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Arkansas Department of Human Services

Independent Assessments and Transformation Support

Technical Proposal Packet - Original

December 5, 2016 2:00 PM

Bid#: SP-17-0036

ATTN: Angela Allman
Office of State Procurement
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

PUBLIC CONSULTING GROUP

148 State Street, Tenth Floor, Boston, Massachusetts 02109
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www.publicconsultinggroup.com

Public Consulting Group, Inc. is an Affirmative Action/Equal Opportunity Employer.

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A. Proposal Signature Page

STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION					
Company:	Public Consulting Group, Inc.				
Address:	148 State Street				
City:	Boston	State:	MA	Zip Code:	02109
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☑ Corporation		☐ Public Service Corp ☐ Nonprofit	
Minority Designation: *See Minority Business Policy*	☑ Not Applicable ☐ African American ☐ American Indian	☐ Hispanic American ☐ Asian American		☐ Pacific Islander American ☐ Service Disabled Veteran	
	AR Minority Certification #: _____		Service Disabled Veteran Certification #: _____		

VENDOR CONTACT INFORMATION *Provide contact information to be used for bid solicitation related matters.*			
Contact Person:	Paul Buckley	Title:	Senior Director of Business Strategy
Phone:	781-548-9146	Alternate Phone:	617-717-1221
Email:	pbuckley@pcgus.com		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.
☑ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

*Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), **shall** be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.*

An official authorized to bind the vendor to a resultant contract must sign below.

The signature below signifies agreement that either of the following **shall cause the vendor's proposal to be disqualified:**

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: William S. Mosakowski *Use Ink Only.* **Title:** President, Founder & CEO

Printed/Typed Name: William S. Mosakowski **Date:** November 30, 2016

B. Agreement and Compliance Pages (Sections 1-6)

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory* ***must*** *be declared below or as an attachment to this page. Vendor* ***must*** *clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.*
- *Exceptions to Requirements* ***shall*** *cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: William S Mosakowski
Use Ink Only.

Printed/Typed Name: William S. Mosakowski **Date:** November 30, 2016

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory* ***must*** *be declared below or as an attachment to this page. Vendor* ***must*** *clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies*
- *Exceptions to Requirements* ***shall*** *cause the vendor's proposal to be disqualified*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation

Authorized Signature: William S Mosakowski
Use Ink Only.

Printed/Typed Name: William S Mosakowski **Date:** November 30, 2016

SECTIONS 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements* ***shall*** *cause the vendor s proposal to be disqualified*

By signature below vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation

Authorized Signature: William S Mosakowski
Use Ink Only.

Printed/Typed Name: William S Mosakowski **Date:** November 30 2016

SECTIONS 4, 5, & 6 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor s proposal to be disqualified*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation

Authorized Signature: William Mosakowski
Use Ink Only.

Printed/Typed Name: William S Mosakowski **Date:** November 30 2016

C. Conflict of Interest Affidavit

CONFLICT OF INTEREST AFFIDAVIT

The Vendor must adhere to the following conflict of interest requirements prior to and throughout the life of the awarded Contract

1 The selected Contractor

A **shall not** be a related organization to any Department of Human Services (DHS) certified or licensed provider organization In addition the selected Contractor **must** not employ individuals related to any DHS certified or licensed provider organization or sub-contract with any DHS certified or licensed provider organization or its staff or

B is

i related to an entity which the Contractor is not certain mees the State s definition of a certified or licensed provider organization or

II related to an entity which the Contractor believes does not constitute a conflict of interest for the purpose of the contract contemplated by this RFP

In this event the Contractor shall submit additional documentation explaining the related or potentially related organization, details of its provision of services composition relationship to the Contractor and why this relationship does not constitute a conflict of interest **A failure to attach this documentation to this Affidavit will be construed as the Contractor's selection of item 1.A above.** Please be advised there is a presumption of a conflict of interest if the Contractor is a related organization to any Department of Human Services (DHS) certified or licensed provider organizations

The DHS Legal Counsel **shall** have final determination of qualification or disqualification of a proposal based on the information provided in the above additional documentation

2 The selected Contractor **shall not** be a state agency (including, without limitation human development centers)

3 The selected Contractor **shall not** claim reimbursement for any Medicaid-covered services

4 The selected Contractor **must** ensure that the persons conducting the assessments are not related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual, empowered to make financial or health-related decision of behalf of the individual, and would not benefit financially from the provision of assessed needs

A related organization (includes individuals, partnerships corporations, etc.) means an organization with which the Contractor is associated or affiliated with, has common ownership, control or common board members, or has control of or is controlled by the organization furnishing the services, facilities or supplies Common ownership exists when an entity, entities, an individual or individuals possess 5% or more ownership or equity in the participant Control exists where an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution

By signature below, the Vendor agrees that it meets the aforementioned requirements to the best of its knowledge and **shall** continue to meet the requirements through the life of the Contract

Authorized Signature: William S Mosakowski
Use Ink Only.

Printed/Typed Name: William S Mosakowski **Date:** November 30, 2016

Documentation for 1 B
attached YES
(YES/NO)

PUBLIC CONSULTING GROUP

Public Focus. Proven Results.™

Public Consulting Group, Inc. (PCG) submits the following statement as documentation for 1.B of the Conflict of Interest Affidavit:

PCG currently employs Mr. Johnathan Welk as a Health Practice Area Business Analyst. Mr. Welk's mother is currently employed in an administrative capacity by Dr. Charlie Palmer of Russellville Hearing Clinic, a certified Medicaid provider located at the following address:

Russellville Hearing Clinic
200 North Quanah Avenue
Russellville, AR 72801

Our team consulted with PCG's Legal and Compliance Department and determined in our assessment that this relationship does not constitute a real, perceived or potential conflict of interest. Mr. Welk will not be conducting assessments or performing screenings under this contract, and as a result would not benefit financially from the provision of assessed needs.

D. Proposed Subcontractors Form

PROPOSED SUBCONTRACTORS FORM

- ***Do not** include additional information relating to subcontractors on this form or as an attachment to this form.*

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
LifePlans, Inc.	51 Sawyer Road, Suite 340	Waltham, MA 02453
Center for Information Management, Inc.	3550 West Liberty Road, Suite 1	Ann Arbor, MI 48103

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Authorized Signature: William S. Mosakowski
Use Ink Only.

Printed/Typed Name: William S. Mosakowski **Date:** November 30, 2016

Signed Addenda

STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 1

TO: Vendors Addressed
FROM: Angela Allman, Buyer
DATE: November 23, 2016
SUBJECT: SP-17-0036 Independent Assessments and Transformation Support

---

The following change(s) to the above-referenced RFP have been made as designated below:

__X__ Change of specification(s)
__X__ Additional specification(s)
_____ Change of bid opening time and date
_____ Cancellation of bid
__X__ Revised Technical Proposal Packet

BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

ADDITIONAL SPECIFICATIONS

- Add the following to Section 3.1.E.3:
  b. DAAS is not providing institutional placement volumes. DAAS assessments will be for DAAS' HCBS and Personal Care populations only. However DAAS estimates an approximate growth of 10%.

- Add the following to Section 3.1.F.3
  b. DBHS is not providing institutional placement volumes at this time.

- Add the following to Section 3.1.G.3
  c. Approximately 1,500 DDS beneficiaries reside in ICF's and all other DDS beneficiaries reside in the community. However, only ICF beneficiaries transitioning back into the community and new admissions to ICF's are relevant for the purposes of this RFP. DDS growth will be driven by funding for, and CMS approval of additional ACS Waiver slots.

- Add the following to Section 3.1.G.9
  b. The approximate number of appeals for DAAS assessments in 2016 was 220. DBHS and DDS are not currently conducting mandatory assessments and Tier Determinations for their Beneficiaries. Therefore, no estimate regarding the number of beneficiary appeals will be provided for DBHS or DDS.

- Add the following to Section 2.2.E
  3. The State shall reserve the right, in its sole discretion, to determine if a conflict of interest exists between a vendor and a provider organization.

  4. The State shall reserve the right to presume a conflict of interest exists if the vendor is a related organization to any DHS certified or licensed provider organization. Any vendor responding to this RFP must disclose any relationship with a certified or licensed provider organization providing services for or on behalf of DHS, even relationships the vendor may deem as conflict-free.

- Add the following to Section 3.4.F.1.d
  vii. The length of calls into the Helpline will vary based on topic and need.

- Add the following to Section 2.1.E.2
  c. DDS is using the InterRAI-ID in a limited manner. The InterRAI-ID assessment for DDS clients is voluntary and is only being used for data collection purposes.

- Add the following to Section 3.3.A.5
  a. A Single IT Platform does not have to be singular software product, but the components or modules of the IT Platform must be seamlessly integrated so as to appear as one solution to users.

- Add the following to Section 3.3.C.1.e
  i. The Vendor shall provide mobile access to the assessment platform. The Vendor may recommend a mobile application or a website optimized for mobile devices via web application with cascading style sheets.

  ii. If the Vendor proposes mobile applications, the Vendor may propose a phased approach for building capacity for all mobile applications, first implementing a mobile application to be used by assessors and adding access via additional mobile applications in later phases.

  iii. Whether the Vendor selects a mobile application or a website optimized for mobile devices, Assessments and Tier Determinations must be able to be completed by all assessors on the first day of Year 1 of Operations and results provided to DHS or DHS' designee.

- Add the following to Section 3.3.C.1.f
  i. Vendors may propose a phased approach for web browser functionality with initial implementation supporting web-browsers that are common to state and assessor browsers, and later phasing in additional browsers. Assessments and Tier Determinations must be able to be completed by all assessors on the first day of Year 1 of Operations and results provided to DHS or DHS' designee.

- Add the following to Section 3.1.G.10.d
  ii. DDS shall provide the Vendor with a Beneficiary's medically relevant information including their application packet and testing materials. The Vendor shall utilize these documents, in combination with the assessment results, to assist with the Tier Determination. Vendors may propose an automated process for DDS Tier Determinations or a process with manual intervention, so long as application and testing materials provided by DDS and the assessment results are taken into account.

- Add the following to Section 3.1.G.6.a
  ii. As part of the referral, the Vendor shall receive the Beneficiary's application packet and testing materials from DDS.

- Add the following to Section 3.3.F.1
  a. Current system interfaces are a combination of batch file, web services, and direct database connections. The IT Platform proposed by the vendor **must** be able to support batch file, web services, and direct database connections with DHS systems. DHS' preference and future direction is to support web services and direct database connection for more real-time operations.

- Add the following to Section 3.3.A
  12. Vendors may propose a phased approach for the IT Platform for the following items in the order listed: 1) technology development with assessment entry, reporting, and data integration 2) disconnected assessment data entry, and 3) access for multiple operating systems. However, assessments and Tier Determinations must be able to be completed by all assessors on the first day of Year 1 of Operations and the results transmitted to DHS or DHS' designee. The timeline for any phased approach will be agreed upon between DHS and the awarded vendor during negotiations.

  13. The three DHS divisions do not currently share a common platform for assessments and Tier Determinations. For other functions, all divisions leverage MMIS. DHS is currently working to implement a common platform for enrollment and eligibility across the Agency. While there are some differences in divisional requirements for assessment and Tier Determinations as described in this RFP, there is a large overlap of commonly needed functionality. DHS seeks to leverage the efficiencies of the overlapping functionality on a single IT Platform.

- Add the following to Section 3.1.C.3
  a. For DAAS, if the Vendor proposes InterRAI-HC, the tiers have been developed. If the Vendor proposes a different Assessment Instrument for DAAS, algorithms for the Tiers shall be developed by the Vendor.

  b. For DBHS, the Vendor shall assist with the development of algorithms and processes in order to assign Beneficiaries to the appropriate DBHS Tier as outlined in RFP.
  c. For DDS Beneficiaries receiving an Independent Assessment, the Vendor **shall** develop the algorithm that will assign a beneficiary to either Tier 2 or Tier 3 based upon the results of assessment and other medically relevant information available.

- Add the following to Section 3.1.E.10
  d. DHS may work with the vendor to review data and costs in establishing the tiers.

- Add the following to Section 3.1.F.10
  f. DHS may work with the vendor to review data and costs in establishing the tiers.

- Add the following to Section 3.1.G.10
  e. DHS may work with the vendor to review data and costs in establishing the tiers.

- Add the following to Section 3.1.G.3.b
  viii. The Vendor shall provide the results of the Development Screen to the referring physician via email, standard mail, or facsimile, according to the security requirements in this RFP.

- Add the following to Section 3.4.G.2
  e. The Provider Training and Support Program Director shall not be the same person as the Project Director.

- Add the following to Section 2.2.C
  3. The vendor shall provide one (1) original of each of the three (3) reference forms requested. Each original reference form submitted should be sealed, marked as original, and included in the vendor's submitted at the appropriate place in original Technical Proposal Packet.

  4. The vendor shall provide 5 copies of each of the three (3) reference forms requested. All copies of the reference forms submitted should be sealed, marked as copies, and included in the appropriate place in the vendor's submitted copies of the Technical Proposal Packet.

  5. For each reference, the vendor should request a total of six (6) forms to be returned sealed. One (1) marked as original and five (5) marked as copies.

  6. If the vendor intends on using subcontractors, the vendor shall provide three (3) references from previous clients knowledgeable of the Primary Vendor's performance in providing services similar to those sought in this RFP. If utilizing Subcontractors, the vendor shall also provide one reference for each Subcontractor the Vendor is proposing. The reference forms for the Subcontractor shall also be submitted in the manner required in this RFP.

  7. No electronic copies of the reference forms are required.

- Add the following to Section 2.1
  F. For all divisions' Independent Assessment populations, DHS and the selected vendor will negotiate the most efficient method or process for the vendor to receive identification or communication regarding the populations. The negotiations may include methods such as Medicaid eligibility file or referral form.

- Add the following to Section 3.1.G.4.a

  i. Regardless of a proposal recommending a staggered plan or bulk plan, pricing **must** be submitted as shown on the Official Price Sheet to ensure consistency in pricing for purposes of cost comparison.

CHANGE OF SPECIFICATIONS

- Delete Section 1.6.A.12 and replace with the following:

  Contract Commencement: The date the Contract is approved/released by OSP after the Arkansas State Legislature approval which is anticipated to be on or around January 20th, 2017. Approval from the Arkansas Legislature is required prior to the vendor performing any services outlined in this RFQ.

- Delete Heading 3.5. "A. Performance of Key Personnel" and Section 3.5.A.1 and replace with the following:
  AA. Performance of Key Personnel

  1. Continuous performance of Key Personnel: Unless substitution is approved by the Contract Monitor, Key Personnel **shall** be the same people as referenced in the Vendor's proposal.

     a. In the event the Vendor proposes position descriptions for Key Personnel in the Vendor's proposal, the Vendor **shall** provide the Contract Monitor with the proposed Key Personnel's official resumes and credentials, if applicable, before filling the Key Personnel positions. The Vendor **shall** have Key Personnel in place prior to Contract Commencement.

        - The Contract Monitor **shall** have the right to require additional information concerning the proposed Key Personnel.

        - The Contract Monitor or other appropriate State personnel involved with the Contract **shall** have the right to interview the proposed Key Personnel prior to deciding whether to approve the proposed Key Personnel.

        - Contract Monitor will notify the Vendor in writing of: (i) the acceptance or denial, or (ii) contingent or temporary approval for a specified time limit.

- Delete Section 3.5.B.4.c and replace with the following:
  c. Provide geographical coverage for populations served and distributed across the entire State of Arkansas

- Delete Section 3.3.B.1 and replace with the following:
  1. The vendor **shall** develop, implement, and use technology that **shall** allow the Vendor to receive referrals from the State or its designee and to schedule appointments based upon the referrals.

- Delete Section 2.2.E.c and replace with the following:
  c. The selected vendor shall not claim reimbursement for any Medicaid-covered services. Medicaid-covered services shall include but not be limited to any administrative fees for managing a network of providers that deliver Medicaid covered services.

- Delete Section 3.1.E.10.a and replace with the following:

  a. DHS anticipates the vendor providing a solution that automatically assigns tiers based upon the assessment results. The Vendor shall work with DAAS to develop Tiers to which the Vendor shall assign each individual based on the outcome of the assessment. DAAS will create guidelines for the following Tiers:

     i. Preventative

     ii. Intermediate

     iii. Skilled / Institutional Level of Care

- Delete Section 3.3.C.1.m.ii and replace with the following:

  ii. DHS staff users with the proper access level shall be able to conduct customizable queries, export data and run reports on Beneficiary information in real-time. Data exports shall be in either a delimited file format or Microsoft Excel format.

- Delete Section 3.1.F.10.c and replace with the following:

  c. Behavioral health history, current behavioral health conditions, treatment attempted, treatment received, treatment compliance, and response to treatment and recovery history shall be used in conjunction with instrument score in making a Tier Determination recommendation. Any medical records gathered or utilized by the Vendor shall be retained by the Vendor according to the record retention standards in this RFP and shall be made available to DBHS or DBHS' designee.

- Delete Section 3.1.F.10.d and replace with the following:

  d. The final Tier Determination may be made by the DBHS or its designee, which has not yet been determined. .The Vendor shall conduct the assessment, make an initial Tier Determination, and compile the results of the assessment. The vendor shall send DBHS or its designee the entire assessment form with results and the initial tier determination outcome, which may be used by DBHS or its designee for a final Tier Determination.

- Delete Section 3.4.A and replace with the following:

  A. The Vendor shall develop education materials and engage with providers and DHS and Division Staff to support the provider community and State staff during these changes in Assessment Instruments and Developmental Screenings, service delivery, and impacted policies regarding how providers bill for services. DHS will work with the vendor to develop curriculum and subsequent training materials for any change in billing management processes.

- Delete Section 1.1.E and replace with the following:

  E. DHS may seek to include additional Populations, Assessments, and/or Tier Determinations in the Contract scope at a future date. The Vendor is expected to have the capability to support additional populations or Assessment Instruments, as needed. If DHS adds additional populations, assessments, and/or Tier Determinations at a future date, DHS and the vendor will negotiate rates for the additional scope of work at that time.

- Delete Section 2.1.D.3.c and replace with the following:

  c. DBHS anticipates conducting reassessments annually for those who have been identified as having a continued need for those services as determined by DHS or DHS' designee. The vendor shall provide reassessments annually to those individuals identified as having a continued need for services. The vendor shall communicate with all DHS divisions regarding upcoming reassessments.

- Delete Section 3.1.E.9.a and replace with the following:

  a. Vendor staff must participate, in the manner requested by DHS and at no cost to the State, in any Administrative Hearing process, legal proceeding or any form of formal dispute as a result of a Beneficiary Appeal for both eligibility assessments and a reduction or denial of services. The initial Administrative Hearing will be coordinated by DHS. Although some vendor participation via phone may be permitted, the vendor shall attend any Administrative Hearing, legal proceeding or other form of formal dispute in person when requested to do so by DHS.

- Delete Section 3.1.G.1.a and replace with the following:

  a. Vendors **must** propose at least one (1) Assessment Instrument for the applicable DDS home and community based waiver population and ICF population. The vendor may recommend a specific instrument for children in one Assessment Instrument that covers both the adult and child population is not appropriate. If the vendor proposes and Assessment Instrument for children, it must be age appropriate.

- Delete Section 3.4.F.1.a.ii and replace with the following:

  ii. The Vendor shall should propose a system of geographical regions for the purposes of the in-person trainings. The Vendor shall propose no fewer than four (4) regions, and the regions shall geographically be similar in size. The regions shall sum to Statewide coverage.

REPLACEMENT DOCUMENTS

- Delete the Technical Proposal Packet and replace with the Revised Technical Proposal Packet

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at angela.allman@dfa.arkansas.gov or (501) 371-6156.

Company: Public Consulting Group, Inc.

Signature: [illegible]

Date: November 30, 2016

STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 2

TO: Vendors Addressed
FROM: Angela Allman, Buyer
DATE: November 28, 2016
SUBJECT: SP-17-0036 Independent Assessments and Transformation Support

---

The following change(s) to the above-referenced RFP have been made as designated below:

__X__ Change of specification(s)
_____ Additional specification(s)
_____ Change of bid opening time and date
_____ Cancellation of bid
_____ Other

BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

CHANGE OF SPECIFICATIONS

- <u>Delete 2.2.C and replace with the following:</u>

1. Vendor References
   a. In the appropriate place in the *Technical Proposal Packet*, the Vendor **shall** provide three (3) references from previous clients knowledgeable of the Vendor's performance in providing services similar to those sought in this RFP.

   b. The Vendor **must** use the Reference Form located in the *Technical Proposal Packet* to provide references. No other reference form or format **shall** be accepted. The Vendor **shall not** include any additional content beyond that which is requested on the form.

   c. Each reference form submitted should be sealed and **must** be included in the vendor's proposal submission.

   d. No hard copies or electronic copies of any reference form is required.

2. Subcontractor References
   a. If the vendor intends on using subcontractors, in addition to the 3 references for the prime vendor, the vendor **shall** provide one (1) reference for each Subcontractor the Vendor is proposing. References should be from clients knowledgeable of the subcontractor's performance in providing services similar to those sought in this RFP.

   b. The subcontractor **must** use the Reference Form located in the *Technical Proposal Packet* to provide references. No other reference form or format **shall** be accepted. The subcontractor **shall not** include any additional content beyond that which is requested on the form.

c. Each reference form submitted should be sealed and preferably included in the vendor's proposal submission at the appropriate place in Technical Proposal Packet.

d. If additional time is needed to obtain *subcontractor* references, these reference form(s) may be submitted separately from the proposal submission and **shall** be due by 2:00 p.m. CST on December 8, 2016. The form(s) **must** be delivered to the address shown on page 1 of the RFP, and **must** be clearly marked as required on page 1.

e. If delivered separately from the proposal, the packet for the subcontractor reference forms **must not** contain other documents or narratives.

f. No hard copies or electronic copies of any reference form is required.

- On the Submission Requirements page of the Technical Proposal Packet, delete the second bullet which states: *These items will not be scored as part of the bid evaluation; however, failure to provide the required information/documents **shall** result in disqualification of the vendor's bid.* Replace with the following:

  - Financial Capability: This item **shall** be scored per E.1.D below.
  - Conflict Of Interest Affidavit: This item **shall** be reviewed by DHS Legal Counsel for qualification/disqualification of the proposal.
  - Reference Form: These items **shall** be scored per E.1.C below.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at angela.allman@dfa.arkansas.gov or (501) 371-6156.

Company: Public Consulting Group, Inc.

Signature: William Hosodowski

Date: November 30, 2016

E.O. 98-04 Contract Grant and Disclosure Form (Original Only)

PUBLIC CONSULTING GROUP

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ Yes ☒ No

SUBCONTRACTOR NAME:

TAXPAYER ID NAME: Public Consulting Group, Inc.

IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

YOUR LAST NAME: Mosakowski FIRST NAME: William M.I.: S

ADDRESS: 148 State Street, Tenth Floor

CITY: Boston STATE: MA ZIP CODE: 02109 COUNTRY: United States

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator representative name of board/ commission data entry etc]	For How Long?		What is the person(s) name and how are they related to you? [i e , Jane Q. Public, spouse, John Q Public, Jr child, etc]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ **None of the above applies**

FOR AN ENTITY (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity

Position Held	Mark (√)		Name of Position of Job Held [senator representative name of board/commission data entry etc]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☐ **None of the above applies**

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title President, Founder & CEO Date 11/30/2016

Vendor Contact Person Paul Buckley Title Director of Business Development Phone No. 781-548-9146

Agency use only

Agency Number_____ Agency Name_____ Agency Contact Person_____ Contact Phone No._____ Contract or Grant No._____

PCG Equal Opportunity Policy (Original Only)

Equal Employment Opportunity Policy Statement

Public Consulting Group, Inc. is committed to a policy of equal employment opportunity. In keeping with this policy, all decisions regarding recruitment, hiring, training, promotion, compensation, benefits, transfers, layoffs, return from layoff, company-sponsored training, education, and social and recreational programs will be administered without regard to race, color, religious creed, gender, marital status, age, sexual orientation, national origin, Veteran status, disabling condition, or any other protected status.

Public Consulting Group, Inc. will continue its efforts and renew its commitment to fully utilize and treat equally minority groups, women, Vietnam-era veterans, and disabled individuals at all levels and in all segments of the workforce through an affirmative action policy and plan. The goals of this affirmative action policy and plan are to eliminate institutional barriers in employment that tend to perpetuate the status quo and to eliminate the effects of any past discriminations. In effectuating this affirmative action policy and the policy of equal employment opportunity, I am requesting all staff to cooperate with our Affirmative Action Director, Diane T.L. Santoro, in working toward and achieving these goals.

Any questionable discriminatory actions relating to race, color, religious creed, gender, marital status, age, sexual orientation, national origin, Veteran status, or disabling condition of any kind and all other protected classes should be reported immediately to me or to the designated Equal Employment Opportunity Affirmative Action ("EEO AA") Director, Diane T.L. Santoro, at 148 State Street, Tenth Floor, Boston, Massachusetts, 02109.

William S. Mosakowski
President, Public Consulting Group, Inc.

Voluntary Product Accessibility Template (Original Only)

Print Form

UNITED STATES DEPARTMENT OF STATE INFORMATION RESOURCE MANAGEMENT

IMPACT

PROGRAM FOR ACCESSIBLE COMPUTER/COMMUNICATION TECHNOLOGY

Voluntary Product Accessibility Template (VPAT)

Date: November 23, 2016

Product Name: Compass

Product Version N umber: _____

Vendor Company Name: Center for Information Management Inc.

Vendor Contact Name : Benjamin Erridge

Vendor Contact Telephone: 734 930-0855

APPENDIX A: Suggested Language Guide

Summary Table
Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Re marks and **explanations**
Section 1194.21 Software Applications and Operating S ystems	Supports	Please see remarks below.
Section 1194.22 Web-based Internet Information and Applications	Supports	Please see remarks below.
Section 1194.23 Telecommunications Products	Not applicable	Please see remarks below.
Section 1194.24 Video and Multi-media Products	Not applicable	Please see remarks below.
Section 1194.25 Self-Contained, Closed Products	Not applicable	Please see remarks below.
Section 1194.26 Desktop and Portable Computers	Not applicable	Please see remarks below.
Section 1194.31 Functional Performance Criteria	Supports	Please see remarks below.
Section 1194.41 Information, Documentation and Support	Supports	Please see remarks below.

Section 1194.21 Software Applications and Operating Systems - Detail

Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and **explanations**
(a) When software is designed to run on a system that has a keyboard, product functions shall be executable from a keyboard where the function itself or the result of performing a function can be discerned textually.	Supports	
(b) Applications shall not disrupt or disable activated features of other products that are identified as accessibility features, where those features are developed and documented according to industry standards. Applications also shall not disrupt or disable activated features of any operating system that are identified as accessibility features where the application programming interface fo r those accessibility features has been documented by the manufacturer of the operating system and is available to the product developer.	Insufficient Information	We are not aware of any disruption to accessible features
(c) A well -defined on -screen indication of the current focus shall be provided that moves among interactive interface elements as the input focus changes. The focus shall be programmatically exposed so that Assistive Technology can track focus and focus changes.	Supports	
(d) Sufficient information about a user interface element including the identity, operation and state of the element shall be available to Assistive Technology. When an image represents a program element, the information conveyed by the image must also be available in text.	Supports	

(e) When bitmap images are used to identify controls, status indicators, or other programmatic elements, the meaning assigned to those images shall be consistent throughout an application's performance.	Supports	
(f) Textual information shall be provided through operating system functions for displaying text. The minimum information that shall be made available is text content, text input caret location, and text attributes.	Not Applicable	
(g) Applications shall not override user selected contrast and color selections and other individual display attributes.	Supports	
(h) When animation is displayed, the information shall be displayable in at least one non-animated presentation mode at the option of the user.	Supports	
(i) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.	Supports	
(j) When a product permits a user to adjust color and contrast settings, a variety of color selections capable of producing a range of contrast levels shall be provided.	Not Applicable	
(k) Software shall not use flashing or blinking text, objects, or other elements having a flash or blink frequency greater than 2 Hz and lower than 55 Hz.	Supports	
(l) When electronic forms are used, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Supports	

Section 1194.22 Web-based Intranet and Internet information and Applications - Detail

Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) A text equivalent for every non-text element shall be provided (e.g., via "alt", "longdesc", or in element content).	Supports	
(b) Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.	Not Applicable	No multimedia presentations are used
(c) Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup.	Supports	
(d) Documents shall be organized so they are readable without requiring an associated style sheet.	Partially Supported	Users can apply their own style sheets. Turning off stylesheets completely is not recomended
(e) Redundant text links shall be provided for each active region of a server-side image map.	Not Applicable	Redundant text links are not used
(f) Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.	Not Applicable	Image maps are not used
(g) Row and column headers shall be identified for data tables.	Supports	
(h) Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.	Supports	
(i) Frames shall be titled with text that facilitates frame identification and navigation	Supports	

(j) Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.	Supports	
(k) A text -only page, with equivalent information or functionality, shall be provided to make a web site comply with the provisions of this part, when compliance cannot be accomplished in any other way. The content of the text-only page shall be updated whenever the primary page changes.	Partially Supports	Much of the information available in the application is available in text only format
(l) When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by Assistive Technology.	Supports	
(m) When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet that complies with 1194.21(a) through (l).	Not Applicable	No plugins or applets are used
(n) When electronic forms are designed to be completed on-line, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Supports	
(o) A method shall be provided that permits users to skip repetitive navigation links.	Not Applicable	repetitive navigation links are not used
(p) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Not Applicable	Not timed responses are used

Section 1194.23 Telecommunications Products - Detail

Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) Telecommunications products or systems which provide a function allowing voice communication and which do not themselves provide a TTY functionality shall provide a standard non-acoustic connection point for TTYs. Microphones shall be capable of being turned on and off to allow the user to intermix speech with TTY use.	Not Applicable	
(b) Telecommunications products whic h include voice communication functionality shall support all commonly used cross-manufacturer non-proprietary standard TTY signal protocols.	Not Applicable	
(c) Voice mail, auto-attendant, and interactive voice response telecommunications systems shall be usable by TTY users with their TTYs.	Not Applicable	
(d) Voice mail, messaging, auto-attendant, and interactive voice response telecommunications systems that require a response from a user within a time interval, shall give an alert when the time interval is about to run out, and shall provide sufficient time for the user to indicate more time is required.	Not Applicable	
(e) Where provided, caller identification and similar telecommunications functions shall also be available for users of TTYs, and for users who cannot see displays.	Not Applicable	

(f) For transmitted voice signals, telecommunications products shall provide a gain adjustable up to a minimum of 20 dB. For incremental volume control, at least one intermediate step of 12 dB of gain shall be provided.	Not Applicable	
(g) If the telecommunications p roduct allows a user to adjust the receive volume, a function shall be provided to automatically reset the volume to the default level after every use.	Not Applicable	
(h) Where a telecommunications product delivers output by an audio transducer which is normally held up to the ear, a means for effective magnetic wireless coupling to hearing technologies shall be provided.	Not Applicable	
(i) Interference to hearing technologies (including hearing aids, cochlear implants, and assistive listening devices) shall be reduced to the lowest possible level that allows a user of hearing technologies to utilize the telecommunications product.	Not Applicable	
(j) Products that transmit or conduct information or communication, shall pass through cross-manufacturer, non-proprietary, industry-standard codes, translation protocols, formats or other information necessary to provide the information or communication in a usable format. Technologies which use encoding, signal compression, format transformation, or similar techniques shall not remove information needed for access or shall restore it upon delivery.	Not Applicable	
(k)(1) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be tactilely discernible without activating the controls or keys.	Not Applicable	

(k)(2) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be operable with one hand and shall not require tight grasping, pinching, twisting of the wrist. The force required to activate controls and keys shall be 5 lbs. (22.2N) maximum.	Not Applicable	
(k)(3) Products which have mechanically operated controls or keys shall comply with the following: If key repeat is supported, the delay before repeat shall be adjustable to at least 2 seconds. Key repeat rate shall be adjustable to 2 seconds per character.	Not Applicable	
(k)(4) Products which have mechanically operated controls or keys shall comply with the following: The status of all locking or toggle controls or keys shall be visually discernible, and discernible either through touch or sound.	Not Applicable	

Section 1194.24 Video and Multi-media Products - Detail

Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
a) All analog television displays 13 inches and larger, and computer equipment that includes analog television receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals. As soon as practicable, but not later than July 1, 2002, widescreen digital television (DTV) displays measuring at least 7.8 inches vertically, DTV sets with conventional displays measuring at least 13 inches vertically, and stand-alone DTV tuners, whether or not they are marketed with display screens, and computer equipment that includes DTV receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals.	Not Applicable	
(b) Television tuners, including tuner cards for use in computers, shall be equipped with secondary audio program playback circuitry.	Not Applicable	
(c) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain speech or other audio information necessary for the comprehension of the content, shall be open or closed captioned.	Not Applicable	

(d) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain visual information necessary for the comprehension of the content, shall be audio described.	Not Applicable	
(e) Display or presentation of alternate text presentation or audio descriptions shall be user-selectable unless permanent.	Not Applicable	

Section 1194.25 Self-Contained, Closed Products - Detail

Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) Self contained products shall be usable by people with disabilities without requiring an end-user to attach Assistive Technology to the product. Personal headsets for private listening are not Assistive Technology.	Not Applicable	
(b) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Not Applicable	
(c) Where a product utilizes touchscreens or contact-sensitive controls, an input method shall be provided that complies with 1194.23 (k) (1) through (4).	Not Applicable	
(d) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not Applicable	
(e) When products provide auditory output, the audio signal shall be provided at a standard signal level through an industry standard connector that will allow for private listening. The product must provide the ability to interrupt, pause, and restart the audio at anytime.	Not Applicable	

(f) When products deliver voice output in a public area, incremental volume control shall be provided with output amplification up to a level of at least 65 dB. Where the ambient noise level of the environment is above 45 dB, a volume gain of at least 20 dB above the ambient level shall be user selectable. A function shall be provided to automatically reset the volume to the default level after every use.	Not Applicable	
(g) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.	Not Applicable	
(h) When a product permits a user to adjust color and contrast settings, a range of color selections capable of producing a variety of contrast levels shall be provided.	Not Applicable	
(i) Products shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.	Not Applicable	
(j) (1) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: The position of any operable control shall be determined with respect to a vertical plane, which is 48 inches in length, centered on the operable control, and at the maximum protrusion of the product within the 48 inch length on products which are freestanding, non-portable, and intended to be used in one location and which have operable controls.	Not Applicable	

(j)(2) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Where any operable control is 10 inches or less behind the reference plane, the height shall be 54 inches maximum and 15 inches minimum above the floor.	Not Applicable	
(j)(3) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Where any operable control is more than 10 inches and not more than 24 inches behind the reference plane, the height shall be 46 inches maximum and 15 inches minimum above the floor.	Not Applicable	
(j)(4) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Operable controls shall not be more than 24 inches behind the reference plane.	Not Applicable	

Section 1194.26 Desktop and Portable Computers

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) All mechanically operated controls and keys shall comply with 1194.23 (k) (1) through (4).	Not Applicable	
(b) If a product utilizes touchscreens or touch-operated controls, an input method shall be provided that complies with 1194.23 (k) (1) through (4).	Not Applicable	
(c) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not Applicable	
(d) Where provided, at least one of each type of expansion slots, ports and connectors shall comply with publicly available industry standards	Not Applicable	

Section 1194.31 Functional Performance Criteria - Detail

Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) At least one mod e of operation and information retrieval that does not require user vision shall be provided, or support for Assistive Technology used by people who are blind or visually impaired shall be provided.	Partially Supports	
(b) At least one mode of operation and information retrieval that does not require visual acuity greater than 20/70 shall be provided in audio and enlarged print output working together or independently, or support for Assistive Technology used by people who are visually impaired shall be provided.	Supports	
(c) At least one mode of operation and information retrieval that does not require user hearing shall be provided, or support for Assistive Technology used by people who are deaf or hard of hearing shall be provided	Supports	
(d) Where audio information is important for the use of a product, at least one mode of operation and information retrieval shall be provided in an enhanced auditory fashion, or support for assistive hearing devices shall be provided.	Not Applicable	No audio is used
(e) At least one mode of operation and information retrieval that does not require user speech shall be provided, or support for Assistive Technology used by people with disabilities shall be provided.	Supports	

(f) At least one mode of operation and information retrieval that does not require fine motor control or simultaneous actions and that is operable with limited reach and strength shall be provided.	Supports	

Section 1194.41 Information, Documentation and Support - Detail Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) Product support documentation provided to end-users shall be made available in alternate formats upon request, at no additional charge	Supports	
(b) End - users shall have access to a description of the accessibility and compatibility features of products in alternate formats or alternate methods upon request, at no additional charge.	Not Supported	Documents can be developed to facilitate this criteria
(c) Support services for products shall accommodate the communication needs of end-users with disabilities.	Supports	

APPENDIX A (of the DoS VPAT/GPAT Checklist)

Suggested Language for Filling out the VPAT/GPAT

In order to simplify the task of conducting market research assessments for procurement officials or customers, ITIC (Information Technology Industry Council) has developed suggested language for use when filling out a VPAT/GPAT. You may choose to employ all or some of the language below. Once you determine what language you intend to use, we recommend that use is consistent throughout all of your VPAT/GPATs.

Supporting Features (Column 2 on VPAT/GPAT)

Supports
Use this language when you determine the product fully meets the letter and intent of the Criteria.

Partially Supports or Supports with Exceptions
Use this language when you determine the product does not fully meet the letter and intent of the Criteria, but provides some level of access relative to the Criteria.

Supports through Equivalent Facilitation
Use this language when the product instead uses a different but equivalent or better means of meeting the EIT accessibility Criteria.

Supports when combined with Compatible AT
Use this language when you determine the product fully meets the letter and intent of the Criteria when used in combination with Compatible AT. For example, many software programs can provide speech output when combined with a compatible screen reader (commonly used assistive technology for people who are blind).

Does not Support
Use this language when you determine the product does not meet the letter or intent of the Criteria.

Not Applicable
Use this language when you determine that the Criteria do not apply to the specific product.

Not Applicable - Fundamental Alteration Exception Applies
Use this language when you determine a Fundamental Alteration of the product would be required to meet the Criteria (see the access board standards for the definition of "fundamental alteration").

IMPAC T Ou tre ach Center
IRM Program for Accessible Computer/Communication Technology
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Int ernet : http://www.state.gov/accessibility
Intranet : http://ibiz.st at e.gov

E. Information for Evaluation

E.1 Vendor Qualifications
E.2 Assessment Instruments and Assessment Operations
E.3 Assessors and Assessment Staffing
E.4 Information Technology Platform
E.5 Transformation Support, Training, and Related Staff
E.6 Key Personnel and Other Staffing Requirements
E.7 Quality Assurance
E.8 Planning and Implementation
E.9 Reporting
E.10 Performance Standards

E.1 Vendor Qualifications

E.1.A Relevant Experience
E.1.B Transformation Support Experience
E.1.C References
E.1.D Supplier Qualifier Report

E.1.A Relevant Experience

E.1 VENDOR QUALIFICATIONS

E.1.A Relevant Experience

Section Summary

In this *Section E.1 Vendor Qualifications*, you ask us to describe past experience with similar projects and services and their relationship to the work defined under this Scope of Work (Section A.1); to discuss our experience managing subcontractors as well as our approach to interacting with the target audiences during assessments (Section A.2); and, finally, to inventory active and past litigation (Section A.3).

In the response that follows below, the Evaluation Committee will learn that:

- Public Consulting Group, Inc. (PCG) is priming this engagement and has partnered with two other firms (for assessment and technology services). This bid meets and exceeds the vendor experience qualifications outlined on ages 18-19 of the RFP.
- PCG has developed a core competency in Medicaid provider training and stakeholder outreach and education which it has applied when other states are implementing major program changes;
- LifePlans, a member of the PCG Team and our Assessment partner, is a national firm with a record of more than 4 million assessments completed; as importantly, 15,000 of those assessments have been completed in Arkansas, on behalf of commercial carriers;
- The Center for Information Management, Inc. (CIM), a member of The PCG Team and our technology partner, is already supporting 1.5 million assessments and 12,000 assessors on the same technology we will customize for Arkansas' needs.
- PCG's significant and timely knowledge of the Arkansas landscape enhances its ability to assist DHS and the Administration in reaching, through this contract, its broader policy goals and objectives;
- PCG, on its Health projects alone, manages over 50 subcontractors, representing over $13 million in revenue, which should provide you confidence that subcontractor performance will not compromise project performance;
- PCG interacts with developmentally disabled, behavioral health, and aged populations every day in more than 20 states;
- PCG employs an eight-point checklist to ensure staff engages those customers in an appropriate, attuned, and professional manner; and,
- PCG has no past or pending legal actions that would compromise our ability to perform the work described in this proposal.

A.1. Describe your company's past experience with similar projects and services. List and describe all the projects that meet the 5-year minimum experience requirements. Specifically describe your experience or your subcontractor's experience and how each experience is directly related to the work that will be performed under this Scope of Work.

Past Experience with Similar Projects

The members of the PCG Team, comprised of Public Consulting Group, Inc. (PCG), LifePlans, Inc., and the Center for Information Management, Inc. (CIM), each have significant experience which directly mirrors or is highly relevant to this Scope of Work.

- **PCG** ensures care plans, generated by assessment tools, for Medicaid recipients in Ohio and North Carolina are followed; works directly with consumers in the three target population groups in more than 20 states, including the neighboring states of Oklahoma and Tennessee; and, routinely delivers, as a core competency, Medicaid provider training and stakeholder outreach and education.

- **LifePlans** has provided telephonic and in-person, clinical and non-clinical assessments specific to Medicaid members in 18 states including Arkansas, Florida, Georgia, Kentucky, Louisiana, Missouri, Tennessee, and Texas; **conducted over 4 million assessments of both public and privately insured members** over their existence; and, maintains an active national network of 4,000 field nurses to conduct assessments.

- **CIM** has provided technology, including software, applications, and systems, as well as IT consulting services to three states that is directly applicable to this scope of work. Those states are Arkansas, New York, and Michigan.

Before we elaborate in more detail on this and other relevant experience we would first like to explain our cross-walk approach. In the table below, we have listed the Vendor Qualifications found at *Section 2.2* of the RFP (pages 18-19 of 65) and the requirements found in the *Information for Evaluation* section of the Technical Proposal Packet. We then note where the Qualification is addressed as we respond in the manner prescribed by the Packet. For example, in this section, we are responding to *Vendor Qualifications* Section 2.2.A,1, A.3, A.4, and A.9. Responses to the remainder of *Section 2.2.A* can be found in different sections of this proposal as indicated in the table below.

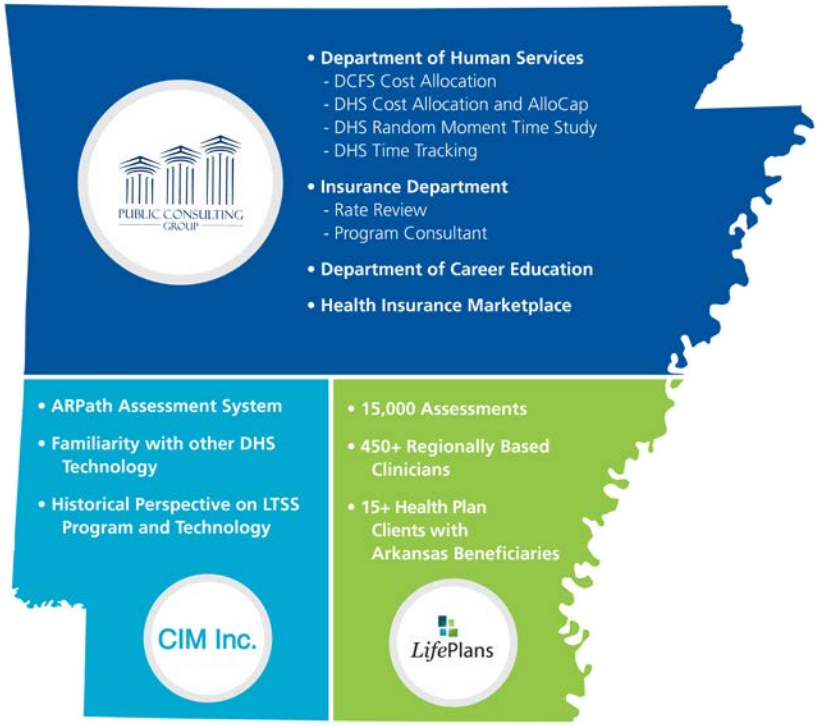

Figure E.1.A.1: The PCG Team. PCG, LifePlans, and CIM all have strong track records in Arkansas

Vendor Qualifications Crosswalk

RFP ID	Requirement Citation	Response Location	
2.2.A.1	The Vendor and/or a combination of the Vendor and the Vendor's subcontractors **shall** have at least five (5) years of cumulative experience working on a similar implementation and administration of Independent Assessment projects for at least three other state Medicaid programs or similar state human services programs. This includes the management, support and hosting of Assessment Instruments on the Vendor's information technology platform.	E.1.A	**(A.1)**
2.2.A.2	The Vendor and/or a combination of the Vendor and the Vendor's subcontractors **shall** have at least three (3) years of cumulative experience working on similar transformation support projects for at least three (3) other state Medicaid programs or similar state human services programs. This experience **shall** include the development of a curriculum and the training of employees through in-person, electronic and telephonic methods.	E.1.B	**(B.1)**
2.2.A.3	The Vendor's experience requirements listed herein may be met by subcontractors. The subcontractor **shall** perform the specific service or function which relates to the required experience.	E.1.A	**(A.1)**
2.2.A.4	If the Vendor proposes to use subcontractors, the Vendor's proposed subcontractors **shall** have experience working on similar projects with other State Medicaid or human services programs.	E.1.A	**(A.1)**
2.2.A.5	The Vendor or its subcontractors **must** have experience providing stakeholder outreach and education, particularly with Medicaid providers, for a project of similar scope.	E.1.B	**(B.3)**
2.2.A.6	The Vendor **shall** have experience managing subcontractors, if the Vendor proposes to use subcontractors.	E.1.A	**(A.2)**
2.2.A.7	The Vendor **shall** have experience with the delivery of assessments and interacting and communicating with the target audience, which includes individuals diagnosed with intellectual disabilities, behavioral/mental health diagnoses, physical disabilities, and aging populations, or other similar experience. Experience shown should be work done by individuals who will be assigned to this project as well as that of the Vendor's company. Studies or projects referred to **must** be identified and the name of the client E.1.Bdisclosed.	E.1.A	**(A.2)**
2.2.A.8	The Vendor **shall** have experience conducting activities related to transformation support including curriculum development based on a needs assessment, conducting in-person training sessions for small and large groups, hosting a helpline and electronic database of training materials, staffing on-site coaches as necessary, and the ability to ramp up services during an intensive period and ramp down after the conclusion of an intensive period.	E.1.B	**(B.2)**
2.2.A.9	The Vendor **shall** have the ability to interact and exchange data electronically with the State or the State's designee.	E.1.A	**(A.1)**

Relevant Experience with the Implementation and Administration of Independent Assessments and Developmental Screenings

Over its history, LifePlans has assessed the functional, cognitive, and medical status of over 4 million individuals, both in-person and over the telephone. Over the last five years alone, **PCG has conducted over 300,000 in-person assessments to determine compliance with assessment care plans.** Through this combined experience, the PCG Team is well-positioned to apply best practices and a robust skill sets to successfully implement and administer Independent Assessments and Developmental Screenings for DAAS, DBHS, and DDS.

A look inside these numbers reveals even more about the Team's assessment and screening experience and capabilities. Within the last five years, LifePlans has garnered specific and significant experience working with Medicaid members through its contracts with long-term care companies and managed care organizations. **LifePlans has provided telephonic and in-person, clinical and non-clinical assessments for multiple Medicaid and Dual Special Needs Plans in 18 states** including: Arkansas, Connecticut, Florida, Georgia, Hawaii, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, New York, Ohio, South Carolina, Tennessee, and Texas.

The Arkansas experience deserves special mention. LifePlans has already conducted 15,000 assessments in Arkansas on behalf of their commercial clients. These entities include two Blue Cross Blue Shield plans, Coventry Carelink, John Hancock, State Farm, United Healthgroup, and WellCare, and cover members who live in Arkansas. LifePlans currently has immediate access to 50 locally-based contracted, licensed, and qualified clinicians who can perform assessments across the state. **(Please note that LifePlans intends, with the State's permission, to identify, recruit, and interview any nurses currently working under DHS whose employment situation may be disrupted by this initiative.)** They have access as well to another 400+ clinicians in States contiguous to Arkansas that can readily expand the workforce. In addition, LifePlans has time-tested protocols in place that support an ability to rapidly ramp up coverage within 4 to 6 weeks. This combined experience and capability offers DHS a shorter, more streamlined implementation process than our competitors.

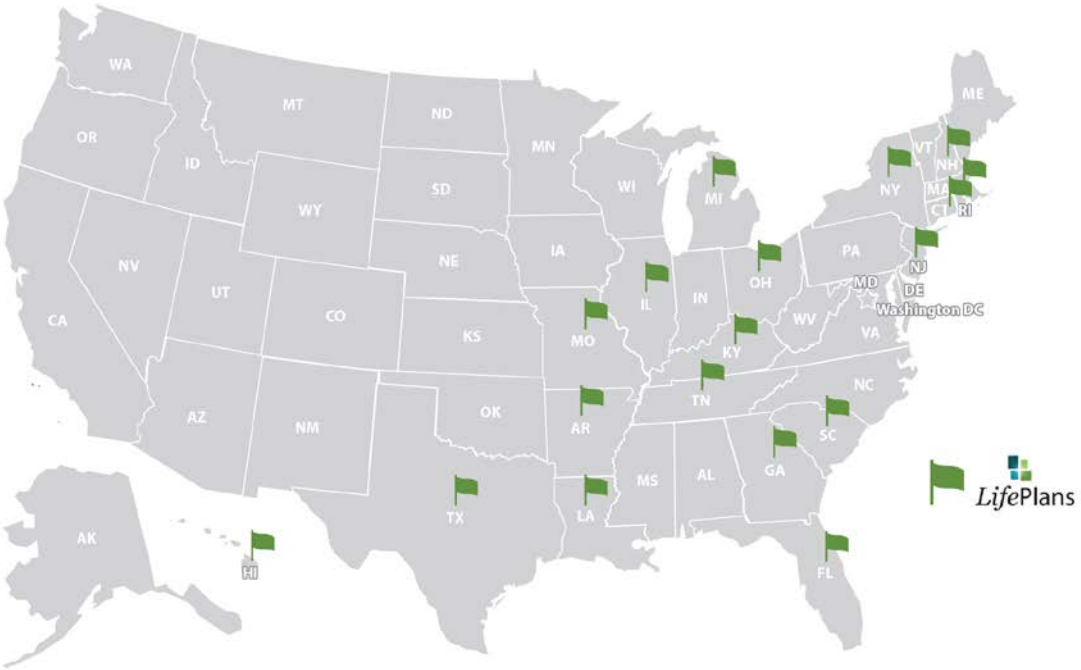

Figure E.1.A.2: LifePlans Map. Life Plans has performed Assessments for Medicaid members in 18 states.

Background on LifePlans

LifePlans, Inc. was incorporated in the Commonwealth of Massachusetts in 1986 and since that time has been providing an array of in-home and telephonic nursing assessment and care coordination services to more than 40 health and long-term care (LTC) insurers since the inception of the company. LifePlans is one of the largest and most experienced assessment services companies in the country. It features one of the largest contracted nursing networks (4,000 clinicians strong) focused on elderly and vulnerable populations, many of whom have functional, cognitive and medical deficits. Their comprehensive array of services is designed to meet needs across a variety of programs in different states and assure that health assessment information and education is objective, reliable and actionable.

LifePlans currently provides services to more than a quarter million people a year. Our strategy to approaching our nursing visits and prevention programs is to rely on both our clinical expertise as well as technology savvy to deliver the most objective and reliable information based on validated tests as quickly as possible. The LifePlans service array includes in-home assessments, care coordination services, medication reconciliations, fall prevention/home safety evaluation programs, and care transition services. Its target population is aging and dually eligible adults and chronically ill elders., More recently, LifePlans has successfully expanded its reach into other vulnerable populations including behavioral health and developmental disabilities. Because their network is one of the largest in the country, they can rapidly deploy and provide local clinical resources and services anywhere in the U.S.

Relevant Experience with Centralized Information Technology Platforms for Assessment Instruments, Developmental Screens, and Tier Determinations

The Center for Information Management, Inc. (CIM) has **provided a range of information technology support related to assessments and tools in three states, including Arkansas, New York, and Michigan, as well as for a national non-profit public sector managed care organization.** In Arkansas CIM was hired to rapidly develop a replacement system for an offline assessment collection system that failed at deployment. The CIM replacement system is still in use today in Arkansas where it can be accessed by online and offline users. The system features eligibility and level of care calculations, RUGs outputs, and an assisted living algorithm calculation. CIM has been working with the State of Michigan since 1992 and in 2003 created a private service bureau so that Home and Community Based Services waiver agencies could have access to an IT platform for their assessments. Today a web-based system provides automated tools for client data including initial and ongoing assessments, enrollee status, care and service plans, provider payment requests, and Medicaid claims.

However, it is the experience gained from its New York engagement which is most relevant to this procurement. The CIM Assessment software for Arkansas will be modeled on the same software framework that has been successfully deployed in New York State for their assessment program -- the statewide Uniform Assessment System of the State of New York (UAS-NY). This approach – **customizing for Arkansas a currently operating IT platform already capturing assessment data** – provides Arkansas the highest value, lowest risk technology option available to you through this procurement.

Over 1.5 million assessments have been supported by CIM technology in New York. More than 12,000 assessors have been trained successfully in using the CIM software. The proprietary software is web-based

Summary of Experience	
Program	**Years**
MI Choice Service Bureau	3
Arkansas ARPath Assessment System	4
New York DOH Assessment System	4
OH Integrated Assessment System	13

CIM will configure a multifaceted IT platform for collection and completion of the Independent Assessments and Developmental Screenings to meet the requirements of the RFP including the ability to interact and exchange data electronically with the State, drawing on its experience creating the UAS-NY application. CIM has extensive experience working with assessors and care coordinators working at LTSS service providers and has applied these insights to create intuitive software that reduces training burden and maximizes assessor productivity. These user-friendly aids are available in both its on-line as well as its off-line solutions. CIM will also draw from its experience in Michigan, noted above. There CIM provided extensive information management tools that extend well beyond the collection of standardized independent assessments tools to include software to create person-centered plans of care based on detailed assessments, detailed services delivery plans based on plans of care, automated notifications to contracted service providers based on service plans, automated billing collection for payment to service providers limited by service plans, as well as generation and reconciliation of encounter claims.

Background on Center for Information Management (CIM)

CIM is located in Ann Arbor, Michigan. Its principals bring a wealth of knowledge and domain expertise from working with several different states to automate various assessments and functional eligibility determination processes. **CIM has been an officially licensed vendor for the interRAI suite** of assessment instruments for many years and has deployed solutions for both private and governmental organizations. InterRAI offers qualified organizations license agreements to use their suite of assessment instruments. CIM has been developing interRAI assessment software since 1999 and is fully licensed for the entire suite of InterRAI instruments. However, **CIM also has experience automating other evidenced-based and proprietary assessment instruments** within the same systems as those using interRAI instruments, such as the two age-specific Child and Adolescent Needs and Strengths (CANS) assessment instruments available from the John Praed Foundation.

Relevant Experience with Target Populations Served by DAAS, DBHS, and DDS

Both PCG and LifePlans have experience with the target populations served by the three divisions under DHS that will be supported by this RFP. There are multiple examples of what that experience entails. Below we provide representative illustrations for each target population.

Older Arkansans and Adults with Physical Disabilities Target Population (DAAS)

The preceding narrative has described in detail the assessment experience of LifePlans and PCG with this population. Combined the two firms have touched this population more than 4 million times to date, with 250,000 encounters being added every year. The Team has worked with Medicaid beneficiaries through both state Medicaid programs and carriers.

