CAP/Choice program is considered a vulnerable adult.

What is abuse and neglect?

“Abuse” means willful or non-accidental action or inaction that harms a vulnerable adult.
The harm can be:

- Physical or mental injury
- Unreasonably being held somewhere against their will
- Intimidation
- Punishment

Abuse Includes:

- Sexual abuse
- Mental abuse
- Physical abuse
- Exploitation of a vulnerable adult

Neglect

“Neglect” may be a single incident or repeated conduct when a person or agency with a duty to care for a vulnerable adult acts (or fails to act) in a way that results in the vulnerable adult not getting care needed to maintain his/her physical or mental health.

Examples Include:

- Failing to provide care or arrange for care to maintain the health or safety of a vulnerable adult, including food, clothing, medicine, shelter, supervision, and medical services;
- Not protecting a vulnerable adult from abuse, neglect, or exploitation by others;
- Failure to carry out a plan of care for a vulnerable adult that results in physical or psychological harm or a substantial risk of death to the vulnerable adult;
- Self-neglect an elder/vulnerable adult, not living in a care facility, is not able to take care of his or her daily needs for his/her physical or mental health, and this hurts or threatens the vulnerable adult’s well-being.

Exploitation

“Exploitation” is when an abuser illegally or improperly uses a vulnerable adult’s income/ resources, including trust funds or bank accounts, for the abuser’s profit or advantage.

- Willfully using, withholding, transferring or disposing of funds or property of a vulnerable adult for the wrongful profit or advantage of another;
- Acquiring possession, control or an interest in funds or property of a vulnerable adult through undue harassment or fraud;
- Forcing a vulnerable adult against his or her will to perform services for the profit or advantage of another;
- Any sexual activity with a vulnerable adult when the vulnerable adult does not consent or is incapable of resisting due to age, disability or fear of retribution or hardship.

Indicators of Abuse, Neglect, or Exploitation

The following descriptions are not necessarily proof of abuse, neglect, or exploitation. But there may be clues that a problem exists, and that a report needs to be made to law enforcement or Adult Protective Services.

Physical Signs

- Injury that has not been cared for properly
- Injury that is inconsistent with explanation for its cause
- Pain from touching
- Cuts, puncture wounds, burns, bruises, welts
- Dehydration or malnutrition without illness-related cause
- Poor discoloration
- Sunken eyes or cheeks
- Inappropriate administration of medication
- Soiled clothing or bed
- Frequent use of hospital or health care/doctor-shopping
- Lack of necessities such as food, water, or utilities
- Lack of personal effects, pleasant living environment, personal items
- Forced isolation

Behavioral Signs

- Fear
- Anxiety, agitation
- Anger
- Isolation, withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Contradictory statements, implausible stories
- Hesitation to talk openly
- Confusion or disorientation

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Participant/Employer Acknowledgement

_____ Print Participant's Name

_____ Print Legal Guardian's Name (if applicable)

I understand and agree to:

1. Follow the Budget and Care Plan developed with my Care Advisor and review Quarterly Spending Summaries.
2. Verify that the time an employee works is accurate as authorized on my Plan of Care and scheduled. I understand that:
   A. Services can begin once my employee(s) is eligible and all hiring paperwork has been completed and processed. I **MUST** receive an Employee Approval from Outreach by phone before the employee(s) can begin work. A letter will follow.
   B. I am responsible for managing my budget and for payment of an employee if:
      - I do not qualify or lose my Medicaid.
      - I am not authorized for services.
      - I allow my employee to work before I am told the employee can work.
      - I allow my employee(s) to work more time than is approved on my Care Plan.
      - I allow my employee(s) to do tasks that are not approved on my Care Plan.
      - I run out of budget funds.
   C. Submit employee time worked accurately and timely. I know that late time submittal can result in late pay for my employee(s).
   D. That approving a time sheet when an employee has not worked, or approving a time sheet that does not agree with the Care Plan, is **Medicaid fraud**.
   E. Work time cannot be submitted for payment before the date worked.
3. Call Outreach if questions exist about time entry, budget or employee paperwork.
4. Notify Outreach **immediately** if:
   - There is a change in address or phone number.
   - You are hospitalized, admitted to a skilled nursing facility or acute rehabilitation.
   - An employee quits or is dismissed.
   - There is a change with Designated Representative (as soon as possible but not to exceed five days)
5. **Immediately** report:
   A. Concerns about Medicaid fraud to the Office of Inspector General Fraud Hotline at 1-800-436-6184 at or their website https://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx.
   B. Abuse, neglect and exploitation to the appropriate authority (police or 911) if I am in immediate harm or the Abuse Hotline1-800-252-5400 or visit www.txabusehotline.org.
10. Call Outreach immediately when problems occur or there is a complaint.
11. Services may be stopped if:
    - My Case Manager or Outreach has concerns about my health and safety
    - I do not follow my Care Plan.
    - I abuse Medicaid funds.

- There is a conflict of interest between me and other people involved in my care.
- A loss of Medicaid or failure to pay my Medicaid deductible, if applicable.

12. I have received and will read the following training materials and review with my employee(s):

- *Signs and Symptoms Abuse, Neglect and Exploitation*
- *Medicaid Fraud Prevention*
- *Employee Training Pamphlet* including HIPAA/Confidentiality, Lifting Safety and Universal Precautions
- *Outreach Employer Resource Guide* -The guide describes policies, procedures and requirements for participants and employees self-directing their care. I will read the guide and use it as a reference.

13. I know Outreach is not an emergency medical provider. I will call emergency services (such as 911) during a medical emergency.

14. I have received a copy of Outreach's Notice of Privacy Practices. The rules follow federal privacy regulations (HIPAA). If I have concerns that my protected health information has not been kept confidential, I will report to: Steve Abshier, Privacy Officer; 214-703-1300.

15. Any remaining funds on a budget cannot be paid out unless it had previously been budgeted for items such as Bonuses and Supplies.

This Agreement describes the roles and responsibilities of Outreach Health Services and the employer. The employer's signature indicates full understanding of the agreement. Further, I accept all responsibility for any personal injury, medical or related liability, including Medicaid Fraud, for services provided under this program.

_____ _____

Participant or LG Signature *Date* *Outreach Representative Signature* *Date*

****

Outreach is responsible for providing me with a copy of Chapter 41 which detail the Department of Aging and Disability Services Consumer Directed Services regulations. I choose to:

☐ View the rules electronically:
http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=40&pt=1

☐ Receive a copy of the rules via ☐ email ☐ hard copy

I choose to receive the Quarterly Summary ☐ by email ☐ or mail ☐ or fax