In Ohio, we see Beneficiaries in their homes every single day.

PCG's work for the **State of Ohio** is one demonstration of our knowledge of the Long Term Support Services (LTSS) environment. It reflects a commitment to ensure that services needed by this population and authorized by oversight entities actually are provided and achieve the desired objective. Through our Ohio project, PCG investigates more than 1,200 reported health and safety issues *per month*, including but not limited to neglect, abuse, theft and suspicious death, for Medicaid waiver participants. These investigations bring us directly into the homes of beneficiaries on a day-to-day basis observing in-home and other support services provided to the thousands of recipients**.** Our team is comprised of experienced staff who have many years of experience with the LTSS population. We understand what it takes to ensure these populations are protected and served as prescribed by the State, the MCOs and the Waivers that govern the provision of these services. Our work results in formal closure to the investigations themselves, training opportunities for individual providers and often more than two dozen monthly fraud referrals for the Attorney General's office to consider. PCG manages 75 investigators, administrative support, data analysts, quality control and other staff across the state.

The Developmentally Disabled Target Population (DDS)

PCG has served the developmental disabilities population in a number of different ways throughout our history. We pride ourselves on our intimate understanding of this target population based on our work in consumer direction (which also serves LTSS and behavioral health clients as well). More than a decade ago, PCG recognized the need to provide fiscal intermediary services to the "DD" population through states consumer directed programs. PCG established an infrastructure to manage the funds the

consumer receives to pay for support services, the claims generated and the provider/employee serving the consumer. Today, PCG is supporting tens of thousands of clients served by state consumer directed agencies in 2 dozen states across the nation. We are the largest consumer direction fiscal intermediary in the country. We process nearly $1 billion in payroll and related claims annually for consumers and handle more than 40,000 phone calls per month from the consumers and their providers/employees. **Serving the developmental disabilities population has evolved into an important part of our mission** and our consumer direction services serve are demonstrated evidence of our commitment to this population.

The Behavioral Health Target Population (DBHS)

PCG has served the behavioral health marketplace for nearly 30 years since our founder, first employee, and now President Bill Mosakowski started the firm with behavioral health agencies as one of the core markets for our services. PCG's consumer direction program brings us into direct contact with the behavioral health population but that is not the only point of contact. A case study from the State of Texas is illustrative.

PCG has worked with the Texas Health and Human Services Commission (HHSC), Department of State Health Services (DSHS) to conduct a comprehensive assessment of the public behavioral health system in Texas and to provide recommendations for intermediate and long-term system redesign, focusing on improved access, service utilization, patient outcomes and system efficiencies. As part of this project, we conducted seven public stakeholder forums to share the proposed recommendations with consumers and stakeholders. To prepare those recommendations, PCG had to dive deep into the existing behavioral health system and collect information on populations, delivery mechanisms, funding sources, financing, purchasing, utilization, and other factors. It is this type of project that provides PCG with insight into the behavioral health system and into contact with those who operate within it every day.

Relevant Experience with DAAS, DBHS, and DDS Programs

No other vendor can match PCG's level of Medicaid programmatic knowledge.

PCG believes the experience we have shared with the Evaluation Committee thus far in this section solidly establishes our credentials via the experience of the three firms that comprise the PCG Team. We believe no other vendor can offer the combination of an assessor partner who has significant practical experience, including within Arkansas' borders; an IT partner with an assessment platform that is already operational and successful in another state; and direct experience with the target populations. But a significant, if possibly underrated, experiential qualification is a vendor's knowledge of the Medicaid program. Just how well does a vendor understand Medicaid and specifically these three program areas? How broad-based is that experience? How long has the vendor worked in Medicaid and in these three domains? How much subject matter knowledge exists about the rules, regulations, policies, and procedures that govern providers, recipients, and administrators? How much of that experience and knowledge comes from working in Arkansas?

There is likely no vendor submitting a proposal to you that is more experienced in Medicaid than Public Consulting Group. There is likely no vendor who knows the Arkansas Medicaid program better than Public Consulting Group. And both of those factors are critically important. That is because the ultimate success of the Independent Assessment initiative is tied in part to how well the vendor works with the three divisions who are the executive sponsors of this RFP *and the other stakeholders* who share DHS's

interests in promoting a more efficient, cost-effective, and higher quality care delivery system for these individuals.

The vendor who can best answer the questions we posed will bring an important value-add to this engagement. Below we highlight several PCG projects that shed light on those questions.

Ohio - PCG has partnered with the Ohio Department of Medicaid to implement an extensive provider screening, enrollment, training, and oversight project, aimed to improve the quality of services received by individuals on the Ohio Home Care Waiver, MyCare Ohio, HOME Choice, and Specialized Recovery Services (SRSP) programs. To date, PCG has conducted 7,613 provider reviews, investigated 55,800 violations, and enrolled 6,690 providers. During a provider onsite review, PCG reviews provider documentation and billing for services provided; verifies proof of education and licensure; and if the provider was non-compliant with the applicable rules and regulations, PCG issues a report with findings. Each area of non-compliance is addressed and recommendations for corrective actions are included.

Alaska - PCG was contracted by the Department of Health and Social Services (DHSS), Division of Senior and Disability Services, to evaluate the current long-term care delivery system and recommend options for systems change and improvement over the next 3, 10, and 20 years. The focus of this study included the aging population, individuals with physical disabilities, individuals with developmental disabilities, individuals with Traumatic Brain Injury, individuals with Alzheimer's and Related Conditions, and individuals with co-occurring substance abuse and mental health issues. The project required a combined fiscal/reimbursement and programmatic approach to the long-term care system. In order to complete this important study, PCG was charged with several keys tasks over the course of this engagement. These tasks included:

- Conducting a comparison of Alaska's long-term care system to that of other states;
- Reviewing the role of other payers in the long-term care system;
- Developing an interim report, collecting stakeholder feedback, issuing a Final Report Draft, ultimately the Final Report;
- Formulating a Transition Plan that outlines in detail the strategies, timelines, and changes needed to move DHSS from its current system of long-term care to an improved system of service delivery using the proposed recommendations; and

North Carolina - Our clinical team has reviewed more than 17,000 Plans of Care for Medicaid beneficiaries and more than 44,000 aides' visit logs submitted by more than 600 Personal Care Service (PCS) providers within the past year alone. Our seasoned clinical reviewers are highly versed in evaluating and determining medical necessity and conducting utilization reviews. Furthermore, our team has participated in hundreds of appeal hearings, reconsiderations and mediations. When PCG identifies gaps in policy, we make policy recommendations to our client.

West Virginia - PCG conducted a comprehensive review of the state's long-term care system in order to develop fiscal, regulatory, and programmatic strategies for rebalancing. PCG assisted the Office of the Ombudsman for Behavioral Health to meet the study's goals, which included: conducting on-site interviews and public forums to gather information and obtain stakeholder input concerning West Virginia's long term care system; analyzing the West Virginia long term care system and provide recommendations for implementing specific Money Follows the Person and rebalancing initiatives; providing projections for investment costs necessary for West Virginia to implement a Money Follows the Person program; and detailing cost savings, cost increases, and cost avoidance to implement recommended rebalancing initiatives.

Background Information on Public Consulting Group

Public Consulting Group, Inc. (PCG), a privately held corporation, was founded in 1986 by its current President and CEO, William S. Mosakowski. The company operates five business segments: Health; Human Services; Education; Public Partnerships, LLC; and Technology Consulting. PCG has 30 years of experience, primarily serving public sector clients.

At PCG, our goal is to address the unique and often multidimensional challenges of each public sector client by assembling project teams that call on the varied knowledge, skills, and technologies that are required to solve the client's problem. We draw from across our five practice areas as well as business partners/subcontractors to do so. For the purpose of this engagement, PCG will leverage the expertise of our Health Practice Area to ensure that the firm successfully meets the needs of Arkansas DHS. PCG Health helps state, local, and municipal health agencies respond optimally to reform initiatives, restructure service delivery systems to best respond to regulatory change, maximize program revenue, and achieve regulatory compliance. The Practice Area uses industry best practices to help organizations deliver quality services with constrained resources.

Currently, PCG Health has projects in 31 states and the District of Columbia. PCG has developed a deep understanding of the legal and regulatory requirements, and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We have helped numerous public sector organizations to maximize resources, make better management decisions using performance measurement techniques, improve business processes, improve federal and state compliance, and improve client outcomes. Many of PCG's employees have extensive experience and subject matter knowledge in a range of government-related topics, especially in Medicaid and Medicare policy to special education. PCG will bring this wide-breadth of knowledge and expertise to support Arkansas in this complex endeavor.

Relevant Arkansas Experience

PCG is experienced with helping Arkansas navigate healthcare transformations.

PCG became the **professional services consultant to the Arkansas Health Insurance Marketplace** in April 2014. We served as the Project Management Office (PMO) for the design, development and implementation of the Small Business Health Options Program (SHOP) information system. This system was launched on time and on budget.

Around the same time, **we helped the Arkansas Insurance Department establish new state regulations, policies and procedures** to support federal health insurance reforms that were passed as part of the Affordable Care Act (ACA) in 2010. We've also helped Arkansas forge its own healthcare reform path as an alternative to ACA provisions not supported by a majority of legislators or Governor Hutchinson. When Arkansas sought an alternative to expanding entitlement programs, PCG helped implement the Private Option. As consultants to the Arkansas Insurance Department, **we played a key role helping DHS run its Medicaid delivery system for the "expansion population"** through private, commercial "qualified health plans."

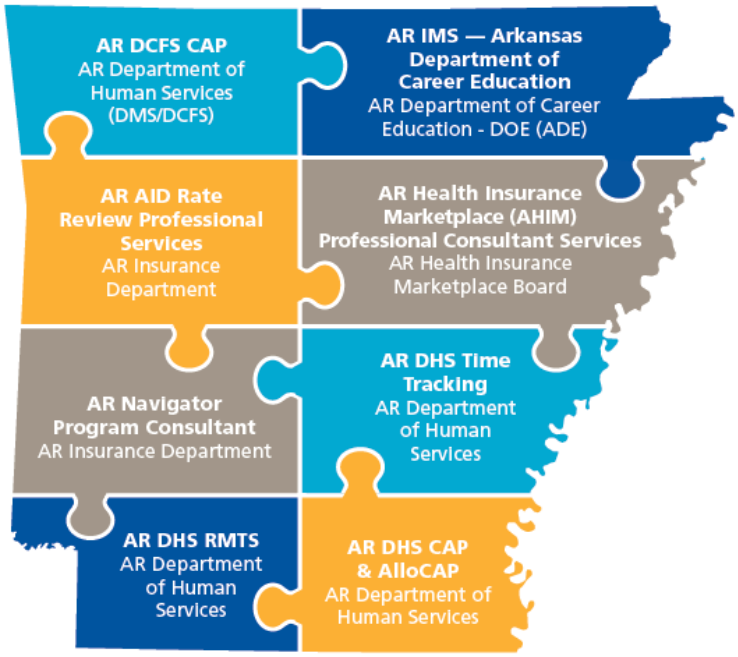

Figure E.1.A.3: PCG in Arkansas. PCG knows Arkansas. We are familiar with the landscape and are confident that this deep familiarity is part of what would make us the best fit to lead this initiative.

By 2015, many Arkansas lawmakers felt the Private Option did not go far enough to support state healthcare policy objectives, such as increasing access to employer sponsored insurance or reducing premium costs with coverage that was driven by consumer choice and responsibility. In response, **PCG wrote a paper for the Legislative Oversight Committee** on behalf of the Arkansas Health Insurance Marketplace outlining options for enhancing employer-based coverage. The ideas in this paper became the basis for the employer sponsored insurance provisions of the Arkansas Works legislation passed last year.

Our work with AHIM has consistently involved integration with DHS since more than 260,000 Arkansans access Medicaid healthcare through Marketplace plans. PCG has consistently offered specific ideas for how DHS could leverage the Marketplace to optimize private, commercial healthcare coverage for low income state residents. **We authored the most definitive look at 1332 waiver possibilities for Arkansas.** To this day, we remain confident the content of that paper was ahead of its time, and that many of the ideas included in it may well gain support in the immediate years ahead.

During the last several months, **PCG has also led many of the program design tasks for the Arkansas Works Employer Sponsored Insurance (ESI) initiative.** We built the employer portal to be used by state businesses looking to be part of the solution for providing healthcare to lower income workers.

As we've worked shoulder to shoulder with DHS and other healthcare leadership staff in Arkansas, we've gained a panoramic view of the strengths and weaknesses of many existing DHS programs and systems. We understand the challenges the State has experienced with implementation of the Eligibility and Enrollment Framework (EEF). We know transformation of the MMIS system remains a high priority that will drive resource allocations.

We also know Medicaid is only part of the integrated network of human services programs DHS administers, and we've seen the time and dedication staff have invested in addressing child welfare issues and the needs of vulnerable populations, including the aging, people with disabilities and those facing behavioral health challenges.

PCG's relationships with Arkansas DHS have cut across programs and functions. We've been a cost allocation consultant and we've helped implement behavioral health rate setting changes. **We are the best choice to be your Independent Assessment consultant because this effort will require integration across programs. We haven't worked a day in Arkansas where integrating services across programs wasn't at the center of what we do.**

A.2. Describe your company's experience managing subcontractors, if your company proposes to use subcontractors.

Subcontractor Management Experience

At any one time, Public Consulting Group, Inc. (PCG) is managing more than one thousand client engagements; the Health Practice Area itself, which is submitting this proposal, is managing as many as two hundred fifty projects. As a consulting firm, we need, at times, to partner with other firms to deliver for our clients the breadth and depth of services they demand. As a result, PCG has developed significant experience managing subcontractors.

To quantify that experience: **PCG Health is managing more than fifty subcontractors, large and small, as of November, 2016. We project spending more than $13 million on subcontractors in fiscal year 2016.** Our partners run the gamut, from staffing firms to technology companies, to subject matter experts across a number of domains. It is interesting to note that we have noticed that during this current decade, the need for subcontractor assistance is growing across the marketplace as clients face increasing challenges and projects become more complicated and/or more specialized.

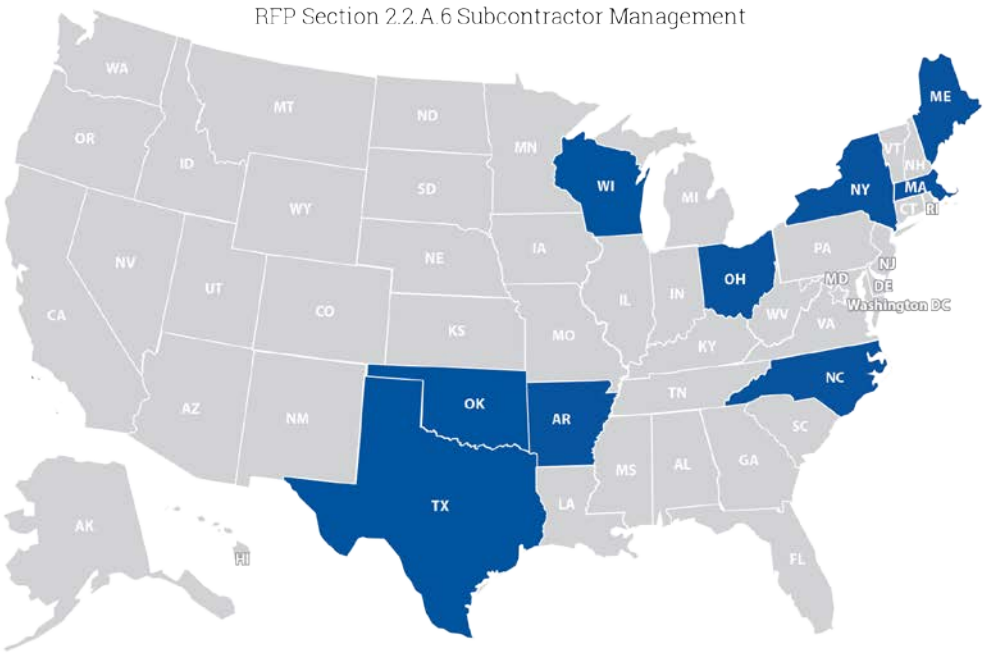

Figure E.1.A.4: PCG Subcontractor Management. PCG is extremely well versed in subcontractor management. We have managed subs all across the country.

We are comfortable subcontracting to others in part because our use of subcontractors is guided by three principles. These principles ensure that our subcontracting business model contributes to our client success. They are:

1. **Recognition** – realize when you do need the specialty services subcontractors possess
2. **Quality** – choose subcontractors carefully and utilize them wisely
3. **Results** – manage subcontractor performance closely and hold them accountable

Recognition

In reviewing the RFP requirements, we immediately recognized that Arkansas would be better served if PCG leveraged LifePlans, a long-time business partner, rather than our own resources to provide the clinical staff required to run quality assessment programs for the three divisions. LifePlans has staff available to meet the project timeframes, the firm has already worked in the Arkansas health care environment, and they are well-schooled in Assessment protocols. While PCG does have experience staffing up with its own hires its clinical projects, for example Ohio and North Carolina, we believe DHS's needs are better served by tapping a ready-made, experienced, and available resource.

PCG has a well-established and proven subcontractor business model.

Quality

Staff on both the state and vendor side routinely identify information technology as the single greatest contributor to project failure. We analyzed multiple technology options before choosing the Center for Information Management (CIM). CIM represents the type of quality subcontractor that, again, will serve the client's needs best. Rather than proposing to build an in-house PCG information technology platform and ask Arkansas to trust that approach, we saw this subcontractor as meeting DHS' needs best. CIM has been operating a successful Assessment platform in New York State for four years and, through its prior and current work with DAAS, is very familiar with the current technologies supporting Assessments.

Results

Choosing the right subcontractor, based on the prime's foresight and the partner's expertise, is not sufficient. The prime must manage performance of the subcontractor as closely as it does its own staff. It is here that PCG excels. We briefly cite two tangible examples below to provide the Evaluators confidence that PCG is capable of managing subcontractors in order to achieve results from its partners.

New York Delivery System Reform Incentive Payment Program (DSRIP)

PCG is the "Independent Assessor" for a $6.42B Medicaid Redesign Team Waiver program called DSRIP. Working under a multi-million dollar contract, PCG is charged with developing and evaluating applications for DSRIP funding. The project requires the use of several subcontractors who provide specialized services under the PCG umbrella. In part through the aggressive, yet professional, oversight of its subcontractors like Verisk Health, DataStat and Verrill Dana Law Firm, PCG has achieved the following for the client who is administering one of the five largest 1115 waiver programs in the country: :

- Managed the publicly transparent and impartial review of project plans;
- Evaluated integrated delivery systems, including coordination with health homes;
- Conducted ongoing monitoring and assessment of funds use;
- Devised operational, clinical and population health metrics and milestones to evaluate applicants and measure performance for payment;
- Assisted in developing and reviewing applications for Accountable Care Organizations; and
- Developed payment methodology for approved provider systems contingent upon completion of designated project milestones.

Asset Verification Services (AVS)

PCG is assisting about a dozen state Medicaid programs implement an AVS program to ensure applying and re-enrolling Aged, Blind and Disabled Medicaid members have only those assets that are within the thresholds established by the Medicaid program. In Oklahoma, PCG designed, tested, deployed and is operating an eligibility portal that has identified 6% of the population with assets beyond the established thresholds. In North Carolina, PCG integrated this technology directly into the existing MMIS system and achieved similar results. With ABD members responsible for more than $20,000 in annual Medicaid spending, states save $1 million for every 50 recipients deemed ineligible. States are seeing these kinds of savings in part because PCG is managing its partners, such as the firm Accuity, the nation's only AVS partner with access to 100% of the country's financial institutions.

A.3. Describe your company's experience with the delivery of assessments and interacting and communicating with the target audience, which includes individuals diagnosed with intellectual disabilities, behavioral/mental health diagnoses, physical disabilities, and aging populations and their caregivers or guardians, or other similar experience.

Assessment Delivery/Interaction/Communication with the Target Populations

PCG and LifePlans have significant experience assessing the functional, cognitive, and medical status of individuals. **LifePlans has done over 4 million individual assessments, both in person and over the telephone while PCG has conducted over 300,000 in-person assessments.** LifePlans experience is a mix of commercial and Medicaid populations while PCG's experience is exclusively with a Medicaid population. LifePlans has been providing an array of assessment and care coordination services to more than 40 health and long-term care (LTC) insurers across the country, including Arkansas, and currently provides these services to more than a quarter million people annually; PCG works in different capacities with the DAAS, DBHD, and DDS populations in over 30 Medicaid programs states, and currently does Assessments in two states

The PCG Team places great emphasis and focus on how staff deliver assessments, and interact and communicate with the target populations.

Our assessment delivery experience has allowed us to develop, as part of our onboarding process, person-centered sensitivity training, which includes a checklist addressing the following assessment delivery and human engagement considerations:

- **Communication method:** Identify the patient's preferred method of communication. Make necessary arrangements if translators are needed.
- **Language barriers:** Identify potential language barriers (verbal and nonverbal).
- **Cultural identification:** Identify the patient's culture. Work with interpreter as needed to understand patient's sensitivities.
- **Assessments:** Conduct assessments with cultural sensitivity in mind. Watch for inaccuracies.
- **Comprehension:** Double-check: Does the patient and/or family comprehend the situation at hand?
- **Beliefs:** Identify religious/spiritual beliefs. Make appropriate support contacts.
- **Trust:** Double-check: Does the patient and/or family appear to trust the caregivers? Remember to watch for both verbal and non-verbal cues.
- **Diet:** Address culture-specific dietary considerations

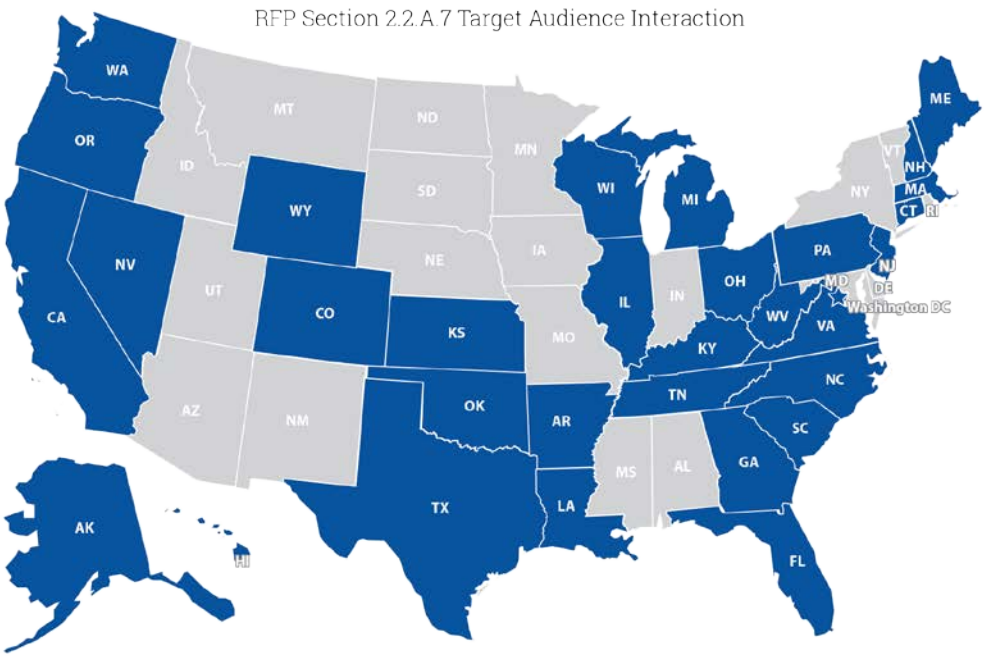

Figure E.A.1.5: PCG Team Target Audience Interaction Experience. The PCG Team has widespread and in depth experience interacting with all 3 target audience groups.

For us, it speaks volumes that we recognize the importance of having all assessors working on this initiative complete and pass this training. We seek to remind and reinforce with our staff, based on years of experience, that assessors be conscientious at all times of the populations they are serving, including individuals with intellectual disabilities, behavioral and mental health diagnoses, physical disabilities, aging populations, or other similar experience. We are dedicated to engaging the target audience with the most appropriate manner and professionalism.

A.4. Disclose any ongoing litigation and/or any resolved litigation (including by settlement) as it is applicable to your company, for the past five (5) years.

Litigation Disclosure

There are no past or pending legal actions that would compromise PCG's ability to perform the work described in this proposal. "The ongoing or existing litigation inventoried below can be categorized as either competitor disputes, personnel issues, or lawsuits arising from PCG's ongoing commitment to execute a contractual scope of work consistent with a client's expectation, approval, and ongoing oversight of our work.

Pending Legal Actions

***Border Area Mental Health, Inc., et al. v. United Behavioral Health, Inc., et al.,* No. 1:16-CV-01213 (U.S. District Court, District of New Mexico).** Plaintiff mental health care providers claim that a 2013 audit performed by PCG for the State of New Mexico improperly led to the plaintiffs being replaced with other providers in the state Medicaid program. PCG denies the allegations.

***Currier, McCabe and Associates, Inc. v. Public Consulting Group, Inc.,* No. 1:13-cv-00729-GLS-RFT (U.S. District Court, Northern District of New York)**. The plaintiff alleges in this June 2013 complaint that PCG breached a teaming agreement by not entering into a subcontractor agreement following contract award by the NY Department of Health. PCG denies the allegations and asserts legitimate business reasons for its actions. PCG's motion to dismiss was granted in part, and motions for summary judgment by both parties are pending.

***Public Consulting Group, Inc. v. Vanguard Direct, Inc.*, No. 1:15-cv-13332-IT (U.S. District Court, District of Massachusetts); *EL Education, Inc. v. Public Consulting Group, Inc.*, No. 15-CV-09060 (DAB)**. Related litigation concerning PCG copyrights in curriculum developed under a PCG contract for the New York State Education Department. The PCG case against Vanguard is pending summary judgment motions. The EL case against PCG is pending discovery after the court denied EL's motion to dismiss PCG's counterclaims.

Settled Legal Actions

***Public Consulting Group, Inc. v. American Reading Co., Inc.,* No. 1:15-cv-10495 (U.S. District Court, District of Massachusetts)**. PCG alleged that the defendant was publishing curriculum materials in violation of PCG's copyright. The case was settled.

***Ana Quinonez v. Jobworks, Inc. and Public Consulting Group, Inc.,* No. 3720140003222CUWCTCTL (San Diego County Superior Court Central Division).** This civil lawsuit was filed in October 2014 by Ana Quinonez, who had been discharged from her supervisory position with Jobworks, a PCG contractor. PCG contested the allegations, on grounds including that PCG was not the employer, and the case was settled in October 2015.

***Health Management Systems, Inc. v. Public Consulting Group, Inc., et al.,* No. DC-14-09047 (District Court of Dallas County Texas)**. This civil lawsuit was filed in August 2014 and alleged that PCG and certain former HMS employees violated contractual and fiduciary obligations to HMS; PCG asserted counterclaims. The allegations were contested and the case was settled.

***LPD, INC., d/b/a Leader Services v. Public Consulting Group, Inc.,* No. 2:13-cv-03128-AB (U.S. District Court, Eastern District of Pennsylvania).** The complaint was filed in June 2013 by a PCG competitor in the schools Medicaid billing market, and it alleged a series of business torts related to the transition of the state-wide contract to PCG. PCG contested the allegations and the case was settled in September 2014.

***Young v. Public Consulting Group, Inc. and JobWorks*, *Inc*., No. 001729 (Philadelphia County Court of Common Pleas Docket).** This civil action by a former job placement contractor alleged a breach of an implied contract by PCG and its subcontractor JobWorks. PCG contested the allegations, and the case is pending formal settlement.

E.1.B Transformation Support Experience

E.1 VENDOR QUALIFICATIONS

E.1.B TRANSFORMATION SUPPORT EXPERIENCE

Section Summary

In this *Section E.1.B Transformation Support Experience* you define one of the most critical requirements of this RFP, a company's experience working on other similar Medicaid transformation projects and how that experience relates to this RFP (*B.1*). You also seek information about educational training experience (*B.2*) and outreach and marketing experience (*B.3*).

In the response that follows, the Evaluation Team will learn that:

- PCG has a significant track record impacting Medicaid transformation projects, especially over the last five years.
- PCG is adept at both helping agencies with visionary change and spearheading more practical change.
- PCG identifies five ways our experience translates directly to this Scope of Work.
- PCG has multiple examples to share regarding educational trainings and outreach and marketing strategies

B.1. Describe your company's or your company and your subcontractor's experience working on similar transformation projects for other state Medicaid programs or similar human services programs and how this experience meets the requirements of this RFP.

"trans*form' v. To change the nature, function, or condition of"

Over our 30-year history, Public Consulting Group, Inc. (PCG) has been **an active force partnering with its state clients to accomplish significant change.** We have supported clients who sought to "think globally" by promoting and effecting visionary change in policy and programs among their fellow states at the national level or with the federal government itself. We have supported clients who wanted only to "act locally" and achieve practical, yet impactful, change in management, business processes, or operations within their agency or department.

We have been able to help with such "transformation" efforts both large and small, grandiose or elementary, because of three organizational traits that are deeply embedded at PCG and in which we take great pride. First, is a depth and breadth of subject matter knowledge; next is the skill and talent of our workforce; and last is our enduring commitment to the public sector and the welfare of the clients our customers serve on a daily basis.

PCG has played a role in all of the major policy initiatives that have come out of Washington over the last three decades. Welfare to Work, No Child Left Behind, Medicare Part D, HITECH, and most recently the Affordable Care Act (ACA). **And we fully expect to play a similarly significant role in the next**

seismic change in the public policy landscape – when our national leaders implement "repeal and replace" as a successor to Obamacare.

In the narrative that follows, PCG describes a cross-section of transformation experiences, both global and local, in which we served as the agent for transformation, in support of our state client's goals. We then articulate how that experience translates to your circumstances.

Transformation Experience

We have chosen five examples in which we briefly illustrate how PCG helped its clients to "think globally" or "act locally."

Think Globally - Promoting and Effecting Visionary Change in Policy and Programs

1) Medicaid Program Transformation

Figure E.1.B.2, found on the following page, is a representative list of Medicaid transformation projects PCG has undertaken this decade alone (through 2015). We are able to provide this kind of "global assistance" because PCG knows the entire Medicaid enterprise including funding and financing streams, eligibility, services, program integrity, regulations, policies and procedures, and technology. It is noteworthy that both small (Alaska and Delaware) and large (New York and Texas) Medicaid programs are represented, as are multiple regions of the country. Our track record is extensive.

2) Affordable Care Act Transformation

Regardless of ideology, there is no denying that for many states – blue, red, and purple – the ACA posed a significant transformation challenge. Initially, in 2010, states needed assistance in determining what the ACA meant for them. In those initial months, PCG helped states like Texas and Oklahoma by analyzing the provisions of the ACA. Each state's political leadership then made a determination of what it wanted to do in response to the law's passage. In both cases, these states rejected Obamacare and joined the lawsuit that eventually made its way to the Supreme Court.

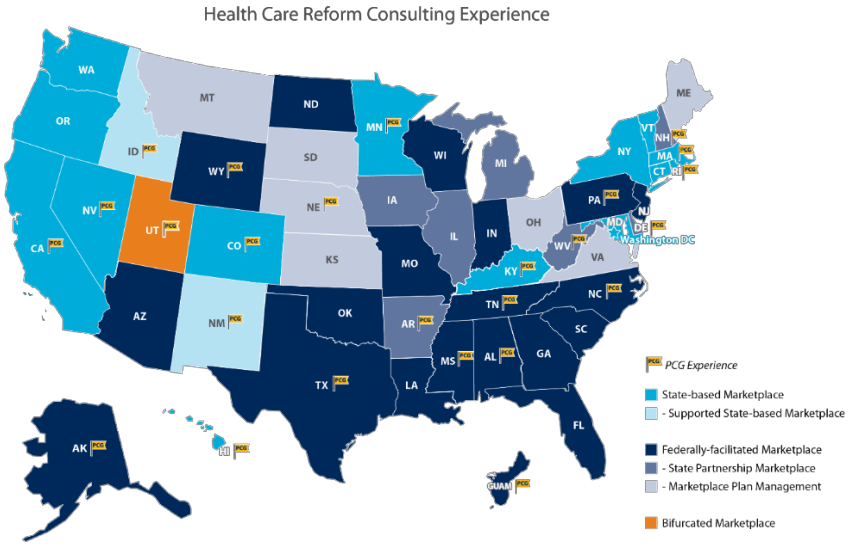

Figure E.1.B.1: PCG Health Care Reform Experience.

Delivery System Transformation & Improvement	Delivery System Transformation & Improvement	Payment System Transformation	Medicaid Eligibility Transformation	Long Term Care Transformation
AK DHSS Patient-Centered Medical Home	✓	✓		
AK DSDS Long Term Care Redesign and Cost Study				✓
CO DHCPF Hospital Provider Fee Modeling and Benefits Design and Implementation	✓	✓		
CO DHCPF Hospital Quality Incentive Payment Program		✓		
CO DHCPF Dual Eligible Demonstration	✓	✓		✓
DE DMMA Health Homes Consultant	✓	✓		
OH ODM Provider Oversight	✓	✓		
NC DHHS	✓	✓		✓
NH Private Option			✓	
NY DSRIP	✓	✓		✓
TX HHSC Behavioral Health System Analysis	✓	✓		
WI DHS Hospital Rate Setting		✓		
WA OFM Medical and Public Assistance Integrated Eligibility			✓	

Figure E.1.B.2: PCG's Medicaid Transformation Projects.

Also in the early days of ACA, PCG helped other states like Massachusetts, New Hampshire, and Delaware take full advantage of the provisions of the ACA. We provided analytic and operational support to all three states as they leveraged the ACA to transform their existing Medicaid programs.

But it was with a third group of states – some inspired by the 2012 Supreme Court ruling – in which we made what we consider our most impressive impact on transformational change, in the ACA era. That third group of states, which included Arkansas, Colorado, Idaho, Mississippi, and Utah used Medicaid expansion, other less-publicized provisions of the ACA legislation, state law or policy initiatives, or a combination to pave their own path to *health care transformation,* however they defined it for their own state's needs. And PCG was the consulting firm they chose to help achieve their individual goals and objectives. Nearly half of all states engaged PCG in health care reform consulting between 2010 and 2015.

Act Locally -- Achieve Practical, Yet Impactful, Change Within An Agency Or Department

3) State of North Carolina

State law requires that all newly enrolled Medicaid providers be trained on their program roles and responsibilities. This training reaches over 10,000 providers annually and must be available in accordance with the varied schedules of these health professionals. This work required that PCG completely redevelop the state's existing training program, establishing a website to serve as the Learning Management System (LMS) and meet the training requirements of the State. More detailed examples of this work include:

- PCG developed the core competencies and outcomes for the state's required training program to guide the development of the curricula and provide baseline goals for participants of the training program.

- PCG developed the entire required training course for Medicaid providers. This involved consolidating existing training content and creating new content to satisfy the core competencies and outcomes.

- PCG took the newly developed training course material and collaborated with a video production firm to create full motion-graphic training videos. The North Carolina Medicaid and Health Choice Provider Training had been created in different modalities in the past. We saw the emerging trend of training videos and saw an opportunity to enhance the quality of the material we had created at the beginning of the project.

"The 2nd training I took with actual people presenting versus just a voice over was far more helpful and visual."

- PCG established a Learning Management System to help mold the interactive qualities of the course material including configuring the course catalog settings and developing the interactive components, including pop-up questions, quizzes, and graded exams.

- PCG created an internal, front-end technology system that receives provider records, automatically creates usernames and passwords for the LMS, alerts providers of their training course requirements, and gathers providers' course grades from the LMS.

To date, PCG has registered nearly 30,000 providers for this training course. Our LMS has provided a consistent learning platform that makes offering required training courses to persons of all skills levels, in any area, a standardized and automated process.

4) State of Ohio

PCG has implemented a four-component provider monitoring and oversight initiative that includes provider enrollment and support, onsite screenings, incident management, and provider reviews.

PCG provides education and technical assistance to more than 7,100 providers serving on the home and community based waivers. Providers have different options to choose from in the methods of training. When applicable, PCG also educates providers during the Provider Enrollment, Incident Management and Structural Review processes. Our key achievements within this project include:

- Provide home and community based waiver providers with the education necessary to operate in compliance with all rules and regulations pertaining to the Ohio Administrative Code;
- Conduct face to face, webinars and online trainings;
- Create, upload and maintain online video trainings on PCG's website;
- Create educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations; and
- Provide notifications about new rules and/or modifications to existing rules.

PCG conducts 3 in-person trainings per quarter, with an average of 30-40 provider attendees, and has conducted 45 webinars with more than 450 attendees. More than 5,500 providers have viewed the online trainings posted on PCG's website that cover topics on Private Duty Nursing, All Services Plans, Home Care Aides requirements, Home Care Agencies, Incident Management, Non-Agency Nursing requirements, and Provider Education/Orientation.

5) **The State of Texas**

PCG is responsible for building a first-of-its-kind automated eligibility resource hub that will allow eligibility workers to access valuable income, asset, identity and other required information to make accurate and efficient eligibility determinations. Through this comprehensive "data broker service", PCG will help the state ensure benefits are determined appropriately, while significantly reducing the amount of time required of eligibility workers to retrieve paperwork from the applying beneficiary.

These examples from North Carolina, Ohio, and Texas, applied to management, business processes, or operations, are equally transformative within the affected agency or department and are likely more analogous to what Arkansas is poised to accomplish. But all five examples illustrate how PCG is that transformation agent you seek.

Translating That Experience

The experiences described above impact Arkansas circumstances in several ways.

This Independent Assessment initiative being undertaken by DHS will fundamentally change processes for delivering services to clients *across three separate divisions.* These changes will impact related Medicaid enterprise functions in eligibility, benefits, claims and information technology. This means hundreds of business partners outside of DHS (e.g., providers) and dozens of staff within the Department will now be required to incorporate these processes into their policies, procedures and job duties. Public Consulting Group is uniquely prepared to provide the training and transformation support envisioned in *Section 3.4 Transformation Support, Training and Related Staff* to achieve the many "nuts and bolts" changes to DHS operational protocols that this initiative requires.

PCG feels strongly, based on its prior experiences helping agencies to "act locally" and achieve practical, yet impactful change, that successfully executing the requirements defined in *Section 3.4* will determine the success or failure of the entire initiative. Other vendors can bring assessment tools to the table. So can we. Other vendors can establish an information technology support platform. So can we. But which vendor bring all these operational pieces together? The vendor who, like PCG in our Ohio and North Carolina examples above, has successfully done the blue collar, block and tackle work that is required to effect change in government business processes. To use another analogy which we think also draws an accurate image of the challenge, which vendor recognizes that, at some critical point in the end-to-end business process being assembled here, this job becomes much more than making sure the symphony orchestra has all the right instruments and the right performance space in which to play. It's about bringing all that together *and* assuring each player knows his or her part, that each is ready to step forward at the right time to strike their chords so that the end result is a synchronized, seamless and masterful performance.

Medicaid is such a unique enterprise. It serves multiple populations with disparate needs. It bridges functional areas that are often separately managed within large, and at times bureaucratic, state agencies. To be successful in achieving the aims of this Independent Assessment initiative*, Arkansas must hire a vendor whose business model isn't focused on only one element of Medicaid, but on all of them, as is the case with PCG.* It is certain that without such a perspective, this initiative will not succeed.

PCG's transformation support capabilities go well beyond Medicaid provider compliance and oversight into other Medicaid operational areas critical to the success of the Arkansas Independent Assessment Initiatives. For example, PCG has been involved in Medicaid information technology projects in many states. We build and host applications that help meet program needs, including our web applications that support our consumer-directed long term care programs and our school-based services claiming efforts with local school districts. As recently as this year, we built the employer sponsored insurance web application portal for Arkansas Works. We serve as the Strategic Project Management Office for TennCare's eligibility system transformation, and we've supported eligibility independent verification and validation (IV&V) in Delaware and Washington State.

The Independent Assessment RFP, like many PCG projects, stretch across several areas of Medicaid business operations, including eligibility, benefits and claims. In Kentucky and Mississippi, PCG has supported delivery system transformation from fee-for-service to managed care.

These efforts involve fundamental organizational changes as eligibility incorporates plan enrollment and auto assignments, benefits are delivered by health plans and paid for through capitation rates, and the Medicaid Management Information System (MMIS) shifts from paying claims to generating enrollment and capitation payment reports as well as collecting encounter claims. All of this experience means that no vendor better anticipates enterprise-wide Medicaid impacts of specific program changes.

All that is how PCG's experience directly translates into the most important considerations facing DHS long-term success in undertaking this initiative. For Arkansas DHS, this means no vendor other than PCG will be as prepared to ensure the Arkansas Independent Assessment Initiative is launched and maintained consistent with the goals and objectives of the State.

B.2. Describe your company's experience developing and conducting educational trainings to support provider and stakeholder communities and State staff through program transformations. Specifically, describe your experience in the following areas:

a. In-person regional trainings
b. On-site coaching
c. Website development and operations
d. Helpline Support
e. Live webinars
f. Train the trainer

Training Experience

PCG provides many different service offerings to state governments. Many of these offerings require statewide implementation of a service that is regionally or locally delivered. In these instances, PCG is responsible for developing and delivering in person training to local providers on a wide scale.

- One example is PCG's work as the **Medicaid school-based services consultant to 14 states and more than 5,000 school districts**. In this role, we train thousands of school district personnel regarding the documentation they must assemble to claim federal revenue for the eligible services they provide to students.

- Another example is PCG's work delivering **consumer-directed care program as part of Medicaid long-term services in supports in 24 states**. In this capacity we deliver information and training to thousands of consumers and caregivers.

- PCG is also frequently engaged to implement **major business process redesigns for state human services agencies**. This frequently requires not just training, but onsite coaching to effectuate the change. We will demonstrate in this section how our work in Massachusetts facilitated this kind of one-to-one staff coaching.

- Finally, PCG frequently assists state health and human service agencies design, develop and implement new programs. During the past five years, **many states turned to PCG for assistance implementing required portions of the Affordable Care Act and navigating state choices with regard to Health Insurance Marketplaces and Medicaid expansion**. PCG was

at the forefront of training state staff on federal regulatory changes, as we will explain in this section.

In-Person Regional Training

For our school-based Medicaid services transformation support, PCG delivers in-person training to district staff with both a granular and high-level explanation of the Medicaid requirements. At a high level, we help districts calculate the differences between Medicaid interim payments received throughout the fiscal year to actual costs of delivering their services. This permits Medicaid to reimburse schools in accordance with cost-based federal "public provider" rules. At the more detailed or granular level, district staff are equipped with in-depth knowledge of the specifics of all allowable costs.

PCG also presents school district personnel with an overview of the programmatic reviews conducted throughout the year. This ensures that schools are made aware of not only the importance of reporting costs according to approved policies and procedures, but also the importance of maintaining supporting documentation. PCG has identified the following components as essential for providing successful in-person trainings:

- **Materials**: Our regional training typically includes distribution of presentations and instruction manuals that are shared with our state agency client for review and approval prior to conducting training sessions. These documents are made available as resources for provider staff in order to guide them through the required processes.

- **Content:** PCG provides step-by-step training on our web-based system, as well as ongoing support for school district staff involved in the cost settlement reconciliation process, via a toll-free hotline and email address.

- **Active Participation**: PCG staff understands the best-practice techniques for adult education and learning and applies them in all of our training environments. We also know that not all participants will respond to training in the same way. PCG takes special care to ensure that all staff feel confident at the end of training and will provide one-on-one support if necessary. PCG has found that active and engaged participation during training sessions leads to better program results.

- **Attendees**: Attendance at trainings is essential to the success of many of our projects. To facilitate this, PCG hosts training at multiple locations across the state to ensure accessibility for all participants. These locations will be chosen after discussion with DHS regarding appropriate sites. These onsite trainings will incorporate a presentation that consists of visuals, examples, and activities, as well as references to other relevant helpful materials that can be found online, such as step-by-step guides and handouts.

PCG has successfully met the in-person training needs of state agencies across the country.

Onsite Coaching

Illustrating the breadth of our work helping state agencies meet their training needs, PCG was hired by the Massachusetts Department of Transitional Assistance (DTA) in 2013 to address growth in case processing and program integrity for the Supplemental Nutrition Assistance Program (SNAP).

PCG led the development of a new business model for conducting SNAP eligibility and case maintenance. Central to this plan was a move from a case ownership model to a "first available worker" model, and several major technology enhancements, including electronic document management (EDM), eligibility system enhancements, and a statewide call center.

PCG helped put these new concepts into practice, and was hired to help develop standard operating procedures, assist with planning and project management, collect business requirements, perform training, and lead user acceptance testing. **During the course of this project, PCG delivered more than 250 classroom trainings on three major curriculums to the more than 1,200 DTA field operations staff.** During each phase of the project, PCG led on-site training and support efforts in the Department's 22 local offices, providing over-the-shoulder coaching and problem resolution for both management and line staff.

Additionally, PCG led a group of DTA case managers (on a sabbatical from case manager duties for the BPR transition) dubbed the "Champions of Change." This group of peer coaches were a valuable extension into local offices, and PCG provided coaching, technical assistance, and logistical support to the Champions. PCG developed all of the content for trainings, and also provided perpetual feedback to DTA management on staff readiness, operational and procedural issues.

Website Development and Operations

As part of our Ohio Provider Enrollment and Incident Management work for Home and Community Based Services Programs, PCG provides and operates an extensive training website for providers. This resource can specifically be found at http://ohiohcbs.pcgus.com/TrainingMaterials/index.html.

PCG is responsible for ensuring that Ohio waiver provider enrollment requirements, including training requirements, are met, and that provider applications are completed in a timely and compliant manner. PCG verifies that the provider applicant is compliant with the provider qualifications and service requirements outlined in the Ohio Administrative Code. PCG assists those wishing to become providers with information requests regarding provider enrollment requirements. PCG verifies that each applicant satisfactorily meets the requirements for the relevant provider type.

PCG's Ohio training website is used by Registered Nurses, Licensed Practical Nurses, Home Health Agency and Non-Agency Personal Care Aides or Home Care Attendants who wish to provide Home and Community Based waiver services. **It is directly relevant to the kind of website required in Arkansas to support training related to the Independent Assessments initiative.**

Helpline Support

PCG has over 15 years of experience providing telephone customer service through a variety of our product offerings. These include our consumer-directed care programs for long-term care Medicaid clients in several states. We also provide telephonic customer service to hundreds of school districts and local governments nationwide to help them document activities to claim federal dollars for school based Medicaid and emergency medical services.

For our consumer directed care programs alone, we currently handle over 40,000 calls per month across 24 state programs. We fully understand the call patterns, drivers and cycle times for increased

call volumes when providing payment services. We believe that full transparency through comprehensive reporting is the best way to analyze, predict and respond to call volume variance. Further, through reporting and data analytics, we can assure DHS that we are meeting call demands and exceeding expectations from call "handle rate" to quality of customer interaction. PCG's call center platform is able to generate metrics on a wide range of variables including:

- Total Calls: The total number of inbound calls received
- Voice Mail: The total number of Voice Mails
- Taken in SLA: The number of calls handled by a live representative within 3 minutes
- Abandoned: The number of calls abandoned after holding for less than 3 minutes
- Abandoned Rate: Percentage of callers requiring a return call
- Average Queue Time: The average time a caller holds for a live Representative
- Average VM Response Rate: The average time it takes to return a VM
- Handle Rate: Percentage of callers who speak to a live representative

PCG has agents in multiple locations across the country working on a common platform allowing for a flexible working environment to handle overflow calls, system interruptions due to natural catastrophes and even facilitate multi-lingual needs in 20+ languages without abandoning the caller. We understand the unique situations that arise from serving the Medicaid population because we live it and breathe it daily.

Live Webinars

PCG has extensive experience delivering live training programs using web-based technology. **The trainings we deliver to more than 5,000 school districts across 14 states incorporate this method.** Our web-based trainings reinforce our comprehensive face-to-face trainings and are held several times throughout the year, hosted via PCG WebEx software, which utilizes a variety of different tools to ensure secure access. Prior to the WebEx trainings, districts receive an email invitation from PCG with the details of the training, and the opportunity to register and submit any comments or questions. After registering, participants are provided with login credentials, including a secure password to access the training. These trainings are recorded so that they may be viewed later by those who were unable to attend or viewed again by attendees to reinforce learning.

Similar to the face-to-face trainings, during these web-based trainings, PCG provides a comprehensive presentation of the subject. Web-based trainings that complement the face-to-face trainings aim to reinforce participants' understanding and comprehension. These trainings are shorter in duration in order to focus on a specific topic. An example of this may be a targeted training for transportation, or ensuring that the correct direct medical providers are included on the cost report.

Train the Trainers

Since 2011, PCG has played a key role helping states establish programs to support their Health Insurance Marketplaces, and the interactions with state Medicaid programs, under the Affordable Care Act.

Both New Hampshire and Delaware hired PCG to provide Health Insurance Marketplace enrollment training to trainers in key state and local agencies that directly assisted individuals with their health care needs. This included local public health departments, state job centers and corrections agencies preparing individuals about to be released from jail or prison. The "trainers" then more broadly trained all staff who worked with consumers and who were in a position to offer Health Insurance Marketplace enrollment assistance.

PCG understands that training trainers is different than directly providing a training. **Beyond relaying information about content, training trainers requires focusing on what material to prioritize, what is essential and how learners can best be engaged.** PCG authored a training curriculum for Marketplace consumer assistance for both Delaware and New Hampshire. We worked to keep the curriculum current as Marketplace information changed over time. *Figure E.1.B.2* further showcases the breadth of PCG's transformation support and the associated training activities:

State	Agency	Project Title	Start Date	End Date
Michigan	Department of Education	Interactive Training Modules - Child Development and Care Provider Billing	October 2014	March 2015
National	National Association of State Human Service Finance Officers	Training Program: Medicaid I & Medicaid II	April 2004	Current
New Jersey	Department of Education	Special Education Medicaid Initiative and Admin Claiming	September 2005	Current
North Carolina	Division of Medical Assistance	Medicaid Provider Training	April 2012	Current
Ohio	Department of Medicaid	Provider Screening, Enrollment, and Oversight	July 2013	Current
Ohio	Department of Health	Help Me Grow Professional Development Modules	June 2014	June 2015
Ohio	Department of Medicaid	Medicaid Training	November 2014	November 2014
Ohio	Department of Developmental Disabilities	SELF Waiver Support Broker Training	April 2012	June 2013
Tennessee	Tennessee Early Intervention System	Professional Development Video Modules	July 2012	May 2013

Figure E.1.B.3: We will leverage our extensive transformation support experience to ensure that provider and stakeholder communities receive appropriate and comprehensive training.

B.3. Describe your company's experience conducting outreach and marketing strategies to engage provider and stakeholder communities about the services your company offers.

Provider and Stakeholder Engagement

PCG's extensive outreach and marketing experience is leveraged to engage providers and stakeholders in the program initiatives of our clients. For example, **Delaware** engaged with PCG to create a common brand for their Health Insurance Marketplace and State Health Innovation transformations. Generated information was encapsulated under the banner "Choose Health Delaware." The website for this initiative, www.choosehealthde.com, (*Figure E.1.B.2*) became and remains a clearinghouse for consumers, employers and providers to engage in state health transformation initiatives.

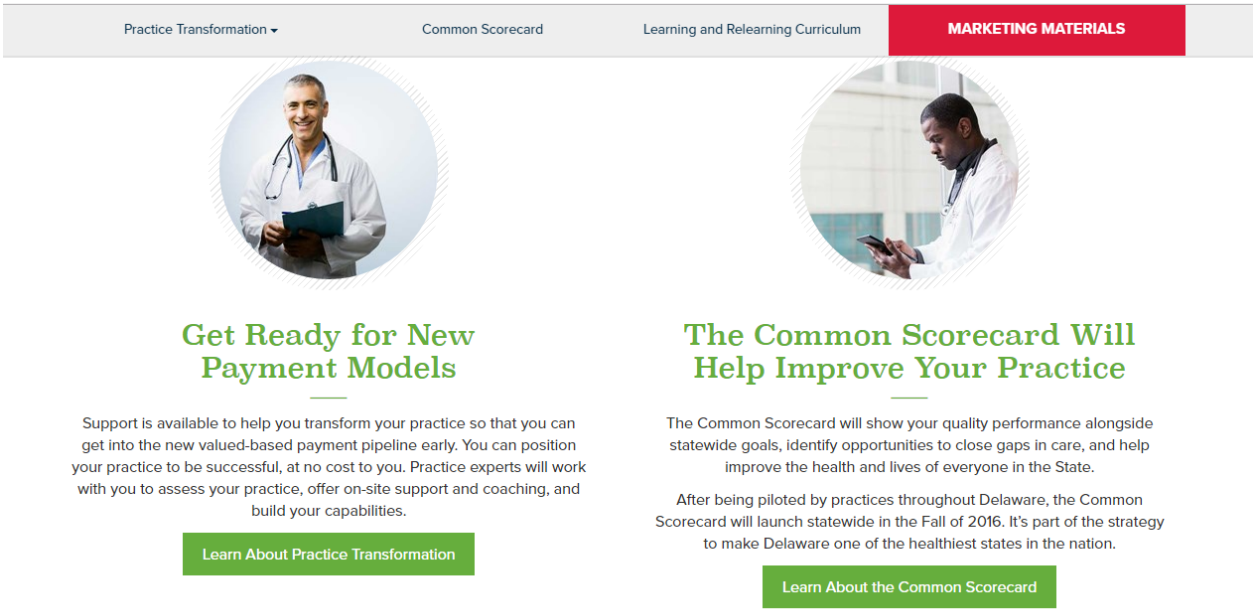

Figure E.1.B.4: PCG's experience creating engaging marketing materials will inform our work with AR DHS.

PCG also performs extensive marketing and outreach to engage providers and stakeholders in the consumer-directed long term services and support (LTSS) programs we provide to state Medicaid agencies. This includes a Web Portal supporting the Department of Developmental Services (*Figure E.1.B.3*). **The Web Portal promotes provider self-service and increased access to information, boosting providers' sense of ownership, accountability, and overall program buy-in.** The site serves as a common platform for enrollment, service logging and real-time reporting of authorizations and utilization. The portal is highly scalable and interfaces with various third-party systems.

In **Massachusetts**, PCG operates a web-based cost reporting application to reach out and market to our target provider audience. Providers can use this application to input the necessary charge, expenditure, revenue, and statistical information that will be used to calculate cost-based reimbursement. This

application has proven to simplify the cost reporting process for providers. This system is also capable of producing any reports and statistics based upon cost report data which may be of use to providers.

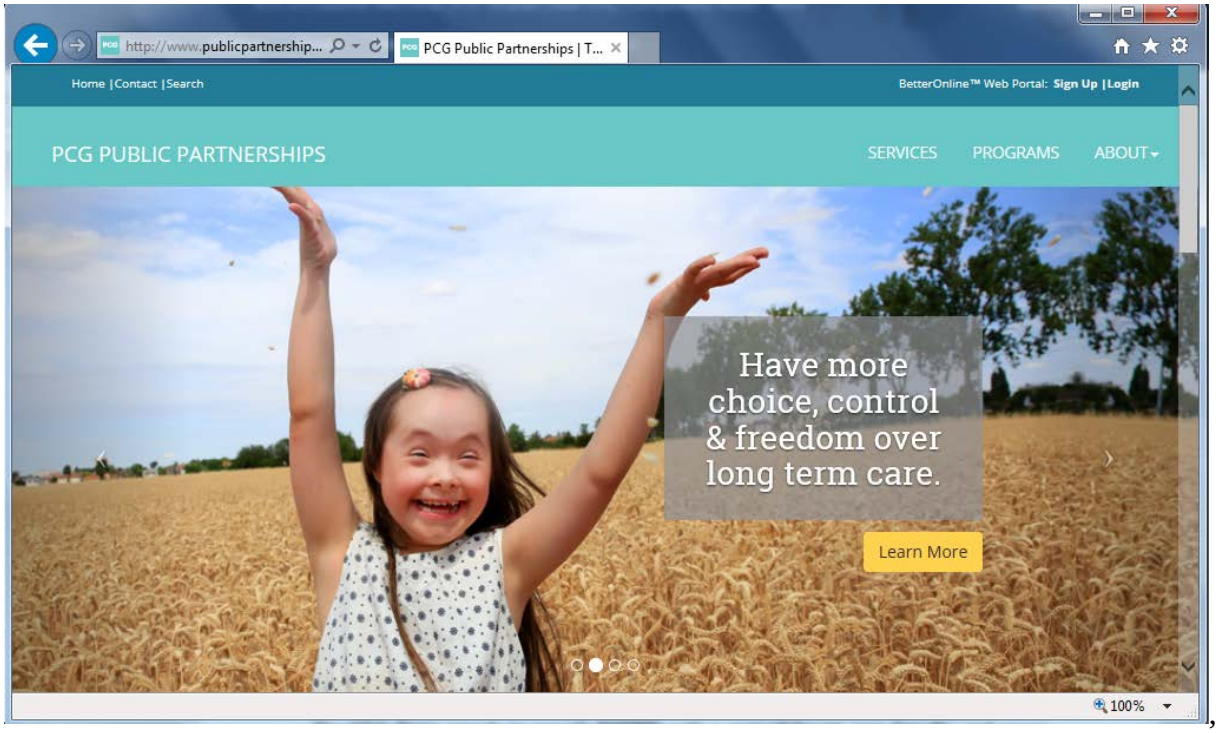

Figure E.1.B.5: PCG utilizes this Web Portal to promote provider self-service and increased access to information.

The web-based cost reporting application (*Figure E.1.B.4*) has been developed in an easy-to-use format with built-in edit checks to help ensure the accuracy of a provider's submission. To date, the web portal has received rave reviews from both MassHealth and the public EMS providers.

The **North Carolina Provider Portal** (*Figure E.1.B.5*) is used for a number of different project related tasks, including provider screening, post-pay claims review, and provider oversight. This PCG portal allows both PCG, DMA, and registered providers with access to our web based project application in order to upload and download documents, review and update claim and project statuses, run reports, and perform other functions as necessary to assist in the delivery of our program integrity work.

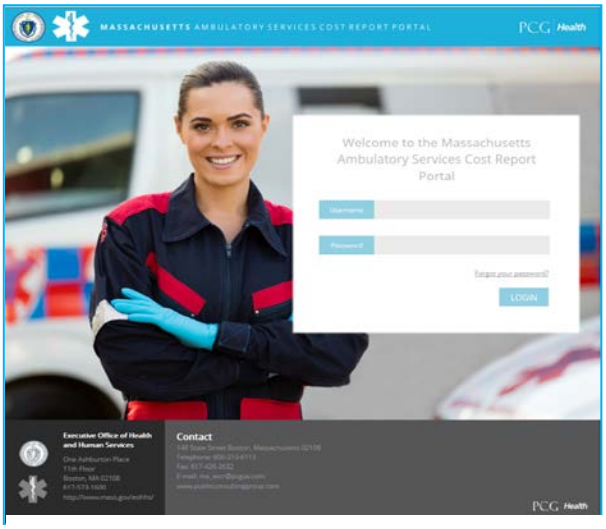

Figure E.1.B.6: We utilize our web-based cost reporting application to market to our target audience.

Conclusion

This section has demonstrated that PCG has the organizational capacity to deliver tranformation support to providers and stakeholders on a macro scale. We measure up to any of our competitors on

the sheer volume of providers and stakeholders we train. For our consumer directed lomg-term care programs alone, we train more than 90,000 home care workers in 24 states. For our school based Medicaid programs, we train staff in more than 5,000 school districts across 14 states. In North Carolina and Ohio, our provider enrollment and oversight programs have involved transformation support to nearly 40,000 providers.

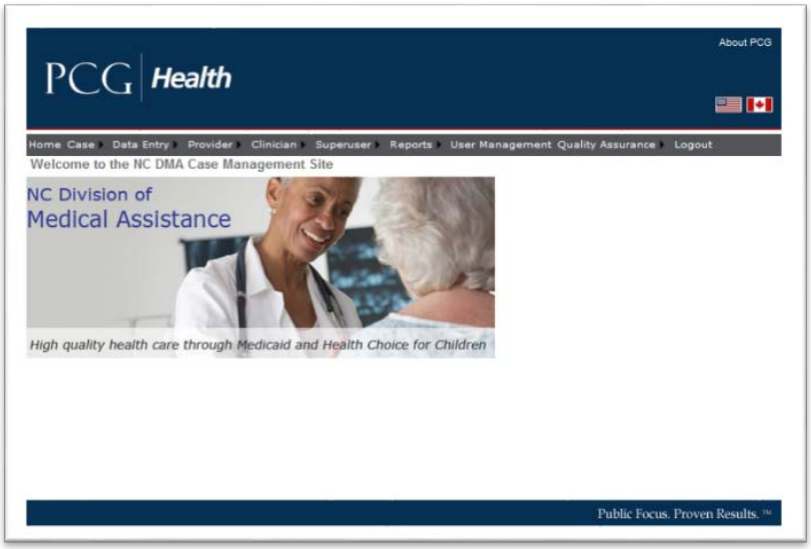

Figure E.1.B.7: In North Carolina, we use our PCG portal to streamline provider access and procedures

But it's not just the volume of our work that matters. PCG is unique among vendors likely to compete for this job in our knowledge of all the Medicaid operational areas this initiative will impact. No one will better prepare Arkansas DHS to integrate this initiative with eligibility, benefits, claims and information technology, to name a few. **We will provide a layer of Project Management oversight to ensure the success of this transformation across DHS divisions and to stakeholders both inside and outside the Department.** We pride ourselves on our ability to reach across the spectrum of health and human service agencies to generate meaningful, scalable solutions and understand the impacts that these solutions may have on all aspects of state government.

E.1.C References

E.1 VENDOR QUALIFICATIONS

E.1.C References

C.1 References: Include your three sealed reference letters here.

In accordance with the RFP and the 2 Addenda, we have included our sealed reference forms in the front pocket of our proposal binders.

Please find 3 sealed references from previous clients of the primary vendor, Public Consulting Group, Inc., as well as 1 sealed reference from a previous client of one of our subcontractors, LifePlans, Inc.

In accordance, with Addendum 2, we will send the reference from a client of our second subcontractor, Center for Information Management, Inc., after submission of the proposal but before the extended deadline of December 8th, 2016 at 2:00 PM Central Time.

E.1.D Supplier Qualifier Report

dun & bradstreet

Supplier Qualifier Report

To save report(s) to your PC, click here for instructions.

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ATTN: **PUBLIC CONSULTING GROUP, INC.**

Report Printed: FEB 10 2016
In Date

BUSINESS INFORMATION

PUBLIC CONSULTING GROUP, INC.
148 St St Fl 10
Boston, MA 02109

This is a **headquarters** location.
Branch(es) or division(s) exist.

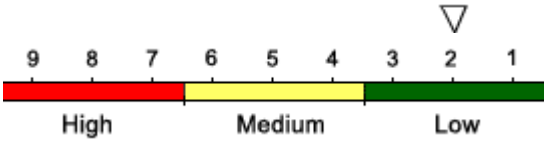
Telephone:	617 523-5860
Fax:	617 426-4632
Chief executive:	WILLIAM S MOSAKOWSKI, PRES-CEO
Year started:	1986
Employs:	815 (150 here)

All amounts are displayed in local currency.

Financial statement date:	JUN 30 2014
Sales F:	303,086,216
Net worth F:	76,756,406
History:	CLEAR
Financing:	SECURED
Financial condition:	GOOD

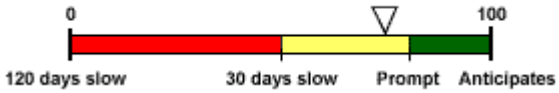
D-U-N-S® Number:	18-282-6909
D&B Rating:	**5A2**
Financial strength:	5A is **$50 million and over**.
Composite credit appraisal:	2 is **good**.
D&B Supplier Risk:	**2**

SUPPLIER EVALUATION RISK (SER) RATING FOR THIS FIRM : 2



D&B PAYDEX®

D&B PAYDEX: 76
When weighted by dollar amount, payments to suppliers average 6 days beyond terms.



Based on up to 24 months of trade.

SUMMARY ANALYSIS

D&B Rating: **5A2**

Financial strength: 5A indicates **$50 million and over**.

Composite credit appraisal: 2 is **good**.

This credit rating was assigned because of D&B's assessment of the company's financial ratios and its cash flow. For more information, see the D&B Rating Key.

Below is an overview of the company's rating history since 04/14/09:

D&B Rating	Date Applied
5A2	08/22/13
1R3	06/17/13
1R2	04/16/13
5A2	06/22/11
1R3	04/19/11
4A2	04/28/10
1R4	04/13/10
5A1	12/07/09
5A2	08/18/09
1R3	04/14/09

The Summary Analysis section reflects information in D&B's file as of February 8, 2016.

RISK SCORE ANALYSIS

SER COMMENTARY:

- Age of financial statement reported.
- Higher risk industry based on inactive rate for this industry.
- Proportion of slow payment experiences to total number of payment experiences reported.
- Financial ratios.

PROBABILITY OF CEASED OPERATIONS/BECOMING INACTIVE

SUPPLIER EVALUATION RISK RATING: 2

The probability of ceased operations/becoming inactive indicates what percent of U.S. businesses is expected to cease operations or become inactive over next 12 months.

Probability of Supplier Ceased Operations/Becoming Inactive :	2.1% (210 PER 10,000)
Percentage of US business with same SER score :	15% (1,500 PER 10,000)
Average Probability of Supplier Ceased Operations/Becoming Inactive :	0.48% (48 PER 10,000) - Average of Businesses in D&B's Supplier Database
CREDIT DELINQUENCY SCORE:	545

CUSTOMER SERVICE

If you have questions about this report, please call our Customer Resource Center at 1.800.234.3867 from anywhere within the U.S. If you are outside the U.S. contact your local D&B office.

*** Additional Decision Support Available ***

Additional D&B products, monitoring services and specialized investigations are available to help you evaluate this company or its industry. Call Dun & Bradstreet's Customer Resource Center at 1.800.234.3867 from anywhere within the U.S. or visit our website at www.dnb.com.

HISTORY

The following information was reported **08/15/2015**:

Officer(s):
WILLIAM S MOSAKOWSKI, PRES-CEO
TONY MCLEAN BROWN, V PRES-PRIN
STUART KAUFMAN ASST SEC
STEPHEN SKINNER, SEC-PRIN
DAN HEANEY, CFO- TREAS
MARC H FENTON, PRIN
BENJAMIN L BOBO, PRIN

DIRECTOR(S): THE OFFICER(S) and William Mosakowski Stephen Skinner T McLean Brown Marc Fenton Benjamin Bobo.

The Massachusetts Secretary of State's business registrations file showed that Public Consulting Group, Inc. was registered as a Corporation on December 04,1986 under the file registration number 042942913.

Business started 1986 by the officers. 100% of capital stock is owned by officers.

RECENT EVENTS:

On May 1, 2014, sources stated that Public Consulting Group, Inc., Boston, MA, has completed the acquisition of Hubbert Systems Consulting, Incorporated, Gold River, CA, on April 14, 2014. With the acquisition, Hubbert Systems Consulting, Incorporated will now operate as a subsidiary of Public Consulting Group, Inc. Terms of the transaction were not disclosed. Further details are not available.

On December 12, 2013, Sam Souri, Tax Compliance, confirmed that Public Consulting Group Inc., Boston, MA, has acquired University Instructors Inc., Staunton, VA, on November 15, 2013. With this acquisition, University Instructors Inc. will now operate as a wholly-owned subsidiary of Public Consulting Group Inc. Terms of the deal were not disclosed. Further details are unavailable.

On July 11, 2012, sources stated that Public Consulting Group Inc., Boston, MA, has completed the acquisition of Focus On Results, Huntington Beach, CA, on June 20, 2012. With the acquisition, Focus On Results will now operate as a subsidiary of Public Consulting Group Inc. Focus on Results employees will join the PCG Education division of Public Consulting Group. Terms of the transaction were not disclosed. Further details are unavailable.

On February 27, 2009, sources stated that Center For Resource Management, Inc., Portsmouth, NH, was acquired by Public Consulting Group, Inc., Boston, MA, on July 10, 2006. With this transaction, Center For Resource Management, Inc. will operate as a subsidiary of Public Consulting Group, Inc. Financial terms were not disclosed.

On January 14, 2009, sources stated that Public Consulting Group, Inc., Boston, MA, has acquired the Xperts Educational Products, division of Xperts, Inc., Glen Allen, VA, on January 13, 2009. Financial terms are not disclosed.

On April 3, 2008, an inside source stated that Public Consulting Group, Inc., Boston, MA, has acquired Eclipse Solutions, Inc., Sacramento, CA, on March 13, 2008. After this acquisition, Eclipse Solutions, Inc. will operate as a subsidiary of Public Consulting Group, Inc. Terms of the transaction were not disclosed.

WILLIAM S MOSAKOWSKI born 1956. 1986-present active here.

TONY MCLEAN BROWN. Antecedents are not available.

STUART KAUFMAN. Antecedents are not available.

STEPHEN SKINNER born 1966. 1987-present active here.

DAN HEANEY born 1944. 1993-present active here.

MARC H FENTON. Antecedent are Unknown.

BENJAMIN L BOBO. Antecedent are Unknown.

On June 01 2011, Public Consulting Group of Boston acquired the assets of Data Driven Software Corporation. D2SC is located in Dallas, TX.

BUSINESS REGISTRATION

CORPORATE AND BUSINESS REGISTRATIONS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE AS OF JAN 29 2016:

Registered Name:	PUBLIC CONSULTING GROUP, INC.
Business type:	DOMESTIC CORPORATION
Corporation type:	PROFIT
Date incorporated:	DEC 04 1986
State of incorporation:	MASSACHUSETTS
Filing date:	DEC 04 1986
Registration ID:	042942913
Status:	ACTIVE
Where filed:	SECRETARY OF THE COMMONWEALTH/CORPORATIONS DIVISION, BOSTON, MA
Registered agent:	CT CORPORATION SYSTEM, 155 FEDERAL ST., SUITE 700, BOSTON, MA, 021100000
Principals:	T MCLEAN BROWN, DIRECTOR KATHLEEN FALLON, DIRECTOR BLAIR GRANT, DIRECTOR WILLIAM MOSAKOWSKI, DIRECTOR JOHN SHAUGHNESSY, DIRECTOR STEPHEN P. SKINNER, DIRECTOR WILLIAM MOSAKOWSKI, PRESIDENT STEPHEN P. SKINNER, SECRETARY DANIEL T. HEANEY, TREASURER

OPERATIONS

08/15/2015

Description: Provides management consulting services, specializing in business management (100%).

ADDITIONAL TELEPHONE NUMBER(S): Facsimile (Fax) 617 426-4632. Toll-Free 800 210-6113.

Terms: are net 30 days. Sells to government sectors and the general public. Territory : United States & Canada.

Nonseasonal.

Employees: 815 which includes officer(s). 150 employed here.

Facilities: Rents 48,000 sq. ft. in on 10th floor of a multi story brick building.

Location: Central business section on main street.

Branches: This business has multiple branches; detailed branch information is available in the D&B's linkage or family tree products.

Subsidiaries: This business has multiple subsidiaries, detailed subsidiary information is available in D&B's linkage or family tree products.

FAMILY LINKAGE

This business is at the head of its corporate family tree. It is not a subsidiary of any other business.

UNSPSC

UNSPSC (United Nations Standard Product and Services Code) is a globally accepted commodity (Product and Services) classification system. PUBLIC CONSULTING GROUP, INC. offers the following product(s) and service(s):

80101500 Business and corporate management consultation services

NAICS

Beginning in 1997, the **Standard Industrial Classification** (SIC) was replaced by the **North American Industry Classification System** (NAICS). This six digit code is a major revision that not only provides for newer industries, but also reorganizes the categories on a production/process-oriented basis. This new, uniform, industry-wide classification system has been designed as the index for statistical reporting of all economic activities of the U.S., Canada, and Mexico.

541611 Administrative Management and General Management Consulting Services

SIC

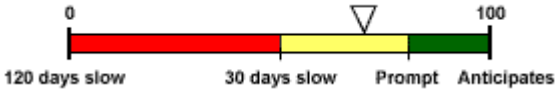
Based on information in our file, D&B has assigned this company an extended 8-digit SIC. D&B's use of 8-digit SICs enables us to be more specific to a company's operations than if we use the standard 4-digit code.

87429902 Business management consultant

D&B PAYDEX

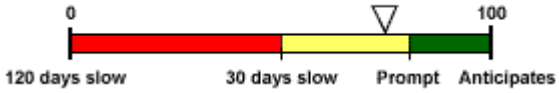
The D&B PAYDEX is a unique, dollar weighted indicator of payment performance based on up to 102 payment experiences as reported to D&B by trade references.

3-Month D&B PAYDEX: 71
When weighted by dollar amount, payments to suppliers average 14 days beyond terms.



Based on trade collected over last 3 months.

D&B PAYDEX: 76
When weighted by dollar amount, payments to suppliers average 6 days beyond terms.



Based on up to 24 months of trade.
When dollar amounts are not considered, then approximately 83% of the company's payments are within terms.

PAYMENT SUMMARY

The Payment Summary section reflects payment information in D&B's file as of the date of this report.

Below is an overview of the company's dollar-weighted payments, segmented by its suppliers' primary industries:

Total Rcv'd (#)	Total Dollar Amts ($)	Largest High Credit ($)	Within Terms (%)	Days Slow <31 31-60 61-90 90> (%)

Top industries:

Telephone communictns	16	472,350	200,000	100	-	-	-	-
Nonclassified	6	38,050	25,000	100	-	-	-	-
Short-trm busn credit	4	57,600	35,000	100	-	-	-	-
Whol computers/softwr	3	930,050	900,000	52	48	-	-	-
Help supply service	3	21,000	10,000	52	48	-	-	-
Radiotelephone commun	2	130,000	75,000	71	-	29	-	-
Computer system desgn	2	25,000	20,000	90	-	10	-	-
Business consulting	1	2,000,000	2,000,000	100	-	-	-	-
Data processing svcs	1	50,000	50,000	100	-	-	-	-
Employment agency	1	15,000	15,000	100	-	-	-	-
OTHER INDUSTRIES	38	61,000	15,000	91	8	-	1	-

Other payment categories:

Cash experiences	24	4,050	1,000
Payment record unknown	1	50	50
Unfavorable comments	0	0	0

Placed for collections:

With D&B	0	0	
Other	0	N/A	
Total in D&B's file	102	3,804,150	2,000,000

The highest **Now Owes** on file is $2,000,000

The highest **Past Due** on file is $1,000

Dun & Bradstreet has 102 payment experiences in its file for this company. For your convenience, we have displayed 80 representative experiences in the PAYMENTS section.

PAYMENT DETAILS

Detailed payment history

Date Reported (mm/yy)	Paying Record	High Credit ($)	Now Owes ($)	Past Due ($)	Selling Terms	Last Sale Within (months)
01/16	Ppt		0	0		6-12 mos
	Ppt		500	0		1 mo
	Ppt		500	0		1 mo
	Ppt	35,000	15,000	0		1 mo
	Ppt	25,000	0	0		6-12 mos
	Ppt	15,000	5,000	0		1 mo
	Ppt	15,000	2,500	0	N30	1 mo
	Ppt	10,000	7,500	0		1 mo
	Ppt	7,500	1,000		Lease Agreemnt	
	Ppt	7,500	1,000	0		1 mo
	Ppt	2,500	250		Lease Agreemnt	
	Ppt	1,000	250		Lease Agreemnt	
	Ppt	1,000	0	0		6-12 mos
	Ppt	1,000	0	0		6-12 mos

	Ppt	1,000	250		Lease Agreemnt	
	Ppt	50	0	0	N30	6-12 mos
	Ppt	50	50	0		1 mo
	Ppt	50	0	0		2-3 mos
	Ppt-Slow 30	5,000	5,000	1,000	N30	1 mo
	Ppt-Slow 30	1,000	0	0		6-12 mos
	Ppt-Slow 30	100	100	0		1 mo
	Slow 120	250	0	0	N30	6-12 mos
	(023)	0	0	0	Cash account	1 mo
12/15	Ppt	200,000	200,000	0		1 mo
	Ppt	100,000	50,000	0		1 mo
	Ppt	80,000	250	0		
	Ppt	55,000	0	0		6-12 mos
	Ppt	50,000	30,000	0		1 mo
	Ppt	15,000	0	0		6-12 mos
	Ppt	10,000	10,000	0		1 mo
	Ppt	1,000	0	0	N30	6-12 mos
	Ppt	500	500	0		1 mo
	Ppt	500	0	0		4-5 mos
	Ppt	500	500	0		1 mo
	Ppt	250	250	0		1 mo
	Ppt	250	250	0		1 mo
	Ppt	250	0	0		2-3 mos
	Ppt	50	0	0		4-5 mos
	Ppt	0	0	0		6-12 mos
	Ppt-Slow 30	900,000	200,000	0		1 mo
	Ppt-Slow 30	2,500	2,500	1,000	N30	1 mo
	Ppt-Slow 30	1,000	500	0		1 mo
	Ppt-Slow 30	250	250	100		1 mo
	Ppt-Slow 30	250	250	100		1 mo
	Ppt-Slow 30	250	250	100		1 mo
	Ppt-Slow 30	100	0	0		1 mo
	Ppt-Slow 60	75,000	45,000	0		1 mo
	Slow 30	250	250	0		1 mo
	Slow 30	250	50	0		4-5 mos
	Slow 90	750	250	250		2-3 mos
	(051)	500	500		Cash account	
11/15	Ppt	50				1 mo
	Ppt	50				1 mo
	(054)	50			Cash account	1 mo
	(055)	50			Cash account	1 mo
	(056)	50			Cash account	1 mo
	(057)	50			Cash account	1 mo
	(058)	50			Cash account	6-12 mos
	(059)	50				1 mo
09/15	Ppt	500	0	0		6-12 mos
	(061)	500			Cash account	1 mo
????	????Cash own option.					
	(062)	100			Cash account	1 mo
????	????Cash own option.					
07/15	Slow 30	100	0	0		6-12 mos

	(064)	1,000			Cash account	1 mo
	(065)	100			Cash account	1 mo
	(066)	100			Cash account	6-12 mos
	(067)	100			Cash account	4-5 mos
	(068)	50			Cash account	6-12 mos
05/15	Ppt	2,000,000	2,000,000	0		
	Ppt	30,000	0	0		6-12 mos
04/15	Ppt	50				6-12 mos
02/15	Ppt	1,000				2-3 mos
12/14	Ppt	0	0	0		6-12 mos
	Ppt	0	0	0		6-12 mos
	Ppt	0	0	0		6-12 mos
	Ppt	0	0	0		1 mo
11/14	Ppt	1,000	0	0		6-12 mos
10/14	Slow 30	10,000	0	0	Regular terms	6-12 mos
05/14	Ppt	100	0	0		1 mo
04/14	Ppt	1,000	0	0	N30	6-12 mos

Payment experiences reflect how bills are met in relation to the terms granted. In some instances payment beyond terms can be the result of disputes over merchandise, skipped invoices etc.

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

PAYMENT TRENDS

SUPPLIER VERSUS INDUSTRY PAYDEX

->	PRIOR 4 QTRS				CURRENT 12 MONTH TREND											
	2014	---	---	---	2015	---	---	---	---	---	---	---	---	---	2016	---
	MAR	JUN	SEP	DEC	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Supplier PAYDEX	80	80	80	80	73	79	79	78	78	76	76	76	76	76	76	76
Industry PAYDEX (Based on 37 establishments in SIC 8742)																
UP QRT	80	80	80	80	80			80			80			80		
MEDIAN	79	79	79	79	79			79			79			79		
LO QRT	73	73	73	73	73			73			73			73		

PAYDEX scores are updated daily and are based on upto 13 months of trade experiences from the Dun& Bradstreet trade file.

All amounts displayed within this report are in local currency.

FINANCE

08/15/2015

Two-year statement comparative:

	Fiscal Jun 30 2013	Fiscal Consolidated Jun 30 2014
Current Assets	133,199,605	170,128,767
Current Liabs	58,993,105	102,139,381
Current Ratio	2.26	1.67
Working Capital	74,206,500	67,989,386
Other Assets	33,034,890	44,059,466
Net Worth	50,174,677	76,756,406
Sales	244,130,689	303,086,216
Long Term Liab	35,874,816	35,292,446
Net Profit (Loss)	14,940,785	17,955,145

Fiscal Consolidated statement dated JUN 30 2014:

Assets		**Liabilities**	
Cash	75,727,400	Accts Pay	12,591,899
Accts Rec	78,860,716	Accounts Payable-Client Funds-Mngt	42,355,954
Program Funds Receivable-Net	9,520,734	Accruals	42,313,177
Notes Receivable-Shareholders	132,500	L.T. Liab-(1yr)	1,304,244
Prepaid	5,887,417	Deferred Revenue	3,574,107
Curr Assets	**170,128,767**	**Curr Liabs**	**102,139,381**
Fixt & Equip	9,056,108	Long-Term Debt-Net	22,653,850
Notes Receivable-Shareholders-Net	844,100	Deferred Rent	1,170,603
Investments-Other	1,540,351	L.T. Liab-Other	11,458,836
Intangible Assets-Net	13,315,398	Def. Credits/Income	9,157
Goodwill & Other Intangibles	17,697,946	COMMON STOCK	11,829,902
Other Assets	1,605,563	STOCK SUBSCRIPTIONS RECEIVABLE	(1,760,500)
		RETAINED EARNINGS	56,134,798
		NON-CONTROLLING INTERESTS	10,552,206
Total Assets	**214,188,233**	**Total**	**214,188,233**

From 7/1/2013 to 6/30/2014 annual sales $303,086,216. Gross profit $303,086,216; operating expenses $285,662,373. Operating income $17,423,843; other income $1,535,711; other expenses $636,566; net income before taxes $18,322,988; other tax $367,843. Net income $17,955,145.

Prepared from statement(s) by Accountant: DiCicco, Gulman & Company LLP, Woburn, MA.

ACCOUNTANT'S OPINION
A review of the accountant's opinion as submitted by the subject company indicates the financial statement meets generally accepted accounting principles and the audit contains no qualifications.

Accounts receivable shown net less $1,302,000 allowance. Fixed assets shown net less $14,459,660 depreciation.

Explanations
The net worth of this company includes intangibles.

As of August 15, 2015, attempts to contact the management of this business have been unsuccessful. Inside and outside sources confirmed operation and location.

KEY BUSINESS RATIOS

Statement date: JUN 30 2014
Based on this number of establishments: 37

Firm		Industry Median		Quartile Rank (Supplier)
Return of Sales:	5.9	Return of Sales:	4.2	1
Current Ratio:	1.7	Current Ratio:	1.9	3
Quick Ratio:	1.5	Quick Ratio:	1.3	2
Assets / Sales:	70.7	Assets / Sales:	102.6	2
Total Liability / Net Worth:	179.0	Total Liability / Net Worth:	98.4	3

PUBLIC FILINGS

The following Public Filing data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

JUDGMENTS

Judgment award: **$5,269**
Status: **Unsatisfied**
BOOK/PAGE: 318/927
Judgment type: Judgment
Against: PUBLIC CONSULTING GROUP INC
In favor of: CITY OF CHARLESTON
Where filed: KANAWHA COUNTY COURT, CHARLESTON, WV

Date status attained: 07/24/2014
Date entered: 07/24/2014
Latest Info Received: 08/12/2014

LIENS

A lienholder can file the same lien in more than one filing location. The appearance of multiple liens filed by the same lienholder against a debtor may be indicative of such an occurrence.

Amount: **$777**
Status: **Open**
FILING NO.: 20141210001042
Type: State Tax
Filed by: STATE OF NEVADA
Against: PUBLIC CONSULTING GROUP INC
Where filed: CLARK COUNTY RECORDERS OFFICE, LAS VEGAS, NV

Date status attained: 12/10/2014
Date filed: 12/10/2014
Latest Info Received: 01/05/2015

Amount: **$11**
Status: **Open**
CASE NO.: 14-0513610
Type: County Tax
Filed by: TAX COLLECTOR
Against: PUBLIC CONSULTING GROUP INC, LEMON GROVE, CA AND OTHERS
Where filed: SAN DIEGO COUNTY RECORDERS OFFICE, SAN DIEGO, CA

Date status attained: 11/24/2014
Date filed: 11/24/2014
Latest Info Received: 12/15/2014

Amount: **$86**
Status: **Open**
CASE NO.: 13-0634340
Type: County Tax
Filed by: TAX COLLECTOR
Against: PUBLIC CONSULTING GROUP INC AND OTHERS
Where filed: SAN DIEGO COUNTY RECORDERS OFFICE, SAN DIEGO, CA

Date status attained: 10/24/2013
Date filed: 10/24/2013
Latest Info Received: 11/22/2013

Amount: **$8,174**
Status: **Void**
CASE NO.: 1304100877
Type: State Tax
Filed by: CA FRANCHISE TAX BOARD
Against: PUBLIC CONSULTING GROUP INC AND OTHERS
Where filed: SACRAMENTO COUNTY RECORDERS OFFICE, SACRAMENTO, CA

Date status attained: 11/05/2014
Date filed: 04/10/2013
Latest Info Received: 11/17/2014

UCC FILINGS

Collateral: Equipment and proceeds - Fixtures and proceeds
Type: Original
Sec. party: DIGITAL FEDERAL CREDIT UNION, MARLBOROUGH, MA
Debtor: PCG LAND VENTURES, LLC
Filing number: 2009 1886313
Filed with: SECRETARY OF STATE/UCC DIVISION, DOVER, DE

Date filed: 06/04/2009
Latest Info Received: 07/08/2009

Type: Continuation
Sec. party: DIGITAL FEDERAL CREDIT UNION, MARLBOROUGH, MA
Debtor: PCG LAND VENTURES, LLC
Filing number: 2014 1358936
Filed with: SECRETARY OF STATE/UCC DIVISION, DOVER, DE

Date filed: 04/07/2014
Latest Info Received: 06/03/2014
Original UCC filed date: 06/04/2009
Original filing no.: 2009 1886313

Collateral: Equipment and proceeds - Fixtures and proceeds
Type: Original
Sec. party: DIGITAL FEDERAL CREDIT UNION, MARLBOROUGH, MA
Debtor: PCG LAND VENTURES, LLC
Filing number: 200973406560
Filed with: SECRETARY OF STATE/UCC DIVISION, BOSTON, MA

Date filed: 06/01/2009
Latest Info Received: 07/10/2009

Collateral: Equipment
Type: Original
Sec. party: U.S. BANK EQUIPMENT FINANCE, MARSHALL, MN
Debtor: PUBLIC CONSULTING GROUP, INC., PORTSMOUTH, NH
Filing number: 201296848310
Filed with: SECRETARY OF STATE/UCC DIVISION, BOSTON, MA

Date filed: 06/28/2012
Latest Info Received: 07/10/2012

Collateral: Leased Equipment including proceeds and products
Type: Original
Sec. party: IOS CAPITAL, MACON, GA
Debtor: PUBLIC CONSULTING GROUP INC
Filing number: 200649728730
Filed with: SECRETARY OF STATE/UCC DIVISION, BOSTON, MA

Date filed: 07/19/2006
Latest Info Received: 08/11/2006

There are additional UCC's in D&B's file on this company available by contacting 1-800-234-3867.

The public record items contained in this report may have been paid, terminated, vacated or released prior to the date this report was printed.

GOVERNMENT ACTIVITY

Activity summary

Borrower (Dir/Guar):	NO
Administrative debt:	NO
Contractor:	YES
Grantee:	NO
Party excluded from federal program(s):	NO
Congressional District:	07

The details provided in the Government Activity section are as reported to Dun & Bradstreet by the federal government and other sources.

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E.2 Assessment Instruments and Assessment Operations

E.2.A Assessment, Screening, and Tier Determination Requirements
E.2.B Division of Aging and Adult Services Assessments
E.2.C Division of Behavioral Health Services Assessments
E.2.D Division of Disability Services Assessments

E.2.A Assessment, Screening, and Tier Determination Requirements

E.2 ASSESSMENT INSTRUMENTS AND ASSESSMENT OPERATIONS

E.2.A Assessment, Screening, and Tier Determination Requirements

A.1. List your proposed instruments for DAAS, DBHS, and DDS, and list your proposed DDS screening tool.

Proposed Instruments

The PCG Team proposes the use of the following assessment instruments for the Arkansas populations outlined in this RFP:

Division	Instrument	Description
DAAS	**InterRAI-HC** (InterRAI Home Care)	InterRAI-HC will be utilized to assess HCBS beneficiaries who are seeking or receiving DAAS services.
DBHS	**LOCUS** (Level of Care Utilization System)	LOCUS will be utilized to assess adults, age 21 and above, who are seeking or receiving DBHS services.
DBHS	**CANS** (Child and Adolescent Needs and Strengths)	CANS will be utilized to assess children between the ages of 4 and 20, who are seeking or receiving DBHS services.
DDS	**SIS** (Supports Intensity Scale)	SIS will be utilized to assess both adults (SIS-A) and children (SIS-C), who are seeking or receiving DDS services.
DDS	**PEDS** (Parents' Evaluation of Developmental Status)	PEDS will be utilized to screen children in DDTCS preschool and CHMS programs.

Figure E.2.A.1: With our proposed tools, the PCG Team will ensure that assessments, screenings, and tier determinations are accurate, timely, and cost-effective.

A.2. Describe how each of your company's proposed Assessment Instruments/screening solution meet the following mandatory minimum requirements:

- *All proposed instruments must be administered by trained and qualified assessors in accordance with the requirements of RFP section 3.3*
- *The proposed instruments must yield a result that assists the Vendor and the State in determining a Tier for each individual assessed.*
- *Vendors may propose the same instrument for more than one Division, so long as that instrument meets each Division's respective requirements listed in this RFP.*
- *The proposed Developmental Screen must yield a result that assists a physician in determining whether an individual has or is at risk of a developmental delay or disability.*

Our Solution

The PCG Team has evaluated a number of assessment and developmental screen tools for potential use in Arkansas. **Our selection of tools is based on our understanding of current DHS efforts, the desired direction of the programs reflected, and our collective decades of experience in administering assessments for these populations.** Each tool selected will meet the specific needs of the target population, and will allow us to provide accurate, efficient, and consistent assessments to the State of Arkansas.

PCG's partner, LifePlans, is a leading healthcare and long-term care (LTC) insurance services organization. **The company provides health assessments and care management solutions to many of the top companies in the healthcare and insurance markets, including Medicaid fee-for-service and Managed Care populations.** LifePlans has been providing an array of in-home and telephonic nursing assessments and care coordination services to more than 40 health and long-term care insurers since the inception of the company. Additionally, LifePlans has one of the largest contracted nursing networks focused on assessing elderly and vulnerable populations. The comprehensive array of services is designed to meet needs across a variety of programs in different states and ensure that health assessment information, education and coaching is objective, reliable and actionable.

We've done our homework – the PCG Team proposes validated, cost-effective assessment tools.

The PCG Team recognizes that Independent Assessments are an important component of major long-term care health reforms for Arkansas. More states are managing multiple health care reform and systems modernizations concurrently which makes the choice of Independent Assessments critical to providing synthesized, efficient and quality patient centered care across populations. For the most part, there is significant overlap across the multitude of tools that could be used to assess populations. Roughly 80% of the elements are common across functional assessment tools. However, visible differences are related to the fact that most states opt for different assessment instruments for different populations and homegrown tools are often developed in order to meet local population, agency and resource needs. For the requirements in this RFP, we are recommending standardized Independent Assessment tools that are well-tested and widely used with the populations they serve. Additionally, the selected tools have established and robust training programs and support.

Assessors Administering Tools

The LifePlans field network, comprised of over 4,000 Registered Nurses meet the following minimum standards:

- They have at least 3-5 years of clinical experience, primarily working with individuals that they will be required to assess, including: aged and/or disabled, developmentally disabled, or members with behavioral health needs.
- They are trained in the administration of multiple assessment types, a majority of which are focused on the medical, functional, cognitive, home safety, and medication compliance status of individuals and requiring the development of care plans.
- They are licensed and credentialed (which is verified and documented) and thorough background checks are conducted on each nurse prior to their joining the team.
- Through sophisticated, on-going training techniques, including in-person group trainings, one-on-one trainings, feedback sessions, and web-based learning management trainings, the nurses receive continuous reinforcement and education to ensure inter-rater reliability across geographic locations.
- Every home-visit assessment that they complete is subject to a quality metrics review for accuracy, completeness, and timeliness; each assessment is graded and overall quality scores for nurses are tracked.
- Each contracted nurse is subject to service level agreements for appointment scheduling, assessment completion, and turn-around time, based on individual client requirements.

General Qualifications for Assessors

LifePlans currently has clinicians in the state of Arkansas who have extensive experience working with targeted populations, including DAAS, DBHS and DDS. **In addition, many of our current clinicians have experience completing InterRAI for DAAS; LOCUS and CANS for DBHS, and SIS for DDS members**. When preparing our existing field staff, or adding new assessors, the PCG Team will adhere to the State requirements. Our assessors will:

- Have at least one **(1) year of experience working directly with the population** with whom they will be administering the assessments specified above;
- Be **culturally sensitive and linguistically competent** to effectively communicate with all beneficiaries; and
- Have the necessary **knowledge, skills and abilities** to successfully perform and manage Independent Assessments.

We will not use any clinical workforce who works for an agency or any other entity which could create an actual or perceived conflict of interest. Additionally, we will secure written assurances from each clinical assessor to ensure that (1) he or she does not have a conflict of interest and (2) he or she will notify the PCG Team immediately if circumstances surrounding a potential conflict of interest change.

Assessor Oversight

Our experience suggests that while the domains captured in a specific tool are necessary to ensure a fair, efficient, and consistent eligibility process, this level of information acquisition is insufficient. We must guarantee that field assessors are well-trained and that captured data facilitates the development of accurate tier determinations, as well as comprehensive care plans. Thus, operational protocols and procedures should be readily available to all project managers, internal clinical staff and field assessors. As part of our onboarding process for each assessment tool and/or program, LifePlans will assign a manager who will be responsible for completing the following:

- Creating a library of Master Assessment tools that can be used in paper form, should the field be unable to conduct the assessment digitally; and
- Creating a library of documents that detail all training protocols by assessment tool and population and all assessor qualification requirements.

LifePlans currently maintains a robust and multichannel assessor oversight process and will utilize this proven procedure if granted the opportunity to work with DHS. This process allows an assessor to connect quickly with an internal clinical resource and address any issues that may arise during or after the assessment. Additionally, this process enables rapid escalation, which occurs when specific issues (e.g. suspected elder abuse) trigger a mandatory reporting requirement.

We currently employ a team of supervisor clinicians who are licensed to practice in multiple states**. All supervisory clinician employees are currently licensed in the compact states, which include Arkansas.** Our clinical supervisors are responsible for oversight of the contracted assessors and manage both the Preceptorship Program, as well as ongoing quality oversight. Under this contract, the PCG Team will also employ an Arkansas board-certified physician and psychiatrist.

Population-Specific Experience

In addition to our standard assessor training and qualification requirements, we understand that each of the populations in this RFP, as well as the proposed assessment tools, have unique staffing and training requirements. **LifePlans has worked with a multitude of entities that dictate assessment or program specific requirements to which assessors must also conform.** We will ensure that our staff meet the following requirements, by population:

1. **DAAS population:** Our network of registered nurses in Arkansas is robust. We understand that the state currently employs RNs who are trained and completing the Independent Assessments in this population. **Our Network Recruitment Team can obtain a list of current state assessors and immediately move them into our recruitment and on-boarding process, if they are not already part of our assessor network.** We will interview and validate all current assessors against the skill sets required to complete assessments for the DAAS population. LifePlans utilizes a contractor model for assessors in the field, and as such, would offer contracts to those assessors who meet the requirements and pass our validation process.

2. **DBHS population:** We are able to easily identify RNs or behavioral health professionals in our network who have a minimum of one year of mental health experience. To supplement the number of assessors currently in our network, we have an efficient recruiting and on-boarding process for assessors who meet the DBHS specific criteria.

3. **DDS population:** We are able to identify assessors in our network who have a minimum of two years' experience with the developmental/intellectually disabled population. To supplement the number of assessors currently in our network, we have an efficient recruiting and on-boarding process for assessors who meet the DDS specific criteria.

Tier Determinations

The PCG Team understands that there must be a clear relationship between the status of the individual as defined by their level of need, and the tier determination developed to address this need. To that end, the assessment is often used to populate clinical algorithms that provide guide-posts for service allocation decisions. **Our technology partner, CIM, has already developed tier determination algorithms for InterRAI-HC, which are currently in use by DAAS.** Our clinical and IT teams have decades of experience developing and implementing algorithms for different assessments and will work with each Division toward the development and vetting of tier determination algorithms for the DBHS and DDS populations.

The PCG Team has decades of combined experience developing and implementing assessment algorithms.

The PCG Team has extensive experience developing and implementing eligibility determination processes based on automated assessment and screening tools for several states. **Our clinical and technical teams will work with each Division to map assessment data to eligibility criteria for each population, and to create rules-based algorithms to determine the appropriate level of care on the basis of assessment results and DHS policy.** Once vetted and agreed upon by the Divisions, the algorithms will be put into action in the IT Platform. The system will then generate the results of the computation of the Tier Determination algorithms in a note of the system outside of the assessment proper. Assessors have the opportunity to review these with the beneficiary and, depending on the appropriate business process, potentially record additional information generated by those discussions. The system then has the assessment responses, the calculated eligibility determination results, and potentially the assessor's clinical judgment about the results (e.g., agree/disagree), coupled with any information provided by the beneficiary. **The exact nature of these processes as they will be implemented within the PCG IT Platform will be discussed with DAAS, DBHS, and DDS and will be tailored to the specific requirements of each respective Division's eligibility determination program**.

A.3. Describe how your company's proposed Developmental Screen meets the requirements set forth in RFP Section 3.1 (D)

Meeting Developmental Screen Requirements

The PCG Team understands that identifying developmental delays in children is critical in order to initiate the delivery of appropriate interventions and services. The American Academy of Pediatrics (AAP) recommends that children should be observed at every well visit for any sign of developmental delay – if any risks are observed, a screening is warranted. While the AAP does not recommend the use of one specific tool, it does suggest that the screening instrument should be standardized. In 2006 (and validated again in 2009 and 2014), a policy statement was issued in the Journal *Pediatrics* (AAP) that listed a number of standardized screening tools that could be used to assess if a developmental delay was

present in a child. **We are recommending the use of the Parents' Evaluation of Developmental Status (PEDS) as a screening tool for children in the DDTCS and CHMS programs**. The PEDS is an evidence-based standardized tool completed with the parent or guardian. It is a general screen that is designed to look for developmental and behavioral issues that warrant follow up by the child's physician. The tool can be used with children ages infant to 8 years and takes an average of 5-10 minutes to complete. The responses will allow the assessor to determine whether any further action is needed, including further observation or referral. The questionnaire is available in multiple languages and tested with children from a variety of ethnic backgrounds.

This screening tool and results will allow the assessor to complete any additional State required forms and could potentially be completed telephonically. **The ability to conduct these screens telephonically, with DHS' and DDS' consent, can be a valuable tool in ensuring that screens are completed timely, and at the convenience of beneficiaries and their families, so that the appropriate supports may be put in place.** Ultimately, this screen will assist a physician in determining whether an individual has or is at risk of a developmental delay or disability.

A.4. Describe how each proposed instruments/screen was chosen and how each instrument/screen contributes to the quality, efficiency, economy, and access to care of Beneficiaries receiving services under this contract.

The PCG Team Perspective

The PCG Team considered myriad assessment tools/screens for each population, and is confident that those selected will best meet DHS' needs, in terms of quality, efficiency, economy, and access to care. **All of these tools have been evaluated through the prism of each of our companies' experience, ensuring that these tools have been thoughtfully selected, with consideration given to all aspects of the tools, including clinical efficacy, ease of use, compatibility with tier determination algorithms, cost, and technical platform integration.** Below are the members of the PCG Team, and the background, expertise, and perspective that each member has contributed to the process by which the instruments and screens have been selected:

Public Consulting Group is deeply familiar with the Arkansas landscape, and understands the goals and challenges of DHS. We understand not only Independent Assessments, but also how this project fits within the larger reform agenda. We are prepared to leverage our experience with and knowledge of DHS to implement a program that meets the highest quality, efficiency, economic, and access standards. We have assembled a team with specific skillsets, in addition to our 30 years of Medicaid experience, to bring together a best-in-breed model that will significantly benefit the State**. We have taken all of this background and context into consideration in the instrument/screening selection process.**

LifePlans has been developing and deploying standardized questionnaires to assess cognitive and physical functioning in a multitude of service settings for over 20 years. In our work with clients, we have been asked to both develop questionnaires from the ground up, using our clinical expertise, and to implement existing forms to gather information in a statistically reliable and

consistent way. Our robust training and quality assurance programs will ensure that all tools will be administered consistently and accurately, by the most highly qualified assessors available. **This strong clinical perspective has driven the instrument/screen selection process.**

CIM Inc.

Center for Information Management has been providing customized health and human service information systems, particularly to LTSS providers and state agencies for over a decade. In work with clients, CIM has developed enterprise-wide assessment platforms with a great deal of success. Specifically, CIM currently provides the technology platform used in NY State to house and manage assessments for their aging, behavioral health, and developmental disabilities populations. CIM has had success developing and implementing Tier Determination algorithms for myriad tools, including InterRAI and CANS, both of which are proposed for use in Arkansas. **This applied, technological expertise has played a crucial role in evaluating the instruments and screening tools.**

Proposed Assessment and Screening Instruments

As such, our proposed approach to instrument selection is as follows:

InterRAI-HC

From a clinical standpoint, InterRAI-HC offers a comprehensive assessment, evaluating the beneficiary's functioning, as well as quality of life, needs and preferences. Originally designed for use in Long Term Care facilities, this tool collects both subjective and objective information from the beneficiary and their caregiver, allowing for a 360-degree assessment of the beneficiary's situation.

From an efficiency, economy, and access to care standpoint, the fact that this tool has already been implemented by DAAS is a significant advantage to its continued use. That the PCG Team includes the technology partner, CIM, who has helped to implement this tool, adds to our ability to immediately begin work with DAAS to implement this portion of the scope.

LOCUS

Clinically, the LOCUS assessment tool will allow our assessors to gather the information necessary to develop an independent tier determination that effectively and efficiently targets services that positively influence a beneficiary's treatment, maximize their level of independence and promote quality of care. The structure of the tool will allow us to observe not only the medical needs of the recipient, but also the level of stress on relatives and other caregivers in the environment so as to paint a better picture of the care required.

With regard to efficiency, economy, and access to care, we have fully evaluated the requirements to integrate the LOCUS tool into our IT Platform. The PCG Team is confident that this selection will allow for an efficient, cost-effective implementation. Ultimately, we will be able to focus on working with DBHS to establish Tier Determination rules and roll out the assessment state-wide.

CANS

As an assessment tool for children, the CANS tool supports an appropriate focus on both the strengths and needs of youth with behavioral health challenges. CANS is especially conducive to collecting and communicating the information most useful in the design of service plans. As Arkansas Child Welfare currently deploys this tool, it is our hope that adopting it for the DBHS child population will represent some level of familiarity to the providers who serve these children.

The PCG Team has already integrated CANS into our IT Platform, ensuring an efficient implementation for AR DHS. We also have extensive experience in building the Tier Determination algorithms, and will be able to leverage this experience to assist DBHS in mapping this tool to eligibility requirements.

SIS (A) and (C)

Based on our clinical review, and years of experience in working with ID/D populations, we believe SIS to be the most comprehensive tool available in assessing the needs of the DDS population. Through an understanding person's needs, preferences, and goals, the SIS tools support the Division's ability to provide the most appropriate services for promoting long-term independence and enhanced quality of life.

In discussions with AAIDD, owners of the tools, we have established a working relationship that has enabled us to understand each other's' needs and capabilities, and to lay out an integration plan that will allow for the most efficient and effective implementation of SIS tools through the PCG IT Platform.

PEDS

Through a review of screening tools by our in-house clinicians, as well as consultation with our educational partners, the PCG Team has determined that the use of the PEDS tool will best serve DDS and its beneficiaries. Understanding that under-detection of mental health problems is a significant issue, it is our position that the simplest evidence-based tool available is the best course to take. By implementing a screening tool which can be completed with parents in a matter of minutes, we hope to alleviate some of the stress and to identify issues early in the child's development.

In assessing the technical integration aspects of this tool, we have concluded that the same simplicity in administration which makes it an effective clinical tool, also makes it an efficient tool to integrate into the IT Platform.

A.5. Describe how your company will meet the Additional Assessment, Screening, and Tier Determination Requirements set forth in RFP Section 3.1 (H)

Additional Requirements

The PCG Team will fully support DHS in all aspects of this Independent Assessment and Transformation Support initiative. **It is our strong belief that transparency and the sharing of as much information as possible will benefit the entire enterprise, as we can assure that we are moving forward in a direction that is consistent with Arkansas' vision at all times.** Understanding the details of the work we are performing will allow DHS to be a better steward, and will hold the PCG Team to a high standard of performance. We will work with the Department, and with each Division, to ensure that all relevant information is shared, which will allow DHS to complete the promulgation of manuals or the creation of other publicly-available materials.

All information necessary for the adjudication of a member's rights or due process will be made to be a part of the member's record in the IT Platform. As such, it will be available to DHS at all times. At DHS' request, the PCG Team will assist in the preparation of appeal materials and supporting documentation, to alleviate the burden on state staff.

E.2.B Division of Aging and Adult Services Assessments

E.2 ASSESSMENT INSTRUMENTS AND ASSESSMENT OPERATIONS

E.2.B Division of Aging and Adult Services Assessments

B.1. List your proposed instrument for completing DAAS assessments, including the organization or company who created and/or owns the assessment instrument.

interRAI-HC

We understand that the State has invested time and finances in the interRAI Home Care (HC) assessment tool for two Home and Community Based Services (HCBS) waivers under the Division of Aging and Adult Services. This instrument can also be used with the populations added in the scope of this RFP – PACE program participants and individuals receiving Personal Care Services. **The PCG Team recommends the continued use of the interRAI-HC tool for the four populations this RFP will be serving.** The interRAI organization owns the interRAI suite of assessment instruments, including interRAI Home Care. To capture the data gathered through the interRAI-HC tool and subsequently render Tier Determinations, we will be using an approved software vendor, Center for Information Management, Inc. (CIM). CIM will supply the PCG IT Platform.

B.2. Describe how your company's proposed DAAS Assessment Instrument(s) meets the following requirements:

- *Proposed instruments must take into account subjective and objective data from the Beneficiary and his/her medical history data.*
- *Proposed instruments must distinguish between Beneficiary capacity to perform tasks and his/her willingness.*
- *Proposed instruments must assess the minimum individual, caregiver, and risk areas identified in the RFP.*
- *Proposed instruments must meet DAAS Minimum Track Record Requirement defined in RFP.*
- *Proposed instruments must be capable of handling DAAS Year 1 Volume Estimates for each population.*

Meeting DAAS Requirements

The goal of the selected tool is to provide a uniform, objective and efficient way to collect information that can be used to develop Tier Determinations, as well as a cost-efficient service plan. PCG's trusted partner LifePlans stands as an independent, objective assessment services company. **LifePlans has the experience and knowledge to ensure the accurate evaluation of need and risk.** Thus, with LifePlans' expertise, the PCG Team will be able to readily identify scarce resources and minimize recipient costs.

Proposed instruments must take into account subjective and objective data from the Beneficiary and his/her medical history data.

Our staff of clinicians has reviewed interRAI-HC and believes this tool to be a robust questionnaire that assesses critical dimensions including physical, cognitive, and social functional status. The interRAI-HC Assessment Form starts with Identification Information and further addresses the following components

(*Figure E.2.B.1*), ensuring that the instrument takes into account a comprehensive range of subjective, objective, and medical history information from the Beneficiary and his or her caregiver.

Assessment Components	
Intake and Initial History	Skin Condition
Cognition	Medications
Communication and Vision	Treatments and Procedures
Mood and Behavior	Responsibility
Psychosocial Well-Being	Social Supports
Functional Status	Environmental Assessment
Continence	Discharge Potential and Overall Status
Disease Diagnoses	Discharge
Health Conditions	Assessment Information
Oral and Nutritional Status	

Figure E.2.B.1: interRAI-HC assessment components will allow for the subjective and objective collection of Beneficiary data.

Furthermore, interRAI's clinical algorithms - Clinical Assessment Protocols (CAPs) - allow for the accurate identification of care plan needs. The four categories of the Clinical Assessment Protocols (Clinical Issues, Functional Performance, Cognition/Mental Health, and Social Life) also address the requirement that subjective, objective, and medical history information must be taken into account through the proposed instrument.

Proposed instruments must distinguish between Beneficiary capacity to perform tasks and his/her willingness.

The interRAI-HC assessment instrument is structured to record what the Beneficiary is able to achieve, as opposed to his or her hypothetical potential state. With this clear distinction built into the tool, interRAI-HC can distinguish between the Beneficiary's capacity versus his or her willingness to perform specific tasks. Furthermore, as part of our review, our clinical staff understands that family members and others within the recipient's support network can provide valuable input related to the recipient's care needs. **We will proactively seek out all possible input to form the most comprehensive picture of the Beneficiary's physical and behavioral needs, capacity, and willingness.** This process will help us identify psychiatric, functional, medical, and social issues that are current or potential problems for the individual. As an example of this process specific to the interRAI tool, see *Figure 8.2.B.2*. The information collected by our trained assessors, as well as a review of the Beneficiary's surroundings, will serve as the foundation for a holistic assessment of the individual.

interRAI will successfully address a Beneficiary's physical, cognitive, and social functional status.

Clinical Approach Example, Medication Adherence:

When adult and family are asked if medications are taken regularly, the member indicates that medications are taken as prescribed. The spouse indicates that the member is on so many medications she is finding it hard to keep track of all of them and how often they should be taken, citing that every time they go to the doctor, he seems to change the dosage or frequency.

Inspection of the medication bottles indicate multiple bottles of the same medication with different expiration/renewal dates, different medications in the same prescription bottle and full bottles with renewal dates from months ago.

Neither the member nor the spouse can verbalize exactly when the last doses were taken. The member demonstrates poor memory and poor ability to answer questions, the spouse is weepy stating that he has gotten much sicker over the past few months, but insists she is taking good care of him.

This would lead our assessor to score "2 -Adherent less than 80% of the time, including failure to purchase prescribed medication" for Section L2 – Adherent with medications prescribed by physician and "3 -Family or close friends report feeling overwhelmed by person's illness" for section L3 – Informal Helper Status.

Figure E.2.B.2: Our proposed clinical approach will result in the development of comprehensive care plans.

Proposed instruments must assess the minimum individual, caregiver, and risk areas identified in the RFP.

As previously mentioned, the interRAI-HC instrument includes 19 sections covering a wide range function, health, mental state, and social support issues, as well as Clinical Assessment Protocols that address clinical issues, functional performance, cognition/mental health, and social life. ***Figure 8.2.B.3*** **shows a crosswalk between the required minimum individual, caregiver, and risk areas identified in the RFP and the corresponding interRAI-HC sections.** We are confident in the ability of this tool to address all requirements.

Individual Areas	Corresponding interRAI-HC Section
Medical history, current medical conditions, or conditions observed by the assessor or self-reported by the individual being assessed	Intake and Initial History, Disease Diagnoses, Health Conditions, Oral and Nutritional status, Skin Condition, Medications, Treatments and Procedures, Continence
Behavioral	Mood and Behavior, Cognition
Home Living Activities	Functional Status, Activity Pursuit, Environmental Assessment
Community Activities	Psychosocial Well-Being, Social Supports
Strengths and resources	Functional Status, Activity Pursuit, Environmental Assessment, Social Supports, Responsibility
Employment	Responsibility
Health and Safety Assessment	Health Conditions
Social Functioning	Psychosocial Well-Being

Caregiver (natural supports) Areas	Corresponding interRAI-HC Section
Physical/behavioral (health)	Social Supports, Environmental assessment
Involvement	
Social resources	
Family stress	
Safety	

Current Risk Assessment Review	Corresponding interRAI-HC Section
Safety Plan, if available	Identification information, Intake and Initial History
Behavior Plan	
Physical Plan	
Medical Plan	

Figure E.2.B.3: interRAI-HC sections cover a wide range of issues and directly map to the required risk areas identified in the RFP.

LifePlans' Arkansas assessors have experience conducting interRAI assessments, as well as a history of conducting assessments using the precursor to the interRAI – the Minimum Data Set (MDS). At present, LifePlans has conducted over 12,000 assessments on Arkansas residents. **Thus, as evidenced by previous LifePlans success, the PCG Team will be able to bring on additionally qualified assessors with behavioral health experience.** Our clinical network – equipped with the necessary training and the comprehensive interRAI-HC instrument – will provide a holistic assessment of the Beneficiary and meet all assessment requirements of DAAS.

Minimum Track Record: The Assessment Instrument shall have been utilized successfully by at least three (3) state government of local government entities or must have had at least thirty thousand (30,000) administrations on the population specific to DAAS in the last two (2) years.
InterRAI-HC has been successfully utilized in more than three state government or local government entities including Arkansas, Louisiana, Michigan, and New Jersey. Furthermore**, interRAI-HC is being implemented in seventeen (17) states as of November 2016, with over 30,000 administrations of the assessment to the specific Beneficiary population of DAAS.**

The estimated total number of assessments to be administered by the Vendor in Year 1 of Operations for DAAS Beneficiaries is 20,651 based on figures for ARChoices, Living Choices Assisted Living, PACE, Personal Care, and Independent Choices.
With over 3,000,000 telephonic and in-person assessments under our belt, LifePlans and its clinical network have garnered experience and skills to successfully administer the estimated total number of assessments in Year 1 of Operations. The interRAI-HC assessment instrument has successfully been integrated with the proposed PCG IT Platform to ensure online and offline access, secure record-keeping and robust data collection. This integration will allow for the instrument to be able to meet the required volume of assessments. We are also confident in the capabilities of our assessors to communicate with beneficiaries in a clear, concise and culturally-sensitive manner. We firmly believe that the interRAI-HC will allow us to meet all RFP requirements regarding assessment instruments and administration.

B.3. Describe your company's plan for administering DAAS's Year 1 Assessments for each population listed in the RFP, taking into consideration the proposed volumes for each: ARChoices in Homecare, Living Choices Assisted Living, PACE, Personal Care, and Independent Choices. Describe how you propose to prioritize assessments in Year 1 and how you propose to distribute assessments throughout Year 1.

Year 1 Assessments

LifePlans' experience working with individuals who have multiple care needs has generated unique insights regarding how best to perform assessments. In working with the DAAS population, LifePlans has conducted analyses that have uncovered the key charateristics associated with care implementation. From this experience, the PCG Team knows that issues such as timeliness and caregiver communication skills are critical to providing quality services.

LifePlans' Assessment Administration

The following narrative details LifePlans' current process for administering assessments, and how the PCG Team will utilize this procedure to plan for DAAS's Year 1 Assessments.

For current clients, LifePlans' field network performs assessments 7 days per week at times and locations that are set by those being interviewed. This practice will ensure a high level of assessment completion for all proposed volumes for each ARChoices, Living Choices Assisted Living, PACE, Personal Care, and Independent Choices population. **Given our breadth of assessment experience, we are able to identify the specific clinical and social characteristics associated with long and short-term need to help classify individuals in an efficient manner.**

LifePlans' extensive assessment experience will largely inform the Team's plan for DAAS's Year 1 Assessments.

We currently have 50 registered nurse assessors in our network in Arkansas and have the capacity to complete roughly 1,300 assessments per month. As previously mentioned, we can recruit and onboard with speed and efficiency to meet any increased capacity need. **Our contracted network, coupled with the existing nurses that perform the interRAI-HC currently for DAAS, will allow us to complete Year 1 assessments with the roughly 20,000 ARChoices in Homecare, Living Choices ALF, PACE and Personal Care beneficiaries.**

In order to complete the required number of assessments in Year 1, we will employ a muti-modal methodology to complete the interRAI and make a subsequent tier determination. Under this contract, LifePlans will complete the following steps to ensure that assessments are completed correctly.

1. We will first conduct an initial telephone call to schedule and interview and gather up to date contact information.
2. Prior to the scheduled date of the in-person inteview, the assessor will be responsible for reviewing any provider records, notes and medical reords that are available so that he or she is familiar with the treatment and history of the Beneficiary.

3. During the in-person interview, the assessor will collect the necessary information to complete the interRAI form.
4. Copies of all information will be retained in the event that they are needed in future appeals or reassessments.

The PCG Team will work with DAAS to establish an order of priority for the initial assessments and reassessments throughout the year, taking into account the annual reassessment timeline requirement. **With the support the PCG IT Platform, we will schedule assessments 7 days per week, and will work to avoid disrupting the currently scheduled assessments within the calendaring system.** Emergency assessments will take priority to ensure they are scheduled and completed within seven (7) calendar days after referral. Our integrated IT solution and robust clinical network will allow the PCG Team to meet the assessment prioritization and assessment volume requirements.

B.4. Describe your company's plan for ensuring all DAAS's Beneficiaries receive a reassessment on an annual basis.

Annual Assessments

There is often a need to know exactly where a referral stands; thus, the PCG Team has developed a sophisticated on-line case tracking system. The entire process, documented in *Figure 8.2.B.4*, will ensure that care managers can find when a case was referred, when the appointment was set-up, when the assessment form went through clinical review, and when it was submitted to the state.

Every step of the process will be documented within the Platform. For example, a number of our current clients require multiple phone calls over the course of the assessment period. With the PCG Platform, we will have the ability to track these touchpoints and research alternate phone numbers if necessary. Additionally, our IT Platform will automate the scheduling of a reassessment with a preset reassessment date when the case is entered into our system. This procedure will ensure that we can automatically track and begin outreach for needed reassessments at the 10 month anniversary to ensure that all assessments are conducted on an annual basis.

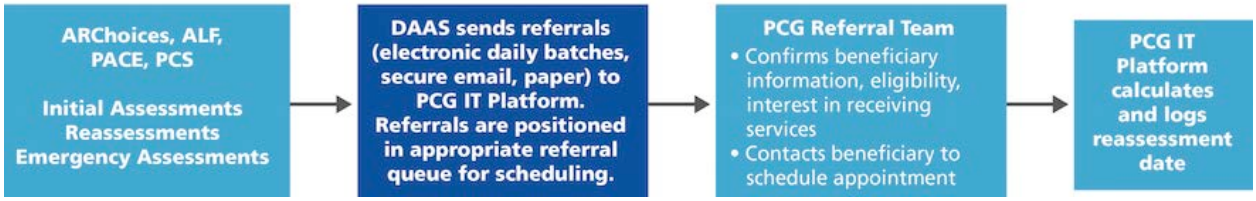


Figure E.2.B.4: Our online case tracking system will assist the PCG Team in completing assessments timely and efficiently.

B.5. Describe your company's plan to complete all DAAS emergency assessments within seven (7) calendar days after referral.

Emergency Assessments

Critial situations or life changing events can prove difficult for beneficiaries. Assessors must be quickly deployed with an assessment that captures the relevant information to determine if additional supports or services are needed. **During the planning phase of the contract, the PCG Team will ensure the**

appropriate structure, systems and staff are dedicated to addressing emergency assessments for DAAS. The PCG solution includes to following to ensuure that emergency assessments can be completed within seven (7) calendar days:

- Automated workflow processes;
- Referral scheduling queue with prioritized assessment data collection;
- Electronic communication of results and tier determination to appropriate DHS staff; and
- Ability to locate a trained and qualified assessor in the Beneficiary's area, which allows for minimal time between receipt of referral assessment administration.

B.6. Describe your company's plan to ensure DAAS Assessment Scheduling Protocol in RFP Section 3.1 (E)(6) are met.

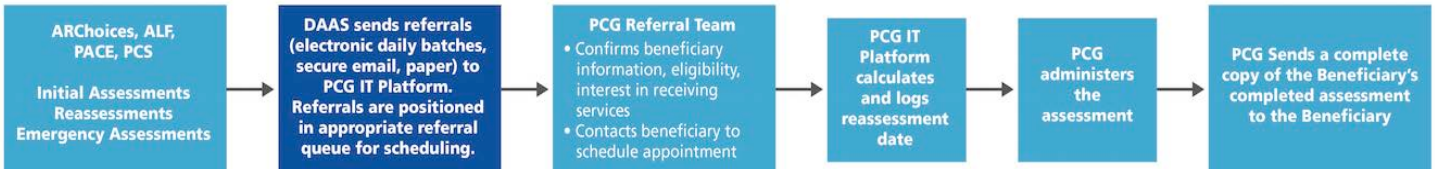


Figure E.2.B.5: Our referral intake process will be flexible to accommodate the needs of DAAS.

Meeting Assessment Scheduling Requirements

The Assessment Scheduling Protocol will begin when DAAS or its designee sends PCG the names, contact information, and expiration date of the current plan of care for each Beneficiary in need of an assessment in Year 1. During the planning phase, PCG will work with DAAS to establish an order or priority for these initial assessments. **After obtaining the necessary information from DAAS, PCG will import all Beneficiary data into the PCG IT Platform to be positioned in a queue for scheduling by the PCG Referral Team.** The Referral Team will reach out to the Beneficiaries to schedule an appointment in the priority order as determined by DAAS to ensure turnaround times and deadlines are met for each Beneficiary assessment. We will make three initial attempts to reach the Beneficiary for an assessment scheduling, all of which will be automatically logged into the IT Platform. Once the assessment is scheduled, an automated reassessment date will be logged in the Beneficiary's profile and the referral process for that Beneficiary will be completed.

Prior to the scheduled date of the in-person inteview, the assessor will be responsible for reviewing any provider records, notes and medical reords that are available so that he or she is familiar with the treatment and history of the Beneficiary. An assessor from our clinical network will administer the assessment and on our IT Platform will store the necessary information to complete the interRAI-HC form. Upon completion, the system will close the assessment as administered, PCG will send a complete copy of the assessment to the Beneficiary, and the assessment results and initial Tier Determinations will be placed in an approval queue for the appropriate DHS staff.

The mentioned referral intake process will accommodate not only the identified initial assessments and reassessments, but also additional referrals of an individual or group of individuals that DAAS may need

to send to PCG for assessments. Our processes and technology are flexible to accommodate the needs, requirements, and priorities of DAAS.

B.7. Describe your company's plan to ensure DAAS Reassessment Scheduling and Notification Requirements in RFP Section 3.1 (E)(7) are met.

Meeting Reassessment Scheudling Requirements

During the planning phase of the contract, PCG will meet with DAAS to set a prioritization plan for not only the initial assessments but also the annual reassessment scheduling, taking into account the annual reassessment timeline requirement. **Once the prioritization plan for reassessments is establised, we will review the IT Platform's calendaring system of preset reassessment dates to ensure they align with DAAS priorities and reassessment scheduling timeline of ten months after the anniversary of the last assessment.** This process will be further supported by the PCG Referral Team, which will be dedicated to coordinating the scheduling of assessments, reassessments, and emergency assessments. This Team will also be responsible for addressing DAAS priorities by making changes or updates to reassessment schedules.

Once a reassessment is scheduled, the Beneficiary will be removed from the scheduling queue at which point an assessor from our clinical network will be assigned to the complete the assessment. We will send advance notification in a format approved by DHS prior to an upcoming reassessment to the Beneficiary as an appointment reminder, explain the purpose of the visit, and to reassure them that a qualified and trained professional from their local community will be coming out to meet with them at a time and place that is convenient for them (and their caregivers or family members).

The automation of the PCG IT Platform and commitment of the PCG Referral Team will ensure the requirement in RFP 3.1.(E)(7) are met.

B.8 Describe your company's plan to ensure DAAS Assessment Notification Requirements in RFP Section 3.1 (E)(8) are met.

Meeting Assessment Notification Requirements

Once the referral is sent to the PCG IT Platform, the referral will be placed in the appropriate scheduling queue for the Referral Team to confirm Beneficiary eligibility, information, interest in receiving services, and attempt to schedule the assessment. The Referral Team will make three contact attempts with the Beneficiary, on three separate days, by telephone. If unable to reach the Beneficiary, the Referral Team will notify the DAAS representative in the local county office of the Beneficiary. If we receive new or updated contact information and the assessment is scheduled, or if the individual makes contact with us 4 days after the initial referral, the assessment will be administered within five days. If all appropriate measures to reach the Beneficiary are completed, and we are still unable to contact the individual, the referral will be reassessed after 30 days of the referral and the local DAAS representative will be notified.

For the vast majority of cases, once the request is received electronically, the case will be automatically assigned using our proprietary computer algorithm to the most qualified assessor in the area. This will be accomplished electronically to ensure quick turn-around times. As soon as the field assessor schedules

an appointment with the Beneficiary, this information will be transmitted to our system, which will update the status of the case on a secure website. It will be possible for authorized individuals to go to the secure website and track the status of all cases. Additionally, we understand that there is ongoing work and previously scheduled assessments and reassessments for the DAAS ARChoices and Living Choices populations. **Our system allows us to enter a flag and information on previously performed or already scheduled assessments (done by other vendors or the DAAS contracted nurses), so that no duplication or disruption occurs.** This will allow for a date for reassessment to be triggered. LifePlans will track when a case is received, when the appointment is scheduled, when the appointment is completed, when the case arrives back at LifePlans for clinical review, and when the case is submitted (completed) and uploaded.

Figure 8.2.B.6 on the following page highlights the key elements of the assessment process followed by LifePlans for its current clients. This process will, of course, be modified to accommodate the Arkansas assessment specifications, but the flow chart is illustrative of the controls currently in place and speaks to our expertise in area of implementing assessments with large populations.

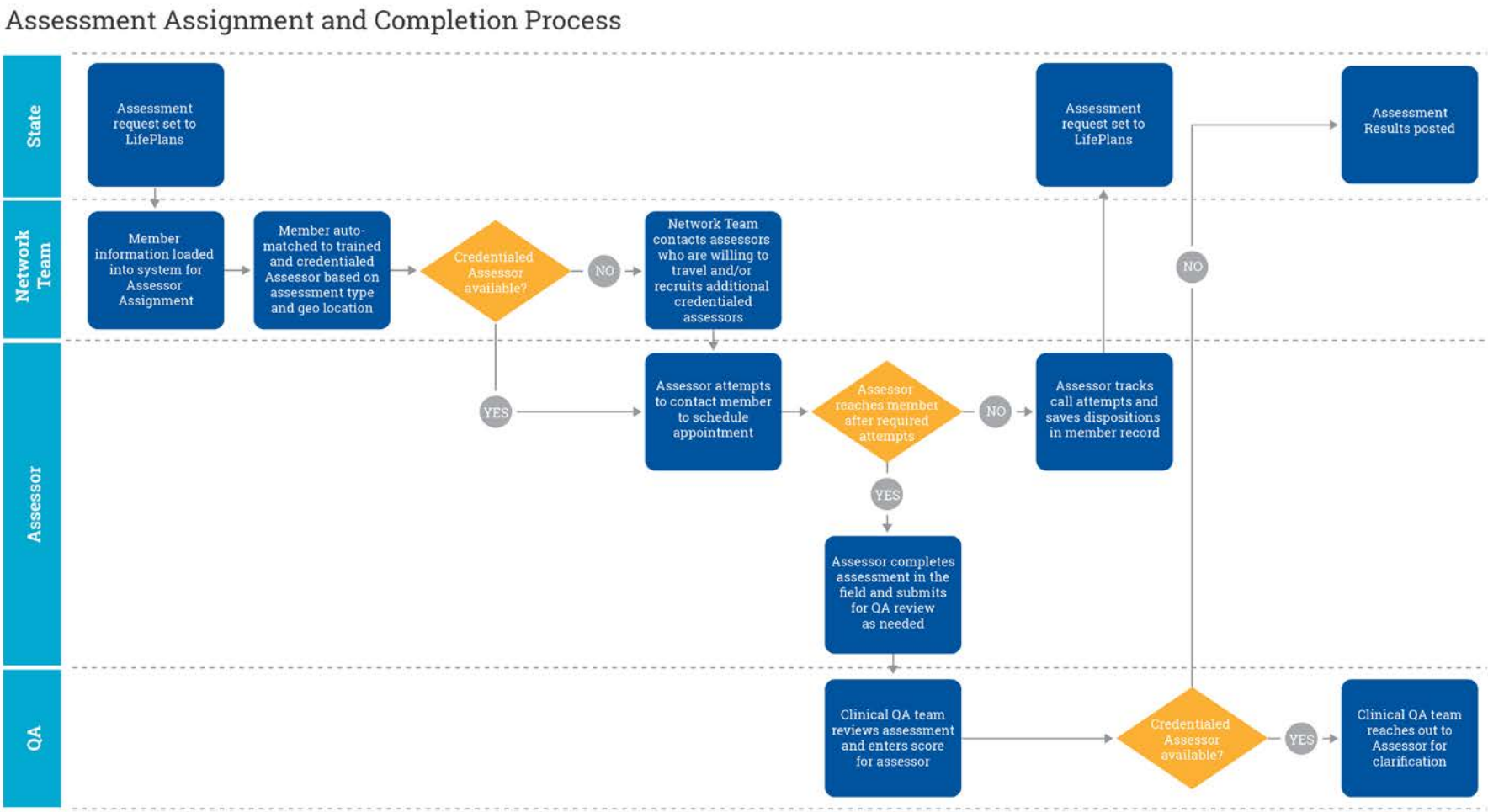


Figure 8.2.B.6: Current LifePlans Face-to-Face Assessment Work Flow.

B.9 Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP.

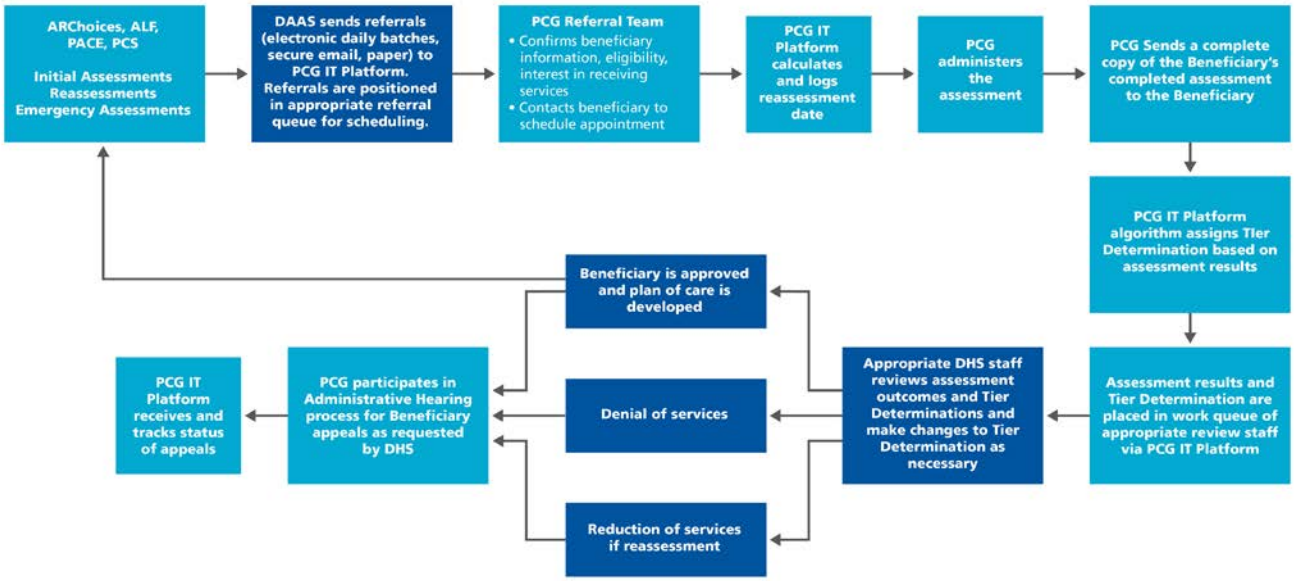


Figure 8.2.B.6: The PCG Team's role in formal disputes will ensure risk and audit controls and reduce the chance of appeals.

Formal Disputes

The PCG Team's solution will include supports from the beginning – starting with the referral intake process through the administrative hearing process, legal proceeding or any form of formal Beneficiary dispute. PCG will participate and support the State to ensure beneficiaries are afforded the rights and due process required by law. **PCG has experience in developing, implementing, and managing the Medicaid appeals management application in North Carolina and realizes the importance of communication, documentation, and processes in providing beneficiaries with the appropriate due process rights.** We have brought value to North Carolina by delivering sound, reportable data that has streamlined the appeals process resulting in significantly reduced appeal timelines. PCG looks forward to bringing this experience and expertise to assist DAAS in satisfying the Appeals and Administration Hearings requirement as listed in this RFP.

PCG will review the current administrative review and appeals process for beneficiaries and will coordinate with DAAS to ensure a collective understanding of the appeals process. **With every assessment and Tier Determination, we propose another document outlining the appeals procedure be attached.** The appeals document will contain all relevant information including appeals process, timeline, contact information, address, etc. This correspondence indicating adverse determination of eligibility or services will explicitly explain and outline their right of recourse to file for an administrative hearing and appeal.

PCG, our clinical network, and IT Platform will ensure thorough recording keeping, monitoring, and reporting that will allow DAAS to:

- Ensure **risk and audit controls, case records, and policy documentation** are in place to support DAAS determinations in administrative hearings and appeal proceedings;
- **Reduce the chance of appeals** and **shorten appeal timelines**; and
- **Deliver reporting metrics** regarding the appeals process.

B.10 Describe your company's plan to, after working with DAAS to develop Tiers, assign individuals based on the outcome of their assessment to a Tier and report the outcome of the assessment and initial Tier Determination to DAAS.

Tier Assignment

Upon contract commencement, one of the first deliverables of our work will be to work with DAAS to further develop the following Tiers:

- Preventative
- Intermediate
- Skilled/Institutional Level of Care

We will offer the expertise of our clinical staff to support DAAS with our extensive knowledge on interRAI-HC assessments as well as administering and interpreting the data of assessments.

Most importantly, the IT team will bring an IT Platform to DAAS that has already automated the current Tier Determination process for the Division of Aging and Adult Services using their ARPath assessment instrument. Not only does this application include the automated calculation and display of their multifaceted determination results, but the current application also supports a workflow process that coordinates a handoff between the assessment completion processes conducted by regional assessors with a centralized review and approval process conducted by the Department of Human Services staff. Existing business process and associated workflow would serve as a model for the automation of any new DAAS tier determination processes.

The PCG IT Platform has already automated the current Tier Determination Process for DAAS.

The basic procedure is for assessors to create a new assessment instrument and complete the data entry of all required data items within the instrument, conducting the finalization process upon completion. The system then generates the results of the computation of the Tier Determination algorithms in a note of the system outside of the assessment proper. Assessors have the opportunity to review these with the Beneficiary and, depending on the appropriate business process, potentially record additional information generated by those discussions. The system then has the assessment responses, the calculated eligibility determination results and potentially the assessor's clinical judgment about the results (e.g., agree/disagree) coupled with any information provided by the Beneficiary. Within the IT Platform, this final report will be placed in the appropriate approval work queue of a reviewer as designated by DAAS.

E.2.C Division of Behavioral Health Services Assessments

E.2 ASSESSMENT INSTRUMENTS AND ASSESSMENT OPERATIONS

E.2.C Division of Behavioral Health Services Assessments

C.1. List your proposed assessment instruments for DBHS assessments including the organization or company who created and/or owns the assessment instrument. For the adult population and Child populations, please list each instrument separately.

CANS and LOCUS

We understand the need for Arkansas to implement an Independent Assessment and Tier Determination process for DBHS Beneficiaries. The PCG team recommends using the CANS (Child and Adolescent Needs and Strengths) to assess the children ages infant to 20 years of age that will be served by this RFP. The Praed Foundation, a non-profit organization, owns several behavioral health assessment instruments, including the CANS.

The PCG team recommends using the LOCUS (Level of Care Utilization System) to assess adults ages 21 and above that will be served by this RFP. The American Association of Community Psychiatrists owns the LOCUS. To capture the data gathered through both CANS and LOCUS, and render Tier Determinations, we will be using an approved software vendor, Center for Information Management, Inc. (CIM). CIM will supply the PCG IT Platform.

C.2. Describe how your company's proposed DBHS Assessment Instrument(s) meet the following requirements:

- *Proposed instruments **must** assess the minimum individual, caregiver, adult recovery, behavioral health history, and risk areas identified in Section 3.1(F)(1)(d).*
- *Proposed instruments **must** meet DBHS Minimum Track Record Requirement in Section 3.1(F)(2).*
- *Proposed instruments **must** be capable of handling DBHS Year 1 Volume Estimates for each population*
- *Proposed instruments **must** identify functional strengths and needs of Beneficiary related to a behavioral health condition. The results of proposed instruments **must** provide a numerical score.*

Meeting DBHS Requirements

The goal of the selected tool and interview is to provide a uniform, objective and efficient way to collect information that can be used to develop Tier Determinations and a service plan that meets the needs of Beneficiaries in the most effective and cost efficient manner for the state. PCG's strategic partner, LifePlans, is an independent, objective assessment services company. For 30 years, LifePlans has provided the most accurate and comprehensive clinical, functional, cognitive, behavioral, home safety, family support and social picture of our clients so that interventions can improve health outcomes.

Because LifePlans does not provide home health care or other agency-provided supportive services, the PCG Team can avoid any potential conflicts of interest and can focus all of our attention on the assessment itself. We have the experience and knowledge to ensure the accurate evaluation of need and risk and can determine who would benefit from services. This has implications for the targeting of scarce resources and for minimizing recipient costs.

Proposed instruments must assess the minimum individual, caregiver, adult recovery, behavioral health history, and risk areas identified in Section 3.1(F)(1)(d).

Our staff of clinicians is experienced with the CANS and the LOCUS assessments and believes these tools to be robust and comprehensive instruments that assess multiple key areas of functional strengths and needs.

The CANS assessment evaluates the following areas to ensure that the instrument takes into account a comprehensive range of functional needs and strengths for children ages infant to 20 years of age. *Figure 8.2.C.1* shows a crosswalk between the required minimum individual, caregiver, adult recovery environment, behavioral health history, and risk areas identified in the RFP and the corresponding CANS sections. We are confident in the ability of this tool to address all RFP requirements.

Individual Areas	Corresponding CANS Section
Behavioral and emotional needs	Developmental functioning
Home Functioning	Family functioning, living situation,
Community Functioning	School functioning, recreational functioning
Strengths and Resources	Child's strengths: family, interpersonal, optimism, educational, vocational, talents/interests, spiritual/religious, community life, relationship permanence, youth involvement with treatment, natural supports
Employment	Job functioning
Health & Safety Assessment	Physical functioning, medical functioning, sexual development, sleep functioning
Social Functioning	Social functioning, communication functioning, job functioning
Medical Conditions that Relate or Impact Behavioral Health Condition	Medical functioning
Engagement	Acculturation, child's functioning
Co-Morbidities	Medical functioning, physical functioning, behavioral health needs

Caregiver (Natural Supports) Areas for Children/Youth	Corresponding CANS Section
Physical/Behavioral Health	Physical health, mental health, substance use
Involvement	Involvement with care, supervision strength
Social Resources	Social resources, accessibility to child care, residential stability
Family Stress	Family stress
Safety	Safety, Marital/partner violence in the Home

Behavioral Health History	Corresponding CANS Section
Current Behavioral Health Conditions	Child's Behavioral Health Needs: Psychosis, Impulse/Hyperactivity, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use, Eating Disturbance
Treatment Attempted	
Treatment Received	
Treatment Compliance	
Response to Treatment	
Recovery History	

Current Risk Assessment Review	Corresponding CANS Section
Crisis Plan, If Available	Child's Risk Behaviors: Suicide Risk, Self-Mutilation, Other Self Harm, Danger to Others, Sexual Aggression, Runaway, Delinquency, Fire Setting, Social Behavior, Bullying
Risk Behaviors	
Risk Factors	

Figure E.2.C.1: CANS sections cover a wide range of issues and directly map to the required risk areas identified in the RFP.

The LOCUS assessment evaluates the following areas to ensure that the instrument takes into account a comprehensive range of adult functional needs and strengths. *Figure 8.2.C.2* shows a crosswalk between the required minimum individual, caregiver, behavioral health history, and risk areas identified in the RFP

and the corresponding LOCUS sections. We are confident in the ability of this tool to address all RFP requirements.

Individual Areas	Corresponding LOCUS Section
Behavioral and emotional needs	Functional Status
Home Functioning	
Community Functioning	
Strengths and Resources	
Employment	
Health & Safety Assessment	
Social Functioning	
Medical Conditions that Relate or Impact Behavioral Health Condition	
Engagement	Engagement and Recovery Status
Co-Morbidities	Comorbidity

Adult Recovery Environment	Corresponding LOCUS Section
Stress	Recovery Environment
Support	

Behavioral Health History	Corresponding CANS Section
Current Behavioral Health Conditions	Treatment and Recovery History
Treatment Attempted	
Treatment Received	
Treatment Compliance	

Response to Treatment	
Recovery History	

Current Risk Assessment Review	Corresponding CANS Section
Crisis Plan, If Available	Risk of Harm
Risk Behaviors	
Risk Factors	

Figure E.2.C.2: LOCUS sections cover a wide range of issues and directly map to the required risk areas identified in the RFP.

Minimum Track Record: For Children (under the age of 21): The Assessment Instrument shall have been utilized successfully by at least three (3) state government or local government entities or must have had at least fifty thousand (50,000) child administrations on the population specific to DBHS within the last two (2) years.

CANS has been successfully utilized in more than three state government or local government entities including Alabama, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts and many others. Versions of CANS are currently used in all 50 states in many different applications, including mental health.

Minimum Track Record: For Adults (ages 21 and up): The Assessment Instrument shall have been utilized successfully by at least three (3) state government or local government entities or must have had at least fifty thousand (50,000) adult administrations on the population specific to DBHS within the last two (2) years.

LOCUS has been successfully utilized in more than three state government or local government entities including Iowa, Louisiana, Illinois, Washington, Maine and the District of Columbia, all of which currently use LOCUS as a component of their Medicaid Behavioral Health programs.

Proposed instruments must be capable of handling DBHS Year 1 Volume Estimates for each population. The estimated range of the total number of assessments to be administered by the Vendor in Year 1 of Operations is 30,000-35,000. Approximately 70% of these Beneficiaries are children and approximately 30% are adults.

With LifePlans having completed 3,000,000 telephonic and in-person assessments, The PCG clinical team has the depth and breadth of experience and the skills to successfully administer the estimated total number of assessments to be administered in Year 1 of Operations. The CANS and LOCUS assessment instruments will successfully be integrated with the PCG IT Platform to ensure online and offline access, secure record-keeping and robust data collection. This integration will allow for the instruments to be able to meet the required volume of assessments. We are also confident in the capabilities of our assessors to communicate with beneficiaries in a clear, concise and culturally sensitive manner, and the structure of the CANS and LOCUS will enable us to complete assessments as laid out in the RFP requirements regarding assessment instrument and administration.

Proposed instruments must identify functional strengths and needs of Beneficiary related to a behavioral health condition. The results of proposed instruments must provide a numerical score.

As previously discussed, our staff of clinicians has reviewed the CANS and the LOCUS assessments and believe these tools to be robust and comprehensive mechanisms that assess multiple key areas of functional strengths and needs related to a behavioral health condition.

The CANS assessment evaluates the following areas (*Figure 8.2.C.3*) to ensure that the instrument takes into account a comprehensive range of individual, caregiver, behavioral health history, and risk areas related to a behavioral health condition.

Child's Functioning
Family
Living Situation
School
Social Functioning
Recreational
Developmental
Communication
Judgement
Job Functioning
Legal
Medical
Physical
Sexual Development
Sleep
Independent Living

Caregiver Strengths and Needs
Supervision
Involvement with Care
Knowledge
Organization
Social Resources
Residential Stability
Physical
Mental Health
Substance Use
Developmental
Accessibility to Child Care
Military Transitions
Family Stress
Safety
Marital/Partner Violence in the Home

Child's Strengths
Family
Interpersonal
Optimism
Educational
Vocational
Talents/Interests
Spiritual/Religious
Community Life
Relationship Permanence
Youth Involvement with Treatment
Natural Supports

Child's Behavioral Health Needs
Psychosis
Impulse/Hyperactivity
Anxiety
Oppositional
Conduct
Adjustment to Trauma
Anger Control
Substance Use
Eating Disturbance

Child's Risk Behaviors
Suicide Risk
Self-Mutilation
Other Self Harm
Danger to Others
Sexual Aggression
Runaway
Delinquency
Fire Setting
Social Behavior
Bullying

Acculturation
Language
Identity
Ritual
Culture Stress

Figure E.2.C.3: CANS evaluates critical aspects of a child's health status and will thus assist the PCG Team in completing comprehensive, accurate assessments.

The **CANS** assessment provides a numerical score to describe the child's functional needs and strengths related to a behavioral health concern. The scoring levels can be found below.

For Needs:	For Strengths:
0: No evidence, no need for action	0: Centerpiece strength
1: Watchful waiting/Prevention	1: Useful strength
2: Need for action	2: Potential strength
3: Immediate/intensive action	3: No strength identified

The **LOCUS** assessment evaluates the following areas to ensure that the instrument takes into account a comprehensive range of individual, adult recovery environment, behavioral health history, and risk areas identified in Section 3.1(F)(1)(d) of the RFP.

- Risk of Harm
- Functional Status
- Medical, Addictive and Psychiatric Comorbidity
- Recovery Environment
    - Level of Stress
    - Level of Support
- Treatment and Recovery History
- Engagement and Recovery Status

Based on the assessment evaluation, the LOCUS instrument provides a numerical score to describe the adult's functional needs and strengths related to a behavioral health concern. The scoring levels can be found in *Figure 8.2.C.4* below.

Assessment Area	Scoring Scale
Risk of Harm	1- Minimal Risk of Harm 2- Low Risk of Harm 3- Moderate Risk of Harm 4- Serious Risk of Harm 5- Extreme Risk of Harm
Functional Status	1- Minimal Impairment 2- Mild Impairment 3- Moderate Impairment 4- Serious Impairment 5- Severe Impairment
Medical, Addictive and Psychiatric Comorbidity	1- No Co-morbidity 2- Minor Co-morbidity 3- Significant Co-morbidity 4- Major Co-morbidity 5- Severe Co-morbidity
Recovery Environment	A) Level of Stress 1. Low Stress Environment 2. Mildly Stressful Environment 3. Moderately Stressful Environment 4. Highly Stressful Environment 5. Extremely Stressful Environment B) Level of Support 1. High Supportive Environment 2. Supportive Environment 3. Limited Support in Environment 4. Minimal Support in Environment 5. No Support in Environment
Treatment and Recovery	1- Fully Responsive to Treatment and Recovery Management 2- Significant Response to Treatment and Recovery Management 3- Moderate or Equivocal Response to Treatment and Recovery Management 4- Poor Response to Treatment and Recovery Management 5- Negligible Response to treatment
Engagement and Recovery Status	1- Optimal Engagement and Recovery 2- Positive Engagement and Recovery 3- Limited Engagement and Recovery 4- Minimal Engagement and Recovery 5- Unengaged and Stuck

Figure E.2.C.4: LOCUS scoring levels will assist assessors in making accurate Tier Determinations.

C.3. Describe your company's plan to will interact and exchange data electronically with the DHS designee, both for referrals and the transmission of assessment and Tier Determination results.

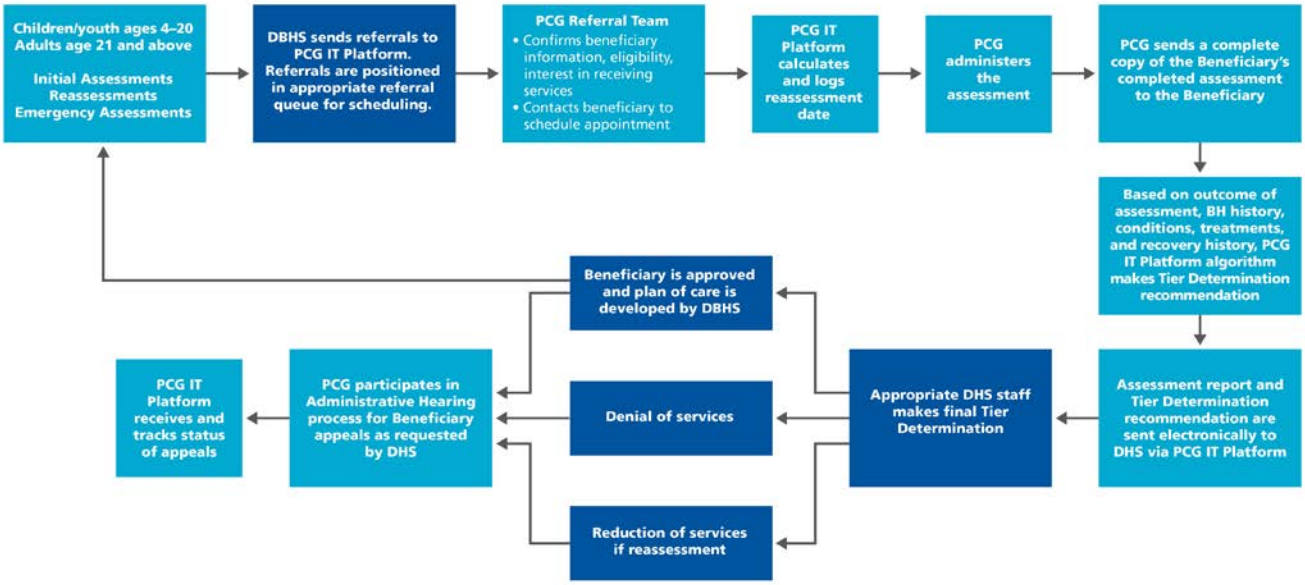


Figure E.2.C.5: LOCUS scoring levels will assist assessors in making accurate Tier Determinations.

Exchanging Data

The PCG IT Platform will have the capability to directly interface with the Arkansas Medicaid Management Information System (MMIS) and support direct electronic interaction and data exchange with DHS designee and its systems. Such an interaction will be designed around the operational requirements dictated by the needs of DBHS for the timely delivery of information from the PCG IT Platform to any designated DBHS system. This process will include a referral intake process that will receive secure electronic, paper, or email referrals from the Division of Behavioral Health Services. Referrals from DBHS will be sent directly to the PCG IT Platform electronically and positioned in the appropriate referral queue for the PCG Referral Team to confirm beneficiary information and schedule an assessment. **This will complete the referral intake process with the system, and upon administration of LOCUS or CANS, preconfigured algorithms will assign an initial Tier Determination based on the outcome of the assessment, beneficiary's behavioral health history, conditions, treatments, and recovery history.**

Within the IT platform, the assessment report and Tier Determination recommendations will be placed in the appropriate approval queue and sent electronically to DBHS designated reviewers for final Tier Determination. The referral intake process and transmission of assessment results to DHS are automated within the system, allowing for electronic data interaction and exchange with DHS. Furthermore, all electronic data exchanges with PHI data between the PCG IT Platform and other State-operated

systems, including the Arkansas Medicaid Management Information System (MMIS), will involve transmission of data over encrypted connections as outlined in our Privacy and Security Plan.

C.4. Describe your company's plan for administering DBHS's Year 1 Assessments taking into consideration the proposed volumes for adults and children. Describe how you propose to prioritize assessments in Year 1 and how you propose to distribute assessments throughout Year 1.

Year 1 Assessments

The PCG Team will work with DBHS upon contract commencement to draft project management documents. These documents will break down milestones and deliverables into specific tasks and timelines to ensure that we meet the proposed Year 1 assessment volumes.

LifePlans' experience working with individuals who have multiple care needs has generated unique insights regarding how best to perform assessments. In working with the DBHS population, LifePlans has conducted analyses that have uncovered the key charateristics associated with care implementation. From this experience, the PCG Team knows that issues such as timeliness and caregiver communication skills are critical to providing quality services. **We will incorporate experience-based strategies into our project management plans to promptly deliver assessments to an approximately 30,000 to 35,000 DBHS Beneficiaries in the first year of operations.**

Assessment Administration

The following narrative details LifePlans' current process for administering assessments, and how the PCG Team will utilize this procedure to plan for DBHS's Year 1 Assessments.

In order to complete the required number of assessments in Year 1, we will employ a muti-modal methodology to complete assessments and make a subsequent tier determination. Under this contract, the PCG Team will complete the following steps to ensure that CANS and LOCUS are deployed correctly.

1. We will first conduct an initial telephone call to schedule and interview and gather up to date contact information.
2. Prior to the scheduled date of the in-person inteview, the assessor will be responsible for reviewing any provider records, notes and medical records that are available so that he or she is familiar with the treatment and history of the beneficiary.
3. During the in-person interview, the assessor will collect the necessary information to complete the assessment form.
4. Copies of all information will be retained in the event that they are needed in future appeals or reassessments.

Our ability to accurately target needs will save DBHS valuable time and resources.

For current clients, LifePlans' field network performs assessments 7 days per week at times and locations that are set by those being interviewed. This practice will ensure a high level of assessment completion for proposed volumes of adults and children. **Given our breadth of assessment experience, we are able to identify the specific clinical and social characteristics associated with long and short-term needs to help classify individuals in an efficient manner.** Targeting services to those in need, and

identifying individuals who may no longer benefit from services, is particularly important in an environment characterized by constrained resources.

Furthermore, we will leverage our sophisticated PCG IT Platform to automate workflow processes that will not only expedite the scheduling of assessments, but will also coordinate the various assessment phases to ensure that all stakeholders are engaged appropriately. **Our integrated solution – comprised of the PCG IT Platform, dedicated Referral Team, and clinical experience – will ensure we meet the proposed DBHS assessment volumes in year 1.**

C.5. Describe your company's plan for ensuring all DBHS's Beneficiaries receive a reassessment on an annual basis.

Annual Assessments

PCG understands that DBHS beneficiaries require an annual reassessment, which must begin ten months after the previous assessment. The entire process, documented in *Figure 8.2.C.6*, will ensure that care managers can find when a case was referred, when the appointment was set-up, when the assessment form went through clinical review, and when it was submitted to the state.

Every step of the process will be documented within the platform. For example, a number of our current clients require multiple phone calls over the course of the assessment period. With the PCG Platform, we will have the ability to track these touchpoints and research alternate phone numbers if necessary. Additionally, our IT Platform will automate the scheduling of a reassessment with a preset reassessment date when the case is entered into our system. This procedure will ensure that we can automatically track and begin outreach for needed reassessments at the 10 month anniversary to ensure that all assessments are conducted on an annual basis.

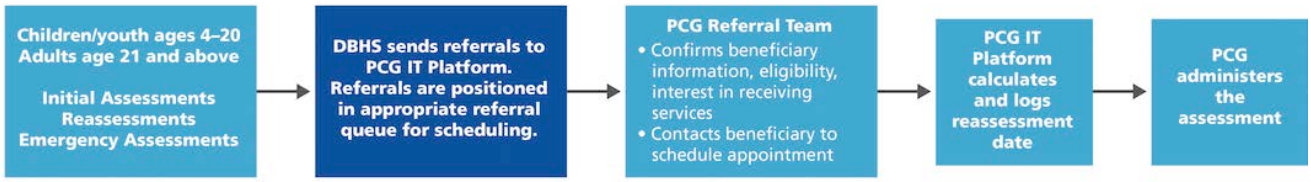


Figure E.2.C.6: Our online case tracking system will assist the PCG Team in completing assessments timely and efficiently.

C.6. Describe your company's plan for administering emergency assessments within seven (7) calendar days after referral for the estimated monthly emergency assessment volume.

Emergency Assessments

Critial situations or life changing events can prove difficult for beneficiaries. Assessors must be quickly deployed with an assessment that captures the relevant information to determine if additional supports or services are needed. **During the planning phase of the contract, the PCG Team will ensure the appropriate structures, systems and staff are dedicated to addressing emergency LOCUS and CANS assessments for DBHS.**

The PCG IT Platform and Referral Team will ensure that emergency DBHS referrals will be prioritized and placed in the appropriate queues for expedited scheduling. Additionally, with a robust clinical network in the state of Arkansas, we have the capability to deploy assessors quickly and efficiently.

C.7. Describe your company's plan to ensure DBHS Assessment Scheduling Protocol are met as set forth in RFP Section 3.1 (F)(6).

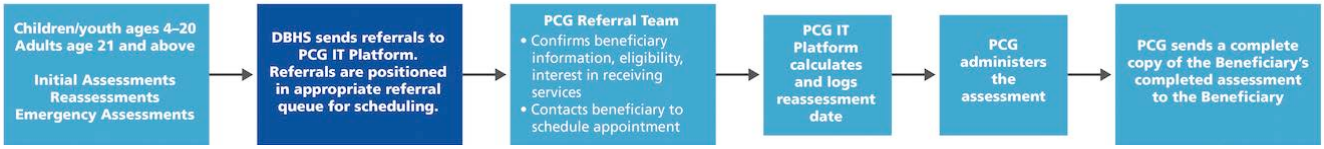


Figure E.2.C.7: Our referral intake process will be flexible to accommodate the needs of DBHS.

Meeting Assessment Scheduling Requirements

During the planning phase of the contract, PCG will meet with DBHS to set a prioritization plan for not only the initial assessments but also the annual reassessment scheduling, taking into account the annual reassessment timeline requirement. **Once the prioritization plan for reassessments is established, we will review the IT Platform's calendaring system of preset reassessment dates to ensure they align with DBHS priorities and reassessment scheduling timeline of ten months after the last assessment.** This process will be further supported by the PCG Referral Team, which will be dedicated to coordinating the scheduling of assessments, reassessments, and emergency assessments. This Team will also be responsible for addressing DBHS priorities by making changes or updates to reassessment schedules.

Once a reassessment is scheduled, the beneficiary will be removed from the scheduling queue at which point an assessor from our clinical network will be assigned to the complete the assessment. We will send advance notification in a format approved by DHS prior to an upcoming reassessment to the beneficiary as an appointment reminder, explain the purpose of the visit, and to reassure them that a qualified and trained professional from their local community will be coming out to meet with them at a time and place that is convenient for them (and their caregivers or family members).

This highly automated process will accommodate not only the identified initial assessments and reassessments, but also the additional referrals of an individual or group of individuals that DBHS identifies. Such referrals will follow a prioritized process to schedule and administer the assessment within 14 days of referral receipt. **Our processes and technology are flexible to accommodate the needs, requirements, and priorities of DBHS.**

C.8. Describe your company's plan to ensure DBHS Reassessment Scheduling and Notifications Requirements in RFP Section 3.1 (F)(7) are met.

Meeting Reassessment Scheduling Requirements

During the planning phase of the contract, PCG will meet with DBHS to set a prioritization plan for not only the initial assessments but also the annual reassessment scheduling, taking into account the annual reassessment timeline requirement. **Once the prioritization plan for reassessments is established,**

we will review the IT Platform's calendaring system of preset reassessment dates to ensure they align with DBHS priorities and reassessment scheduling timeline of ten months after the anniversary of the last assessment. This process will be further supported by the PCG Referral Team, which will be dedicated to coordinating the scheduling of assessments, reassessments, and emergency assessments. This Team will also be responsible for addressing DBHS priorities by making changes or updates to reassessment schedules.

Once a reassessment is scheduled, the Beneficiary will be removed from the scheduling queue at which point an assessor from our clinical network will be assigned to the complete the assessment. We will send advance notification in a format approved by DHS prior to an upcoming reassessment to the Beneficiary as an appointment reminder, explain the purpose of the visit, and to reassure them that a qualified and trained professional from their local community will be coming out to meet with them at a time and place that is convenient for them (and their caregivers or family members). Ultimately, the automation of the PCG IT Platform and commitment of the PCG Referral Team will ensure the requirements in RFP 3.1.(F)(7) are met.

C.9. Describe your company's plan to ensure DBHS Assessment Notification Requirements in RFP Section 3.1 (F)(8) are met.

Meeting Assessment Notification Requirements

Once the referral is sent to the PCG IT Platform, the referral will be placed in the appropriate scheduling queue for the Referral Team to confirm Beneficiary eligibility, information, interest in receiving services, and attempt to schedule the assessment. The Referral Team will make three contact attempts with the Beneficiary, on three separate days, by telephone. If unable to reach the Beneficiary, the Referral Team will notify the DBHS representative in the local county office of the Beneficiary. If we receive new or updated contact information and the assessment is scheduled, or if the individual makes contact with us 4 days after the initial referral, the assessment will be administered within five days. If all appropriate measures to reach the Beneficiary are completed, and we are still unable to contact the individual, the referral will be reassessed after 30 days of the referral and the local DBHS representative will be notified.

The PCG Team will maintain diligence and consistency in our communication with the DBHS populations.

For the vast majority of cases, once the request is received electronically, the case will be automatically assigned using our proprietary computer algorithm to the most qualified assessor in the area. This will be accomplished electronically to ensure quick turn-around times. As soon as the field assessor schedules an appointment with the Beneficiary, this information will be transmitted to our system, which will update the status of the case on a secure website. It will be possible for authorized individuals to go to the secure website and track the status of all cases. The PCG team will track when a case is received, when the appointment is scheduled, when the appointment is completed, when the case arrives back at LifePlans for clinical review, and when the case is submitted (completed) and uploaded.

Figure 8.2.C.8 highlights the key elements of the assessment process followed by PCG's strategic partner, LifePlans, for their current clients. This process will, of course, be modified to accommodate the Arkansas assessment specifications, but the flow chart is illustrative of our current procedures.

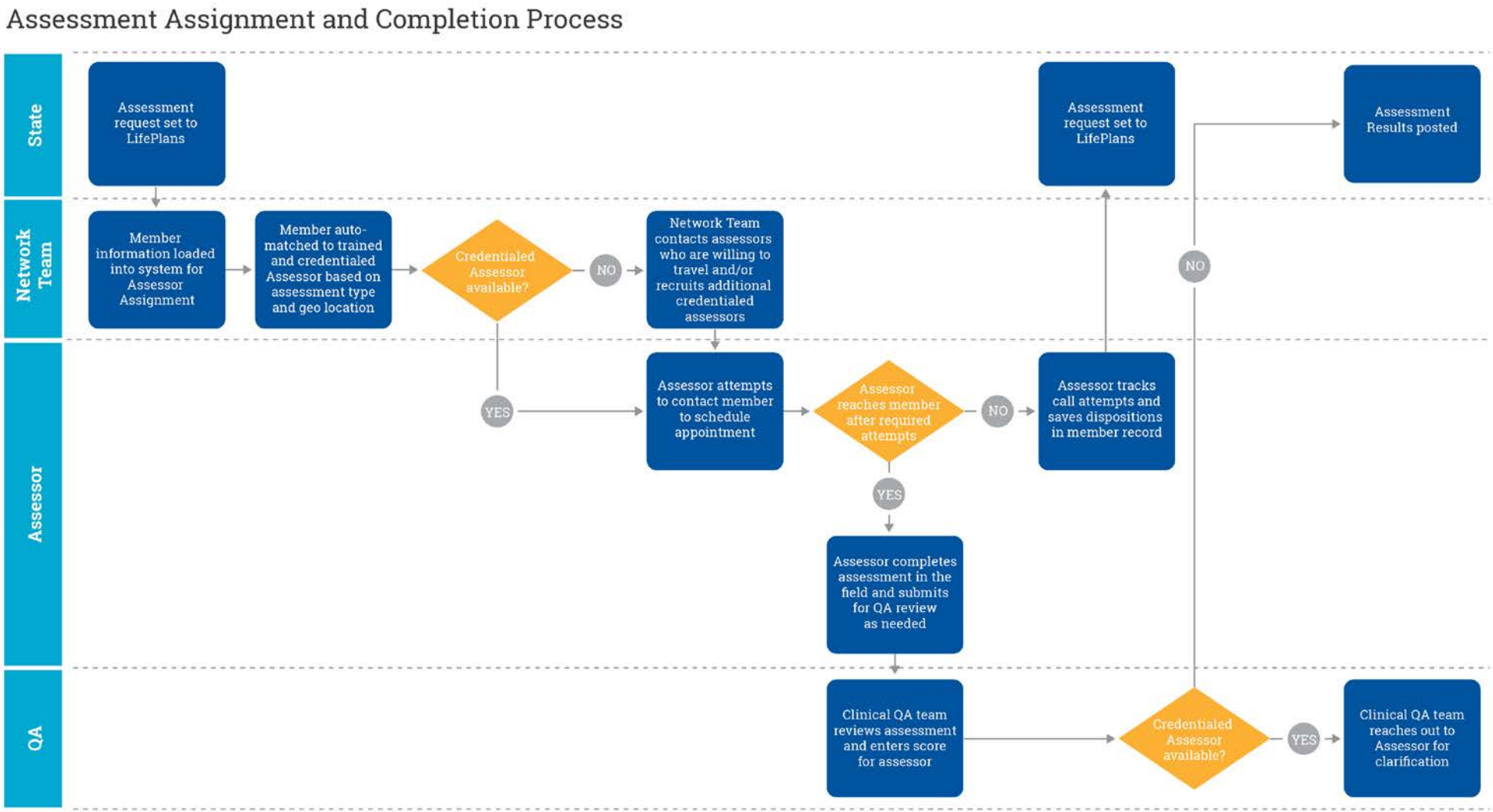


Figure E.2.C.8: Current LifePlans Face-to-Face Assessment Work Flow.

C.10. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP Section 3.1.

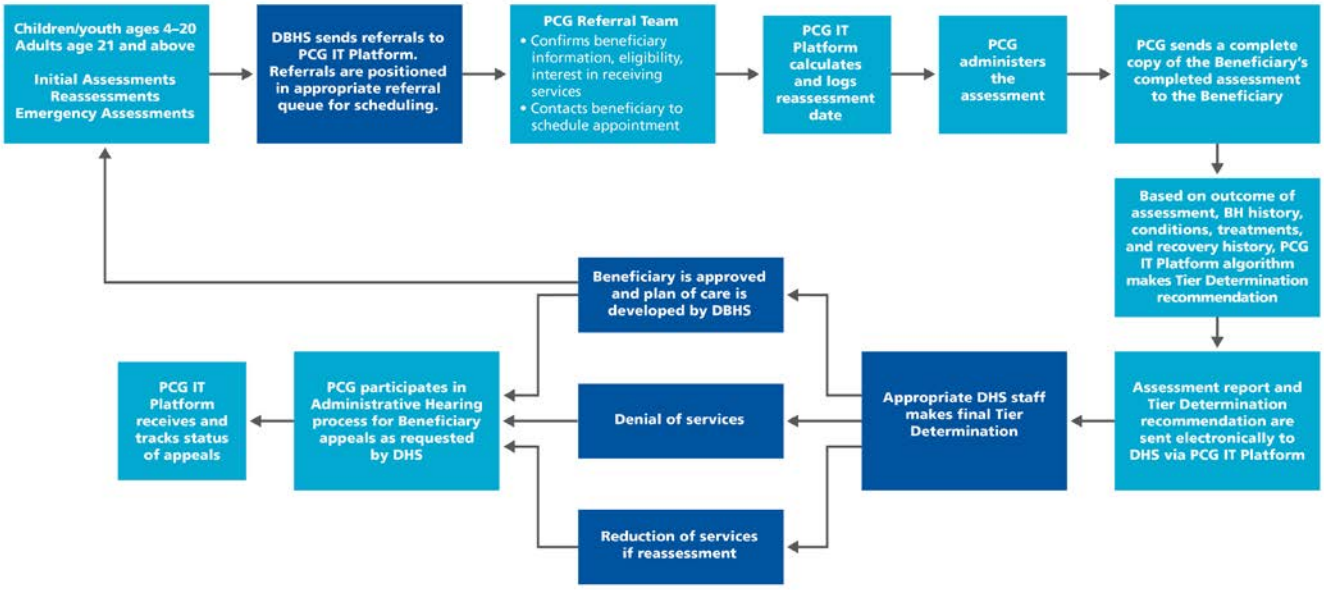


Figure E.2.C.9: The PCG Team's role in formal disputes will ensure risk and audit controls to reduce the chance of appeals.

Formal Disputes

The PCG Team's solution will include supports from the beginning – starting with the referral intake process through the administrative hearing process, legal proceeding or any form of formal beneficiary dispute. PCG will participate and support the State to ensure Beneficiaries are afforded the rights and due process required by law. **PCG has experience in developing, implementing, and managing the Medicaid appeals management application in North Carolina and realizes the importance of communication, documentation, and processes in providing Beneficiaries with the appropriate due process rights.** We have brought value to North Carolina by delivering sound, reportable data that has streamlined the appeals process resulting in significantly reduced appeal timelines. PCG looks forward to bringing this experience and expertise to assist DBHS in satisfying the Appeals and Administration Hearings requirement as listed in this RFP.

PCG will review the current administrative review and appeals process for Beneficiaries and will coordinate with DBHS to ensure a collective understanding of the appeals process. **With every assessment and Tier Determination, we propose another document outlining the appeals procedure be attached.** The appeals document will contain all relevant information including appeals process, timeline, contact information, address, etc. This correspondence indicating adverse

determination of eligibility or services will explicitly explain and outline their right of recourse to file for an administrative hearing and appeal.

PCG, our clinical network, and IT Platform will ensure thorough recording keeping, monitoring, and reporting that will allow DBHS to:

- Ensure **risk and audit controls, case records, and policy documentation** are in place to support DBHS determinations in administrative hearings and appeal proceedings;
- **Reduce the chance of appeals** and **shorten appeal timelines**; and
- **Deliver reporting metrics** regarding the appeals process.

C.11. Tier Determinations – please describe your company's plan to conduct the assessment and propose a recommended Tier Determination to DBHS and the DHS designee based on the assessment and the Beneficiary's behavioral health history.

Tier Assignment

Upon contract commencement, one of the first deliverables of our work will be to work with DBHS to further develop the following Tiers:

- Counseling
- Rehabilitative
- Intensive

We will leverage our knowledge of tier determination algorithms to support DBHS requirements.

We will offer the expertise of our clinical staff to support DBHS with our extensive knowledge on CANS and LOCUS assessments as well as administering and interpreting the data of assessments.

Most importantly, the **IT team will bring an IT Platform to DBHS that will include the automated calculation and display of their multifaceted determination results** and will support a workflow process that coordinates a handoff between the assessment completion processes conducted by regional assessors with a centralized review and approval process conducted by the Department of Behavioral Health Services staff. Existing business process and associated workflow would serve as a model for the automation of the new DBHS tier determination processes.

The basic procedure is for assessors to create a new assessment instrument and complete the data entry of all required data items within the instrument, conducting the finalization process upon completion. The system then generates the results of the computation of the Tier Determination algorithms in a note of the system outside of the assessment proper. Assessors have the opportunity to review these with the beneficiary and, depending on the appropriate business process, potentially record additional information generated by those discussions. The system then has the assessment responses, the calculated eligibility determination results and potentially the assessor's clinical judgment about the results (e.g., agree/disagree) coupled with any information provided by the beneficiary. Within the IT Platform, this final report will be placed in the appropriate approval work queue of a reviewer as designated by DBHS.

E.2.D Division of Disability Services Assessments

E.2 ASSESSMENT INSTRUMENTS AND ASSESSMENT OPERATIONS

E.2.D Division of Disability Services Assessments

D.1. List your proposed assessments instruments/screening solutions for DDS assessments/screens including the organization or company who created and/or owns the assessment instrument/screening solution. If proposing adult and child assessment instruments/screening solution, please list each instrument/screen separately.

SIS and PEDS

We propose using the SIS (Supports Intensity Scale) to assess adults (SIS-A) and children (SIS-C) in the DDS population. This tool is owned and managed by the American Association on Intellectual and Developmental Disabilities (AAIDD).

We propose using the PEDS (Parents' Evaluation of Developmental Status) as a screening tool for children in the DDTCS preschool and CHMS programs. This screening tool is approved by the American Academy of Pediatrics (AAP), and the copyright is held by PEDStest.com, LLC. The tools, scoring manual and training materials are all available through this organization.

D.2. Describe how your company's proposed DDS Assessment Instrument(s)/Developmental Screen meets the following requirements:

- *Proposed instruments/screens must assess the minimum individuals, caregiver, and risk areas listed in RFP Section 3.1(G)(1)(c).*
- *Proposed instruments/screens **must** meet DDS Minimum Track Record Requirement in RFP Section 3.1(G)(2).*
- *Proposed instruments/screens **must** be capable of handling DDS Year 1 Volume Estimates for each population.*

Meeting DDS Assessment Requirements

The goal of the selected tool is to provide a uniform, objective and efficient way to collect information that can be used to develop Tier Determinations, as well as a cost-efficient service plan. PCG's trusted partner, LifePlans, stands as an independent, objective assessment services company. **LifePlans has the experience and knowledge to ensure the accurate evaluation of need and risk.** Thus, with LifePlans' expertise, the PCG Team will be able to readily identify scarce resources and minimize recipient costs.

Proposed instruments/screens must assess the minimum individuals, caregiver, and risk areas listed in RFP Section 3.1(G)(1)(c)

Our staff of clinicians is familiar with the SIS-A and SIS-C tools and believe these to be robust and comprehensive questionnaires that collect both subjective and objective information from the Beneficiary and their caregiver. **The SIS tools measure support requirements in fifty-seven (57) life activities, and twenty-eight (28) behavioral and medical areas.** The assessment is completed through an interview with the Beneficiary, and the parent, legal guardian or primary caregiver. The assessment tool is comprehensive, and covers all areas of stated priority for DDS as noted: Home Living Activities,

Community Living Activities, Lifelong Learning Activities, Employment Activities, Health and Safety Activities, Social Activities, Protection and Advocacy Activities, and Exceptional Medical and Behavioral Support Needs.

SIS-A measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. The Scale ranks each activity according to frequency (none, at least once a month), amount (none, less than 30 minutes), and type of support (monitoring, verbal gesturing).

SIS-C is organized into two parts. Part I identifies specific medical conditions and behavioral concerns that may require substantial levels of support, regardless of the child's relative intensity of support needs in other life areas. Part II identifies seven sections and includes activities for Home Living; Community & Neighborhood; School Participation; School Learning; Health & Safety; Social Activities; and Advocacy.

Proposed instruments/screens must meet DDS Minimum Track Record Requirement in RFP Section 3.1(G)(2)

SIS is one of the most widely-utilized, respected and reliable assessment tools in the United States, if not in the world. Currently, 22 states have adopted the SIS tool, with others currently conducting, or planning, pilot implementations. Additionally, SIS has been translated into fourteen (14) languages, and is used internationally, as well.

The PEDS tool has not only been approved by the American Academy of Pediatrics (AAP), but has been developed with AAP endorsement and monitoring to assure compliance.

Proposed instruments/screens must be capable of handling DDS Year 1 Volume Estimates for each population

The PCG Team has evaluated the estimated Year 1 assessment and screen volumes provided by DHS. In order to ensure our ability to meet those expected needs, we have assessed the administration of assessments from multiple perspectives, and developed an implementation plan for meeting DDS' projected needs.

- ***Assessment / Screen Integration*** – By proactively engaging with the purveyors of these tools, the PCG Team has a clear understanding of the capacity of each tool, as well as the technical effort which will be required to implement in our statewide IT Platform. We are confident that through this effort, we are prepared to handle the expected volume.

- ***Staffing / Assessors*** – The PCG Team's staffing model is predicated on the establishment of a pool of qualified assessors to meet the ebbs and flows inherent in this type of volume-driven project. As such, our staffing plan for this project will assume, plan, implement and accommodate the number of assessments and screens estimated by DHS. As an added benefit, the PCG Team currently has a pool of assessors actively working in Arkansas. This gives us a head start to advance quickly to full operational status from a staffing standpoint.

LifePlans' Assessment Administration

The following narrative details LifePlans' current process for administering assessments, and how the PCG Team will utilize this procedure to plan for DDS.

As part of our review, LifePlans clinical staff understands that parents, guardians, and primary caregivers in the Beneficiary's support network can provide valuable input. We will proactively seek out all possible input to form the most accurate picture of the individual and his or her needs. This process will help us

identify psychiatric, functional, medical, and social issues that are current or potential problems. The information collected by our trained assessors will serve as the foundation for our understanding of the current environment and will help to further clarify the current unmet need for services.

Having completed over 3,000,000 telephonic and in-person assessments, LifePlans and its clinical network have gained the skills necessary to communicate with Beneficiaries in a clear, concise and culturally-sensitive manner.

The importance of training cannot be overstated, as our assessors serve as the "eyes and ears" of care managers, who will be responsible for developing care plans for the DDS populations. Ultimately, by training our assessors thoughoughly, we succed in minimizing risks and maximizing Beneficiary satisfaction. In addition to our rigorous and on-going in-house training program, we will ensure compliance with all AAIDD SIS training standards by employing a train the trainer model. Our staff clinician(s) will attend AAIDD training and obtain the necessary information to train our field staff to perform assessments. We intend to require our field assessors to observe and co-code SIS interviews with certified and seasoned assessors so that they can be quality checked in the field prior to conducting interviews on their own. To do this, we will employ a peer review/supervision model in which new field assessors will attend at least 3 interviews with clinicians trained in the administration of the SIS and who have experience completing and coding these types of assessments.

LifePlans' extensive assessment experience will largely inform the Team's plan for DDS assessment implementation.

- During the first interview, assessors being trained will observe the seasoned interviewer during the assessment and they will discuss any difficulties or questions after the completion.
- During the second interview, the trainee will code an SIS interview form concurrently while the seasoned assessor is performing the interview. Coded assessments will be compared after the interview is complete and the trainee will receive feedback and training if necessary.
- During the third interview, the trainee will conduct the assessment and code the form while the seasoned assessor also codes the assessment form for back-up and training purposes. The assessments will be compared upon completion of the interview. If the seasoned assessor determines that the trainee is proficient, then the trainee will begin scheduling and conducting SIS interviews on their own.

We will also ensure that all of our staff trainers continue to update their knowledge and training at all required times with both LifePlans and AAIDD.

D.3. Name and describe your company's proposed developmental screening tool. Describe your company's plan to implement a developmental screening tool approved or recommended by the American Academy of Pediatrics for the DDTCS and CHMS populations.

Meeting DDS Screening Requirements

The Parents Evaluation of Developmental Status (PEDS) screening tool is an AAP-approved tool build around compliance with AAP policy. **PEDS is the only evidence-based screen that elicits and**

addresses parents' concerns about children's language, motor, self-help, early academic skills, behavior and social-emotional/mental health. PEDS allows an assessor to know when parents' concerns suggest problems requiring referral and which concerns are best responded to with advice or reassurance.

Some of the benefits and features of this tool include:

- Requires **approximately two minutes to administer and score**, if conducted as an interview.
- Highly sensitive in identifying 74% to 80% of children with developmental and social-emotional/mental health disabilities. This is in keeping with standards for developmental screening tests and commensurate with the accuracy of measures that take much longer to administer.
- Can be administered by face-to-face interview
- **Validated as reliable on more than 4,500 children across the US in various settings**. The settings include, but are not limited to: pediatric offices, outpatient clinics, day care centers, and schools.
- **Standardized utilizing 47,000 families** from various backgrounds, including all levels of socioeconomic status, language backgrounds, and varying ethnicities.
- **Complies with recommendations** for early detection from the American Academy of Pediatrics, the National Association for the Education of Young Children, American Nurses' Association, Brighter Futures Guidelines, The Council for Exceptional Children, Head Start, The Royal College of Pediatrics and Community Child Health, and the Australian College of Pediatrics

To implement PEDS within the DDS community, the PCG Team will adhere to the rigorous training and implementation standards that LifePlans currently maintains. In addition to our in-house training program, we will ensure compliance with all DDS standards by employing a train the trainer model, as outlined in *Section E.2.D.2.*

D.4. Describe your proposed process for receiving referrals from Primary Care Physicians (PCPs), conducting the screening, and transmitting results to the PCP and to DDS.

Referral Process

The PCG Team will work with DDS and PCP stakeholders to establish the most effective, and efficient processes for the communication of referrals and results. Pending any changes resultant from those conversations, the PCG Team expects to process Developmental Screen requests in the same basic manner as other requests.

The State's or State's designee's IT systems will send referrals to the PCG IT Platform. Alternately, a referral may be submitted to PCG via email or paper request. Such requests would be manually entered into the IT Platform by PCG staff. The referrals will include:

- Contact information for the Beneficiary including address, phone number, and email, if available;
- Contact information for known family members, guardians, and/or caregivers,
- Beneficiary's eligibility information; and

- Other key data as determined by each DDS.

With receipt of this referral, the platform will establish a position for that Beneficiary within the appropriate intake referral queue, which will be managed by the PCG referral team with the charge of contacting each referred Beneficiary, confirming their information, eligibility, and status of interest in receiving services, and scheduling an appointment for the completion of Developmental Screen within prescribed guidelines and procedures.

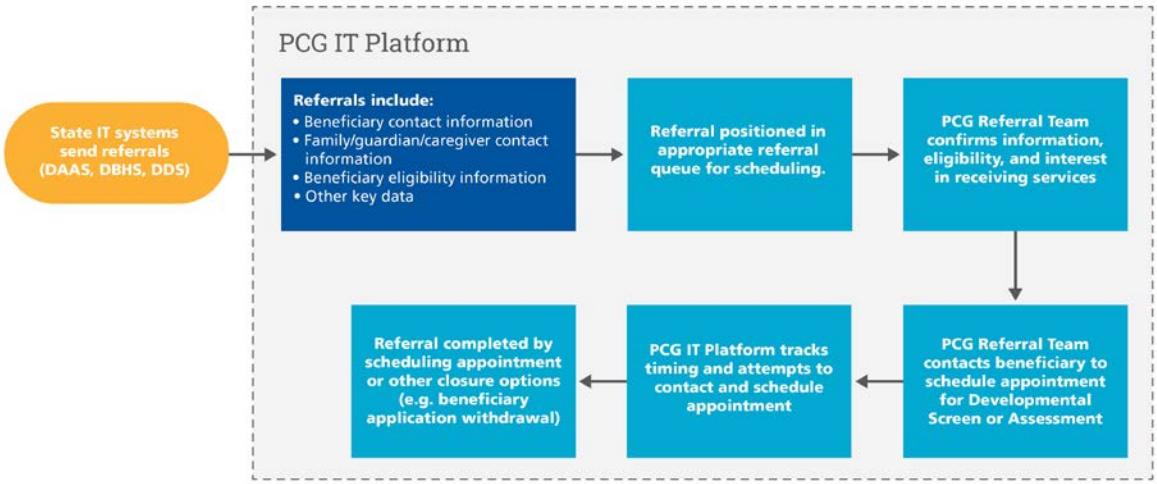


Figure E.2.D.1: Our referral intake process will be flexible to accommodate the needs of DDS.

The system will display this queue as an interactive tool that will support the workflow for completion of closing the referral through the establishment of an appointment or identifying another form of closure (e.g., person withdrew application for services). **DDS will be able to sort the queue based on the type of referral, the date the referrals received, Beneficiaries not yet scheduled, tentative appointment dates, and other dimensions as identified by the Division.**

The queue will facilitate the effective and timely matching of Beneficiaries with members of the assessment. It will include the ability to track timing and results from attempts to contact Beneficiaries, with reporting to the state of workflow patterns. These queues will evolve over time as work volumes increase to continue to facilitate this process, potentially by organizing queue displays by line-of-service, geographic location, referral aging, pending appointments, completed appointments, and all other information to inform the assessment management process as well as the oversight and visibility into the process by DDS.

The PCG solution will provide basic workflow orchestration, reporting, and oversight needed to ensure delivery and reporting standards are upheld. For a Developmental Screen referral, that would include initiating contact within the first 48 hours of a referral, scheduling and completing the screen within 10 days, and delivering a report containing results of the screening to DHS, the requesting PCP, and the parent/guardian within the allotted fourteen (14) day timeline.

D.5. Describe your company's plan to interact and exchange data electronically with DDS.

Exchanging Data

The PCG IT Platform will have the capability to directly interface with the Arkansas Medicaid Management Information System (MMIS) and support direct electronic interaction and data exchange with DDS systems. Such an interaction will be designed around the operational requirements dictated by the needs of DDS for the timely delivery of information from the PCG IT Platform to the MMIS or any other designated DDS system. Approaches could include a periodic transmission of bulk information to MMIS (e.g., nightly batch updates of previous day's completed work) or the immediate submission of more granular information at the individual Beneficiary level at a defined point in a business process supported by the PCG IT Platform, such as transmission of Tier Determination upon the finalization of an assessment or the approval of an assessment by a State reviewer. This type of immediate electronic data exchange would likely be supported through the use of custom web services that will be designed and configured between the two systems to support seamless business processes.

The PCG IT Platform will be capable of directly interacting with Arkansas MMIS.

Additional direct electronic interactions required by DDS will be designed and configured based on the requirements for the exchange of information between the PCG IT Platform and the respective systems. A data exchange design process and development of associated detailed functional specifications will be conducted with DDS and an appropriate process will be constructed to meet the Agency's needs. **Based on our extensive experience with other states, such data exchange mechanisms can involve a wide range of functionality depending on the purposes and needs of the data exchange.** Examples from actual delivered solutions would include the following:

- Web services to validate an additional key identifier that is managed and assigned within a separate stakeholder Division data system (beyond the person's Medicaid ID) that must be accurate to properly support operations
- Delivery of structured files of reports representing results from the assessment process in the universal Adobe Portable Document Format (PDF) that can be incorporated into a separate stakeholder Division case management data system to support ongoing case coordination activities
- Delivery of structured files with raw data values representing results from the assessment process in the universal Extensible Markup Language (XML) that can be imported into a separate stakeholder Division case management data system to support analytical reporting and other business processes, such as care planning and management of service delivery

Furthermore, all electronic data exchanges with PHI data between the PCG IT Platform and other State-operated systems, including the Arkansas Medicaid Management Information System (MMIS) and other DDS systems, will involve transmission of data over encrypted connections as outlined in our Privacy and Security Plan.

D.6. Describe your company's plan for administering DD Year 1 Assessments and screenings taking into consideration the proposed volumes for ACS waiver clients, ICF clients, and CHMS and DDTCS clients. Describe how you propose to prioritize assessments and screenings in Year 1 and how you propose to distribute assessments throughout Year 1.

Year 1 Assessments and Screenings

LifePlans' experience working with individuals who have multiple care needs has generated unique insights regarding how best to perform assessments. **In working with the DDS population, LifePlans has conducted analyses that have uncovered the key charateristics associated with care implementation.** From this experience, the PCG Team knows that issues such as timeliness and caregiver communication skills are critical to providing quality services.

LifePlans' Assessment Administration

The following narrative details LifePlans' current process for administering assessments, and how the PCG Team will utilize this procedure to plan for DDS's Year 1 Assessments and Developmental Screenings.

For current clients, LifePlans' field network performs assessments 7 days per week at times and locations that are set by those being interviewed. This practice will ensure a high level of assessment completion for all proposed volumes of DDS Beneficiaries. LifePlans' experience working with individuals who have multiple care needs has generated unique insights regarding how best to perform assessments. From this experience, the PCG Team knows that issues such as timeliness and caregiver communication skills are critical to providing quality services. **We will incorporate experience-based strategies into our project management plans to promptly deliver assessments to the proposed volumes of ACS waiver clients, ICG clients, and CHMS and DDTCS clients.**

Our ability to implement experience-based strategies will generate accurate and timely Tier Determinations.

In order to complete the required number of assessments and screenings in Year 1, we will employ a muti-modal methodology to complete the SIS-A and SIS-C and make a subsequent tier determination. Under this contract, LifePlans will complete the following steps to ensure that assessments are completed correctly.

1. We will first conduct an initial telephone call to schedule and interview and gather up to date contact information.
2. Prior to the scheduled date of the in-person inteview, the assessor will be responsible for reviewing any provider records, notes and medical reords that are available so that he or she is familiar with the treatment and history of the Beneficiary.
3. During the in-person interview, the assessor will collect the necessary information to complete the SIS forms.
4. Copies of all information will be retained in the event that they are needed in future appeals or reassessments.

D.7. Describe your company's plan for ensuring all DDS's Beneficiaries receive a reassessment on a three-year cycle. Specify whether your company would stagger reassessments over the three-year period or conduct bulk reassessments in Year 3 of operations and why the proposed approach would be advantageous to the State.

Three Year Assessment Cycle

PCG understands that DDS Beneficiaries require reassessments on a three-year cycle. **This process will ensure that care managers can find when a case was referred, when the appointment was set-up, when the assessment form went through clinical review, and when it was submitted to the state.**

Every step of the process will be documented within the platform. For example, a number of our current clients require multiple phone calls over the course of the assessment period. With the PCG Platform, we will have the ability to track these touchpoints and research alternate phone numbers if necessary. Additionally, our IT Platform will automate the scheduling of a reassessment with a preset reassessment date when the case is entered into our system. This procedure will ensure that we can automatically track and begin outreach for needed reassessments at the 34 month anniversary to ensure that all assessments are conducted within the 36-month timeframe.

D.8. Describe your company's plan for administering emergency assessments within twenty-four (24) hours after referral for the estimated monthly emergency assessment volume.

Emergency Assessments

Critial situations or life changing events can prove difficult for Beneficiaries. Assessors must be quickly deployed with an assessment that captures the relevant information to determine if additional supports or services are needed. **During the planning phase of the contract, the PCG Team will ensure the appropriate structures, systems and staff are dedicated to addressing emergency assessments within 24 hours.**

Our automated case assignment process allows for minimal time between receipt of referral and locating a trained assessor in the Beneficiary's area. When an emergency assessment request is received, it will be entered into the IT Platform, and immediately assigned to the most appropriate assessor, based on geography, expertise, and availability. A PCG Team supervisor will also be notified, and will follow up with the assigned assessor immediately, to ensure that the assessment is completed within the 24 hour window.

D.9. Describe your company's plan to ensure DDS Assessment Scheduling Protocol listed in RFP Section 3.1(G)(6) are met.

Meeting Assessment Scheduling Requirements

The Assessment Scheduling Protocol will begin when DDS or its designee sends PCG the names and contact information for each home and community based waiver Beneficiary in need of an assessment in Year 1 of Operations**. During the planning phase, PCG will work with DDS to establish an order or priority for these initial assessments.** After obtaining the necessary information from DDS, PCG will import all Beneficiary data into the PCG IT Platform to be positioned in a queue for scheduling by the PCG Referral Team. The Referral Team will reach out to the Beneficiaries to schedule an appointment in the priority order as determined by DDS to ensure turnaround times and deadlines are met for each eneficiary assessment. We will make three initial attempts to reach the Beneficiary for an assessment scheduling, all of which will be automatically logged into the IT Platform. Once the assessment is scheduled, an automated reassessment date will be logged in the Beneficiary's profile and the referral process for that Beneficiary will be completed.

Prior to the scheduled date of the in-person interview, the assessor will be responsible for reviewing any provider records, notes and medical records that are available so that he or she is familiar with the treatment and history of the Beneficiary. An assessor from our clinical network will administer the assessment and will store the necessary information to complete the SIS too on our IT Platform. Upon completion, the system will close the assessment as administered, PCG will send a complete copy of the assessment to the Beneficiary, and the assessment results and initial Tier Determinations will be placed in an approval queue for the appropriate DHS staff.

The **mentioned referral intake process will accommodate not only the identified initial assessments and reassessments, but also additional referrals of an individual or group of individuals that DDS identifies.** The PCG Team will work with DDS Waiver Services to establish a formal referral process, and will give the appropriate scheduling consideration to these assessment requests, as well, to ensure timely delivery of assessments.

D.10. Describe your company's plan to ensure DDS Reassessment Scheduling Protocol and Notification Requirements listed in RFP Section 3.1(G)(7) are met.

Meeting Reassessment Scheduling Requirements

During the planning phase of the contract, PCG will meet with DDS to set a prioritization plan for not only the initial assessments but also for reassessment scheduling, taking into account the reassessment timeline requirement. **Once the prioritization plan for reassessments is established, we will review the IT Platform's calendaring system of preset reassessment dates to ensure they align with DDS priorities and reassessment scheduling timeline of thirty-four months after the anniversary of the last assessment.** This process will be further supported by the PCG Referral Team, dedicated to the scheduling of assessments, reassessments, and emergency assessments, as well as making changes or updates to reassessment schedules as identified by the system to address DDS priorities.

Once a reassessment is scheduled, the Beneficiary will be removed from the scheduling queue at which point an assessor from our clinical network will be assigned to the complete the assessment. We will send advance notification in a format approved by DHS prior to an upcoming reassessment to the Beneficiary as an appointment reminder, explain the purpose of the visit, and to reassure them that a qualified and trained professional from their local community will be coming out to meet with them at a time and place that is convenient for them (and their caregivers or family members).

The automation of the PCG IT Platform and commitment of the PCG Referral Team will ensure the requirement in RFP 3.1. (G)(7) are met.

D.11. Describe your company's plan to ensure DDS Reassessment Scheduling Protocol and Notification Requirements listed in RFP Section 3.1(G)(8) are met.

Meeting Reassessment Notification Requirements

The assessment process begins when the PCG Team receives an assessment request. **For the vast majority of cases, once the request is received electronically, the case is automatically assigned – using our proprietary computer algorithm – to the most qualified assessor in the area.** This is accomplished electronically to ensure quick turn-around times. As soon as the field assessor schedules an appointment with the Beneficiary, this information is transmitted to our system which updates the status of the case on a secure website. It is possible for authorized individuals to go to the secure website and track the status of all cases.

Additionally, our system allows us to enter a flag and information on previously performed or already scheduled assessments to ensure that no duplication or disruption occurs. This also permits the system to trigger a reassessment date. The PCG Team will track when a case is received, when the appointment is scheduled, when the appointment is completed, when the case arrives back at LifePlans for clinical review, and when the case is submitted (completed) and uploaded.

Figure 8.2.D.2 highlights the key elements of the assessment process followed by LifePlans for its current clients. This process will, of course, be modified to accommodate the Arkansas assessment specifications, but the flow chart is illustrative of the controls currently in place and speaks to our expertise in area of implementing assessments with large populations.

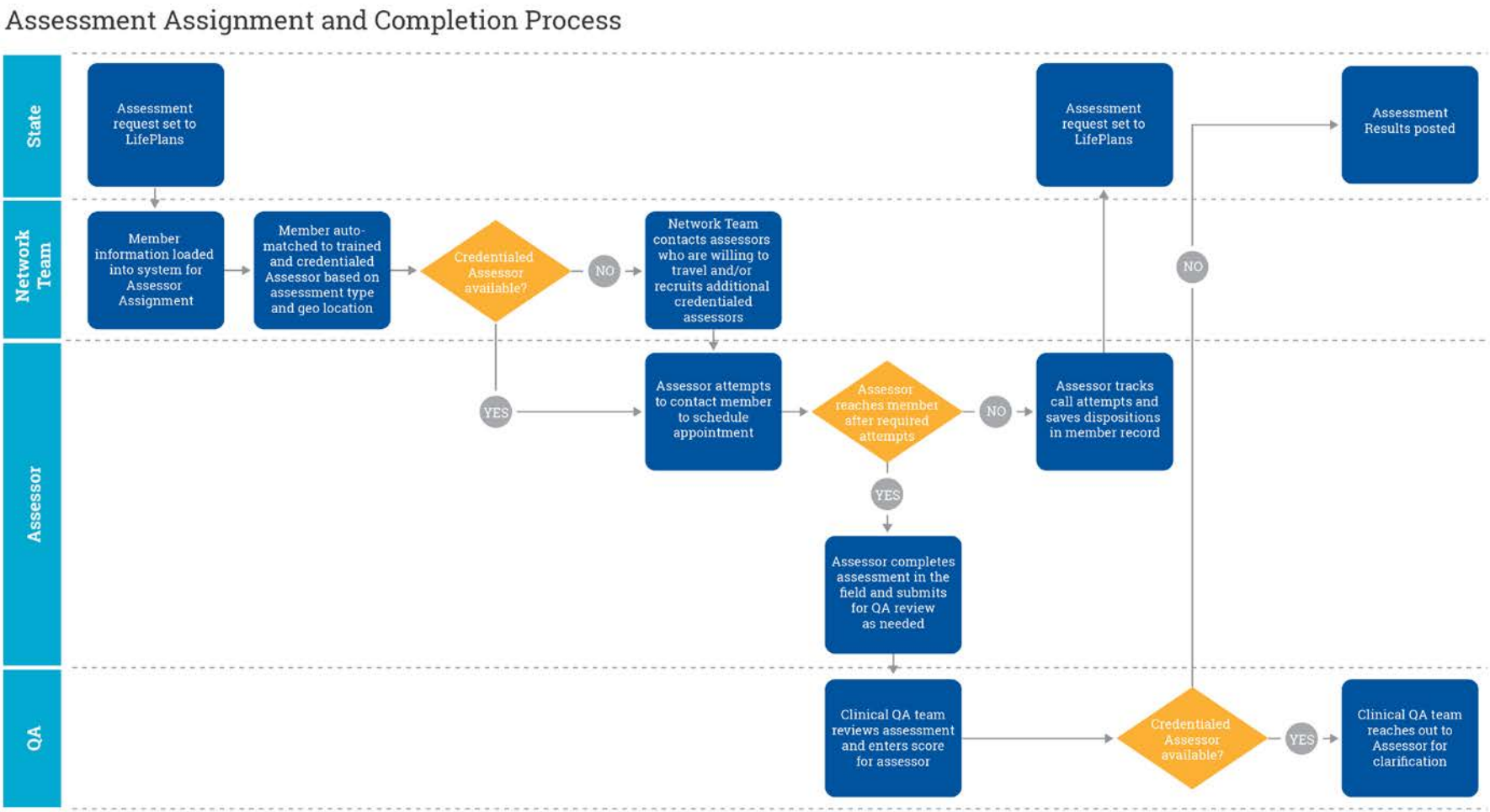


Figure E.2.D.2: Current LifePlans Face-to-Face Assessment Work Flow.

D.12. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP Section 3.1.

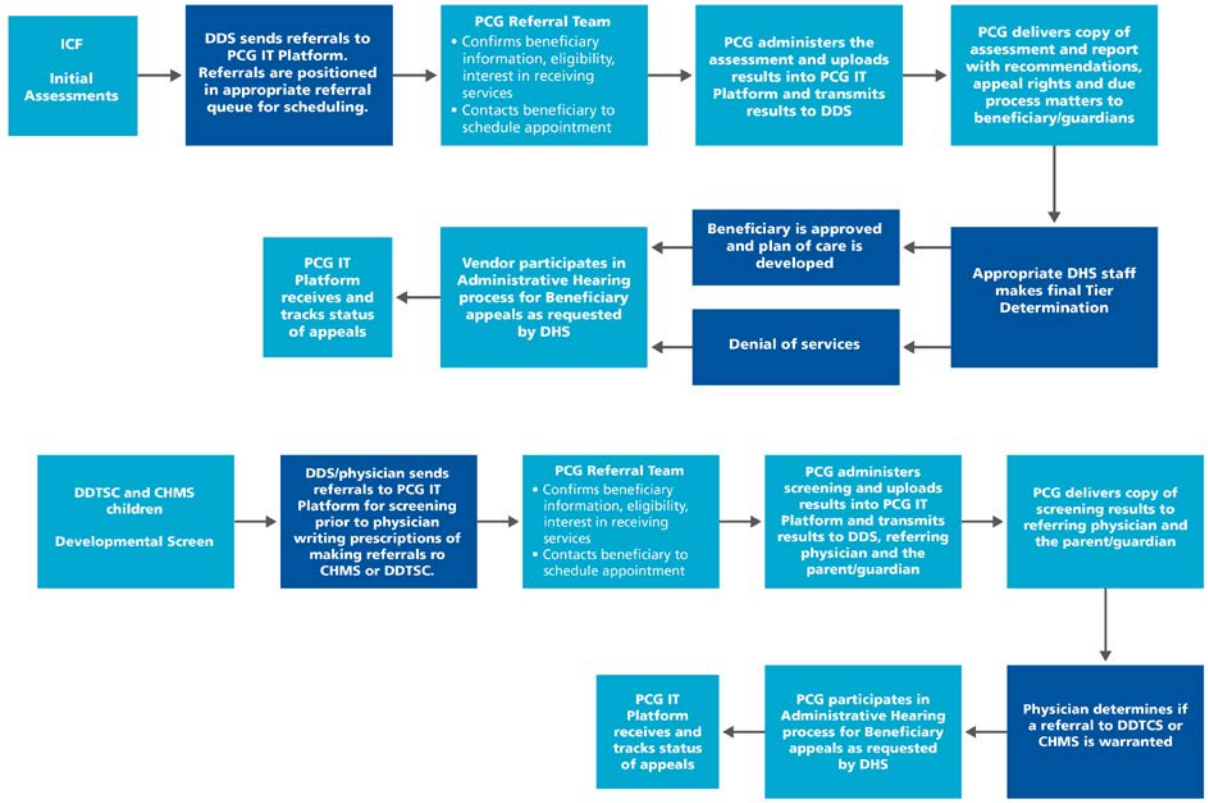


Figure E.2.D.3: The PCG Team's role in formal disputes will ensure risk and audit controls and reduce the chance of appeals.

Formal Disputes

The PCG Team's solution will include supports from the beginning with the referral intake process all the way through to the administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for eligibility assessments and/or a reduction or denial of services. PCG will participate and support the State to ensure Beneficiaries are afforded the rights and due process required by law. **PCG has experience in developing, implementing, and managing the Medicaid appeals management application in North Carolina and realizes the importance of communication, documentation, and processes in providing Beneficiaries with the appropriate due process rights.** PCG has been able to bring value to North Carolina by delivering sound, reportable data that has streamlined the appeals process resulting in significantly reduced appeal timelines. PCG looks forward to

bringing this experience and expertise to assist DDS in satisfying the Appeals and Administration Hearings requirement as listed in this RFP.

PCG will review the current administrative review and appeals process for Beneficiaries and will coordinate with DDS to ensure a collective understanding of the appeals process. **With every assessment and Tier Determination, we propose another document outlining the appeals procedure be attached.** The appeals document will contain all relevant information including appeals process, timeline, contact information, address, etc. This correspondence indicating adverse determination of eligibility or services will explicitly explain and outline their right of recourse to file for an administrative hearing and appeal.

PCG, our clinical network, and IT Platform will ensure thorough recording keeping, monitoring, and reporting that will allow DDS to:

- Ensure **risk and audit controls**, case records, and policy documentation are in place to support DDS determinations in administrative hearings and appeal proceedings;
- **Reduce the chance of appeals** and **shorten appeal timelines**; and
- **Deliver reporting metrics** regarding the appeals process.

D.13. Describe your company's plan to conduct the assessment and complete a Tier Determination based upon the results of the assessment.

Tier Assignment

Upon contract commencement, one of the first deliverables of our work will be to work with DDS to further develop the algorithms to be used in placing Beneficiaries into the following Tiers:

- **Tier 1**: Beneficiary receives services in a center-based clinic such as DDTCS or CHMS and also receives other Medicaid State Plan services.
- **Tier 2**: Beneficiary meets Institutional Level of Care criteria but does not need 24 hours a day 7 days a week care.
- **Tier 3**: Beneficiary meets Institutional Level of Care criteria and needs 24 hours a day 7 days a week care.

The PCG Team is prepared to offer an IT Platform that has already automated Tier Determination processes.

The PCG Team understands that we will only be responsible for making a Tier Determination of Tier 2 or 3, as DDS will already have made the determination that a Beneficiary meets the Institutional Level of Care criteria prior to referral. We will offer the expertise of our clinical staff to support DDS with our extensive knowledge on SIS assessments as well as administering and interpreting assessment data.

Most importantly, the PCG team will bring an IT Platform to DDS that has already automated the Tier Determination process for myriad tools, and has already begun to work with AAIID to

implement SIS algorithms. Not only does this application include the automated calculation and display of their multifaceted determination results, but the current application also supports a workflow process that coordinates a handoff between the assessment completion processes conducted by regional assessors with a centralized review and approval process conducted by the Department of Human Services staff. Existing business process and associated workflow would serve as a model for the automation of any new DDS tier determination processes.

The basic procedure is for assessors to create a new assessment instrument and complete the data entry of all required data items within the instrument, conducting the finalization process upon completion. The system then generates the results of the computation of the Tier Determination algorithms in a note of the system outside of the assessment proper. Assessors have the opportunity to review these with the Beneficiary and, depending on the appropriate business process, potentially record additional information generated by those discussions. The system then has the assessment responses, the calculated eligibility determination results and potentially the assessor's clinical judgment about the results (e.g., agree/disagree) coupled with any information provided by the Beneficiary. Within the IT Platform, this final report will be placed in the appropriate approval work queue of a reviewer as designated by DDS.

E.3 Assessors and Assessment Staffing

E.3.A Staffing Requirements
E.3.B Division of Aging and Adult Services Staffing
E.3.C Division of Behavioral Health Services Staffing
E.3.D Division of Disability Services Staffing

E.3.A Staffing Requirements

E.3 ASSESSORS AND ASSESSMENT STAFFING

E.3.A Staffing Requirements

A.1. Describe your company's plan to ensure each assessor is trained and fully equipped to administer the particular Assessment instrument or Developmental Screen to which he/she is assigned. Assessment/screening staff must also meet the minimum qualifications listed in Section 3.2.

Assessment Staff Training and Qualifications

The PCG Team recognizes that the backbone of any successful assessment program is a well-trained, qualified staff. Our staffing model is built on 2 main pillars, the hiring of experienced clinical staff, and the investment in a robust training program. The development and maintenance of a highly qualified staff will allow us to provide to DHS independent assessments and developmental screens which are thorough, accurate, and consistent across the state. The complexities inherent in providing these assessments across multiple populations, using a suite of tools, and in a way that meets the distinct needs of multiple Divisions, magnifies the importance of these efforts. The PCG Team is prepared to leverage our extensive experience, proven track record, and commitment to the state of Arkansas, to meet and exceed all expectations. That goal begins with the bedrock of this effort, our staff.

In LifePlans, PCG has partnered with a company with proven expertise and effectiveness across the country, **having provided independent assessment services in all 50 U.S. states**. Lifeplans is currently working in Arkansas, where they have50+ field assessors in place throughout the state. In total, LifePlans has administered **over 15,000 assessments for Arkansas beneficiaries** to date, and currently has the capacity to perform over 1,500 per month.

The PCG Team is committed to ensuring that every assessor not only meets the licensure and experience requirements set forth by DHS, but that each meets the discrete qualifications for the tool(s) they utilize, and are expertly trained in the administration of the particular tool(s). To meet the rigor of these requirements, LifePlans utilizes its training, preceptorship and quality oversight processes to assure that all employees and contracted assessors are trained and prepared thoroughly, prior to providing support to any new program or client. In Arkansas, all internal clinicians and field-based assessors will be required to attend all internal, tool-specific, and state-provided training sessions, if any. In addition, each assessor will participate in, and successfully complete LifePlans' preceptorship program. All of our clinical staff are aware that serious and comprehensive training is a fundamental underpinning of a successful program and successful engagement with members.

Training Program

PCG's trusted partner LifePlans will lead the PCG Team's efforts to hire and train the clinical staff who will be responsible for completing assessments. LifePlans utilizes a combination of classroom sessions and a custom-built Learning Management System (LMS) to train all new and existing internal clinicians and field assessors. The LMS is a digital application designed to provide administration, documentation, tracking, reporting and delivery of online educational resources. This system allows LifePlans to create and

implement program-specific and customized interactive training content, incorporating real-life simulations and embedded learning assessments into the training process. The system allows LifePlans to view real-time testing results for clinicians and assessors, provide additional coaching where needed, and determine high and low-scoring performers.

LifePlans tracks progress and training results are scored as assessors move through required training modules. These typically include but are not limited to:

- State Requirements Training
- Cultural Sensitivity Training
- Computer Skills Training
- Tool-Specific Training and Certification
- Fraud, Waste and Abuse
- HIPAA and privacy training
- General Compliance

Before moving on to LifePlans' preceptorship program, all required trainings must be completed with a passing grade. Training mentors work with new hires or contracted assessors to assist with remediation training as much as possible to help support the process as needed. Once training is complete, the employee or assessor moves into our Preceptor Program.

***Figure E.3.A.1*: LifePlans LMS Screenshot: We will train all internal assessors and clinicians using this effective and proven LMS.**

Preceptor Program

Preceptors are experienced, competent, and licensed clinicians who utilize their knowledge, skills, and abilities to act as mentors to clinical employees and assessors in the field. It is a structured, supportive program designed to transition from learning to applying the necessary skills to ensure the completion and submission of a quality assessment.

The preceptor utilizes LifePlans' Clinical Quality Review scoring tool to rate the assessor based on criteria appropriate to the assessment tool. Some examples include:

- Followed appropriate introduction/closing scripting
- Answered all questions
- Completed necessary screenings
- Acted with cultural sensitivity

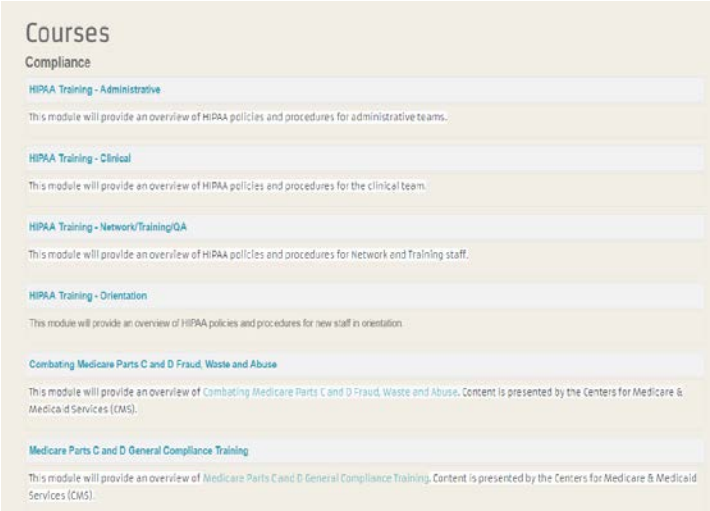


Figure E.3.A.2: Clinical Quality Review Scoring Tool: All assessors must be rated at 95% or higher on their clinical review to be released from the preceptor program.

- Completed accurate and thorough documentation

The completed scoring tool and feedback is provided to the trainee. The trainee is required to meet a 95% or greater score in order to be released from the program. If the trainee doesn't meet the scoring requirement over the predefined time period, the preceptor notifies the management team for next steps.

Post-Training Assessment Review

Once a trainee completes the preceptorship program, their completed assessments are reviewed by an internal staff clinician, who rates each assessment and provides continuous feedback. Such ongoing feedback is given liberally, particularly at the outset of a new program implementation. **Moreover, with many of the programs we manage, LifePlans surveys individuals who have been assessed by a member of our team**. This measure is particularly valuable, as it allows us to ensure the level of professionalism and protocol adherence to which we are committed.

The PCG Team will ensure that all staff are approved by DHS for work under this contract. Should the State disapprove of any PCG Team staff, that individual will be removed from the project and replaced by a staff member with equal or greater qualifications. We will maintain a robust program team to ensure that any necessary replacement of an individual staff member will have no impact on the daily operations of the program.

A.2. Describe your company's plan to ensure any required Clinical Staff obtain/maintain appropriate State of Arkansas licensure.

Licensure Requirements

The PCG Team is committed to utilizing only clinical staff with the appropriate State of Arkansas licensure, and applicable clinical experience. An integral step in the hiring and screening process will include licensure verification. The PCG Team will review the state's nursing website or Nursys.com in order to independently verify licensure. In an effort provide additional due diligence., we will conduct a criminal background check on all nurses who are part of our network. This will ensure that no team member is on boarded without meeting these minimum requirements.

Licensure verification will be an essential *part of our initial hiring process, as well as verified independently by staff and confirmed through background checks.*

In addition to hiring protocols, LifePlans also has established a series of controls to ensure that its clinical workforce maintains licensure in good standing. Clinical staff is contractually required to notify LifePlans of any lapses or losses in licensure. Further, we conduct random audits and periodic reviews to confirm that licensure remains in good standing. To highlight our commitment to utilizing only the highest quality, most qualified staff, LifePlans has a dedicated team responsible for the ongoing review of the licensure of its clinical workforce.

A.3. Describe how you will ensure each required Clinical Staff person meets the additional requirements set forth in RFP Section 3.2 (E).

Clinical Staff Requirements

LifePlans currently employs a team of supervisor clinicians licensed to practice in multiple states. All supervisory clinician employees engaged in this project will be licensed in Arkansas. If, DHS decides to expand the clinical resource pool, LifePlans is prepared to expand the network to include neighboring compact states. Our clinical supervisors have a range of responsibilities, including:

Clinical Supervisors Responsibilities:
Supervision and oversight of assessors;
Clinical consultation, as needed;
Management of the preceptor program; and
Ongoing quality oversight.

LifePlans maintains a robust and multichannel internal assessor oversight, quality review and escalation program. These protocols enable our assessors to connect with an internal clinical resource quickly to address any issues that may arise during, or after, the assessment. It also enables rapid escalation which can occur when specific issues (e.g., suspected elder abuse) may trigger a mandatory reporting requirement.

Our clinical call center is open Monday through Friday from 8:00 am to 11:00 pm and on Saturday from 8:00 am to 4:00 pm, Eastern Standard Time. Our supervisory clinicians are available during these hours to address issues that may arise while assessors are in the field. Our field assessors perform assessments 7 days per week. Times and locations are set by the member preference. This enables us to reach newly entered and emergency needs individuals in a timely manner. To ensure the availability of clinical expertise to all assessors, including on Sundays, the PCG Team will utilize a secure assessor portal, in addition to standard call center clinical support hours, which is accessible electronically via any device or smartphone, 24 hours per day, where assessors can log in and communicate directly with the clinical supervisory team in real-time.

The PCG Team maintains a Medical Director, who is a physician board certified in psychiatry. Dr. Sam Toney has nearly 30 years of experience as a clinician and as a consultant, and is prepared to serve in a consultative role on this initiative. Dr. Toney is currently pursuing his Arkansas licensure, and expects to be certified prior to the initiation of this contract. In the event of some unexpected circumstances preventing Dr. Toney from being successfully licensed in Arkansas, the PCG Team is prepared to begin the recruitment and hiring of licensed professionals to fill this role.

The PCG Team will, upon request, provide the state with proof of licensure for all clinical staff, including contracted staff, who will be working on this contract. As detailed previously, LifePlans maintains a series of controls, at multiple levels, to ensure that its clinical workforce maintains licensure in good standing.

Our contracted providers have an average tenure of OVER 5 years with LifePlans.

A.4. Describe how you will ensure that each Assessor meets the requirements of RFP section 3.2 (F)

Assessor Requirements

The LifePlans team has more than 30 years' experience in providing clinical face-to-face assessments to vulnerable populations**.** We have organized, managed, quality-checked, and completed over three million face-to-face assessments using our nationwide network of over 4,000 Registered Nurses. LifePlans is dedicated to adhering to and surpassing required provider qualifications for completion of assessments in the field. To that end, we use a model that combines clinical employees and our experienced contracted field clinician network. This model allows for greater flexibility, ample coverage and timeliness of assessment completion. It also allows us to effectively manage volume fluctuations. Having clinical resources that can be rapidly deployed to the member's home maximizes our ability to readily meet the needs of these populations, as well as the state. Moreover, staff clinicians also supplement our assessment completion, training and quality assurance oversight. Both our independently contracted nurse assessors and our own employee nurses currently meet the following minimum standards:

LifePlans manages a national network of over 4,000 Registered Nurses.

- They have at least 3-5 years' clinical experience, primarily working with individuals that they will be required to assess, including: aged and/or disabled, developmentally disabled, or members with behavioral health needs.
- They are trained in the administration of multiple assessment types, a majority of which are focused on the medical, functional, cognitive, home safety, and medication compliance status of individuals and requiring the development of care plans;
- They are licensed and credentialed (which is verified and documented), and thorough background checks are conducted on each nurse prior to their joining the team;
- Through sophisticated on-going training techniques, including in-person group trainings, one-on-one training and feedback sessions, and web-based learning management training, the nurses receive continuous reinforcement and education to ensure inter-rater reliability across geographic locations and accurate and reliable assessment information;
- Every home-visit assessment that they complete is subject to quality metrics related to clinical accuracy and completeness, adherence to protocols and compliance with turn-around time, and accurate reporting of case status; each assessment is graded and overall quality scores for nurses are tracked;
- Each contracted nurse is subject to service level agreements for appointment scheduling, assessment completion, and turn-around time, based on individual client requirements.

LifePlans' provider credentialing team ensures that there is ample network coverage based on member volume. The team uses multiple methods to recruit new clinicians, including: web-based sponsored advertisements; use of social media; advertisements on clinical job boards, medical job boards and trade associations; and local print, radio and TV broadcast media.

Contractor On-Boarding Process

Once a viable candidate is identified, a LifePlans staff recruiter completes a rigorous screening and onboarding process, which consists of the following components:

- Conducts an initial telephonic interview to screen for appropriateness (including experience and area of expertise)
- Conducts a nationwide background check which includes the following:
  - Criminal search
  - SSN verification
  - Employment verification
  - Education verification
  - Motor vehicle reports
  - Credit reports
- Verifies that licenses are valid and up-to-date
- Monitors the Office of Inspector General/Social Security Administration website to determine if the candidate is currently excluded from participation in Medicare, Medicaid and all other Federal health care programs
- Requires contractor to complete HIPAA, FWA and privacy controls training

Figure E.3.A.3: LifePlans Contractor On-Boarding Process. LifePlans utilizes this steadfast and proven on-boarding process to recruit and train staff efficiently.

To support the AR DHS for this contract, LifePlans has already surveyed our field providers in the State of Arkansas. We currently have clinical providers who have experience working with the populations specified, including those served by DAAS, DBHS and DDS. In addition, many of our current providers have experience completing the InterRAI for DAAS; the LOCUS & CANS for DBHS and the Supports Intensity Scale for DDS members.

Many of our current AR providers already have experience with InterRAI, LOCUS, CANS and SIS!

As exhibited by the rigorous process, and high standards described above, the PCG Team is committed to employing the most qualified staff possible to work with the populations served by DHS. We seek to exceed our minimum standards wherever possible, but affirm that all standards, and assessors, will meet or exceed the State's requirements including:

- Have at least one (1) year of experience working directly with the population with whom they will be administering the assessment or Developmental Screen;
- Have the ability to request and verify information from individuals being assessed;
- Be culturally sensitive to individuals whose support needs are being assessed;
- Have the necessary knowledge, skills and abilities to successfully perform and manage Independent Assessments;
- Be linguistically competent in the beneficiary's primary language or in American Sign Language
- Verify the information received from the beneficiary and the beneficiary's family members, caregivers, and/or guardians; and
- Shall not be related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual, empowered to make financial or health-related decisions on behalf of the individual, and would not benefit financially from the provision of assessed needs.

LifePlans will not use any clinical workforce who work for an agency or any other entity which could create a conflict of interest. LifePlans will secure written assurances from each clinical workforce that (1) they do not have a conflict of interest and (2) it will notify LifePlans immediately if circumstances change.

A.5. Describe how you will ensure each Beneficiary receives culturally competent and linguistically appropriate services from your company.

Culturally Competent Services

Prior to taking on new business, LifePlans conducts a thorough evaluation of existing network skill and capacity against client need. As described above, our recruiting strategy is flexible and able to add quality nurses in a relatively short amount of time. The nurses are vetted through an intense screening process that involves a telephonic interview, license verification, background check, and reference check.

In the unlikely event that we do not have a field clinician available who culturally matches a members' needs, LifePlans will first expand the geographic search to locate a high quality field clinician who is willing to travel to the member's residence. If we are unable to find an existing nurse who meets the

cultural need, we will have the nurse assessor use an interpreter service. The interpreter would accompany the nurse on the visit to meet with the client.

Language is a critical part of LifePlans' assignment criteria. During the application process, the field clinician is required to self-report language capabilities. If the field clinician does not accurately report their language capabilities, this would become clear in our quality assurance process through the clinical editors. The field clinician would be immediately removed from the network. We have never had a case where a field clinician misrepresented language capabilities.

Every assessor is required to complete comprehensive cultural sensitivity training.

As part of our onboarding process, LifePlans provides our assessors with cultural sensitivity training. This includes a cultural sensitivity training checklist, including the following considerations:

- *Communication method:* Identify the patient's preferred method of communication. Make necessary arrangements if translators are needed.
- *Language barriers:* Identify potential language barriers (verbal and nonverbal).
- *Cultural identification:* Identify the patient's culture. Work with interpreter as needed to understand patient's sensitivities.
- *Assessments:* Conduct assessments with cultural sensitivity in mind. Watch for inaccuracies.
- *Comprehension:* Double-check: Does the patient and/or family comprehend the situation at hand?
- *Beliefs:* Identify religious/spiritual beliefs. Make appropriate support contacts.
- *Trust:* Double-check: Does the patient and/or family appear to trust the caregivers? Remember to watch for both verbal and non-verbal cues.
- *Diet:* Address culture-specific dietary considerations.

A.6. Describe your company's plan for ensuring that persons conducting the assessment/screens are not related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual, empowered to make financial or health-related decision of behalf of the individual, and would not benefit financially from the provision of assessed needs.

Conflicts of Interest

LifePlans will not use any clinical workforce who work for an agency, or any other entity, which could possibly create a conflict of interest. Similarly, we will ensure that no assessor has any familial, fiscal, or legal relationship to an individual for whom they will provide an assessment. This will be accomplished through a 3-step approach as detailed below, and maintained ongoingly:

Step1	At the time of hire, we will secure written assurances from each clinician that they do not have a conflict of interest such as described above, and that they will notify their supervisor immediately if circumstances change, which may create a conflict of interest;
Step 2	Attestations will be renewed annually; and

Step 3	If, at DHS' discretion, individual attestations would be appropriate, we can have each assessor attest to not having any COI upon accepting each referral.

A.7. Describe your company's plan to maintain the capacity to provide clinical consultation to assessors during the assessment/screening process.

Clinical Consultation

LifePlans maintains a robust and multichannel internal assessor oversight, quality review and escalation process. This procedure allows an assessor to connect quickly with an internal clinical resource. As such, LifePlans currently employs a team of supervisor clinicians who are licensed to practice in multiple states. **All supervisory clinician employees will be licensed in Arkansas.** Our clinical supervisors are responsible for oversight of the contracted assessors who will be conducting assessments in the field and manage ongoing quality oversight. Dr. Sam Toney, who has served as a Medical Director for PCG consistently in the past, will also serve as knowledgeable and seasoned resource on this project.

Based on member volume, LifePlans typically maintains a clinical support staff to field ratio of 1 to 9, however, based on complexity of the assessment tool and to ensure smooth transition when implementing a new program, LifePlans may increase clinical support ratios as needed. This staffing model enables our assessors to connect quickly with an internal clinical resource to address any issues that may arise during, or after, the assessment. It also enables rapid escalation which can occur when specific issues (e.g. suspected elder abuse) may trigger a mandatory reporting requirement.

As stated previously, our clinical call center is open Monday through Friday from 8:00 am to 11:00 pm and on Saturday from 8:00 am to 4:00 pm, Eastern Standard Time. To ensure the availability of clinical expertise to all assessors, in addition to standard call center clinical support hours, the PCG Team will utilize a secure assessor portal, accessible electronically via any device or smartphone, 24 hours per day. Assessors will be able to log in and communicate directly with the clinical supervisory team in real-time.

The quality of our Independent Assessments, and the support of our assessors are our top priorities. As such, the PCG Team commits to maintaining sufficient capacity to provide clinical consultation and support throughout the life of this project.

Note to Evaluator:

The sections that follow, E.3.B, E.3.C. and E.3.D are somewhat repetitive. This was a matter of design. The PCG Team will be utilizing a standardized, but adaptable, training process for all Assessors and Screeners. That being said, we understand the intricacies that come with each population's needs and the different tools that we will be utilizing. We are committed to working hand in hand with DHS, DAAS, DBHS and DDS to work all necessary training specifications into our process.

E.3.B Division of Aging and Adult Services Staffing

E.3 ASSESSORS AND ASSESSMENT STAFFING

E.3.B Division of Aging and Adult Services Staffing

B.1. Describe your plan for hiring a sufficient number of qualified registered nurses who will administer all DAAS assessments to complete the requirements of this RFP beginning at Go-live.

Plan for Hiring Assessors

LifePlans, PCG's trusted partner, has more than 30 years' experience in providing clinical face-to-face assessment services. LifePlans uses a combined model to employ clinical staff in addition to an experienced contracted field clinician network. This model allows for greater flexibility to ensure coverage and timely assessment completion. **LifePlans has organized, managed, quality-checked, and completed over three million face-to-face assessments using our nationwide network of over 4,000 Registered Nurses.** Assessors meet the following minimum standards.

- They have at least 3-5 years clinical experience, primarily working with individuals who often have multiple, chronic mental health conditions;
- They are trained in the administration of multiple assessment types, a majority of which are focused on the face to face evaluation of an individual's presenting mental health and/or substance abuse conditions and symptoms, providing the clinical basis for the initiation of needed services of an individuals and requiring the development of a clinical diagnosis and a comprehensive treatment plan;
- They are licensed and credentialed (which is verified and documented); and
- Thorough background checks are conducted on each nurse prior to their joining our team

The PCG Network Recruiting Team will adhere to our proven, standardized process to determine network recruitment needs prior to implementing this scope of work for DAAS. Our pre-recruitment phase will include analysis of new membership base, evaluation of current network coverage and an estimate of the number of new assessors required to exceed DHS' expectations, meet high level quality standards and meet all performance metrics. The Recruitment Team will then move into the on-boarding phase, which includes validation of licensure and a thorough background check process. Finally, the Recruiting Team will initiate the Contract and Maintenance phase. Assessors must pass each level of the validation phase in order to move on to contracting. Likewise, **assessors must continue to meet quality standards in order to remain in the network and stay in the Maintenance Phase of the process.** Post implementation, our Operations, Training, QA and Recruiting Teams meet weekly to evaluate coverage and determine if additional recruitment is needed based on assessor turnover, volume fluctuation, changes to program scope and adherence to performance standard and service levels.

The PCG Team – with a network already in place – will be able to staff up quickly and efficiently.

Recruitment Process

Our recruitment process is outlined in more detail below:

Pre-Recruitment:

1. **Analyze**: Analyze membership demographics including, but not limited to:
    a. Member Age
    b. Member Geographic Location
    c. General Demographic Information if applicable
    d. Assessment Type Required
    e. Frequency of Assessment Completion
    f. Service Level Requirements and Performance Standards such as Turn-Around Time
2. **Evaluate**: Evaluate current network coverage, including:
    a. Network Skillset (Including Degree, Special Training and/or Experience)
    b. Geographic Coverage
    c. Willingness to Travel
    d. Current Capacity
3. **Estimate**: Estimate the number of new assessors required based on membership, by geographic location, and available coverage
4. **Research:** In addition to web-based sponsored advertisements; use of social media; advertisements on clinical job boards, medical job boards and trade associations, the Recruiting Team will research additional options such as local print, radio and TV broadcast options available

Recruitment and On-Boarding

5. **Recruit:** Place advertisements and begin outreach using multiple methods, including: web based sponsored advertisements; use of social media; advertisements on clinical job boards, medical job boards and trade associations; and local print, radio and TV broadcast media.
6. **Interview/Screen:** Conduct an initial telephonic interview to screen for appropriateness (including experience and area of expertise)
7. **Validate**: The validation phase includes the following checks and balances:
    a. Verify that nursing licenses are valid and up-to-date
    b. Conduct a nationwide background check which includes the following:
        - Criminal search
        - SSN verification
        - Employment verification
        - Education verification
        - Motor vehicle reports
        - Credit reports
    c. Check the Office of Inspector General/Social Security Administration website to determine if the candidate is currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

Contracting and Maintenance:

8. **Contract**: Network providers must pass each level of the on-boarding process in order to qualify for the contracting phase.
9. **Maintenance**: Once contracted with LifePlans, the nurse network is maintained using the following techniques:

a. The nurses are trained on LifePlans and provided with product specific overviews using one or a combination of the following: in-person group trainings, one-on-one training, feedback sessions, and web-based training;
b. The nurses enter our preceptorship program and receive continuous reinforcement and education to ensure inter-rater reliability across geographic locations and accurate and reliable assessment information;
c. Every home-visit assessment that they complete is reviewed by an additional in-house nurse and subject to quality metrics related to clinical accuracy and completeness, adherence to protocols and compliance with turn-around time, and accurate reporting of case status;
d. Each contracted nurse is subject to service level agreements for appointment scheduling, assessment completion, and turn-around time, based on individual client requirements;
e. License verifications are conducted on an annual basis or as needed.

Figure E.3.B.1: LifePlans Contractor On-Boarding Process. LifePlans utilizes this steadfast and proven on-boarding process to recruit and train staff efficiently.

B.2. Describe your company's proposed plan to offer right of first refusal for employment to all currently employed DAAS-registered nurses before seeking to hire staff elsewhere for the completion of assessments. If your company has participated in a similar hiring process previously, please describe how you conducted it.

Hiring of Currently Employed DAAS Registered Nurses

Our Network Recruitment Team is eager to reach out to current DAAS registered nurses to initiate our staffing efforts. The PCG Team has successfully integrated displaced state staff in other large implementation efforts, and has seen the benefits of this practice. **By leveraging DAAS staff, we expect to get a head start in establishing target staffing levels, as well as benefiting from the institutional knowledge and experience these staff have in hand.** With DHS' approval, the PCG Team will obtain a list of current state assessors and immediately move them into our recruitment and on-boarding stage of network development. LifePlans will interview and validate all current assessors against the skill sets required to complete assessments for the DAAS members. LifePlans utilizes a contractor model for assessors in the field, and as such, would immediately offer contracts to those assessors who meet the requirements and pass our validation process.

In one previous engagement, the PCG Team was tasked with replacing an incumbent vendor for a statewide LTSS operation. PCG successfully worked with the outgoing vendor to identify staff who were not being reassigned within that company, and reached out to all outgoing employees to gauge interest in joining the PCG Team. **The displaced employees were all held to the same hiring standards as outside applicants, but were prioritized in the hiring process, so as to maintain as much continuity and institutional knowledge as necessary.** This effort, complemented by standard recruiting and hiring efforts, allowed us to fully staff a project of over 50 new hires in less than 60 days.

B.3. Describe any additional staffing requirements based on the assessment tool you are proposing for DAAS and how your company will ensure these requirements are met.

Additional Staffing Requirements

The interRAI Home Care assessment tool does not require any additional training or certification. All of our aging and adult services assessors are registered nurses in Arkansas that have extensive experience working with the LTSS population and the interRAI Home Care assessment tool. We feel confident that this experience qualifies our assessors to use the interRAI Home Care assessment tool to effectively serve the DAAS LTSS population, immediately at the outset of this initiative.

B.4. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

Work Queues

The PCG Team will receive from DAAS a file containing all Beneficiaries requiring assessments in the first year of the contract. Once loaded into the Assessment Platform, Beneficiaries will be assigned to

assessors based on location and skill set of the assessor, with a targeted date of completion, as specified by DAAS.

Reassessments will be assigned to assessors based on the date of the prior assessment completion plus 10 months. At that point in time, the assessor will reach out to the Beneficiary to initiate the scheduling process. The tracking of this data in the Assessment Platform will ensure that reassessments are scheduled and completed on time.

Referrals from DAAS, which may be received throughout the year, will be handled in a similar fashion. Once loaded into the Assessment Platform, members will be matched with an assessor based on location and skill set of the assessors.

Scheduling

All scheduling activity will be tracked in the Assessment Platform, including outreach dates and outcomes, appointments, any rescheduling, and the due date of subsequent assessment(s). **At the outset of the project, the PCG Team will work with DAAS to establish the priorities for scheduling assessments.** Subsequently, scheduling efforts will begin 10 months after the prior assessment. For emergency (re)assessments, the field assessor will be required to reach out to the member to schedule an appointment within 24 hours of receiving notification. All outreach attempts are tracked and if the assessor is unable to reach the member, they are required to select a disposition code describing the results (wrong number, left message, etc.).

With the PCG IT Platform, assessment administration will be seamless.

Emergency (re)assessments will be scheduled in the home to take place within ten (10) days of referral. Ultimately, these assessments are performed at the convenience of the member, and **we are sensitive to member needs and train our assessors to be careful about how much we push the members to schedule an assessment.** We provide assessors with rebuttal scripting designed to educate the member on the importance of the assessment.

Administration

Once the appointment is scheduled, the field assessor will conduct the appointment in person, and provide any additional education or coaching as needed based on program requirements. Assessors will record the assessment data directly into the Assessment Platform, via their laptop. **To accommodate assessors who may not have internet access during their appointment, the Platform may be utilized either on- or off-line.** When assessment data is collected off-line, users may “synchronize” the data for these cases at a later time, when they have internet access.

Once users complete the assessment process for a person and no longer need their information in their queue, they are able to change their prior synchronization selections to remove that person from their view. Usually as part of this same process, users also identify other people who have assessments completed in the near future and add their names to their synchronization selection.

When data for selected cases is stored on the laptop computer, those downloaded data records are NOT locked on the server, so that other users can view and/or modify data, as needed, within downloaded cases. **This lack of a formal “check-out” process is a critical element and distinguishing design**

characteristics of the PCG IT Platform because it supports better collaboration and data sharing among the multi-faceted user communities of the PCG IT Platform. However, this does create the possibility for two users to perform data edits on the same field, without knowledge of the other's change (e.g., one working on-line and one working offline). The PCG IT Platform includes sophisticated data management techniques within the synchronization process that identifies these forms of "conflict". Users will have the ability to easily and quickly remediate these issues using a "conflict resolution" toolset that displays the two data values in conflict and allows the user to identify which entry is correct and thereby "resolve" the data in conflict. Once the assessment is completed, it is saved and submitted within the Assessment Platform for quality review and approval.

Our IT Team has automated the current Tier Determination process for DAAS.

Tier Determinations

The PCG Team has extensive experience developing and implementing eligibility determination processes based on automated assessment and screening tools implemented for several states. **More importantly, the IT team has automated the current Tier Determination process for the Division of Aging and Adult Services using their ARPath assessment instrument.** Not only does this application include the automated calculation and display of their multifaceted determination results, but the current application also supports a workflow process that coordinates a handoff between the assessment completion processes conducted by regional assessors with a centralized review and approval process conducted by the Department of Human Services staff. Existing business process and associated workflow will be leveraged to ensure an efficient implementation for DAAS assessments and tier determinations.

B.5. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

Staff Policies and Procedures

The PCG Team utilizes an experienced network of clinicians to support in-home assessments in the field. Our field clinicians sign individual contracts, where they agree to provide first rate customer services and to abide by the ethical requirements of their profession and agree to provide quality deliverables in accordance with client specifications. We will implement a series of controls designed to manage our provider network from front end recruiting, to training, to preceptorship and quality tracking as described above. **This controlled oversight will allow us to maintain a 360-degree view of our assessors, as well as mentor assessors to continually improve quality.** If the contractor fails to meet contract specifications or program requirements, we can terminate the contract at any time.

Our performance guidelines and standards are supplemented by documentation made available to all staff, through the utilization of the training platform, as well as a robust Employee Handbook, which covers topics including performance and our Code of Conduct, a subset of which includes prohibitions around:

- Theft or destruction of company property or the property of other employees, managers, contractors, clients, or others doing business with LifePlans;

- Abusing, threatening, bullying, or intimidating other employees, managers, contractors, clients, or others doing business with the company;
- Use of obscene, disruptive, hostile, or abusive language or gestures;
- Unauthorized use or possession of firearms, or other weapons;
- Excessive, unexcused tardiness or absence, or failure to notify your manager or supervisor of tardiness or absence in a timely manner;
- Dishonesty or falsification of documents or records, including (but not limited to) time records, personnel records, employment records, or any client records, including Protected Health Information;
- Reporting to work under the influence of alcohol or illegal drugs;
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs;
- Fighting or engaging in horseplay;
- Accepting money, gifts of more than nominal value, favors, loans, or other special treatment from any vendor, client, competitor, or lender of company;
- Violating company Equal Employment, Affirmative Action, and Anti-Harassment Policy;
- Unauthorized use and/or disclosure of confidential information, including Protected Health Information.

E.3.C Division of Behavioral Health Services Staffing

E.3 ASSESSORS AND ASSESSMENT STAFFING

E.3.C Division of Behavioral Health Services Assessments

C.1. Describe your plan for hiring a sufficient number of qualified staff or registered nurses who will administer all DBHS assessments to complete the requirements of this RFP beginning at Go-live.

Plan for Hiring Assessors

LifePlans, PCG's trusted partner, has more than 30 years' experience in providing clinical face-to-face assessment services. LifePlans uses a combined model to employ clinical staff in addition to an experienced contracted field clinician network. This model allows for greater flexibility to ensure coverage and timely assessment completion. **LifePlans has organized, managed, quality-checked, and completed over three million face-to-face assessments using our nationwide network of over 4,000 Registered Nurses.** Assessors meet the following minimum standards.

- They have at least 3-5 years clinical experience, primarily working with individuals who often have multiple, chronic mental health conditions;
- They are trained in the administration of multiple assessment types, a majority of which are focused on the face to face evaluation of an individual's presenting mental health and/or substance abuse conditions and symptoms, providing the clinical basis for the initiation of needed services of an individuals and requiring the development of a clinical diagnosis and a comprehensive treatment plan;
- They are licensed and credentialed (which is verified and documented); and
- Thorough background checks are conducted on each nurse prior to their joining our team

The PCG Network Recruiting Team will adhere to our proven, standardized process to determine network recruitment needs prior to implementing this scope of work for DBHS. Our pre-recruitment phase will include analysis of new membership base, evaluation of current network coverage and an estimate of the number of new assessors required to exceed DHS' expectations, meet high level quality standards and to meet all performance metrics. The Recruitment Team will then move into the on-boarding phase, which includes validation of licensure and a thorough background check process. Finally, the Recruiting Team will initiate the Contract and Maintenance phase. Assessors must pass each level of the validation phase in order to move on to contracting. Likewise, **assessors must continue to meet quality standards in order to remain in the network and stay in the Maintenance Phase of the process.** Post implementation, our Operations, Training, QA and Recruiting Teams meet weekly to evaluate coverage and determine if additional recruitment is needed based on assessor turnover, volume fluctuation, changes to program scope and adherence to performance standard and service levels.

The PCG Team – with a network already in place – will be able to staff up quickly and efficiently.

Recruitment Process

Our recruitment process is outlined in more detail below:

Pre-Recruitment:

1. **Analyze**: Analyze membership demographics including, but not limited to:
    a. Member Age
    b. Member Geographic Location
    c. General Demographic Information if applicable
    d. Assessment Type Required
    e. Frequency of Assessment Completion
    f. Service Level Requirements and Performance Standards such as Turn-Around Time
2. **Evaluate**: Evaluate current network coverage, including:
    a. Network Skillset (Including Degree, Special Training and/or Experience)
    b. Geographic Coverage
    c. Willingness to Travel
    d. Current Capacity
3. **Estimate**: Estimate the number of new assessors required based on membership, by geographic location, and available coverage
4. **Research:** In addition to web-based sponsored advertisements; use of social media; advertisements on clinical job boards, medical job boards and trade associations, the Recruiting Team will research additional options such as local print, radio and TV broadcast options available

Recruitment and On-Boarding

5. **Recruit:** Place advertisements and begin outreach using multiple methods, including: web based sponsored advertisements; use of social media; advertisements on clinical job boards, medical job boards and trade associations; and local print, radio and TV broadcast media.
6. **Interview/Screen:** Conduct an initial telephonic interview to screen for appropriateness (including experience and area of expertise)
7. **Validate**: The validation phase includes the following checks and balances:
    a. Verify that nursing licenses are valid and up-to-date
    b. Conduct a nationwide background check which includes the following:
        - Criminal search
        - SSN verification
        - Employment verification
        - Education verification
        - Motor vehicle reports
        - Credit reports
    c. Check the Office of Inspector General/Social Security Administration website to determine if the candidate is currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

Contracting and Maintenance:

8. **Contract**: Network assessors must pass each level of the on-boarding process in order to qualify for the contracting phase.
9. **Maintenance**: Once contracted with LifePlans, the nurse network is maintained using the following techniques:

a. The nurses are trained on LifePlans and provided with product specific overviews using one or a combination of the following: in-person group trainings, one-on-one training, feedback sessions, and web-based training;
b. The nurses enter our Preceptorship Program and receive continuous reinforcement and education to ensure inter-rater reliability across geographic locations and accurate and reliable assessment information;
c. Every home-visit assessment that they complete is reviewed by an additional in-house nurse and subject to quality metrics related to clinical accuracy and completeness, adherence to protocols and compliance with turn-around time, and accurate reporting of case status;
d. Each contracted nurse is subject to service level agreements for appointment scheduling, assessment completion, and turn-around time, based on individual client requirements;
e. License verifications are conducted on an annual basis or as needed.

Figure E.3.C.1: LifePlans Contractor On-Boarding Process. LifePlans utilizes this steadfast and proven on-boarding process to recruit and train staff efficiently.

C.2. Describe any additional staffing requirements based on the assessment tool you are proposing for DBHS and how your company will ensure these requirements are met.

Additional Staffing Requirements

All of our behavioral health assessment professionals are licensed Mental Health Professionals, such as Licensed Clinical Social Workers and Behavioral Health Nurses, and have experience working with the Behavioral Health population. The CANS assessment requires annual training and certification by the Praed Foundation, the owner of the assessment tool. **Our Behavioral Health assessor team will complete this training and certification on an annual basis.**

The LOCUS assessment tool does not require additional training or certification for administration of the assessment. However, the American Association of Community Psychiatrists, the owner of the LOCUS assessment tool, maintains that assessors should be qualified to complete a psycho-social assessment and in a position to make level of care recommendations. **As our assessors are all licensed Mental Health Professionals, we are confident that we meet these guidelines.**

C.3. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

Work Queues

The PCG Team will receive from DBHS a file containing all Beneficiaries requiring assessments in the first year of the contract. Once loaded into the Assessment Platform, Beneficiaries will be assigned to assessors based on location and skill set of the assessor, with a targeted date of completion, as specified by DBHS.

Reassessments will be assigned to assessors based on the date of the prior assessment completion, plus 10 months. At that point in time, the assessor will reach out to the Beneficiary to initiate the scheduling process. The tracking of this data in the Assessment Platform will ensure that reassessments are scheduled and completed on time.

Referrals from DBHS, which may be received throughout the year, will be handled in a similar fashion. Once loaded into the Assessment Platform, members will be matched with an assessor based on location and skill set of the assessors.

Scheduling

All scheduling activity will be tracked in the Assessment Platform, including outreach dates and outcomes, appointments, any rescheduling, and the due date of subsequent assessment(s). At the outset of the project, the PCG Team will work with DBHS to establish the priorities for scheduling assessments. Subsequently, scheduling efforts will begin 10 months after the prior assessment. For emergency (re)assessments, the field assessor will be required to reach out to the member to schedule an appointment within 24 hours of receiving notification. All outreach attempts are tracked and if the

assessor is unable to reach the member, they are required to select a disposition code describing the results (wrong number, left message, etc.).

Emergency (re)assessments will be scheduled to take place within seven (7) days of referral. Ultimately, these assessments are performed at the convenience of the member, and **we are sensitive to member needs and train our assessors to be careful about how much we push the member to schedule an assessment.** We provide assessors with rebuttal scripting designed to educate the member on the importance of the assessment.

Administration

Once the appointment is scheduled, the field assessor will conduct the appointment in person, and provide any additional education or coaching as needed based on program requirements. Assessors will record the assessment data directly into the Assessment Platform, via their laptop. **To accommodate assessors who may not have internet access during their appointment, the Platform may be utilized either on- or off-line.** When assessment data is collected off-line, users may "synchronize" the data for these cases at a later time, when they have internet access.

Once users complete the assessment process for a person and no longer need their information in their queue, they are able to change their prior synchronization selections to remove that person from their view. Usually as part of this same process, users also identify other people who have assessments completed in the near future and add their names to their synchronization selection.

When data for selected cases is stored on the laptop computer, those downloaded data records are *not* locked on the server, so that other users can view and/or modify data, as needed, within downloaded cases. **This lack of a formal "check-out" process is a critical element and distinguishing design characteristic of the PCG IT Platform because it supports better collaboration and data sharing.** However, this does create the possibility for two users to perform data edits on the same field, without knowledge of the other's change (e.g., one working on-line and one working offline). The PCG IT Platform includes sophisticated data management techniques within the synchronization process that identifies these forms of "conflict". Users will have the ability to easily and quickly remediate these issues using a "conflict resolution" toolset that displays the two data values in conflict and allows the user to identify which entry is correct and thereby "resolve" the data in conflict. Once the assessment is completed, it is saved and submitted within the Assessment Platform for quality review and approval.

With the PCG IT Platform, assessment administration will be seamless.

Tier Determinations

The PCG team has extensive experience developing and implementing eligibility determination processes based on automated assessment and screening tools implemented for several states.

More locally, **the IT team has automated the current Tier Determination process for the Division of Aging and Adult Services using their ARPath assessment instrument**. Not only does this application include the automated calculation and display of their multifaceted determination results, but the current application also supports a workflow process that coordinates a handoff between the assessment completion processes conducted by regional assessors with a centralized review and approval process

conducted by the Department of Human Services staff. Existing business process and associated workflow would serve as a starting point for the automation of new DBHS–specific tier determination processes based on the specific assessments tools put into place.

The basic procedure requires assessors to create a new assessment instrument and complete the data entry of all required data items within the instrument, conducting the finalization process upon completion. The system then generates the results of the computation of the Tier Determination algorithms in a note of the system outside of the assessment proper. Assessors have the opportunity to review these with the Beneficiary and, depending on the appropriate business process, potentially record additional information generated by those discussions. **The system then houses the assessment responses, the calculated eligibility determination results and potentially the assessor's clinical judgment about the results (e.g., agree/disagree) coupled with any information provided by the Beneficiary.** The exact nature of these processes as they will be implemented within the PCG IT Platform will be discussed with DBHS and will be tailored to the specific requirements of the Division's eligibility determination program.

C.4. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

Staff Policies and Procedures

The PCG Team utilizes an experienced network of clinicians to support in-home assessments in the field. Our field clinicians sign individual contracts, where they agree to provide first rate customer services and to abide by the ethical requirements of their profession and agree to provide quality deliverables in accordance with client specifications. We will implement a series of controls designed to manage our provider network from front end recruiting, to training, to preceptorship and quality tracking as described above. **This controlled oversight will allow us to maintain a 360-degree view of our assessors and mentor or coach assessors to continually improve quality.** If the contractor fails to meet contract specifications or program requirements, we can terminate the contract at any time.

Our performance guidelines and standards are supplemented by documentation made available to all staff, through the utilization of the training platform, as well as a robust Employee Handbook, which covers topics including performance and our Code of Conduct, a subset of which includes prohibitions around:

- Theft or destruction of company property or the property of other employees, managers, contractors, clients, or others doing business with LifePlans;
- Abusing, threatening, bullying, or intimidating other employees, managers, contractors, clients, or others doing business with the company;
- Use of obscene, disruptive, hostile, or abusive language or gestures;
- Unauthorized use or possession of firearms, or other weapons;
- Excessive, unexcused tardiness or absence, or failure to notify your manager or supervisor of tardiness or absence in a timely manner;
- Dishonesty or falsification of documents or records, including (but not limited to) time records, personnel records, employment records, or any client records, including Protected Health Information;
- Reporting to work under the influence of alcohol or illegal drugs;

- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs;
- Fighting or engaging in horseplay;
- Accepting money, gifts of more than nominal value, favors, loans, or other special treatment from any vendor, client, competitor, or lender of company;
- Violating company Equal Employment, Affirmative Action, and Anti-Harassment Policy;
- Unauthorized use and/or disclosure of confidential information, including Protected Health Information.

E.3.D Division of Disability Services Staffing

E.3 ASSESSORS AND ASSESSMENT STAFFING

E.3.D Division of Disability Staffing

D.1. Describe how your company will utilize the most highly qualified standard of assessor/screener as defined by the instrument/screen or suite of instruments being used. Describe your plan for hiring a sufficient number of qualified assessors to complete the requirements of this RFP beginning at Go-live.

Plan for Hiring Assessors

LifePlans, PCG's trusted partner, has more than 30 years' experience in providing clinical face-to-face assessment services. LifePlans uses a combined model to employ clinical staff in addition to an experienced contracted field clinician network. This model allows for greater flexibility to ensure coverage and timely assessment completion. **LifePlans has organized, managed, quality-checked, and completed over three million face-to-face assessments using our nationwide network of over 4,000 Registered Nurses.** Assessors meet the following minimum standards.

Assessor Minimum Standards
They have at least 3-5 years clinical experience, primarily working with individuals who often have multiple chronic conditions;
They are trained in the administration of multiple assessment types, a majority of which are focused on the medical, functional, cognitive, home safety, and medication compliance status of individuals and requiring the development of care plans;
They are licensed and credentialed (which is verified and documented); and
Thorough background checks are conducted on each nurse prior to their joining our team

Nurse assessors administering Developmental Screens will alternately meet the following minimum standards:

Minimum Standards for Developmental Screen Assessors
They have at least 3-5 years clinical experience working with pediatric patients (Birth to 8 years of age), who may have multiple, and/or chronic behavioral health diagnosis;
They are trained in the administration of age-appropriate assessment/screening tools. The majority of these screening/assessment tools focus on the "face to face evaluation" of an individual's (or the child's), presenting signs and symptoms, and past medical/psycho-social history. All are factors in providing assistance in the clinical diagnosis, early intervention and initiation of needed services, and the development of a comprehensive treatment plan;
They are licensed and credentialed (which is verified and documented); and
Thorough background checks are conducted on each nurse prior to their joining our team.

The PCG Network Recruiting Team will adhere to our proven, standardized process to determine network recruitment needs prior to implementing this scope of work for DBHS. Our pre-recruitment phase will include analysis of new membership base, evaluation of current network coverage and an estimate of the number of new assessors required to exceed DHS' expectations, meet high level quality

standards and to meet all performance metrics. The Recruitment Team will then move into the on-boarding phase, which includes validation of licensure and a thorough background check process. Finally, the Recruiting Team will initiate the Contract and Maintenance phase. Assessors must pass each level of the validation phase to move on to contracting. Likewise, **assessors must continue to meet quality standards in order to remain in the network and stay in the Maintenance Phase of the process.** Post implementation, our Operations, Training, QA and Recruiting Teams meet weekly to evaluate coverage and determine if additional recruitment is needed based on assessor turnover, volume fluctuation, changes to program scope and adherence to performance standard and service levels.

Recruitment Process

Our recruitment process is outlined in more detail below:

Pre-Recruitment:

1. **Analyze**: Analyze membership demographics including, but not limited to:
    a. Member Age
    b. Member Geographic Location
    c. General Demographic Information if applicable
    d. Assessment Type Required
    e. Frequency of Assessment Completion
    f. Service Level Requirements and Performance Standards such as Turn-Around Time

2. **Evaluate**: Evaluate current network coverage, including:
    a. Network Skillset (Including Degree, Special Training and/or Experience)
    b. Geographic Coverage
    c. Willingness to Travel
    d. Current Capacity

3. **Estimate**: Estimate the number of new assessors required based on membership, by geographic location, and available coverage

4. **Research:** In addition to web-based sponsored advertisements; use of social media; advertisements on clinical job boards, medical job boards and trade associations, the Recruiting Team will research additional options such as local print, radio and TV broadcast options available

Recruitment and On-Boarding

5. **Recruit:** Place advertisements and begin outreach using multiple methods, including: web based sponsored advertisements; use of social media; advertisements on clinical job boards, medical job boards and trade associations; and local print, radio and TV broadcast media.

6. **Interview/Screen:** Conduct an initial telephonic interview to screen for appropriateness (including experience and area of expertise)

7. **Validate**: The validation phase includes the following checks and balances:
    a. Verify that nursing licenses are valid and up-to-date
    b. Conduct a nationwide background check which includes the following:
        - Criminal search

- SSN verification
- Employment verification
- Education verification
- Motor vehicle reports
- Credit reports

c. Check the Office of Inspector General/Social Security Administration website to determine if the candidate is currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

Contracting and Maintenance

8. **Contract**: Network providers must pass each level of the on-boarding process in order to qualify for the contracting phase.

9. **Maintenance**: Once contracted with LifePlans, the nurse network is maintained using the following techniques:
   a. The nurses are trained on LifePlans and provided with product specific overviews using one or a combination of the following: in-person group trainings, one-on-one training, feedback sessions, and web-based training;
   b. The nurses enter our preceptorship program and receive continuous reinforcement and education to ensure inter-rater reliability across geographic locations and accurate and reliable assessment information;
   c. Every home-visit assessment that they complete is reviewed by an additional in-house nurse and subject to quality metrics related to clinical accuracy and completeness, adherence to protocols and compliance with turn-around time, and accurate reporting of case status;
   d. Each contracted nurse is subject to service level agreements for appointment scheduling, assessment completion, and turn-around time, based on individual client requirements;
   e. License verifications are conducted on an annual basis or as needed.

Figure E.3.D.1: LifePlans Contractor On-Boarding Process. LifePlans utilizes this steadfast and proven on-boarding process to recruit and train staff efficiently.

D.2. Describe your company's plan to ensure that all assessors have at least two (2) years' experience with the developmental/intellectually disabled population and meet any additional requirements of a Qualified Developmental Disability Professional (QDDP).

Staff Experience with DDS Population

PCG knows that the success of this project will depend on the Vendor's ability to recruit assessors with experience specific to the population they will be assessing and the tool they will be using.

The PCG Team understands the complexity of this Independent Assessment initiative. While DHS's charge is to provide appropriate services for all Beneficiaries, each Division is responsible for a very distinct and unique population. As such, the staff recruited and employed by the PCG Team will fit the specific criteria not only set forth by the Division whose population they will be assessing, but also the criteria specific to the SIS and PEDS tools.

LifePlans has extensive experience in assessing multiple populations throughout the United States,

Canada and Puerto Rico. We have assessed over three million Insured, Medicare, Dually Eligible, Medicaid, and Special Needs children and adults in the home since our inception. It is not unusual for LifePlans to recruit network providers specific to a membership, population or concentrated geographic location, the success of this effort depends on the recruitment of uniquely qualified assessors. LifePlans will recruit network providers, as needed, based on the results of our Pre-Recruitment analysis for DDS. During the Recruitment and Onboarding phase of the process, LifePlans will recruit assessors who meet the requirements of this proposal in general, and DDS specifically. **For the DDS assessments, we will limit our recruiting pool to those who have at least two (2) years' experience with the developmentally/intellectually disabled population.**

Additionally, the PCG Team will work with DDS to understand the State's interpretation of CFR § 483.430, and how it applies to the qualifications of a QDDP in Arkansas. These qualification standards will become a part of our minimum standards for field staff charged with administering assessments and/ or screens for DDS.

D.3. Describe the respective requirements for assessors/screeners that each instrument/screen you are proposing in this RFP mandates.

SIS Requirements

The SIS-A and the SIS-C tools require that assessors are trained and certified annually by the American Association on Intellectual and Developmental Disabilities, the owner of the SIS tools. All of our assessors for the DDS population are registered nurses that will complete the training and certification for the SIS tools annually to ensure that we meet this requirement.

The PEDS developmental screen does not require any additional training or certification for administration of the screen. As previously mentioned, all of our assessors for the DDS population are registered nurses. We feel that this, combined with their experience working with the DDS population, ensures that we can effectively use the PEDS tool to screen for intellectual and developmental disabilities in individuals seeking prescriptions for "early intervention" and "pre-school" levels of care in DDTCS programs. The PCG Team will also include an Early Intervention Subject Matter Expert you will be available for consultation throughout the life of this project.

D.4. Describe your company's plan to provide documentation of assessor/screener qualifications to DDS.

Documentation of Assessor/Screener Qualifications

For any assessor providing services on behalf of DDS, the PCG Team will create a credentialing file, which will include all information reviewed to verify the assessor's qualifications. Some of the information on each assessor includes, but is not limited to:

Assessor Documentation
1. Validation of 2 years' experience with developmentally/intellectually disabled population;
2. Proof of valid licenses required to complete the services;
3. Validation that the assessor is not debarred or excluded (by OIG / GSA / the State of Arkansas) from providing the services;
4. Completion of a background check;
5. Execution of a contract and application with various attestations regarding the assessor's qualifications to perform the services

For more detailed information on the PCG Team's plan to maintain the appropriate AR licensures and conduct background checks, please reference *Section E.3.A Staffing Requirements*.

D.5. Describe your company's process to ensure that all relevant training and/or certification required for use of instrument/screen be maintained throughout the life of this contract.

Maintenance of Training and Certification

LifePlans utilizes its training, preceptorship and quality oversight processes to assure that all employees and contracted assessors are prepared to provide support to any new program or client. All internal clinicians and field-based assessors are required to attend all program and/or state required training sessions, in addition to successful participation in LifePlans' preceptorship program.

LifePlans utilizes a combination of classroom training and a custom-built Learning Management System (LMS) to train all new and existing internal clinicians and field assessors. The LMS is a digital application designed to provide administration, documentation, tracking, reporting and delivery of online educational presentations.

Figure E.3.D.2: LifePlans LMS Screenshot. The custom built LMS allows us to customize training content for assessors based on specific populations.

This system allows LifePlans to create and implement program-specific and customized interactive training content, incorporating real-life simulations and embedded learning assessments into the training process. We will utilize this LMS to incorporate Division and tool specific training requirements into the training content. The system allows LifePlans to view real-time testing results for clinicians and assessors, provide additional coaching where needed, and determine high and low-scoring performers.

LifePlans tracks progress diligently. Training results are scored as assessors move through required

training modules, including but not limited to:

- State Requirements Training
- Cultural Sensitivity Training
- Computer Skills Training
- Tool-Specific Training and Certification
- Fraud, Waste and Abuse
- HIPAA
- General Compliance

Preceptorship Program

Before moving on to LifePlans' preceptorship program, all required trainings must be completed with a passing grade. Training mentors will work with new hires or contracted assessors to assist with remediation training as much as possible to help support the process as needed. Once training is complete, the employee or assessor moves into our Preceptor Program. Preceptors are experienced, competent, and licensed clinicians who utilize their knowledge, skills, and abilities and act as mentors to for clinical employees and assessors in the field. It is a structured, supportive program designed to transition from learning to application of the necessary skills to ensure submission of a quality assessment. The preceptor utilizes LifePlans' Clinical Quality Review scoring tool to rate the assessor based on criteria appropriate to the assessment and/or the care plan. Some examples include:

- Followed appropriate introduction/closing scripting
- Answered all questions
- Completed necessary screenings
- Acted with cultural sensitivity
- Accurate documentation

Training	Assessor Name	Attempt	Started on	Last accessed on	Score	Pass/Fail
Introduction	A Wilson	1	November 15 2016, 12:52 PM	November 15 2016, 1:34 PM	45	Fail
Introduction	C Waitt	1	November 13 2016, 5:02 PM	November 13 2016, 5:02 PM	50	Fail
Introduction	A Roach	1	November 16 2016, 1:30 PM	November 16 2016, 1:34 PM	100	Pass
Introduction	L COLEMAN	1	November 15 2016, 10:56 AM	November 16 2016, 10:03 AM	85	Pass
Introduction	K Clement	1	November 19 2016, 2:47 PM	November 19 2016, 4:29 PM	90	Pass
Introduction	N Wing	1	November 18 2016, 8:28 PM	November 18 2016, 9:36 PM	95	Pass
Introduction	S Parrott	1	November 20 2016, 9:17 AM	November 20 2016, 12:20 PM	100	Pass
Introduction	N Chapman	1	November 16 2016, 11:26 PM	November 17 2016, 3:33 PM	100	Pass
Introduction	N McDowell	1	November 21 2016, 1:35 AM	November 21 2016, 2:52 AM	100	Pass
Introduction	K Shinard	1	November 21 2016, 10:48 AM	November 21 2016, 12:03 PM	95	Pass
Introduction	K Neal	1	November 20 2016, 1:20 AM	November 20 2016, 1:41 AM	65	Fail
Introduction	K Neal	2	November 20 2016, 1:42 AM	November 20 2016, 11:16 PM	100	Pass
Introduction	L Arrington	1	November 18 2016, 9:22 PM	November 18 2016, 9:24 PM	90	Pass
Introduction	K Nichol	1	November 18 2016, 5:13 PM	November 18 2016, 5:14 PM	100	Pass
Introduction	R Slade	1	November 15 2016, 10:55 PM	November 15 2016, 11:07 PM	75	Fail
Introduction	S Morgan	1	November 16 2016, 5:41 PM	November 16 2016, 7:54 PM	100	Pass
Introduction	L jones	1	November 16 2016, 11:39 PM	November 16 2016, 11:42 PM	100	Pass
Introduction	L Manuel	1	November 16 2016, 3:30 PM	November 16 2016, 4:40 PM	95	Pass
Introduction	S Foss	1	November 18 2016, 4:00 PM	November 18 2016, 4:11 PM	100	Pass
Introduction	P Jones	1	November 17 2016, 2:27 PM	November 17 2016, 5:25 PM	90	Pass
Introduction	V McCray	1	November 18 2016, 3:07 PM	November 18 2016, 4:06 PM	100	Pass
Introduction	E Ortiz	n/a	-	-	-	
Introduction	E Mobley	n/a	-	-	-	
Introduction	B. WHITLOCK	n/a	-	-	-	
Introduction	M Lisa	n/a	-	-	-	
Introduction	B Butler	n/a	-	-	-	

Figure E.3.D.3: Sample Training Completion Report. We will monitor the training progress of the Assessors very closely.

The completed scoring tool and feedback is provided to the trainee. **The trainee is required to meet a 95% or greater score in order to be released from the program.** If the trainee doesn't meet the scoring requirement over the allotted time period, the preceptor notifies the management team. Clinical Management will review assessor results to determine if remediation should be continued. This decision is based on score results of training modules completed and if improvement has been shown throughout the process.

Once a trainee completes the preceptorship program, their

completed assessments are reviewed in-house by a staff clinician who rates each assessment. This allows us to work directly with our field assessor and provide them with continuous feedback. Such ongoing feedback is given quite liberally, especially at the outset of a new program implementation. Moreover, with many of the programs we manage, LifePlans performs surveys of individuals who have received an in-home visit and been assessed by our assessor so that we can receive ongoing feedback from recipients about their experience. This is particularly important to assure the level of professionalism and adherence to protocols to which we are committed.

D.6. Describe any additional staffing requirements based on the assessment instrument(s)/screening tool(s) you are proposing for DDS.

Additional Staffing Requirements

The importance of training cannot be overstated, as our assessors serve as the "eyes and ears" of care managers, who will be responsible for developing care plans for the DDS populations. Ultimately, by training our assessors thoughoughly, we succeed in minimizing risks and maximizing Beneficiary satisfaction. The PCG team will focus our recruiting efforts for Assessors that will be performing assessments for the DDS population on those who have experience with the SIS tool. We will also incorporate training specific to the SIS tool into our standard training procedures.

In addition to our rigorous and on-going in-house training program, we will ensure compliance with all AAIDD SIS training standards by employing a train the trainer model. Our staff clinician(s) will attend AAIDD training and obtain the necessary information to train our field staff to perform assessments. We intend to require our field assessors to observe and co-code SIS interviews with certified and seasoned assessors so that they can be quality checked in the field prior to conducting interviews on their own. To do this, we will employ a peer review/supervision model in which new field assessors will attend at least 3 interviews with clinicians trained in the administration of the SIS and who have experience completing and coding these types of assessments.

As detailed in *Section E.3.D.3*, the use the PEDS developmental screen does not require any additional training or certification for administration of the screen. All assessors will be professional registered nurses with deep expertise in the developmentally and intellectually disabled population. We feel that this combination of qualifications will be more than sufficient in facilitating the use of the PEDS developmental screen.

D.7. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

Work Queues

The PCG Team will receive from DDS a file containing all Beneficiaries requiring assessments in the first year of the contract. Once loaded into the Assessment Platform, Beneficiaries will be assigned to assessors based on location and skill set of the assessor, with a targeted date of completion, as specified by DDS.

Reassessments will be assigned to assessors based on the date of the prior assessment completion plus 10 months. At that point in time, the assessor will reach out to the Beneficiary to initiate the scheduling process. The tracking of this data in the Assessment Platform will ensure that reassessments are scheduled and completed on time.

Referrals from DDS, which may be received throughout the year, will be handled in a similar fashion. Once loaded into the Assessment Platform, members will be matched with an assessor based on location and skill set of the assessors.

Scheduling

All scheduling activity will be tracked in the Assessment Platform, including outreach dates and outcomes, appointments, any rescheduling, and the due date of subsequent assessment(s). At the outset of the project, the PCG Team will work with DDS to establish the priorities for scheduling assessments. Subsequently, scheduling efforts will begin 34 months after the prior assessment, for Beneficiaries requiring a reassessment. For emergency (re)assessments, the field assessor will be required to conduct the assessment within 24 hours of receiving notification.

Administration

Once the appointment is scheduled, the field assessor will conduct the appointment in person, and provide any additional education or coaching as needed based on program requirements. Assessors will record the assessment data directly into the Assessment Platform, via their laptop. **To accommodate assessors who may not have internet access during their appointment, the Platform may be utilized either on- or off-line.** When assessment data is collected off-line, users may "synchronize" the data for these cases at a later time, when they have internet access.

Once users complete the assessment process for a person and no longer need their information in their queue, they are able to change their prior synchronization selections to remove that person from their view. Usually as part of this same process, users also identify other people who have assessments completed in the near future and add their names to their synchronization selection.

With the PCG IT Platform, assessment administration will be seamless.

When data for selected cases is stored on the laptop computer, those downloaded data records are *not* locked on the server, so that other users can view and/or modify data, as needed, within downloaded cases. This lack of a formal "check-out" process is a critical element and distinguishing design characteristics of the PCG IT Platform because it supports better collaboration and data sharing among the multi-faceted user communities of the PCG IT Platform. However, this does create the possibility for two users to perform data edits on the same field, without knowledge of the other's change (e.g., one working on-line and one working offline). The PCG IT Platform includes sophisticated data management techniques within the synchronization process that identifies these forms of "conflict." Users will have the ability to easily and quickly remediate these issues using a "conflict resolution" toolset that displays the two data values in conflict and allows the user to identify which entry is correct and thereby "resolve" the data in conflict.

Once the assessment is completed, it is saved and submitted within the Assessment Platform for quality review and approval.

Tier Determinations

The PCG team has extensive experience developing and implementing eligibility determination processes based on automated assessment and screening tools implemented for several states.

More locally, **the PCG IT team has automated the current Tier Determination process for DAAS using their ARPath assessment instrument**. Not only does this application include the automated calculation and display of their multifaceted determination results, but the current application also supports a workflow process that coordinates a handoff between the assessment completion processes conducted by regional assessors with a centralized review and approval process conducted by the DHS staff. Existing business process and associated workflow would serve as a starting point for the automation of new DDS –specific tier determination processes based on the specific assessments tools put into place.

The basic procedure is for assessors to create a new assessment instrument and complete the data entry of all required data items within the instrument, conducting the finalization process upon completion. The system then generates the results of the computation of the Tier Determination algorithms in a note of the system outside of the assessment proper. Assessors have the opportunity to review these with the Beneficiary and, depending on the appropriate business process, potentially record additional information generated by those discussions. The system then has the assessment responses, the calculated eligibility determination results and potentially the assessor's clinical judgment about the results (e.g., agree/disagree) coupled with any information provided by the beneficiary. The exact nature of these processes as they will be implemented within the PCG IT Platform will be discussed with DDS and will be tailored to the specific requirements of the Division's eligibility determination program.

D.8. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

Staff Policies and Procedures

The PCG Team utilizes an experienced network of clinicians to support in-home assessments in the field. Our field clinicians sign individual contracts, where they agree to provide first rate customer services and to abide by the ethical requirements of their profession and agree to provide quality deliverables in accordance with client specifications. We implement a series of controls designed to manage our provider network from front end recruiting, to training, to preceptorship and quality tracking as described above. **This controlled oversight allows us to maintain a 360-degree view of our assessors and mentor or coach assessors, as needed, to continually improve quality**. If the contractor fails to meet contract specifications or program requirements, we can terminate the contract at any time.

Our performance guidelines and standards are supplemented by documentation made available to all staff, through the utilization of the training platform, as well as a robust Employee Handbook, which covers topics including performance and our Code of Conduct, a subset of which includes prohibitions around:

- Theft or destruction of company property or the property of other employees, managers, contractors, clients, or others doing business with LifePlans;

- Abusing, threatening, bullying, or intimidating other employees, managers, contractors, clients, or others doing business with the company;
- Use of obscene, disruptive, hostile, or abusive language or gestures;
- Unauthorized use or possession of firearms, or other weapons;
- Excessive, unexcused tardiness or absence, or failure to notify your manager or supervisor of tardiness or absence in a timely manner;
- Dishonesty or falsification of documents or records, including (but not limited to) time records, personnel records, employment records, or any client records, including Protected Health Information;
- Reporting to work under the influence of alcohol or illegal drugs;
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs;
- Fighting or engaging in horseplay;
- Accepting money, gifts of more than nominal value, favors, loans, or other special treatment from any vendor, client, competitor, or lender of company;
- Violating company Equal Employment, Affirmative Action, and Anti-Harassment Policy;
- Unauthorized use and/or disclosure of confidential information, including Protected Health Information.

E.4 Information Technology Platform

E.4.A IT Platform Requirements
E.4.B IT Functionality and Features
E.4.C IT Support Requirements
E.4.D IT Security, Quality Assurance, Updates/Changes, and Disaster Recovery

E.4.A IT Platform Requirements

E.4 INFORMATION TECHNOLOGY PLATFORM

E.4.A IT Platform Requirements

A.1. Describe your company's IT Platform and your plan for implementing and operating an IT platform capable of the management and administration of the Independent Assessment Instruments, Developmental Screens, and Tier Determinations in accordance with the requirements set forth in RFP.

IT Platform Implementation and Operation

PCG's trusted partner, Center for Information Management (CIM), will lead the PCG Team's efforts in developing and maintaining the IT Platform requested within this RFP. The PCG IT Platform will involve the migrations and further customization of an existing IT platform that is currently operational in other states which provides for the following:

- ✓ Concurrent collection, management, reporting, and referral of multiple service-domain specific assessment instruments on a shared platform;
- ✓ Comprehensive beneficiary condition appraisal and assignment to customized tiers (or other forms of eligibility stratification) upon individual assessment completion;
- ✓ Ongoing data integrity and quality control referencing and reflecting within an instrument assessing session;
- ✓ Visibility and potential pre-population of beneficiary responses from prior assessment to the assessor during each re-assessment process;
- ✓ Hosting of individual line-of-service screening or of unified comprehensive screening [No Wrong Door] independent of but associated with beneficiary assessments;
- ✓ Beneficiary specific reporting of assessment responses and tier determinations; and
- ✓ Configurable Security and Authorization model sensitive to the needs of protected health information for the general beneficiary community as well as the more sensitive information communities within the care of children and of behavioral health disciplines.

The solution as deployed in other states meets or exceeds the uptime, resiliency, and response parameters specified in the RFP.

The PCG IT Platform consists of two separate but completely interrelated software applications. The primary application (referred to as "Online mode") is a browser-based application that will be built on the same proprietary framework customized for the collection and processing of in-depth assessments as is used for the current "ARPath" application used by the Arkansas Division of Adult and Aging Services and is used to support the statewide comprehensive Uniform Assessment System for the State of New York (UAS-NY).

The PCG IT Platform will offer an "Offline Mode."

The PCG IT Platform also includes a secondary application (referred to as "Offline mode") that is an installable Windows-based software program that supports the collection and processing of assessments on a tablet or laptop computer in situations when there is no Internet access. The framework includes advanced synchronization technology that fully and easily supports the data management tasks of assessors and screeners whose work requires that they conduct interviews and record the results on their computers in situations where there is not reliable Internet access, hence preventing them from functioning in the more standard Online mode. An important aspect of the "Offline" program is that it uses the exact same browser-based web application as the Online mode, but it operates in a freestanding manner on the Windows computer. It does so by running services that support a separate web server, application server and database server working with a subset of records from the main system.

The PCG IT Platform framework has the capability to support a variety of business processes and workflow requirements that facilitate the effective collection and processing of assessments and screens in a logical and coherent fashion. An example of this type of functionality in the "ARPath" application would be the display of computed outcomes measures (i.e., Tiers determination) only once an assessment is signed and locked, and the hand-off of completed assessments from DAAS staff to DHS to make a final Tier Determination decision, with the potential for either an "accept" or "override" function. A wide range of business rules that correlate with state policies and regulations, as well as with operating guidelines, can be incorporated into the application.

The application can incorporate a wide range of functions that enforce validation of data content, assist assessors in completeness of assessment instruments, enforce completion of mandatory minimum data field requirements, lock records once assessments are signed as completed, and other data quality assurance measures, such as those outlined in the RFP document.

The PCG IT Platform can support a wide range of reporting capabilities both at the level of individual discrete assessment instruments and developmental screens, as well as in the aggregate, as needed.

A.2. Provide a comprehensive list of any additional Assessment Instruments/Developmental Screens that the Vendor is capable of managing and administering within the IT Platform, per the requirements of the remainder of Section 3. However, the focus of the Vendor's proposal in RFP Section 3.1 shall be on the Assessment Instruments/Developmental Screens the Vendor proposes for adoption by the three Divisions, respectively.

Additional Assessment Instruments and Development Screens

This framework currently supports 10 different assessment instruments and 1.5 million assessments.

The PCG IT Platform is a highly extensible framework with the capacity to support additional assessment instruments and developmental screens beyond those identified in the RFP to be implemented with the initial deployment of the system. For example, this framework supports the Uniform Assessment System - New York (UAS-NY) application for the New York Department of Health and currently supports the collection and **processing of ten (10) separate assessment instruments for a total of 1.5 million assessments.** Within the coming year, five (5) additional assessment instruments and three (3) additional screening tools, and a statewide screen for multi-agency "No Wrong Door" operations will be incorporated into the same extensible framework.

Service Domain	Assessments and Screening Tools
Long Term Care Services for Aging and Disability Populations	• AR-specific version of interRAI Home Care (HC) instrument ("ARPath assessment") • MI-specific version of interRAI HC ("MIChoice Assessment") • NYS-specific version of interRAI Community Health Assessment (CHA) and triggered Functional and Mental Health supplements ("Community Assessment") • interRAI Long Term Care Facility (LTCF) instrument (equivalent to HC tool with NF emphasis)
Behavioral Health Services Populations	• NYS-specific version of interRAI Community Mental Health Assessment ("CMH Assessment") • Shortened version of NYS-specific interRAI Community Mental Health Assessment ("Eligibility Assessment") • NYS-specific version of Child and Adolescent Needs and Strengths Assessment ("CANS-NY Assessment") – separate versions for children aged 0 to 5 and four children aged 6 to 21 • Shortened version of NYS-specific version of Child and Adolescent Needs and Strengths Assessment ("Eligibility Evaluation Screen") – separate versions for children aged 0 to 5 and four children aged 6 to 21

Development Disability Services Populations	• NYS-specific version of interRAI Intellectual Disability (ID) instrument (Coordinated Assessment System (CAS) Assessment") with the following triggered supplements: Forensic, Medical Management, Mental Health, and Substance Use
LTSS Enterprise-Wide Intake	• NYS-designed statewide central intake and referral screening tool ("No Wrong Door Screen") addressing interests and needs for LTC, BH and DD services, among other issues

A.3. Describe how your IT Platform will meet all requirements in time for the July 1, 2017 Go-Live date.

Go-Live Requirements

Extensive customization is required at the outset of this engagement at which time the new PCG IT Platform for Assessment Instruments and Developmental Screens will be created. This will happen through a process of integrating and harmonizing the data collection capabilities currently deployed for the DAAS "ARPath" application with those aspects of the current UAS-NY application that will be supported for the initial implementation. This will include the importation and staging of all existing ARPath interRAI HC assessments from the current platform operated by CIM.

After configuring the basic data collection capabilities and associated database repositories within the new PCG IT Platform, the customization process will continue to review key actionable capabilities and other functional aspects of the existing framework to determine which aspects need to be either maintained as is, completely removed as unneeded, and altered to meet the respective functional requirements and specifications of each of the three Divisions and service areas supported by the new application.

Work will begin at the earliest possible point to design and build new custom facilities within the PCG IT Platform for the receipt and processing of electronic referrals from the designated external source(s). Referrals received electronically will be staged for easy access by the assessment team to schedule both initial assessments and mandated reassessments with both potential and current service recipients.

The existing facilities within the framework to support and manage user accounts for ongoing authentication and authorization of end users within the system will be reviewed with designated state personnel to determine the overall approach and structure for a profile of user roles and associated permissions that will be supported by the PCG IT Platform.

Figure E.4.A.1 below is a tentative, high-level overview project plan that identifies specific tasks and functions as they are anticipated to occur.

Major Task	Timeline	Deadline
Anticipating Contract Commencement Date of March 1, 2017 and Go-Live Date of July 1, 2017		
Finalize Project Implementation Plan with DAAS, DBHS, DDS	15 Days of Contract Commencement	March 15, 2017
Review and Revision of AR DAAS, DBHS, DDS Policies and Procedures	30 Days of Contract Commencement	March 31, 2017
Business Process Mapping	30 Days of Contract Commencement	March 31, 2017
Organizational and Staffing Assessment	30 Days of Contract Commencement	March 31, 2017
Provider Educational Needs Assessment	30 Days of Contract Commencement	March 31, 2017
Provider Outreach Plan Submitted for DHS Approval	45 Days of Contract Commencement	April 15, 2017
Intensive Period: DBHS Provider Community Training	April 1, 2017 – December 31, 2017	
Intensive Period: DAAS Provider Community Training	June 1, 2017 – December 31, 2017	
Intensive Period: DDS Provider Community Training	June 1, 2017 – December 31, 2017	
Development of Training Curriculum, Manuals, and Materials with DHS	60 Days of Contract Commencement	April 30, 2017
IT Platform, Application, and Provider Training Website Integration, Modifications, and Customizations	30 Days Prior to Year 1 Operations	June 1, 2017
IT Platform, Application, and Provider Training Website Assessment, Design, Development, and Implementation	30 Days Prior to Year 1 Operations	June 1, 2017
Full System Implementation with Training Materials and Support Information	30 Days Prior to Year 1 Operations	June 1, 2017
Review and Assessment of Performance Measures	Prior to Year 1 Operations	June 30, 2017
Training of State Staff	Prior to Year 1 Operations	June 30, 2017

Final Report/Lessons Learned	Prior to Year 1 Operations	June 30, 2017
Project Status Reports	Operations	March, 2017 to Ongoing
Go-Live Date	July 1, 2017	
Exit Transition Plan Submitted for DHS Approval	60 Days Prior to Contract End Date	May 1, 2019

Figure E.4.A.1: High Level Overview Project Plan.

A.4. Vendors may propose a phased approach for the IT Platform for the following items in the order listed:
1) technology development with assessment entry, reporting and data integration
2) disconnected assessment data entry, and
3) access for multiple operating systems. If proposing a phased approach, describe your company's recommended phased timeline and approach.

If proposing a phased approach, describe your company's recommended phased timeline and approach.

Phased Approach

The PCG IT Platform will include both online and offline operations as part of its initial implementation. These are intrinsic capabilities within the proposed software framework as demonstrated by statewide operations both in the states of Arkansas, New York, and Michigan. These initial capabilities will address the primary functions of assessment collection, tier determination, reporting, and integrating with Division staff functions.

However, there will need to be a phased approach for the integration of data collected within the new PCG IT Platform with other existing state systems. The schedules and timetables for each venue in which data integration is needed will be negotiated with the respective operators of the systems involved. For example, system administrators for the MMIS will be consulted on the myriad issues which must be resolved prior to the implementation of any form of data exchange with their system. This would include identification of underlying purposes and objectives, format and structure of data involved, connectivity plans for transmission of data, and several other pre-deployment activities needed to be able to implement an effective data exchange. A similar process and methodology will be required to interface data collected in the PCG IT Platform with the respective Division systems. The actual timeline for each type of data integration technology will be negotiated and resolved with the respective system administrators and affected division stakeholders. It is anticipated that these interfaces will be discussed and developed following the initial implementation of assessment collection practices but before the completion of the first year of operation, depending on a range of variables that will need to be addressed for each data interface.

As an example, the State of Texas recently entrusted PCG to develop a Data Broker Service to include links into various internal state and external third party data sources. During the implementation phase, the TX HHSC prioritized the list of

critical data sources needed to make an accurate eligibility determination and non-critical data sources deemed important but not essential for the same purpose. PCG crafted an implementation schedule to include two separate phases to accommodate the desires of the State. **While this was not specifically prescribed in the RFP, PCG accommodated the needs of the State and is in the testing stage of Phase I scheduled to go-live in February, 2017.** Concurrently our team is working on Phase II with a go-live date for links to these data sources scheduled for later in the Spring of 2017. This type of flexibility demonstrates our willingness to listen to our clients and then design an implementation schedule around important milestones and key events to accommodate those priorities.

Added Value Proposal

PCG is taking this opportunity to introduce an added value for DHS to consider if we are fortunate to win the award. PCG and SAS have established a business partner relationship in which we introduce each other to qualified clients if there is a perceived need that the partner could fulfill. In analyzing this RFP, this may be the case after an initial period of time and after other priorities are achieved.

During that same analysis, PCG also concluded that the most important IT priority during the first few months of implementation and operation is assuring DHS that the proposed PCG IT platform functioned as advertised. That includes, but is not limited to, PCG's tools of choice working compatibly with the platform, that assessment data is appropriately captured and tier determinations calculated, and that the CIM software interfaces successfully with state systems, such as the MMIS.

However, once DHS determines it has confidence in the IT platform's functionality, we would request the Department consider a proposal from SAS to provide through PCG more advanced data analytics and allow PCG and SAS to present a cost/benefit analysis for your consideration. If the proposal is met with approval, DHS and PCG would amend the existing contract based on an acceptable business and price proposal. An outline of the service offering follows.

Tier Determination is a vital element of successfully employing a new Universal Assessment system in the State of Arkansas. Proper Tier Determination can have a tremendous impact on the quality and cost effectiveness of care that beneficiaries receive and can also potentially mitigate program costs for the state. This process relies upon intimate clinical/social knowledge provided from the existing PCG Team in collaboration with Arkansas expertise from DAAS, DBHS and DDS. In addition to this knowledge, the Tier Determination process should ideally consider a historical variety of outcomes and associated complex variables including not just the assessment scores themselves but many of the available data points that collectively drive the assessment score, such as medical history, patient demographics, socio-economic variables, service demographics and many other impactful data points. Utilizing advanced analytics to analyze all of these complex data points represents a potential improvement in the model supporting the final Tier Determination recommendation made by PCG/State and can ultimately contribute to even more precise decisions that ensure that beneficiaries are always receiving the highest quality, appropriate services while controlling costs for the programs.

If adopted, PCG may be able to further improve its level of service to Arkansas. PCG would be powering the analytic based decision support for Tier Determination using the world leader in analytics, SAS. SAS has been working with healthcare data for almost four decades. PCG is drawn to the potential SAS may represent because most bio-statistical research, epidemiology, new drug trials, and health care population research are conducted using SAS technologies. Nearly all insurance companies use SAS for their actuarial analysis and table development. In addition to their vast experience with health care data, SAS works on large data, analytics and reporting projects with many other data rich organizations.

The SAS approach involves employing advanced predictive analytic technology and services that leverage all applicable and purposeful independent assessment data (as well as other available/purposeful data) to support the Tier Determination process for DAAS, DBHS and DDS. The fundamental approach SAS takes with utilizing advanced analytics to support outcomes and/or recommendations is similar for all three participating divisions and is based on our 40+ years' experience developing advanced analytics for decision support. In addition to the baseline fundamentals SAS employs, we understand that each Tier Determination process for the participating divisions will each have its own identity, and as such, the analytic modeling that is used to support the process will be created with these identifying criteria to ensure modeling techniques capture the uniqueness of each beneficiary and program. All assessment data will be electronically captured and loaded into an analytic data hub where advanced analytics will be applied and results returned for supporting the Tier Determination.

As mentioned, advanced analytics decision support for Tier Determination involves careful consideration from beginning to end and is based on a baseline set of fundamental analytic processes SAS employs to support similar activities. These include a thorough review of available data fields, as well as a detailed and reliable analysis of that data. Additionally, it requires tight collaboration with the PCG assessment team themselves and state experts to ensure predictive modeling efforts are taking into account as much Arkansas-specific information as possible.

SAS fundamental approach to supporting the Tier Determination process includes:

- **Advanced Analytics Data Management**
  Comprehensive data processing (ETL) and warehouse techniques are employed which are specific to the needs of Tier Determination analytic support and are key to creating a more successful initiative. Data for analytics is much different than just raw reporting/assessment/claims data, it requires various transformations, cleansing activities and enhancements that are specific to advanced analytics. It is here where many of the variables which will be utilized for advanced analytics are profiled and selected for potential modeling activity.

- **Exploratory Analysis capabilities**
  This involves exploring all data elements across the analytic warehouse. Data discovery is performed based on variable distributions, interactions and correlations. For example, all available assessment data variables and associated historical health/non-health data on the beneficiaries (as well as similar beneficiaries for comparative baseline) Tiers (or individual services within a Tier) contributing to a negative/positive health outcome are explored for their specific/collective impact on the outcome.

Understanding which variables are most impactful can help not just in Tier Determination but also in better understanding which blend of services are more effective and which variables are most important in driving the success of a service Tier determination and the program itself.

- **Advanced Analytics Data Management**
  Comprehensive data processing (ETL) and warehouse techniques are employed which are specific to the needs of Tier Determination analytic support and are key to creating a more successful initiative. Data for analytics is much different than just raw reporting/assessment/claims data, it requires various transformations, cleansing activities and enhancements that are specific to advanced analytics. It is here where many of the variables which will be utilized for advanced analytics are profiled and selected for potential modeling activity.

- **Exploratory Analysis capabilities**
  This involves exploring all data elements across the analytic warehouse. Data discovery is performed based on variable distributions, interactions and correlations. For example, all available assessment data variables and associated historical health/non-health data on the beneficiaries (as well as similar beneficiaries for comparative baseline) Tiers (or individual services within a Tier) contributing to a negative/positive health outcome are explored for their specific/collective impact on the outcome. Understanding which variables are most impactful can help not just in Tier Determination but also in better understanding which blend of services are more effective and which variables are most important in driving the success of a service Tier determination and the program itself.

- **Analytic Modeling**
  This involves analytic variables being used to estimate different analytic models. Models are developed, assessed, validated and compared until a final champion model is selected with the highest accuracy. These models are used primarily to predict the likelihood of assessment related events or outcomes that have been highlighted as being a main focus of improving program/treatment effectiveness and the quality of care (e.g., how effective is one Tier over another?). As the assessment program progresses from quarter to quarter, these models will be monitored and updated to learn and improve upon each model iteration.

- **Analytic Evaluation**
  Upon completing the first steps in the analytic decision support process, the culmination of prepping the data, exploring it, and modeling it, results must be evaluated to make a final assessment and Tier recommendation. Here, results are evaluated and depending on the desired outcome a final Tier recommendation is made. For example, if quality of outcome is the driving factor for Tier Determination then analytic risk scores will be calculated and then rank ordered by level of risk. Results will be delivered that show the analytically derived lowest risk choice (as well as the other rank ordered choices if desired) for Tier Determination in addition to the most compelling factors that support this recommendation.

SAS advanced analytic decision support will help ensure that the Tier Determination process is being executed with the most advanced analytic technology in the world and that Arkansas beneficiaries are receiving the most appropriate, high quality services while also ensuring the programs contain cost.

E.4.B IT Functionality and Features

E.4 INFORMATION TECHNOLOGY PLATFORM

E.4.B IT Functionality and Features

B.1. Describe your company's plan to develop and implement referral Intake as a part of the IT Platform that fulfills the requirements in RFP Section 3.3 (B).

IT Platform - Referral Intake

The PCG IT Platform will include a referral intake process to receive secure electronic, paper, or email referrals from DAAS, DBHS and DDS. The IT Platform has the functionalities and features that will be customized to support the referral processes and preferences of each Division.

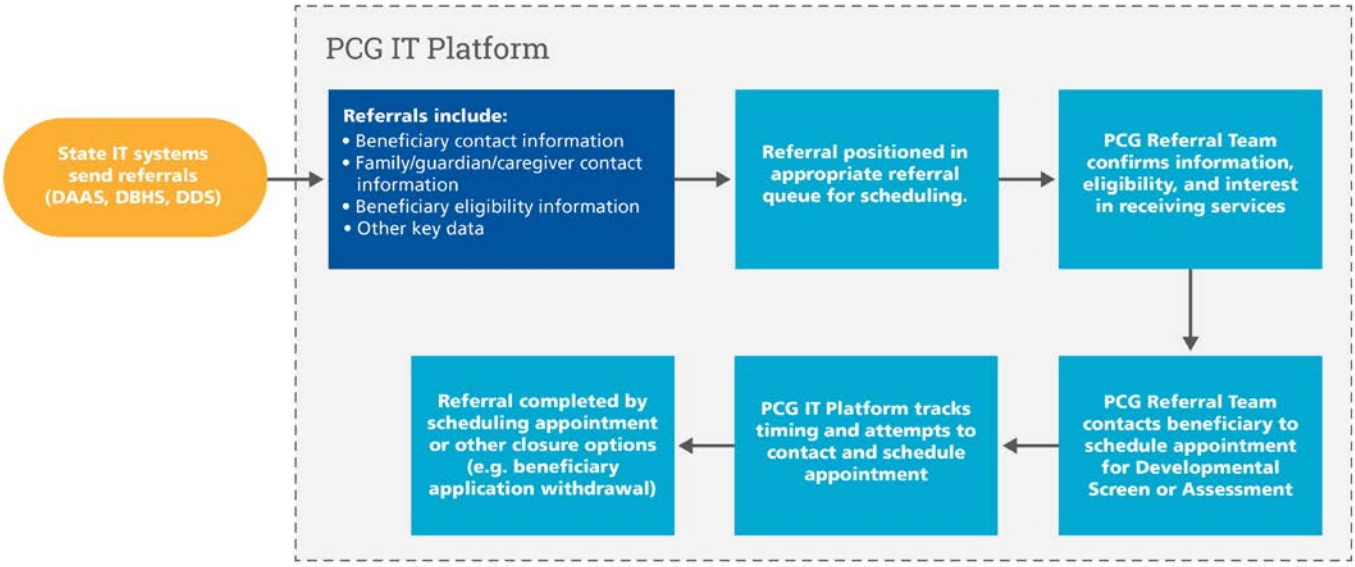


Figure E.4.B.1: PCG IT Platform Referral Intake Process: The PCG IT Platform will employ a robust referral intake process that will be further customized per each specific population.

The State's or State's designees' IT systems will send referrals to the PCG IT Platform. The referrals will include

Referral Features
Contact information for the Beneficiary including address, phone number, and email, if available;
Contact information for known family members, guardians, and/or caregivers,
Beneficiary's eligibility information; and
Other key data as determined by each Division.

With receipt of this referral, the platform will establish a position for that Beneficiary within the appropriate intake referral queue, which will be managed by the PCG referral team with the charge of contacting each referred Beneficiary, confirming their information, eligibility, and status of interest in receiving services,

and scheduling an appointment for the completion of Developmental Screen or Assessment Instrument within prescribed guidelines and procedures.

The system will display this queue as an interactive tool that will support the workflow for completion of closing the referral through the establishment of an appointment or identifying another form of closure (e.g., person withdrew application for services). Each Division will be able to sort the queue based on the type of referral, the date the referrals received, beneficiaries not yet scheduled, tentative appointment dates, and other dimensions as identified by three Divisions in order to support the accomplishment of processing referrals of Beneficiaries in a timely and complete fashion.

The queue will facilitate the effective and timely matching of beneficiaries with members of the assessment. It will include the ability to track timing and results from attempts to contact beneficiaries, with reporting to the state of workflow patterns. These queues will evolve over time as work volumes increase to continue to facilitate this process, potentially by organizing queue displays by line-of-service, geographic location, referral aging, pending appointments, completed appointments, and all other information to inform the assessment management process as well as the oversight and visibility into the process by the respective Divisions within DHS.

The PCG solution will provide workflow orchestration, reporting, and oversight needed to ensure delivery and reporting standards are upheld. The system will be capable of generating reports about the referral receipt, processing, and completion workflow in order to evaluate timeliness and to improve performance within the referral process. Calendaring requirements as specified in the RFP will be incorporated into the system to support State reviews of performance against published standards. This will include configurable trigger and warning intervals by line-of-care to appropriately intervene and report prior to necessary corrective action for oversight on screens, emergency referrals, and assessments.

B.2. Describe your system's ability to accept batched referrals.

Acceptance of Batched Referrals

The PCG IT Platform will include the ability for external sources of referral information to deposit files containing batches of referrals into a designated "upload" page over secure connections. Once a new file is positioned for processing, the system at a preset interval will check to see if any new files are present. If one is discovered, the system will automatically process the contents of the file and create new referral records as appropriate. The actual specifications for the files containing batched referrals will be negotiated with the respective Divisions that will be forwarding these types of referrals.

Contract staff with the responsibility for managing the incoming referral process will be provided a user-friendly interface to display all new referrals that have not yet been processed and provide tools for supporting the next steps in the scheduling processes associated with the respective referrals. Processed referrals will be marked as "resolved" as the scheduling process proceeds. Exception and performance reports will be available for supervisors of the incoming referral process to ensure that all referrals are handled in a timely manner and that no incoming referrals are left unprocessed in the system.

B.3. Describe your system's ability to receive paper or secure emails from the State and upload them to the system.

System Compatibility with Paper or Secure Emails

The PCG IT Platform will incorporate features to allow uploads of documents and secure emails that are referrals, documents, or correspondence associated with assessments and screens. A manual process will handle the processing of both paper and secure emails from the State by designated contract staff. These individuals will be responsible for uploading and managing these types of incoming communication. Multiple individuals will be committed to support this process to ensure the timely management of paper and secure emails. Incoming referrals in the form of paper or secure email will be routed to the PCG Referral Team to follow the referral intake process as shown in Figure *E.4.B.1.A: PCG IT Platform Referral Intake Process*. Paper and secure email related to assessments and screens will be uploaded to the system appropriately to the associated Beneficiary records. Email-delivered referrals and other messaging protocols could be considered "unstructured data" which may become standard business processes within Arkansas in the future being subject to human review for oversight and processing.

B.4. Describe your IT Platform's calendaring system.

PCG IT Platform Calendaring System

The PCG IT Platform will include the ability to track individual Beneficiaries who require the scheduling of an appointment for an assessment, reassessment, or screening interview. Once contract staff, who will coordinate the scheduling of these interviews, confirms an appointment, information will be recorded as part of the record for the Beneficiary, indicating the following information:

Beneficiary Record Information
Key information about the type of assessment or screening needed,
Methods for contacting the Beneficiary by the staff who will perform the interview, and
Key logistical information about the site in location for the appointment

Once the identified assessment or screening instrument is entered into the system, the calendaring function will be updated to reflect the fact that the appointment was completed successfully. Any appointments recorded in the calendaring function for which no associated assessment and/or screening instrument is entered within a specified time frame of the actual appointment date will be identified on a management report for investigation and resolution. As appropriate, appointments will be rescheduled and/or canceled based on interactions with the respective Beneficiary.

B.5. Describe your company's proposed user roles and access levels, for Vendor and State staff, for the IT Platform.

User Roles and Access Levels

The PCG IT Platform will include a default set of user roles based on best practices in working with other states to properly control and manage users accessing a shared information system. A typical portfolio of roles would include the following: Assessor, Assessor Supervisor, Division Manager, and State Program Manager. There can be also sub-classifications of certain roles, such as Assessors who are nurses as opposed to assessors who are not, with associated differences in permissions.

It is anticipated that the standard portfolio of roles will likely be grouped into classifications of users that are restricted to certain instruments within the system based on their specialty service area. In other words, "Long-term Services and Supports Assessors" would have different access to instruments than "Behavioral Health Assessors"; even though, within the actual functionality of the system, their capabilities in using the tools within the application would be relatively comparable, if not equivalent. The key limitation would be that service-specific staff would only view and have access to the instruments needed for their scope of work. This differential could carry forward into the training requirements that could be imposed by the system to ensure that service area specific staff members have completed training courses on the instruments within their relative scope of work. It is anticipated that there will be staff who will be capable of performing the duties associated with more than one role. Therefore, within the system users with more than one assigned role will be able to select a single role for a given work session within the application, so that the associated permissions and limitations can be properly applied.

Roles for state staff would likely be a combination of service area specific assignments and enterprise-wide accounts for any DHS staff with responsibility across all three service domains. State staff restricted to a single service area would be able to view individual assessments, screens, and tier determinations that relate to their scope of responsibility, as well as generate aggregate reports that summarize information from completed instruments for Beneficiaries in their respective service area. These roles would also provide access to the associated analytical platform.

Every system also needs a small number of individuals who have highly restrictive, but powerful, roles that allow them to perform certain administrative functions within the system. These roles are typically called "Admin" accounts. This type of role would be able to manipulate certain aspects of the system on behalf of all users, such as entering system messages regarding upcoming service interruptions for maintenance work, uploading new versions of resources, modifying permissions and limitations for roles, and updating configurable error messages.

B.6. Describe your IT platform's ability to satisfy the functionality and feature capabilities and requirements set forth in RFP Section 3.3 (C), including your ability to add or modify Assessment Instruments/Developmental Screens in the future.

Functionality and Feature Capabilities

The core functionality of the PCG IT Platform will be the extensive array of system capabilities that support the collection and processing of Assessment Instruments and Developmental Screens.

The PCG IT Platform includes a separate Windows-based freestanding installable application that supports workers conducting assessments in situations without Internet connectivity. The separate PCG IT Platform offline product allows users to download case files for selected individuals to their laptop computer and enter assessments with nearly all the same capabilities as the on-line application. Data entered on laptops is saved to the local hard drive and then uploaded to the central server whenever the user has the opportunity to establish a secure Internet connection for transmission. For additional details, see response to *Section B.8*.

Paper Assessment Forms

In addition to the bi-modal PCG IT Platform application software, the PCG team will provide the state with paper forms matching all Assessment Instruments and Developmental Screens that are automated within the system so that staff will have the capacity to complete the interview process even in situations when the mobile application is unexpectedly not available. Assessments and screens completed on paper can then be uploaded to the central server once a secure Internet connection is established.

Electronic Submission of Assessments and Screenings

Assessments and Screenings can be submitted electronically 24 hours a day, 7 days a week.

The bi-modal PCG IT Platform and paper form Assessment Instruments and Developmental Screens allow assessments and screenings to be electronically submitted to the IT Platform 24 hours per day, 7 days per week, as soon as a secure Internet connection is established. These functionalities allow for assessments and screenings to be completed electronically on tablets and laptops through an application software that supports Microsoft Windows, Apple IOS, and Android operating systems. The PCG IT Platform will be compatible with Microsoft Internet Explorer, Microsoft Edge, Mozilla Firefox, Google Chrome and Apple Safari.

System Business Rules and Adaptability

As outlined previously, in *Section E.4.B.5*, user roles are expected to be associated to a specific portfolio of instruments that support assessments and screens in a specific service area. Whenever assessors attempt to insert new assessments, the system will impose the appropriate set of business rules deemed appropriate by the stakeholder Division for the respective service area. These rules could be related to the Beneficiary's eligibility status, the type of assessment (some of which may be age-specific), and the proper dating of the assessment. Such rules will be tailored to the program area requirements that are identified for the state of Arkansas. The configuration of instruments and screens supported by the system will be created within a framework that is highly adaptable and configurable over time due to support the ongoing evolution of programs and practices within the individual line-of-care divisions. The structure of the PCG IT Platform framework will be very highly adaptable. Many types of changes will be possible including but not limited to the following:

IT Platform Adaptation Possibilities
The introduction of entirely new instruments;
the addition of new sections or items within existing instruments;
the modification of algorithms tied to determinations;
the incorporation of new or modified business rules, and

Once a new empty assessment is created, the system will support the assessment collection processes of the PCG team with a variety of data entry tools. These would include entering default values when appropriate, providing lookup lists for fields, validating data items as entered when there are key business rules that apply to them, and offering assessors the option for any data item to immediately review the associated instructions, by using the context-sensitive help system included within the application framework. For certain groups of interrelated items, the system offers the capacity to more readily record the appropriate response for all items by initially setting every item in the group to a certain value (typically a "No" response) and then changing only a small number of items to the reverse value as appropriate. With the frameworks' "Set to" buttons, assessors can complete item groups consisting of from 5 to 15 items with as few as two or three clicks of the mouse.

Automated Lookups

The collection of details on the medications taken by individuals being assessed is facilitated by an automated lookup into a copy of the National Drug Directory (NDD) database available from the Federal Drug Administration (FDA). Users can type all or part of a medication name and the system will look for matches within the NDD list. In a similar manner, details on the diseases affecting the lives of individuals being assessed is facilitated by an automated lookup into the International Classification of Diseases (ICD) code list. Users can type all or part of the disease name and the system will display matching entries, regardless of the location of the typed entry within the name of the disease. When users select the name of the disease, the system will load the full name and the associated ICD-10 code into the database as part of the assessment record.

Assessment Completion

When assessors have successfully completed the assessment, they will complete a special procedure within a Sign/Finalize node of the assessment. By reviewing the attestation language related to the completion of the assessment and clicking on the [Sign/Finalize] button, assessors confirm that the assessment represents, to the best of their ability, a true and accurate reflection of the situation of the person who was assessed. The system at that point will enforce that the appropriate business rules are met as determined necessary for the respective instrument, which at a minimum would include the verification that the assessor has completed all required fields within the context of the respective assessment instrument. If assessors have omitted any required fields, the Sign/Finalize function will be blocked. There will be automated tools available within the system to assist the assessor to easily locate and correct any omitted items. Additional details to this functionality can be found in *Section E.4. D.2*.

Depending on the workflow requirements and business rules associated with the respective assessment instrument, additional functionality will be triggered upon the successful finalization of the instrument. For example, based on our experience with other states, the system could be configured for a range of functionality to:

Possible Additional Functionalities at Finalization
Immediately lock all data in the instrument once finalization is completed;
Limit access to certain reports until finalization is completed;
Only display certain outcome measures (such as Tier Determination results) once finalization is completed; and
Export data from the assessment instrument to an external system after finalization is completed.

These restrictions will be discussed with the various stakeholder Divisions and configured within the system for the respective instruments as needed.

Collection of Reassessments

There are special considerations provided to support the collection of reassessments for those individuals who have an existing assessment already stored within the system. The PCG IT Platform can provide the ability for assessors to elect to "pre-populate" a new assessment with most of the data from the immediately prior assessment. This process achieves two results: first, the assessor can readily see all responses entered on the prior assessment as they work through the assessment with the individual and update the items to match the current life conditions of the individual. Secondly, the pre-population process reduces the amount of time required to complete the data entry processes of recording the assessment and allows the assessor the opportunity to pay greater attention to the individual being assessed since they are relieved of some of the burden of recording the data. Assessors are cautioned when using this procedure to ensure that all data is reviewed and updated accordingly, so as to avoid inadvertently representing any aspect of the person's life incorrectly due to the lack of updating the pre-populated data for an important attribute.

The PCG IT Platform will host a database of Beneficiary information, all related assessment or developmental screening information, and have the functionality to be queried by users as defined by user roles with proper access to generate and export data and reports in real time including but not limited to:

- Timeliness of assessments and Tier Determinations,
- Scheduled and completed appointments, and
- Demographics of individuals receiving assessments and Tier Determinations.

Additional details on queries can be found in *Section E.4. B.10.*

B.7. Describe your IT Platform's ability to accommodate the InterRAI-HC assessment and DAAS' current InterRAI-HC data.

InterRAI-HC Accommodation

The PCG IT Platform will accommodate the legacy information collected by DAAS currently deployed interRAI-HC instrument and position this information within the new assessment structure of the proposed solution. Further, the PCG Platform would accomplish this in a manner that would be easily accessible by assessors needing to access historical assessments for reference purposes. The PCG IT Platform will receive and store current DAAS data related to past interRAI-HC assessments as further defined by DAAS. The PCG team is best equipped to meet this requirement as the interRAI-HC assessment data for DAAS is currently directly managed by CIM, a part of the PCG team, under contract with DAAS.

CIM already directly manages the interRAI-HC assessment data for DAAS, making the transition to the PCG Platform simple.

B.8. Describe your company's ability to make Assessment Instruments/Developmental Screens housed in the IT platform available on laptops and/or tablets, and the ability for these tools to be fully operational in the absence of an internet connection.

Laptop and Tablet Accessibility

As stated previously, the PCG IT Platform will offer an Offline software option. Using the PCG IT Platform offline software requires that users select specific beneficiaries by name to download to their laptop computer. The list of people that are selected dictates what data is maintained on the laptop within the PCG IT Platform offline software's local database, until the user changes their selection.

A common approach in using the PCG IT Platform offline software is that users select only a few beneficiaries who scheduled to be interviewed outside of the office in the next few days to a week. Using a simple selection process, assessors download any available baseline data for those people to their laptop, such as phone numbers, identifiers, and address, as well as any prior assessments that have been conducted. **Users can specify up to 40 people at any one time as their selection for synchronization to the laptop computer**.

Laptop users then leave their office and travel to the designated assessment location, where they conduct assessments with those people and enter the data directly into their laptop. After entering the data, users "synchronize" the data for these cases on their laptop with the data on the server. As part of that synchronization process, the system updates the copy of the person's case file information on the laptop with new information that has been entered on the server by other users since the initial download process, if any.

Once users complete the assessment process for a person and no longer need their information on their laptop, they change their prior synchronization selections to remove that person from their local database. Usually as part of this same process, users also identify other people who have assessments completed in the near future and add their names to their synchronization selection.

Data collected and stored in "Offline" mode will not be locked, making it continually accessible to other users who may need it.

When data for selected cases is stored on the laptop computer, those downloaded data records are not locked on the server, so that other users can view and/or modify data, as needed, within downloaded cases. This lack of a formal "check-out" process is a critical element and distinguishing design characteristic of the PCG IT Platform because it supports better collaboration and data sharing among the multi-faceted user communities of the PCG IT Platform. However, this does create the possibility for two users to perform data edits on the same field, without knowledge of the other's change (e.g., one working on-line and one working offline). The PCG IT Platform includes sophisticated data management techniques within the synchronization process that identifies these forms of "conflict". **Users will can easily and quickly remediate these issues using a "conflict resolution" toolset that displays the two data values in conflict and allows the user to identify which entry is correct and thereby "resolve" the data in conflict.**

Essentially, the PCG IT Platform includes two totally customized browser-based assessment collection applications built on a highly configurable framework. Delivered applications encompass the combination of an "on-line" application stack, available to users when Internet connectivity is present as well as a parallel "offline" application for use in work situation lacking stable Internet connectivity. Working in unison, the two application types support highly flexible work forces and highly collaborative work processes, due to the fact that data management is coordinated between in-office and out-of-office staff, without ever locking records.

The PCG IT Platform offline product includes all appropriate and feasible functionality for the collection and reporting on assessment data that is available in the on-line version, with the exception of functionality that requires access to data sources that are not available on the laptop computer. For example, assessors are likely not able to add new consumers to the system using PCG IT Platform offline product. **But most importantly, all tools that support the effective entry of assessments that are available in the online system are included in the offline software.** Further, many of the reporting capabilities available in the online system are included in the offline software, particularly the availability of algorithm-based outcomes at the conclusion of the assessment process. This congruence between the functionality of the online application and the offline application is possible because the offline application is essentially the same browser-based system using the same three-tier technology stack (web server, application server, and database server) only running locally under the Windows operating system.

It is important to note that the PCG IT Platform offline application stores Protected Health Information (PHI) as defined in HIPAA security regulations on laptop computers and as such, this data must be accessed through a secure process, stored "at rest" in an encrypted state, and transmitted in an encrypted fashion. Laptops utilized by the PCG assessment team will ensure appropriately secure access to their laptop computers and will encrypt all PHI data on the laptop, including but not limited to the data stored within the PCG IT Platform offline application.

B.9. Describe your plans for providing mobile access for the assessment platform, whether by mobile application or a website optimized for mobile devices. If you are proposing a phased approach for mobile application development, please describe your company's phased timeline and approach.

Mobile Access to IT Platform

The PCG IT Platform will include robust capabilities that will support the needs of a mobile workforce in the execution of their duties to collect assessments in a wide range of working environments, including situations where there is no Internet access. This capability will be delivered in the form of a dedicated Windows client application that can figure a version of the full online application to work in a browser within the local Windows platform, including separate web server, application server, and local database server.

As detailed previously in this response, this freestanding application is fully capable of connecting with the centralized PCG IT Platform to both download information about beneficiaries who will be interviewed in an off-line capacity as well as to upload all when completed while assessors have been working offline. A significant benefit of this technology is that the exact same user interface of the primary centralized web-based system will be available for assessors working in situations without Internet access. The procedures, tools, and core functionality of the centralized application will be carried forward onto the

assessor's laptop and made available with **no additional training required.** The process of synchronizing data between the laptop computer and the centralized database will be handled with a simple "one-click" operation.

The nature of the detailed assessment instruments needed for the Arkansas independent assessment system do not lend themselves to presentation in an effective fashion within the small screen space of a smart phone. Nevertheless, users will have the option to connect to the centralized system from such devices with the local browser when their cellular data plan is available for connectivity to possibly perform minor operations in a timely manner on an as needed basis.

B.10. Describe your automated workflow process.

PCG IT Platform's Automated Workflow Process

Figure E.4.B.9.A, as shown below, visually depicts the PCG IT Platform's Automated Workflow Process.

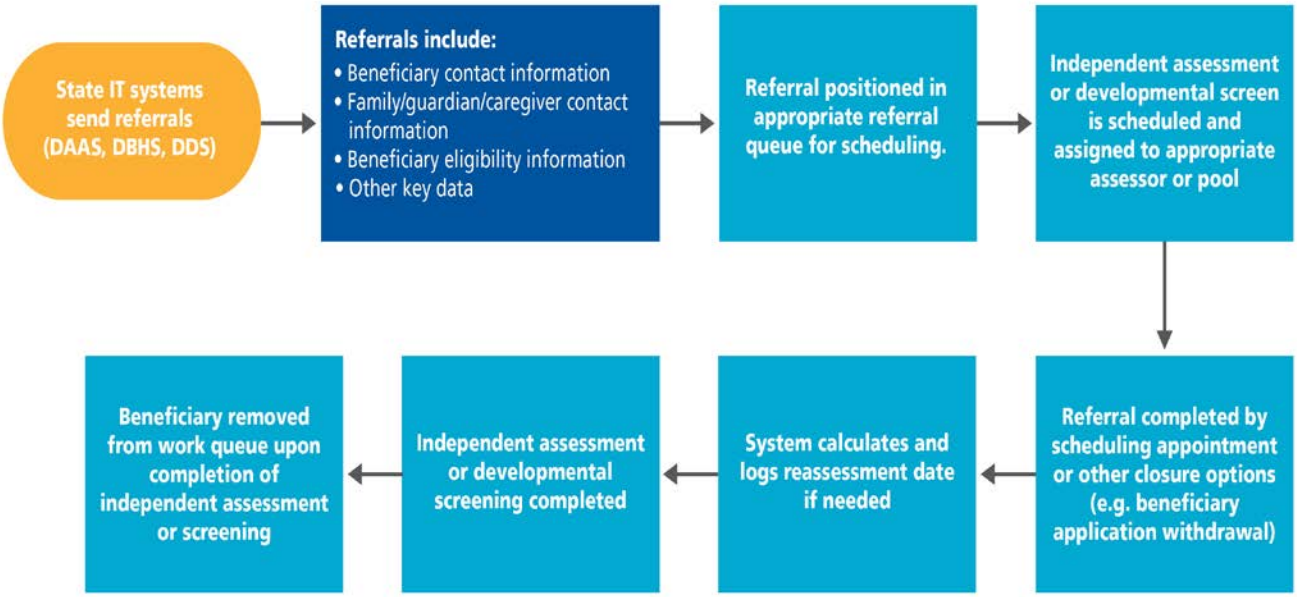


Figure E.4.B.2: PCG Automated Workflow Process. This figures demonstrates how the IT Platform will move from the first step of the State sending the referral to the last step of the referral being removed from the work queue upon completion of the assessment or screening.

New referrals will be staged for scheduling of an assessment or developmental screen. Once scheduled and assigned to either an individual assessor or a verb pool, assessors will view the list of scheduled assessments and indicate beneficiaries that they intend to interview. If they are using the PCG IT Platform offline client application, they will download existing information for the Beneficiary or

beneficiaries that they will be interviewing shortly in order to have their cases on their laptop computers at the time that they want to conduct the assessment interviews.

Once assessments are completed, the system will immediately calculate the next reassessment interval and determine a reassessment due date that will be logged in the system and presented to assessors as they attempt to schedule their upcoming work. Assessors will view similar lists of beneficiaries with new referrals and beneficiaries with upcoming reassessments as they schedule their upcoming work on a weekly basis.

As assessors indicate responsibility for conducting either the new referral assessment or the scheduled reassessment with the Beneficiary, the system will indicate which assessor has assumed responsibility to work with that individual. This will avoid issues associated with two assessors attempting to contact the same person.

The work queue will continue to display the outstanding assessments or screens, even when assessors have assumed responsibility, in order to monitor the status of the assessment or screening completion process. Beneficiaries will be removed from the work queue listing when the system notes that the new initial assessment and/or reassessment has been posted to the system by the assessor who completed the interview process.

In the automated workflow currently used by DAAS, completed assessments are reviewed by DHS Medicaid staff based on a queue that is presented to them of assessments that were recently finalized by regional assessment staff. If this type of functionality is needed for this IT Platform, a similar workflow could be accomplished using the same system processes as currently deployed by DAAS and DHS.

B.11. Describe your IT Platform's database and the functionality of querying data by both contracted and state staff.

Database Features and Querying Data Functionality

PCG IT Platform database will be operated within a redundantly deployed fault-tolerant "*MariaDB*" database structure. The logical model of the database will consist of the primary "root" record for each Beneficiary that is tracked within the system. Each specific independent assessment and developmental screen will be linked to the single person record using Globally Unique Identifier keys (GUID's).

Each assessment and screening tool will be stored within an overall "Assessment Structure" that will store not only the data entered within the assessment instrument but will also consolidate information regarding who performed the assessment and when, when it was eventually signed and finalized by the assessor, any reviews or consults that were conducted, and the associated tier determination results based on the raw data stored within the assessment. The system will support any number of assessment structures for a given Beneficiary. As needed, the assessment structure will provide the facilities to record any number of prescription or Over-The-Counter medications taken by the Beneficiary, as well as recording any specific diseases using a look-up into the International Classification of Diseases code lists.

To support the requirements for querying the data by both contracted and state staff, data in an on-line transaction processing (OLTP) production database will be copied into a separate database to support

on-line analytical processing (OLAP). The OLAP database will be structured to include virtual agency-specific "views" of the data that will organize data on beneficiaries and their associated assessments for each of the three service areas. A separate view to support the generation of ad hoc reports will be created for beneficiaries served by DAAS, DBHS, and DDS. This read-only OLAP database will be positioned for access by both contract and state staff using standard business intelligence desktop software, such as Microsoft Access.

B.12. Describe your company's plan to develop, implement, and utilize a Division-Specific Tier Determination process based on assessment/screening results in accordance with RFP Section 3.3 (D).

Division-Specific Tier Determination Process

The PCG team has extensive experience developing and implementing eligibility determination processes based on automated assessment and screening tools for several states.

CIM has automated the current DAAS Tier Determination process via ARPath. They will bring this unique familiarity to the PCG Team.

Most importantly, the IT team has automated the current Tier Determination process for DAAS using their ARPath assessment instrument. Not only does this application include the automated calculation and display of their multifaceted determination results, but the current application also supports a workflow process that coordinates a handoff between the assessment completion processes conducted by regional assessors with a centralized review and approval process conducted by DHS staff. **Existing business process and associated workflow would serve as a model for the automation of new division–specific tier determination processes based on new assessments and screening tools.**

The basic procedure is for assessors to create a new assessment instrument and complete the data entry of all required data items within the instrument, conducting the finalization process upon completion. The system then generates the results of the computation of the Tier Determination algorithms in a note of the system outside of the assessment proper. Assessors have the opportunity to review these with the Neneficiary and, depending on the appropriate business process, potentially record additional information generated by those discussions. The system then has the assessment responses, the calculated eligibility determination results and, potentially, the assessor's clinical judgment about the results (e.g., agree/disagree) coupled with any information provided by the Beneficiary. The exact nature of these processes as they will be implemented within the PCG IT Platform will be discussed with DAAS, DBHS, and DDS and will be tailored to the specific requirements of each respective Division's eligibility determination program.

B.13. Describe your IT platform's capability for receiving and tracking the status of all appeals of the results of an Independent Assessment and/or Tier Determination made by a Beneficiary. Additional Features

Reviewing and Tracking Appeals

Appeals will be tracked within the PCG IT Platform as needed, when they occur. Appeals will be recorded within the uniform case file of an individual Beneficiary in association with any assessment instruments or screening tools that have been completed to form a complete information profile of activities related to the person.

The PCG Team will thoroughly examine the current appeals process and identify a specific data structure and recording mechanism that will track the status of any appeals as they are adjudicated. Summary reports on the number, type, and outcomes of appeals will be available to State staff.

PCG and the North Carolina Division of Medical Assistance (DMA) actively leverage a Due Process Clearinghouse designed, implemented and operated by PCG. The PCG solution is a centralized data collection and reporting tool used to process and monitor the prior authorization procedures of Medicaid-funded external vendors. PCG uses the appeal management solution and suite of reports to inform the agency of potential issues and overall progress, equipping them for the policymaking process. In addition to operational tasks, we provide ad hoc consulting services that are in line with this project's goals to:

Project Goals
Ensure compliance with state and federal regulations;
Streamline beneficiaries' prior authorization due process;
Avoid costs associated with additional lawsuits; and
Monitor the full prior authorization process to identify potential issues in care access and delivery

PCG will leverage these lessons learned and best practices from other state Medicaid experiences to support Arkansas in performing Independent Assessments and Tier Determinations as well as participate in Administrative Hearing processes as a result of Beneficiary Appeals for DAAS, DBHS, and DDS.

B.14. Vendors may propose a phased approach for web browser functionality with initial implementation supporting web-browsers that are common to state and assessor browsers, and later phasing in additional browsers. If you are proposing a phased approach, describe your company's phased timeline and approach.

Web Browser Functionality Approach

The initial implementation of the PCG IT Platform will support all browsers listed in RFP (Microsoft Internet Explorer, Microsoft Edge, Mozilla Firefox, Google Chrome and Apple Safari) for all standard operations within the web-based online access to the centralized database server.

However, the offline client software will not initially support the Microsoft Edge browser, but support for this browser will be available by the end of 2017.

E.4.C IT Support Requirements

E.4 INFORMATION TECHNOLOGY PLATFORM

E.4.C IT Support Requirements

C.1. Describe how your IT platform satisfies the additional Features required in RFP Section 3.3 (F).

IT Platform - Additional Features Requirements

The PCG IT Platform will have the capability to **directly interface with the Arkansas Medicaid Management Information System (MMIS)** to provide the results derived from the assessment and screening processes that are needed within the MMIS to support benefits, claims and reimbursement functions. Such an interaction would be designed around the operational requirements dictated by the needs of the State for the timely delivery of information from the PCG IT Platform to the MMIS. Approaches could include a periodic transmission of bulk information to MMIS (e.g., nightly batch updates of previous day's completed work) or the immediate submission of more granular information at the individual Beneficiary level at a defined point in a business process supported by the PCG IT Platform. An example of this would be transmission of Tier Determination upon the finalization of an assessment or the approval of an assessment by a State reviewer. This type of immediate data exchange would likely be supported through custom web services that would be designed and configured between the two systems to support well-defined business processes.

Additional **direct electronic interactions with other systems at the DAAS, DBHS, and DDS** will be designed and configured based on the requirements for the exchange of information between the PCG IT Platform and the respective systems. It is anticipated that each stakeholder Division will have varying requirements that must be supported by these new data exchange mechanisms. A data exchange design process and development of associated detailed functional specifications will be conducted with each Division and an appropriate process will be constructed to meet their respective needs. Based on our extensive experience with other states, such data exchange mechanisms can involve a wide range of functionality depending on the purposes and needs of the data exchange. Examples from actual delivered solutions would include the following:

Data Exchange Functionalities
• Web services to validate an additional key identifier that is managed and assigned within a separate stakeholder Division data system (beyond the person's Medicaid ID) that must be accurate to properly support operations
• Delivery of structured files of reports representing results from the assessment process in the universal Adobe Portable Document Format (PDF) that can be incorporated into a separate stakeholder Division case management data system to support ongoing case coordination activities
• Delivery of structured files with raw data values representing results from the assessment process in the universal Extensible Markup Language (XML) that can be imported into a separate stakeholder Division case management data system to support analytical reporting and other business processes, such as care planning and management of service delivery

The PCG IT Platform will include a **role provisioning subsystem** with capabilities of designing roles with various levels of access and permissions within the operations of the system. This would include imposing limitations, such as the following examples:

Roles and Levels of Access Examples
Access to records within the system (behavioral health staff can only access BH-related records)
Access to specific functional capabilities of the system (only Supervisor can "unlock" a completed assessment to permit additional data modification)
Access to output capabilities of the system (only State staff can generate statewide summary reports, but report would be limited to include only those records that are associated with the State user's service domain)

The actual configuration of this role provisioning system would be coordinated with leadership from each respective stakeholder Division. State users will have roles that provide them access to view, extract, and download data from the On-line Analytics Platform (described in more detail in Section E.4.B.10 response). Users with this access permission will need to have detailed technical documentation on the database schema, table layouts, primary and foreign keys used by the schema, as well as detailed specifications for data dictionaries, especially for all codified responses stored in the system. Technical information such as database schema, table layouts, data dictionary, security implementation model(s) and the like will be provided to Arkansas project staff upon request.

The PCG Team offers extensive experience with the development of **batch data transfer mechanisms** that can be used to update enterprise data warehouse platforms with the detailed assessment information collected in the system such as the PCG IT Platform. The actual design and content of these extract, transform, and load (ETL) functions must be in concert with the identified purposes of the organizations maintaining and utilizing the respective data warehouse. A separate dedicated effort will be planned during the first year of operations to create this capacity within the system, which will not be needed until there are sufficient data collected in process within the system to justify its extraction into the data warehouse.

The PCG IT Platform will store all information supported by the application in standard relational database formats, which can be extracted and exported at the conclusion of the contract and delivered to the state in a nonproprietary format that would allow it to be imported into another platform.

The PCG team is **committed to the ongoing "adaptability" of the system**. We will closely monitor emerging requirements within state operations, communicate with stakeholders on an ongoing basis about necessary changes within the system, and deliver a series of releases at regular intervals that include key improvements to current functionality and enhancements with additional functionality that will allow the PCG IT Platform to continue to successfully meet the needs of the entire user community. Additional details about this commitment to a continuous quality improvement process are included in our response to *Section E.4.D* of this proposal.

C.2. Describe your company's plan to provide technical assistance, trouble-shooting, and help desk services with trained staff as required by RFP Section 3.3 (G).

Technical Assistance, Trouble Shooting, and Help Desk Services

The PCG team has extensive experience providing technical assistance and support to users and monitoring and maintaining a custom application that we have designed and delivered.

There will be toll-free telephone numbers that will be published to all users, including PCG staff, DHS staff, and other designated staff, to reach the trained help desk services dedicated to the support of the PCG IT Platform. IT support staff will be available from 8:00 AM to 6:00 PM Central Time on normal business days (Monday to Friday, excluding federal/State holidays). The IT support staff will be equipped and available to resolve issues including referrals, Assessment Instruments, Developmental Screening tool, field technology utilized for assessments and screenings, connectivity with State systems, and data queries.

Each contact with the PCG Help Desk will be logged in an incident tracking system maintained by the PCG team, in which Help staff will record the person contacting the help desk, the nature of their issue, and the suggested remediation to any problem encountered by an end-user. Patterns in incidents reported to the help desk will be converted into "standard solutions" and published on the "Frequently Asked Questions" resource page within the application.

In addition to providing help desk services in which questions and issues are resolved on an immediate basis, Help Desk may escalate certain incident reports to more technical resources on the IT support team to investigate the potential for anomalies within the data, defects within software operations, or other problems that potentially could require technical modifications to the application code or its data.

There will ongoing monitoring of the application's operational status and investigation into the system logs maintained by the system in order to identify any anomalies within ongoing operations and to anticipate potential technical issues that could impact performance and/or stability of the application, such as an unexpected increase in storage requirements that would necessitate the allocation of additional disk resources or unanticipated bottlenecks within the application layer that would benefit from modifications in the optimization of the application code base.

C.3. Describe your company's plan to have IT support staff available per the requirements set forth in RFP Section 3.3 (G)(2).

IT Support Staff Availability

Based on early experience with system usage, PCG plans to recruit an IT technical staff that is permanently based in Little Rock. Arkansas-based IT technical staff will be available to provide technical assistance that requires an onsite presence within four hours of request on State Business Days from 8:00 am to 4:30 pm CT. The PCG Team has experience with this proposed approach of recruiting state-based IT technical staff. One example is the recruitment of technical assistance staff in Albany, NY to have a timely "physical presence" in support of technical issues needed for the Uniform Assessment System for New York operations.

E.4.D IT Security, Quality Assurance, Updates/ Changes, and Disaster Recovery

E.4 INFORMATION TECHNOLOGY PLATFORM

E.4.D Training, IT Security, Quality Assurance, Updates/Changes, and Disaster Recovery

D.1. Describe your company's plan to provide in-person and web-based IT Platform trainings to State staff that accomplish the minimum required tasks set forth in RFP Section 3.3 (K M).

IT Platform Trainings to State Staff

As evidenced in *Section E.5.A*, the PCG Team has extensive knowledge and experience in the realm of training, both in person and via web-based tools. In conjunction with Arkansas staff, PCG will create a Knowledge Transfer and Training Plan that will describe how all levels of users of the system will be trained in use and understanding of the new IT platform. At the heart of the PCG plan is the configuration of a dedicated automated learning environment to support initial and ongoing user training for the PCG IT Platform operations. The learning environment will include a combination of written resource materials which can be accessed by authenticated users, as well as training courses which can be established as prerequisites for access to the system or as optional supplemental learning opportunities.

State Staff will be able to complete trainings on their own schedule, and in close proximity to when they would have a chance to apply that knowledge.

The PCG Team's learning management system will have a separate section dedicated to the training needs of State staff whose job responsibilities require that they utilize the new platform. All of these automated learning opportunities will be accessible for staff on an on-demand basis, thereby facilitating their ability to schedule learning exercises at a time that coincides with their need to learn new features and their ability to create time within their schedules to perform the learning activities. Understanding that State staff have busy daily schedules, the accessibility and effectiveness of written and interactive video training resources provide learning experiences that can be closely followed by actual utilization of the associated system capabilities. Closely tying learning experiences about software functions with an actual opportunity for activity using newly acquired knowledge results in a more effective and enduring learning process.

As determined by training planning participants from Arkansas and IT platform staff, written manuals will be incorporated into applications so that users are always only one click away from the answer to their particular question. In addition, written materials can be provided in paper, CD and/or DVD format as needed. This approach also effectively addresses the need for an ongoing process to provide training for new PCG and State staff over time as additional individuals are on-boarded to the respective teams and must be provided an initial training on system operations in a timely manner.

The web-based training and written manuals will be accompanied by in-person training sessions as determined necessary by the State and PCG.

D.2. Describe your company's plan to develop methods and algorithms to identify incomplete assessments/screens, logical errors within assessments/screens, logical errors across assessments/screens, logical errors related to Tier Determinations, and unusual frequencies as part of the quality assurance process required in RFP Section 3.3 (H).

Identifying Incomplete Assessments/Screens and Logical Errors

The PCG IT Platform incorporates several user-friendly features, already in use by other states, for the validation of assessment instruments. These will be configured in the initial implementation of the system to meet the needs as defined by the State of Arkansas. They include tools for users to easily locate and provide the data for any items that were inadvertently omitted during the completion of an assessment. This tool can be configured to not necessarily prompt users for each and every item, but rather, strategically identify important items that should not be accidentally skipped.

A companion feature imposes rigorous requirements on end-users as they attempt to execute what is called the "Sign and Finalize" function indicating that their work is completed for a given assessment. This tool will enforce the rules associated with a configuration of data items that must be provided in order to allow the assessor to indicate that the assessment is finalized. These data items are specifically identified during the design process and can include data items that are not necessarily within the assessment such as key identifiers or other attributes about the person being assessed. Both of these tools will enable users to easily and successfully address completeness standards within the application.

Further, the PCG IT Platform can incorporate validation engines that enforce logical consistencies between data items within a given assessment and, as appropriate, across multiple assessments as well as Tier Determinations. Typically, these validation processes are triggered at the time that the assessor has indicated that the assessment is ready for the "validation check" with the results being a report that specifies areas of potential inconsistency but not necessarily inaccuracy. Logical errors related to Tier Determinations will be identified through system methods and algorithms that will also result in a report for appropriate users or assessors to resolve flagged issues.

These methods described above are intended to provide assessors with immediate and timely feedback with which they can improve the quality of the assessment collection process. In addition to those types of features, PCG IT Platform will include aggregate reporting capacities that will provide oversight and insight into the quality of assessments being completed in terms of identification of unusual occurrences of data both within assessments and across groups of assessments. These will be retrospective analyses of groups of assessments, typically organized by strategic cohorts (such as by each assessor) that will be used as part of a continuous process improvement program. The PCG Team's focus on ongoing improvement and lessons learned will ensure that the state of Arkansas continues to have high-quality assessments conducted as part of this program and inform necessary IT upgrades as well as training needs. Reports on common items related to incomplete assessments, logical errors within assessments, logical errors across assessments, logical errors related to Tier Determinations and unusual frequencies will be reported to the Contract Monitor on a monthly basis.

D.3. Describe your company's plan to fulfill the System Updates and Changes requirements outlined in RFP Section 3.3 (I)

Systems Updates and Change Requirements

We believe that it is our responsibility to anticipate changes before they become problems.

PCG and its IT subcontractor, CIM, will develop and maintain an ongoing system improvement plan as a reflection of our commitment to the ongoing viability of this new application to meet the ever-evolving needs of the state of Arkansas and its stakeholder Divisions. It is our firm belief that it is the obligation of IT solution providers to work diligently with their client to anticipate changes and recommend improvements to the system on a continual basis.

This system improvement plan will consist of a wide array of potential modifications that are identified at a preliminary level during system design sessions but are not yet implemented within the system operations. Given the tight time frames for implementation of the new system by the target Go-Live date, it is anticipated that there will be a range of potential functionality that is discussed with stakeholders but will be developed on an ongoing basis by deadlines determined by DHS in order to provide the time necessary to resolve outstanding business and technical issues.

The PCG Team's System improvement plan will consist of a combination of preliminary business requirements that are undergoing discussion and clarification as to their potential impact on the system as well as functional specifications for modifications to the system that can be reviewed with stakeholders and prioritized for future releases of the application. Stakeholders at the affected Divisions will be the source of information on emerging business requirements. These will be coupled with system feature requests and associated detailed operational specifications that will be maintained by PCG staff.

A management structure involving all affected State agencies will be developed that will orchestrate decision-making around the prioritization and implementation of specific improvements to the system that emerge over time as critical for the success of the application.

D.4. Describe your company's plan to fulfill the Privacy and Security Requirements outlined in RFP Section 3.3 (J).

Privacy and Security Requirements

The PCG Privacy and Security Plan will incorporate a variety of measures to ensure that the Protected Health Information (PHI) processed within the PCG IT Platform is managed in compliance with the regulations of HIPAA and confirms to the State Business Associate Agreement. The PCG Privacy and Security Plan will be submitted to the Contract Monitor within 30 days of Contract Commencement for review and approval. PCG commits to making any changes requested by the Contract Monitor and resubmitting the Security Plan within 5 business days.

Privacy and security controls will begin with the establishment of secure user accounts with associated strong passwords that will limit the access to the system to only those individuals who are recognized by authorized organizations as having a business need to utilize the information maintained within the system. Further, each user account will have assigned roles that govern the operations, which can be performed within the functionality of the system. Both of these measures will enforce provisions that ensure individuals who agree to share their information with the State will only be made available to a limited number of individuals who have a proper business need to see their information.

Secure user accounts will also be assigned and controlled for all employees of PCG and its subcontractors who will have access to data within the PCG IT Platform. All such individuals will sign agreements to adhere to the professional standards of their respective organizations and to adhere to all requirements of HIPAA for proper handling and disposal of PHI data.

All transactions performed by the system will involve transmission of data over encrypted connections between user workstations and the centralized PCG IT Platform. Encrypted transmissions will be enforced for both the standard operations of the application (e.g., data entry and report generation) as well as for those functions, which need to occur outside of the standard operations of the system, such as the submission and processing of files containing referral information on Beneficiaries that will need to be scheduled for assessments. Such data exchanges will include interfaces that include PHI data between the PCG IT Platform and other State-operated systems, including the Arkansas Medicaid Management Information System (MMIS) and other DAAS, DBHS, and DDS systems.

Physical Security

The PCG Team is committed to ensuring the highest level of physical security at any facility or location where information is stored. As a standard, physical access to PCG's data centers is protected from unauthorized access and environmental (water, fire, etc.) threats.

Access to the data centers utilized for this project, will be restricted to only authorized individuals. PCG will maintain a list of individuals with authorized access to any facility and these lists will be updated on a quarterly basis. There will be a physical access permissions system put into place based on an individual's role group. Requests for employee access permissions to sensitive areas and resources must be submitted and approved through a pre-defined Change Management process. As a means of monitoring physical access, the PCG Team will utilize a centralized badging system to ensure proper employee identification and access control throughout its facilities. This access control system will be used at all entry points to the facility and sensitive areas within the facility. Any person accessing a facility will be required to wear a badge at all times. This may be a visitor badge, day pass, or employee/contractor badge. All requests for new badges are submitted, approved, and issued via a Service Request, in accordance with the Change Management Policy and Standards. Day passes and employee/contractor badges are distributed only after all required background checks are completed.

Environmental Controls

The PCG Team will provide protection against physical and environmental events that may cause disruption, damage, or destruction to facilities and sensitive information. Adequate environmental controls will be implemented to ensure the security of the data centers. The PCG team will also implement, maintain, and disseminate evacuation plans to employees for all facilities. Plans include known evacuation routes in the event of an emergency situation, power outage, or power disruption.

D.5. Describe your company's plan to fulfill the On-site Security Requirements set forth in RFP Section 3.3 (K).

On Site Security Requirements

Any staff member assigned to work on-site at a State facility will complete all necessary paperwork to secure proper security access. As requested and required by the State, this could include State and DHS Federal criminal background checks, including fingerprinting. As detailed above in response to *Section E.4.D.4*, PCG has strict protocols regarding physical security at all facilities.

PCG understands that Security Requirements are non-negotiables and will uphold all onsite security requirements. PCG confirms that it will not violate the Department of Human Services Policy 1002 or other State security regulations or policies, and will work with DHS to implement any additional security measures that may become necessary throughout the life of the project.

D.6. Describe your Disaster Recovery and Business Continuity plan.

Disaster Recovery and Business Continuity Plan

The PCG Team's Disaster Recovery and Business Continuity Plan will include multi-faceted approaches to first and foremost prevent common forms of system disruption through the provision of an adequate fault-tolerant infrastructure that can increase the likelihood of a system failure impacting daily operations. Traditional components of the fault-tolerant infrastructure will be deployed for the PCG IT Platform, including clusters of servers at each tier of the application stack: clustered Web servers with front end load balancing servers, clustered Application servers, and a single database server connected to a disk storage array configured for a high level of fault tolerance in the event of the failure of any disk in the array.

With this configuration of equipment in place, the total loss of any one server within the multi-tiered cluster will not cause an interruption in the availability of the application for end-users. Monitoring software would immediately notify system engineers who would initiate remediation activities, including the potential of replacing failed equipment.

The PCG IT Platform will also include the provisioning of a secondary back-up site for continuation of operations in the event of a total loss of capacity at the primary application hosting site. The back-up site would serve two roles. First, it would be the storage site for nightly backups of the total system that would be protected from loss in the event of a catastrophic event at the primary hosting site. Secondly, it would have the capacity to activate, on a temporary basis, the parallel infrastructure needed to restart operations in the event of a catastrophic event at the primary hosting site. The back-up site would be sufficiently distanced from the primary site to reduce the likelihood of a regional event impacting both sites, such as a tornado directly hitting the primary hosting site.

The application running on the PCG IT Platform will provide an unusual measure of fault tolerance for end-users due to the nature of its transaction-processing model. Each data entry event performed by an end-user within the application results in an immediate writing of the data to the database and prevents

the user from continuing to perform work unless the browser that the data has been saved successfully receives confirmation. As a result, typical operational disruptions, such as loss of Internet access or workstation operating system “freezes”, do not result in users ever losing more than a single data field’s content.

E.5 Transformation Support, Training, and Related Staff

E.5.A Education and Training
E.5.B Staffing Plan
E.5.C Timeline and Transition Plan

E.5.A Education and Training

E.5 TRANSFORMATION SUPPORT, TRAINING, AND RELATED STAFF

E.5.A Education and Training

A.1. Describe your company's ability to support and train each Division's providers and stakeholder, per the volume estimates as provided in RFP Section 3.4 (A-C).

PCG's Training Experience and Capabilities

PCG is the right choice for AR DHS's curriculum development and delivery. Our staff, with years of experience in content development and delivery, will provide the Arkansas Department of Human Services the experience required to develop and deliver the needed in-person and on-line training. PCG has extensive experience developing and implementing trainings in collaboration with government agencies and their staff while incorporating the unique cultural and regional needs of the clients they serve. We have developed and delivered trainings to a wide range of stakeholder audiences from different types of health, human services and education agencies and at different levels of government.

The following sample engagements provide a sense of the depth and breadth of the types of trainings conducted.

In Ohio, PCG supports and trains over 6,000 Medicaid providers annually. Through a variety of media, including in-person, regional trainings for a targeted provider group, one-on-one provider dialogues, and live and recorded webinars, PCG works to ensure that all providers have current and thorough education regarding the intricacies of being an active Ohio Medicaid provider. Many of these trainings are based on client direction and analysis of trends noted in provider citations. PCG also meets with active Medicaid providers annually to review documentation and assure that providers deliver services in a compliant manner.

In Ohio, PCG developed a curriculum to train stakeholders, including county boards, providers of other waiver services, individuals, families, and advocacy groups on the role of support brokers.

In Ohio, we designed and delivered e-learning training modules on the following topics: Working with Parents: Considerations for Cultural Respect, Parent Stress Management, Improving the Parent-Child relationship for the Home Visitor and Service Coordinator, and How to Access Early Intervention (EI) Services in Ohio.

We have worked with approximately 25 states on **Random Moment Time Study Trainings**. These trainings are geared toward direct service line staff to train them on how to correctly complete time studies.

In Connecticut, we conducted 210 professional development sessions in five months for Common Core Standards District Coaches.

Over the course of a project with the **Massachusetts Executive Office of Health and Human Services**, we conducted more than 2,500 trainings with more than 1,200 staff statewide on electronic document

management, organizational changes and updates to an integrated eligibility system, as well as numerous ad hoc trainings during process implementation.

In New York we have held 300 training sessions a year for approximately 990 staff regarding early intervention.

A PCG project in **Detroit, Michigan** has included trainings for the entire city staff - approximately 1,100 workers - on a new procurement system as part of a larger redesign of the procurement agency.

In **San Mateo County**, PCG has performed several face to face and WebEx employee trainings on the topic of Supplemental Security Income and Supplemental Security Disability Insurance information.

In **Ramsey County, MN (St. Paul),** PCG is currently developing case manager training with an emphasis on career coaching and staff development. We have created a curriculum design tool to ensure our curriculum is in line with Ramsey County's expectations.

PCG has provided training and technical assistance across the country to dozens of **workforce development agencies** at every level. Areas of focus include workforce system transition, WIA eligibility determination, performance management, compliance and monitoring, Integrated Service Delivery (ISD), and strategic planning.

PCG has worked with North Carolina Medicaid to utilize eLearning as the ideal solution to provide training to over 11,000 providers annually. The eLearning course is made available to North Carolina providers 24x7x365 in a web-based environment.

PCG understands that support and training will be offered to a combined estimate of 1598 – 1908 Medicaid providers offering services to the beneficiaries included in the RFP, but may also include school staff, daycare staff, provider advocacy and professional groups, and other related parties identified by DHS. PCG is prepared to adapt the training documents and content to each target group, ensuring that the information is communicated and understood as thoroughly as possible.

A.2. Describe your company's proposed system of geographical regions for delivering training, support, and outreach services to the provider community and DHS.

Training, Support and Outreach Services

PCG's regional in-person training model has been successfully tested and implemented across the country. In Arkansas, the PCG team will station teams of support and outreach staff in each region of the state. This distribution of staff will ensure that all providers, no matter their geographical location, will receive consistent, high-quality support and education. *Figure E.5.A.1* shows the proposed geographical regions for delivering training, support, and outreach services to the provider community and DHS. PCG will be hosting in-person trainings in each of these regions, however, providers and DHS staff will have the opportunity to attend a training in any region, regardless of their home or work address.

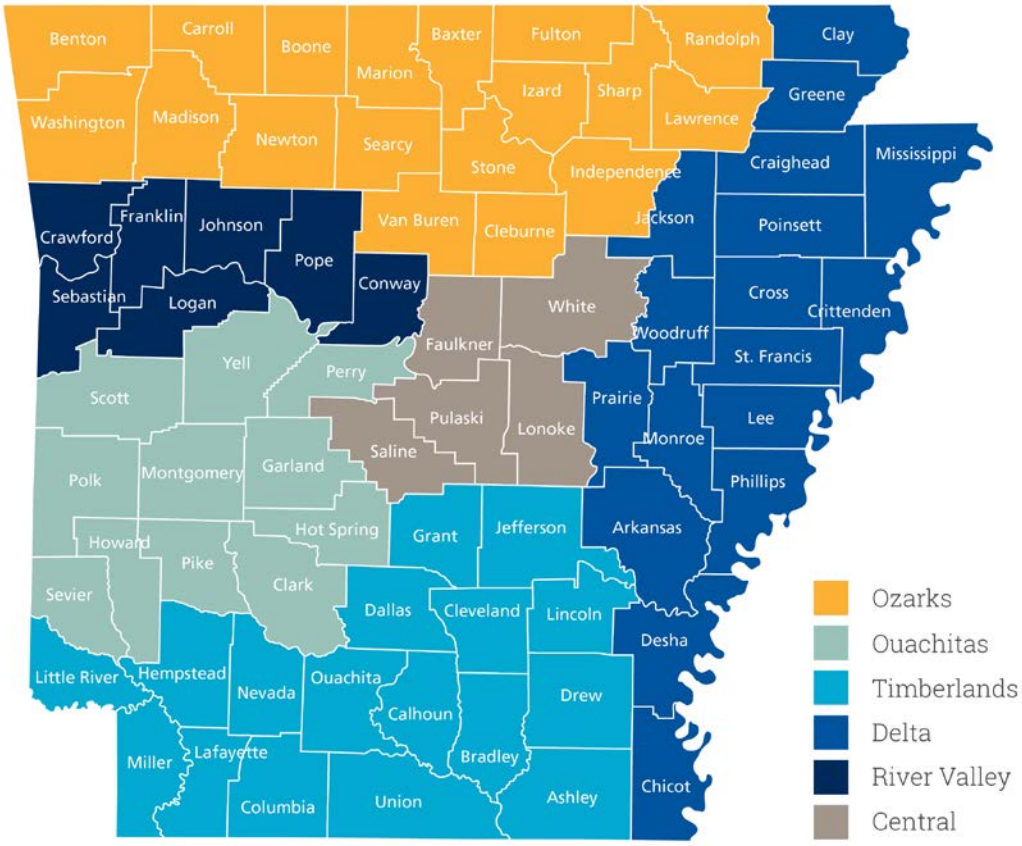


Figure E.5.A.1: In-Person Training Geographical Regions. PCG is committed to hosting in-person trainings in each of the regions depicted in this figure.

PCG understands that, despite best efforts, not all providers or state staff are able to attend a regional in-person training due to established work schedules, other prior commitments, or circumstances outside a provider's control. As such, all materials from these in-person trainings will be made available on the PCG provider website**. PCG believes that accessing the curriculum offered in these in-person trainings is essential to the continuation of high-quality service delivery, and we guarantee that the content will be offered continuously throughout the contract's duration.**

A.3. Describe your company's plan to address the provider and State staff objectives outlined in RFP Section 3.4(D) during the curriculum development phase.

Meeting Provider and State Staff Objectives

The development of such a training program begins with great collaboration between AR DHS and PCG. Following an award, our team will begin to generate course objectives and outcomes alongside DHS to ensure training materials are representative of the needs of each distinct population. DHS will be integral to the review and approval of all training materials and our team will work closely with AR DHS to provide initial, refresher and ongoing training to benefit all stakeholders.

We have had great success with delivering both in-person classroom and online (training videos, webinars, and animated presentations) training. While we see the value in all types of training platforms, as each is applicable to a different learning style and situation, PCG, has a particular aptitude for developing highly accessible computer-based video training modules.

PCG shares a common goal with DHS to develop effective provider and state staff training curricula that will maximize the knowledge and education of selected Assessment Instruments, Tier Determinations, and Billing Management and Structure. PCG's extensive experience and library of training material will help customize a comprehensive in-person and on-line training curricula.

PCG understands that, at a minimum, the following learning objectives will be met for each division's providers and DHS staff:

Provider Objectives:
Assessment Instrument Background
Assessment Instrument Administration and Outputs
DDS' screening tool (DDS only)
Divisional Tier Requirements
Tier Determination Processes
Billing Management Processes

State Staff Objectives:
Interfacing with the Assessment IT Platform as described in this RFP
Assessment Instrument background
Assessment administration and outputs
DDS' screening tool (DDS and State staff only)
Assessment results to Tier Determination processes
Provider billing structure changes as a result of new Assessment Instrument and Tier Determination implementation

Based on our experience, PCG will propose additional content for the consideration of AR DHS to be addressed within, or in addition to, the above content areas.

To ensure that our curriculum will be the most affective, it will be designed and developed to be accessible to the different adult learning styles:

- Visual – learn by seeing and reading information
- Auditory – learn by hearing information repeated
- Kinesthetic – learn by doing "hands on" work

PCG's approach to designing professional development curriculums and adult learning experiences is grounded in research-based methods that have proven highly effective in countless engagements. When designing professional learning experiences, PCG applies Wiggins & McTighe's "backward design" principles that focus first on the desired learning objectives.

DHS will also see the following as part of our proposed training plan:

- A comprehensive project plan that defines tasks, milestones, and individuals responsible.
- A comprehensive and detailed risk management plan.

- A style guide which includes a version control and naming convention that defines the look, feel, format, font, production values required for each deliverable, including the training manual, as well as the approval process for each deliverable.
- A change management plan that anticipates frequent updates and revisions to all content.
- A robust reporting and evaluation plan.

The desired outcomes include not only knowledge and skills, but the application and integration into practice. PCG's goal is to motivate learning, building the requisite knowledge and skills, and to create successful experiences that fuel learning and application of knowledge.

A.4. Describe your company's plan to assess the educational needs of each Division's provider community as well as DHS Staff. The assessment should identify and help anticipate the areas where the provider community will need the most support and training as DHS transitions to the new assessment processes.

Training Needs Assessment

In the early stages of the project, we will work with DHS to assess training needs of all provider communities and DHS staff, understand the organization's existing learning infrastructure, and create an executable Training Plan to be applied across all projects within the program. For each project, all staff impacted by the new assessment processes will be grouped by provider or staff type. PCG understands that each audience will require an individualized curriculum that supports the assessment process or processes for division in which they work. A detailed audience analysis will identify the appropriate curriculum for each employee or stakeholder based on his or her roles and activities.

Specifically, our Needs Assessment will target audience's knowledge, existing skills, delivery methods, job roles, and responsibilities to ensure training is geared towards the correct audience and provides the appropriate level of depth and expertise. The Needs Assessment will identify area how the new assessment processes will impact the Division's provider communities and DHS staff in their daily tasks and workflows.

Our team will use a statistically valid sample of AR providers and DHS staff to ensure accurate representation across the state. A random sample of providers and state staff will also be collected to provide supplemental information and more robust findings. Surveys can be be administered in English and Spanish if deemed necessary, and will be made available through phone, mail and email.

Each division's assessment will quantitatively evaluate, at minimum, the following criteria:

- Demographic information including:
    - Provider/Staff name;
    - Provider/Staff ID
    - Address
    - Email
    - Phone Number
    - Region
    - Stakeholder type: DAAS Provider, DBHS Provider, DDS Provider, DHS Staff, Other
- Past experience with the Division's selected assessment tool;

- Understanding of the Division's selected assessment tool's background, administration, and outputs;
- Capabilities and needs using the IT platform;
- Understanding of Developmental Screenings
- Familiarity and understanding of Tier Determinations;
- Changes in financial structures;
- Familiarity and trust of the PCG Team;

PCG will use this resulting data to develop educational training materials tailored to the needs of each of these stakeholder communities.

An example of where PCG has efficiently and successfully trained large groups is our project for the Florida Department of Education, Supporting Charter School Transition to the Florida Standards

Between November 2012 – June 2015, PCG provided educators from Florida's 600+ charter schools with the training and resources they needed to transition to full implementation of the new college and career ready standards in mathematics, English language arts, and content literacy in grades K–12, and effectively use a local instructional improvement system (LIIS) in their schools and districts. To that end, PCG developed and delivered customized training modules, tools, and approaches focused on building deeper understanding of the new standards and using data tools to assess students' progress in achieving the standards.

In the first phase of this project, PCG developed and delivered 28 professional development modules for teacher leaders, administrators, leadership teams, and board members throughout the state of Florida. These modules were conducted onsite in each region of the state, and all materials were made available electronically for continuing use by Florida educators.

In 2013, the Florida Department of Education extended its contract with PCG to re-design the professional learning as e-learning modules. PCG developed 28 e-learning courses, expanding and enhancing the information from the original modules. This coursework was designed as a blended learning opportunity whereby schools take the online course and receive customized coaching and follow-up at their school site for each completed course. The coursework has been revamped to serve both charter and non-charter K–12 schools throughout Florida. PCG consultants are working in schools with leadership teams and teachers to help support a smooth transition to the rigor and challenges of these standards.

In 2014, the contract was expanded again to include additional coaching sessions, a formal evaluation of the project's impact, and the development of new resources for educators and administrators. These resources include 16 e-learning courses focused on developing students' reading and writing skills and supporting students with disabilities and English Language Learners in the transition to the Florida Standards.

Through the project's formal evaluation, PCG:

- Administered online surveys to K–12 charter school teachers and administrators to assess content knowledge and evidence of implementation of practices aligning with the Florida Standards.

- Developed a Self-Assessment Readiness Tool, Gap Analysis System, and Implementation Toolkit.
- Facilitated partnerships with Florida organizations supporting charter schools to provide technical assistance and guidance on the project, including convening of a Project Advisory Board.
- Presented sessions at the Annual Florida Charter School Conference in 2012, 2013, and 2014.
- Prepared quarterly and annual reports detailing project activities, accomplishments, and challenges.

A.5. Describe your company's plan to notify providers of and perform in-person regional trainings in accordance with the schedule and guidelines in RFP Section 3.4 (F).

Training Notification

PCG currently utilizes GroupMail, an email marketing software, to send in-person regional training notifications. Unlike Outlook software, GroupMail allows PCG to send an email blast to thousands of providers at once. This ensures that all providers are receiving the same message at the same time. In Ohio, PCG's in-person provider training team utilizes this program on a quarterly basis. **In October 2016, 5,672 Ohio HCBS providers received notification of our upcoming regional provider trainings.**

Figure E.5.A.2: GroupMail Interface.

As required in the RFP, PCG will send an initial email notification sixty (60) days in advance of each training. PCG will then send a follow-up notification thirty (30) days prior to the training. In addition, each training location will be posted on PCG's provider website at sixty (60) days in advance of each training. A regional in-person training notification can be seen below in *Figure E.5.A.3*.

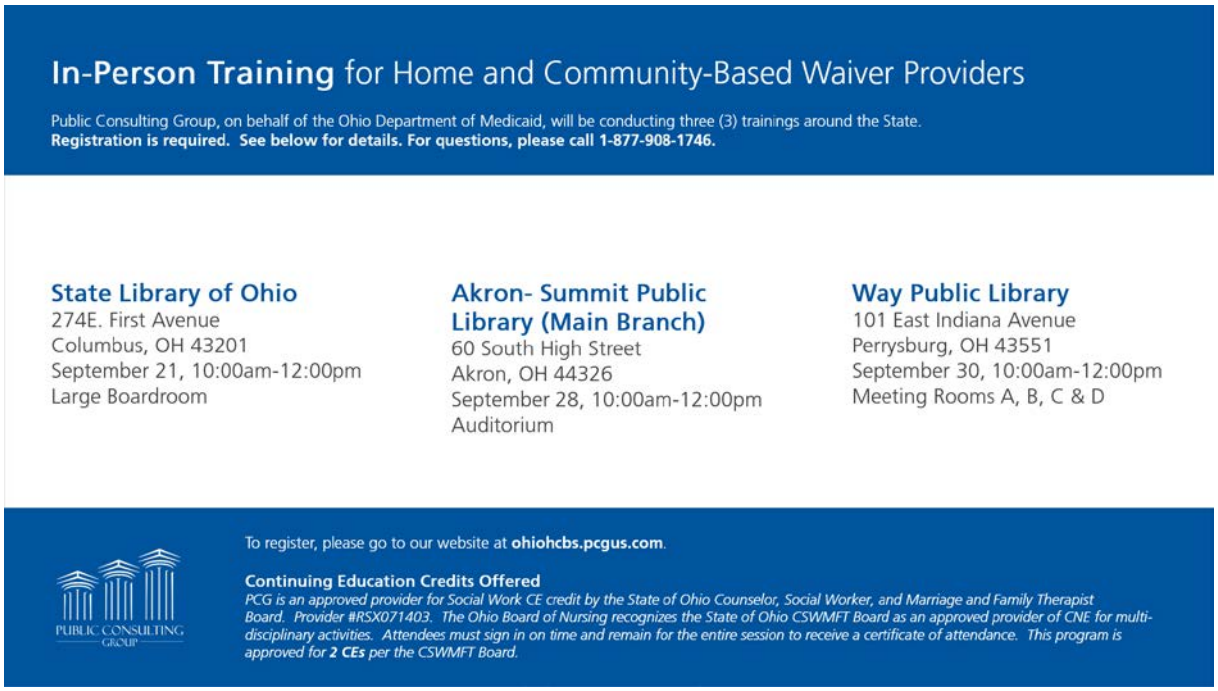


Figure E.5.A.3: Training Invitation for HCBS Providers in Ohio.

In-Person Training Performance

Through past experience, PCG has found it most effective to create trainings targeted to a specific audience or provider type, with attendance limited to 35-40 trainees. This size allows the presenter to respond to audience questions and still successfully navigate through the entire presentation. Each training is estimated to last approximately 3-4 hours, so as to allow adequate time to fully present the necessary information, involve providers in role playing and other activities, and address any questions from trainees. PCG can alternatively present to combined provider/state staff groups or larger audiences, and can adjust training hours, as requested by AR DHS. All in-person attendees will have access to online material to further enhance the training material.

PCG refers to *Figure E.5.A.4,* when creating activities and opportunities for participant interactions. This model has shown its effectiveness in similar trainings for providers, specifically in Ohio's provider trainings on Medicaid compliance and program requirements. PCG incorporates these three domains to yield the greatest participant knowledge retention for future application.

Domain	Instructional Method
Cognitive	PowerPoint, Articulate, or written presentation materials (handouts), lecture, visuals, illustrations or diagrams
Affective	Case studies, examples, demonstrations of behaviors/situations - could include videos of scenarios
Psychomotor	Simulation, role play, critiques, sample exercises or problems, discussion, other hands-on or practical exercise

Figure E.5.A.4: Participant Interaction Template.

Based on the above, PCG can design activities and opportunities tailored to each training module for participant discussion and interaction. Participants will be given a short pre-test at the beginning of the training. This pre-test will help participants assess what they already know about the topic, what will be expected of them as learners, and begin to focus their attention to key topics that will be covered. Small groups will be given a discussion question about the implementation of information learned in each training module and asked to discuss, then report out to the larger group. Participants will complete written quizzes on the training information, either individually or in small groups. Question types will include true/false, multiple choice, and short answer. After completion, answers to the quiz questions are read aloud to the large group for further emphasis. Small groups will practice effective communication for the larger group to observe. Instructors facilitate a discussion with the large group about opportunities for improvement. Trainings will include sample problems to be completed by participants. Participants will engage in role playing regarding consistent discipline and corrective actions. Instructors will facilitate a question and answer session at the end of the training.

PCG utilizes steadfast and proven training techniques – but we are completely willing to incorporate specific activities that DHS may suggest.

Applying this framework provides constructive and specific feedback (both positive and negative) within the learning experience through interactive response options, assists the learner in reflecting on presented materials and resources to answer questions or solve problems that may arise in the future, and prompts providers to engage in self-monitoring throughout the learning process. These techniques have proven effective in previous PCG provider trainings and can be applied to the development of this curriculum. PCG is also able to incorporate any specific activities and/or exercises that DHS suggests.

In-Person Training Evaluation

PCG prides ourselves on continuously evaluating and improving our training content. PCG will routinely evaluate the effectiveness of all in-person trainings and update the course curriculum and format as needed. We highly value constructive feedback which allows us to present the most effective and superior provider education. Upon award, PCG will begin drafting evaluation and feedback tools and present them to DHS for review. PCG will work with DHS to resolve any questions, and to incorporate all feedback, as appropriate. After changes have been made, and finalized materials approved, PCG will make available printed evaluations for the in-person training attendees.

PCG evaluates training impact by considering, but not limited to, the following aspects of evaluation:

- Participant reactions
- Participant learning
- Organizational support
- Participant use of knowledge and skill
- Provider learning outcomes

At the conclusion of each in-person training session, PCG will consolidate and analyze feedback that addresses each of the elements listed above, and present the findings to DHS in an agreed upon format and on a recurring basis for the duration of the contract. These analyses will provide support for trainers, as well as inform PCG and DHS of modifications that need to be made to training materials.

PCG will encourage evaluation and feedback in every in-person training conducted to determine the effectiveness of PCG's in-person training sessions and presented material. PCG is open to using a variety of formats such as surveys, questionnaires, or brief individual interviews to gather constructive feedback and evaluation. PCG intends to structure the interviews and/or surveys to better understand and identify information that was not clearly communicated or methods of participant discussion that were not engaging and/or effective. This analysis is a critical step to establishing a baseline for current stakeholder practice and understanding, and ensures that all developed training material is constructed to address misunderstandings and misconceptions.

A sample in-person provider training evaluation can be seen on the following page.

Program Evaluation Form

Date: _____
Title of Presentation: Ohio HCBS Ohio Home Care Waiver
Please evaluate the program according to the following rating scale by circle the number that applies:

1 – Unsatisfactory
2 – Satisfactory
3 – Good
4 – Excellent

a) Were overall objectives met? Yes No
Comments:_____
_____

b) To what extent did the material presented meet your expectations? 1 2 3 4
Comments:_____
_____

c) Appropriateness of presentation methods used. 1 2 3 4
(Audiovisual, handouts, discussion sessions)
Comments:_____
_____

d) Amount of material appropriate for time allowed. 1 2 3 4
Comments:_____
_____

e) Program was well organized and logically sequenced. 1 2 3 4
Comments:_____
_____

Evaluation of the Speaker
Please evaluate Jill Snyder in terms of the following:

a) Objectives of the program met 1 2 3 4
b) Clarity of presentation 1 2 3 4
c) Knowledge 1 2 3 4

Evaluation of the Speaker
Please evaluate Don Newton in terms of the following:

d) Objectives of the program met 1 2 3 4
e) Clarity of presentation 1 2 3 4
f) Knowledge 1 2 3 4

Additional comments or suggestions for future programs: _____

A.6. Describe your company's plan to notify providers of and perform on-site coaching in accordance with the schedule and guidelines in RFP Section 3.4 (F).

Provider Notification and On-Site Coaching

PCG is prepared to provide on-site coaching to providers in each of the three divisions. Each training will include, at minimum,

1. A detailed walk-through of the new assessment processes
2. A review of the training manual
3. A question and answer session

Each session will be customized to a provider's type, division, and current knowledge level. A member of our on-site coaching team will adapt the session to meet each provider's specific educational needs.

Information regarding the availability, content, and format of these on-site coaching sessions will be made available through PCG's online provider portal and through a GroupMail email blast. Providers will be directed to contact the PCG helpline for additional information, or to schedule a coaching session. (More information on PCG's helpline can be found in *Section E.5.A.8*.)

As required in the RFP, PCG is prepared to begin scheduling on-site coaching sessions forty-five (45) days prior to Year 1 of Operations. **PCG has found it best practice to host these in-person coaching sessions at a neutral location, such as a public library or a county board office.** Our helpline staff will reach out to these facilities and reserve a space at least forty-five (45) days in advance of each designated coaching session. Based on these reserved locations, PCG helpline staff will then schedule providers for an in-person coaching session. This process ensures that all coaching sessions requested by a provider or stakeholder will be scheduled and completed within 14 days of receipt of request.

PCG will meet the needs of every provider and stakeholder by having knowledgeable coaching staff stationed around the state. This distribution will ensure that a provider does not have to travel more than 60 miles to attend an in-person coaching session. Every provider will have access to the required education and support throughout this transformative process.

Program Feature: Ohio In-Person Provider Reviews

Since July 2013, PCG has conducted more than 10,000 structural reviews of Ohio HCBS providers. During a provider's annual structural review, PCG reviews provider documentation and billing for services provided; verifies proof of education and licensure; and if the provider was non-compliant with the applicable rules and regulations, PCG issues a report with findings. Each area of non-compliance is addressed and recommendations for corrective actions are included. Key components of these reviews include provider education, reviewing Ohio Administrative Code (OAC) and Centers of Medicare and Medicaid (CMS) rule requirements, and offering a question and answer session. These one-on-one provider/reviewer sessions and real-time feedback allow each provider to request any rule or process clarification, ultimately leading to more compliant service delivery.

A.7. Describe your plan for developing and maintaining a website that is easy to access, user-friendly, and compliant with the required capabilities outlined in RFP Section 3.4 (F).

Website Development and Maintenance

PCG understands that a high quality, easily accessible website and online training is essential to communicating training and educational information to providers. We have a team of qualified web designers and IT staff prepared to create a website that will meet the needs of DHS and its providers. PCG confirms that the website will be fully operational thirty (30) days prior to the Go Live Date and will contain the schedule for in-person regional trainings and live webinars as well as trainer contact information, help line information, and access to an online version of the training manual and recorded trainings. In collaboration with AR DHS, PCG will ensure that the website contains the most current and relevant information related to each area mentioned above. In addition, to ensure optimal training attendance, PCG will post the in-person and live webinar training dates and times at least 60 calendar days prior to the scheduled event.

Project Feature: Ohio Home and Community Based Services Provider Website

In Ohio, PCG works with the Ohio Department of Medicaid (ODM) to maintain a website for HCBS providers. This website, featured below in *Figures E.5.A.5 and E.5.A.6*, is regularly updated with provider training content, regional, in-person training schedules, and provider enrollment information. PCG understands that providers may require clarification as they are viewing our website, and, as such, our contact information is prominently featured in several locations.

PCG collaborates with ODM to record live webinars and in-person regional trainings for OH HCBS providers across the state. These recorded trainings cover a wide variety of topics, including Disability Determination Redesign, Specialized Recovery Services Program (Mental Health), Private Duty Nursing, Person Centered Services Plans, Home Care Aides requirements, Home Care Agencies, Incident Management, Non-Agency Nursing requirements, and Provider Education/Orientation. *Figure E.5.A.6* shows the provider training website that PCG developed and deployed in Ohio.

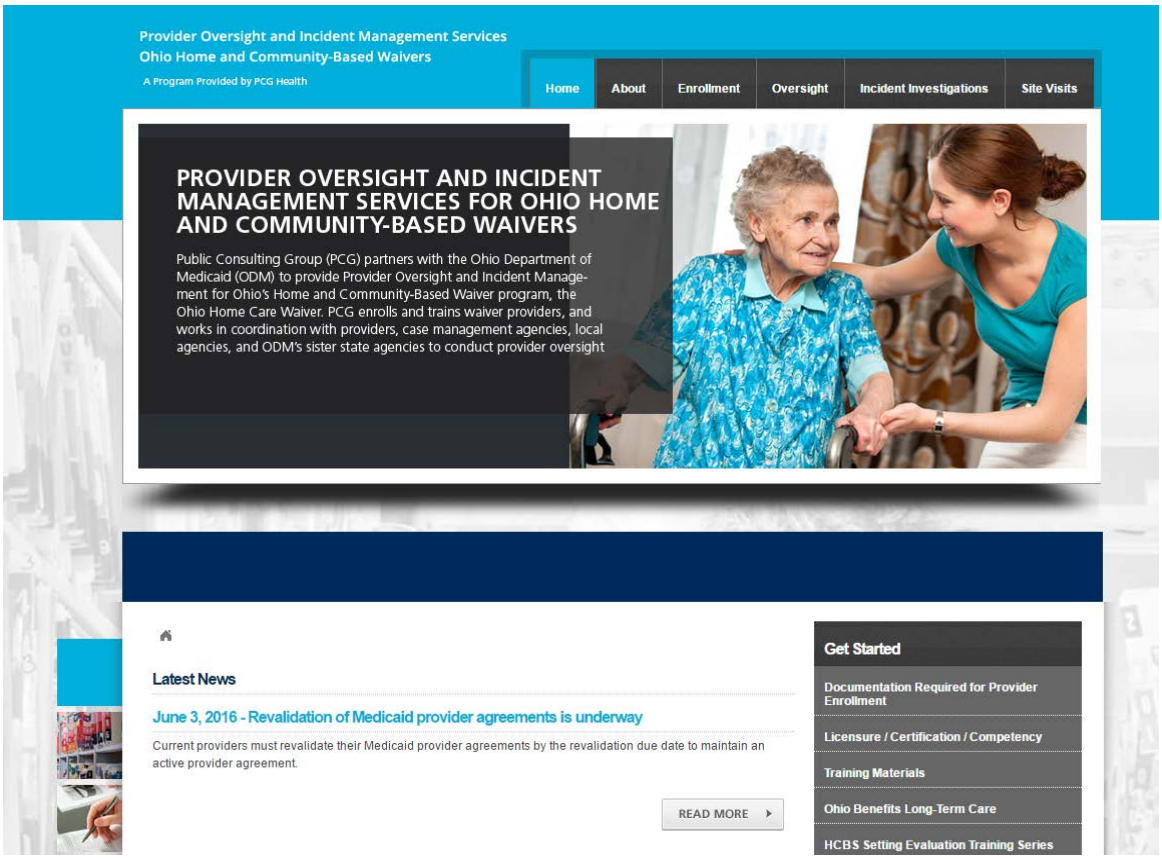


Figure E.5.A.5 : PCG's Ohio HCBS Website – Home Page (http://ohiohcbs.pcgus.com/index.html).

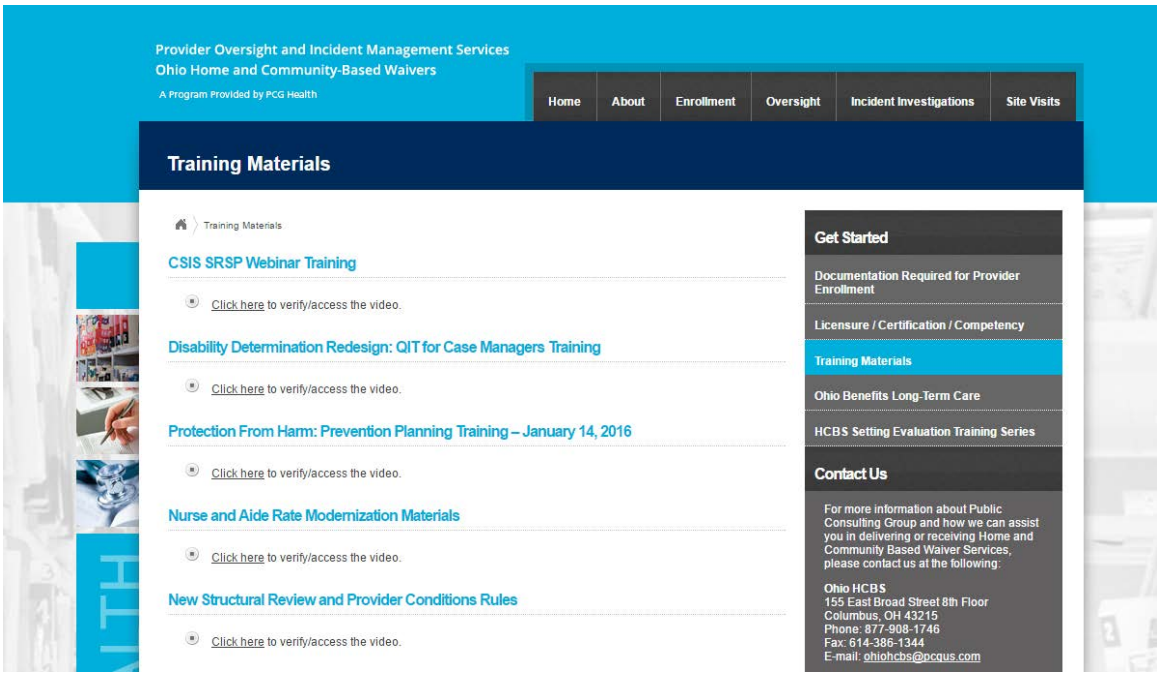


Figure E.5.A.6 : PCG's Ohio HCBS Website – Training Materials (http://ohiohcbs.pcgus.com/TrainingMaterials/index.html).

Online Recorded Trainings

PCG deploys a rigorous set of training best practices, particularly those related to adult learners, when developing comprehensive, easy-to-use Computer Based Training programs. Our website will leverage existing web platforms to deliver effective and cost-efficient online training that will help produce a provider system empowered to deliver exemplary care to the neediest residents. PCG understands that managing change and the impact on users is critical to the success of implementation, and training and outreach programs must be comprehensive, measurable, and scalable to continually meet constituent needs.

PCG develops its online training programs with proven adult-learning best practices in mind.

We believe that a comprehensive, easy-to-use online training regimen will help ensure that high-quality services are delivered by knowledgeable, compliant Medicaid providers**.** Department staff are also a critical audience for training material, thereby ensuring staff are well-versed in the credentialing process and related Provider Data Management portal.

In most cases, we recommend using training videos over the more typical PowerPoint or Articulate Storyline presentations. High Definition (HD) videos allow us to combine audio, visual and kinesthetic elements, thus appealing to most learning styles. Furthermore, the growing cultural popularity and familiarity of **video presentations means less time is spent navigating through technology systems to engage with the course, and more time is spent absorbing and engaging with the learning material.** Finally, we know that an effective training program is one that allows trainees to access courses at any time, using any device. As such, we have found that video is often the most convenient format when considering the various platforms where training can be housed. While we couple place the trainings for this engagement on a secure website, we strongly recommend hosting trainings on a Learning Management System (LMS). Trainings can be placed on a secure website easily accessible by all.

Figure E.5.A.7: Training Video Screenshot.

Learning Management System (LMS) Features

PCG's team of seasoned professionals have developed training materials nationwide using PowerPoint and Articulate Storyline 2 with voiceover integration, as well as HD, motion-graphic video. **We have seen**

the most optimal levels of training compliance and engagement when these training materials are housed on a robust and flexible Learning Management System (LMS). The reliable LMS solution PCG utilizes is a secure, cloud-based system. Therefore, course catalogs can be accessed anywhere, anytime, from any smart-device. Some of the features of the LMS PCG could provide include the following:

- Ability to easily upload HD video
- Synchronize PowerPoint slides
- Add audio to PowerPoint slides
- Create new HTML-edited slides
- Embed websites and video clips directly within presentations
- Incorporate checkpoints (pop-up questions)
- Create graded or ungraded quizzes and tests
- Arrange the order in which a course must be completed depending on desired outcomes
- Track participant training progress

PCG would utilize its trusted LMS partner, **DigitalChalk,** for this engagement. PCG has been using DigitalChalk for nearly 4 years, during which time they have registered nearly 30,000 providers for various training courses. We believe incorporation of such a system is a best practice when it comes to providing a customizable, scalable training program to support a large-scale initiative of this size. If DHS is interested, we are happy to explore this option and determine a mutually agreeable approach. We have outlined highlights of the LMS system architecture to give you a sense of the advantages of this type of platform.

LMS Home Page - Upon logging in to the LMS, users will be directed to a customizable, agency-specific home page. Here, we can place helpful bulletins for Department staff as well as providers. The home page can also be customized to display a dashboard of required and/or all available courses. While we would employ other communication methods, including call center operations, this home page would be a convenient way to disseminate information.

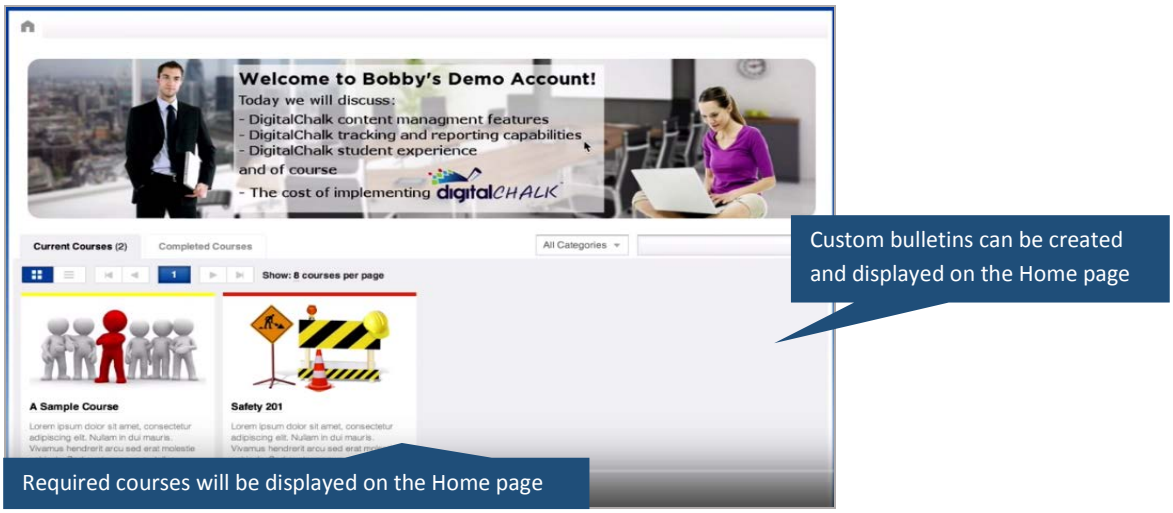


Figure E.5.A.8: LMS Home Page.

Self-Select Courses - Instead of pre-registering providers for a specific course, an organization can also display a course catalog and allow providers to select the courses they would like to complete. As an example, in the event a provider must undergo a site visit, providers could elect to complete courses describing the site visit process.

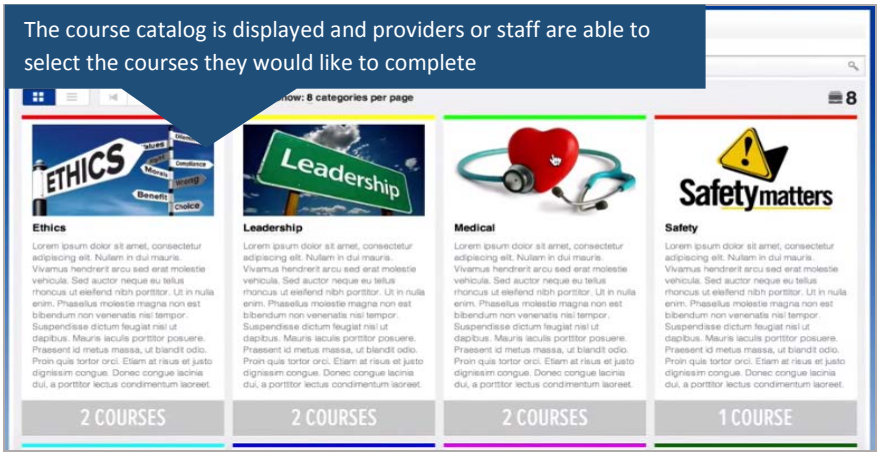


Figure E.5.A.9: Course Catalog.

Provider Engagement Checks – Checkpoints (questions) can be added to a training during development. Checkpoints can ensure a participant is still following along with the course, or they can check for training comprehension by asking participants something about the material being covered. In our experience, we have found checkpoints to be a key factor in the successful development of engaging Computer Based Training programs.

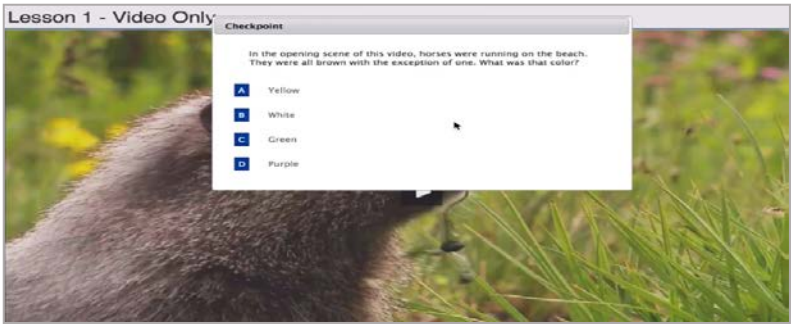


Figure E.5.A.10: Checkpoints.

Data Analysis and Reporting - Using the LMS, we are able to access and report on user progress, course completion status, and provide transcripts by user, among many other data points. **These mechanisms will allow us to easily track course performance against agreed upon training performance metrics,** including time to complete the course, average final exam grade, overall course satisfaction ratings, and training completion correlation to site visit results, for example.

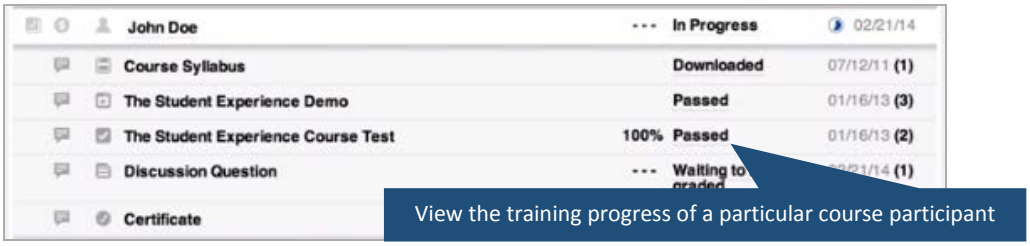


Figure E.5.A.11: Data Analysis Report.

PCG is committed to routinely evaluating the effectiveness of its training methods and content, and using the results of those evaluations to proactively improve our processes. We will submit both quarterly and annual qualitative and quantitative summaries of our training programs to DHS, which will include a general training completion statistics, a measure of the effectiveness of the training, providers' responses to the material, providers' questions and concerns with the material, and our recommendations for training improvements.

Customized training and procedural manuals are created during the implementation process. PCG can provide a variety of computer-based training, inclusive of step-by-step process manuals. These resources will be available within the application and online as PDF manuals and FAQ webpages. PCG will also have video training and demonstration modules available on demand through the Help section of the application, as well as staff a toll-free number to answer questions related to our training programs.

Training will be available for all providers and provider proxies, as well as DHS or providers' office staff.

Proven Experience

PCG has had the pleasure of conducting many successful large-scale online and in-person training and outreach programs on behalf of our state clients. With over 30 years of experience in the Medicaid industry, with a particular emphasis on behavioral health, developmental disabilities, aging, and long term services and supports, PCG is extremely aware of the critical role education plays in the success of new initiatives. Educating providers on unfamiliar technology or new processes, an attribute of this Request for Proposal's Scope of Work, must be done in a mindful, precise manner. **As such, PCGs stand prepared to develop education and outreach programs that navigate the uncertainties and fears providers often express when transitioning to systems.**

PCG knows Medicaid, and these vulnerable populations specifically, and therefore we understand how important provider education will be to this initiative.

Using training best practices and familiar communication mediums, our team will create robust and measurable education programs that are comprehensive and convenient, and also enhance compliance and provider awareness. In the table below, we have provided a brief list of projects which exemplify PCG's expertise and our distinct training approach that we described above.

State	Agency	Project Title	Start Date	End Date
North Carolina	Division of Medical Assistance	Medicaid Provider Training	April 2012	Current
Ohio	Department of Medicaid	Provider Screening, Enrollment, and Oversight	July 2013	Current
Ohio	Department of Health	Help Me Grow Professional Development Modules	June 2014	June 2015
Ohio	Department of Medicaid	Medicaid Training	November 2014	November 2014
Massachusetts	Department of Medicaid	One Care LTTSS Provider Training	Q4 2014	Current

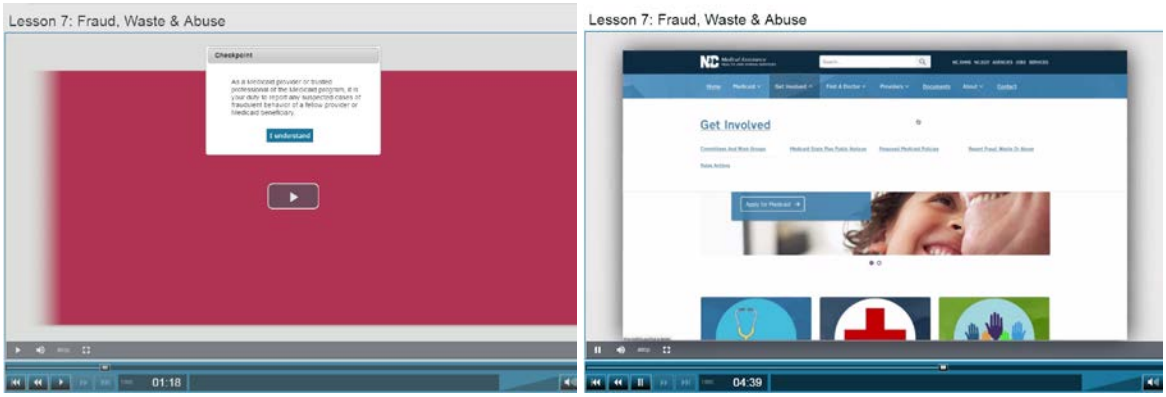
PCG is well-prepared to deliver a targeted education and training program that leverages familiar technology, is informed by reporting and data analytics findings, and produces measurable outcomes.

Project Feature: North Carolina Online Medicaid Provider Training Video. For the State of North Carolina, PCG developed a Medicaid provider training course covering the fundamental knowledge of which all newly enrolling or revalidating Medicaid providers must be aware. Providers are required to complete this course and must achieve a passing grade of 70% or higher on the final exam. One of the modules included in this course covers waste, fraud, and abuse, particularly focusing on what each of these terms means, what governing bodies are responsible for investigating instances of waste, fraud, and abuse, and what a provider's role is in guarding against and reporting this type of behavior in the provider or member community.

Once a North Carolina Medicaid provider completes the aforementioned training course, which is housed on our Learning Management System, they are granted access to PCG's education portal. The portal houses the training videos found on the LMS, excluding the interactive activities (questions, quizzes, exams, etc..), as well as other helpful resources.

While we have provided screen shot examples of the course on the following page, the best way to preview the course is by watching it on our education portal. You can review our Fraud, Waste and Abuse training module here:
http://www.publicconsultinggroup.com/ncmedicaidtraining/video/NCMedicaidTraining/lesson7.html.

A mix of audio and text elements reiterate key messages and guide participants through the material. In this example, we see one of the two hosts who deliver the training.



Each video housed on our preferred Learning Management System includes a set of checkpoints (questions), meant to ensure that a provider is actively listening and engaged with the course material. Providers are introduced to new processes/resources/websites with step-by-step procedures.

Hosts alternate delivering information, thus instituting a fundamental adult learning principle which calls for reiterating the same information in multiple formats. Our training videos include footage of providers performing the process discussed during the training. This tactic also adds aesthetic variety to the course.

Figure E.5.A.12: North Carolina Training Video Screenshots.

A.8. Describe your company's plan to provide a help line dedicated to responding to the individualized needs of each Division's provider community with the required items outlined in RFP Section 3.4 (F).

Help Line Approach

By choosing PCG, DHS selects a firm with unparalleled experience providing customer service to consumers, providers, and stakeholders participating in Medicaid programs. PCG currently operates customer service centers serving Medicaid providers and members, Home and Community Based Services participants, Health Exchange enrollees and other constituencies in over 23 states across the country. We firmly believe stakeholders' impressions of the quality of customer service (or lack thereof) have the power to influence the overall success of the program and we place a high focus on quality in our contact centers. We bring the following to this engagement:

- Deployment of state of the art telephony infrastructure which delivers reliable, transparent, and measurable results of all interactions with any provider or stakeholder;
- Agile and responsive to changing needs such as fluctuating call volume, with the ability to expand and retract as required;
- Practical and proven operational know-how which translates our promises and convictions into action with measurable and clear outcomes;
- Track record of meeting client performance requirements
- A mature and proven training and quality assurance program to measure the quality, accuracy, and efficiency of inbound and outbound calls against established standards.

PCG brings unparalleled call center experience and expertise to the table

PCG is well-versed at providing high-performing call center services at all levels of call volume, while meeting projects' service level agreements and consistently delivering high quality results. As a firm, PCG - inclusive of Public Partnerships Limited (PPL), our wholly-owned subsidiary - handles over 150,000 customer interactions per month, including inbound calls, outbound calls, voice and email. We will deliver a customized call center solution for this engagement that will meet the needs of AR DHS and their provider communities. To achieve this goal, PCG will leverage our extensive call center experience along with our industry leading call center technology.

In our call centers, PCG employs a market-leading, on-demand, contact center platform and application solutions that can provide unmatched customer service 24/7. This platform suite also serves many Fortune 500 and major brand marketing companies. PCG's calls are processed by our industry leading Five9 phone system, which features a robust answering service, routing system, including interactive voice response (IVR) and automatic

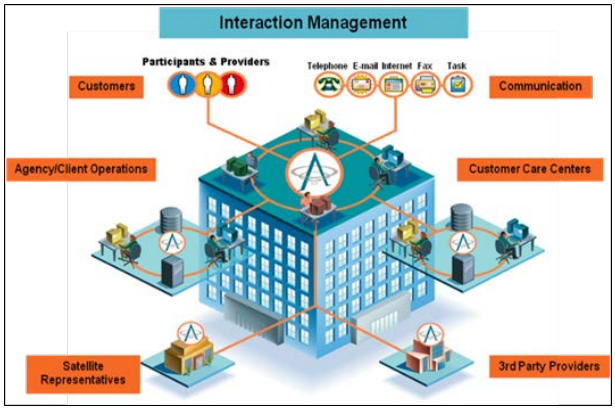


Figure E.5.A.13: Call Center Interaction Management.

call distributor (ACD) that can be configured in minutes to direct calls to the right team.
Our current phone environment supports contact center activity across the country. Our systems are flexible to adapt to our client's changing needs while consistently delivering the quality and stability needed in this environment.

PCG will reserve a dedicated toll-free number to support helpline inquiries for DHS. **No caller who seeks out PCG's Customer Support Center will hear a busy signal**, unless a catastrophic power failure outside of PCG's control occurs at the utility provider or the phone service carrier level. PCG delivers this performance standard for all the clients on whose behalf we provide call center services. Of equal importance – we manage to deliver without over-staffing. To achieve these performance standards, we conduct a deep-dive analysis of call patterns, length of calls, and staffing levels, over each half hour period during the first several days of operations. Managing a customer-centric, high quality call center cost-effectively requires that both technology and operational know-how are leveraged. Our continual monitoring and analysis of call data and staff performance is critical to achieve both quality and efficiency.

By choosing PCG, you select a vendor with specific experience, and a proven track record of exceeding our client's performance standards on a consistent basis. We are clear on DHS performance requirements and commit to meeting them.

PCG will revise and improve performance based on experience. Shortly after implementation, we will work with DHS to evaluate recorded greetings, and prompts, caller authentication protocols, and other factors to ensure that our performance continually improves. We will work with DHS to provide a custom-tailored set of caller authentication protocols.

PCG is committed to working with DHS to define custom tailored performance metrics and call protocols that explicitly meet the department's needs.

PCG regularly utilizes strategically created Interactive Voice Response (IVR) menus to greet the customer when they call. If desired, we can program our telephony system to identify the caller, the basis for their call, and the ANI data (telephone number from which they are calling) can be programmed to aid the customer service system to identify the caller and predict the caller's need in advance of providing menu options. While not critical to providing high quality support, this feature helps maximize CSR efficiency thereby improving services levels during high volume periods. In other applications, we provide interactive, automated self-service responses, 24/7. Clear triage rules and guidelines provide representatives with flow guidelines and procedures for transferring callers internally or externally to the right destination based on area of expertise or responsibility. We' are prepared to handle all transfer types, including internally to the correct queue, warm transfer, where the caller is transferred to an external destination through introduction, programmable transfer externally and by referral.

Our reporting tools allow for the capture of custom-designed call result codes for association with each call interaction. These results can be aggregated by time internal. We can automate distribution to DHS at any frequency as required. Customer Service leadership has access to real-time calling statistics and phone inventories to oversee resource allocation. These tools allow on-the-fly reprioritization of resources or redirection of work assignments to load balance demand.

Upon implementation, PCG will immediately begin to identify trends and patterns in call volume in order to anticipate demand and right size staffing. The report view below is helpful to clients and PCG call center management alike.

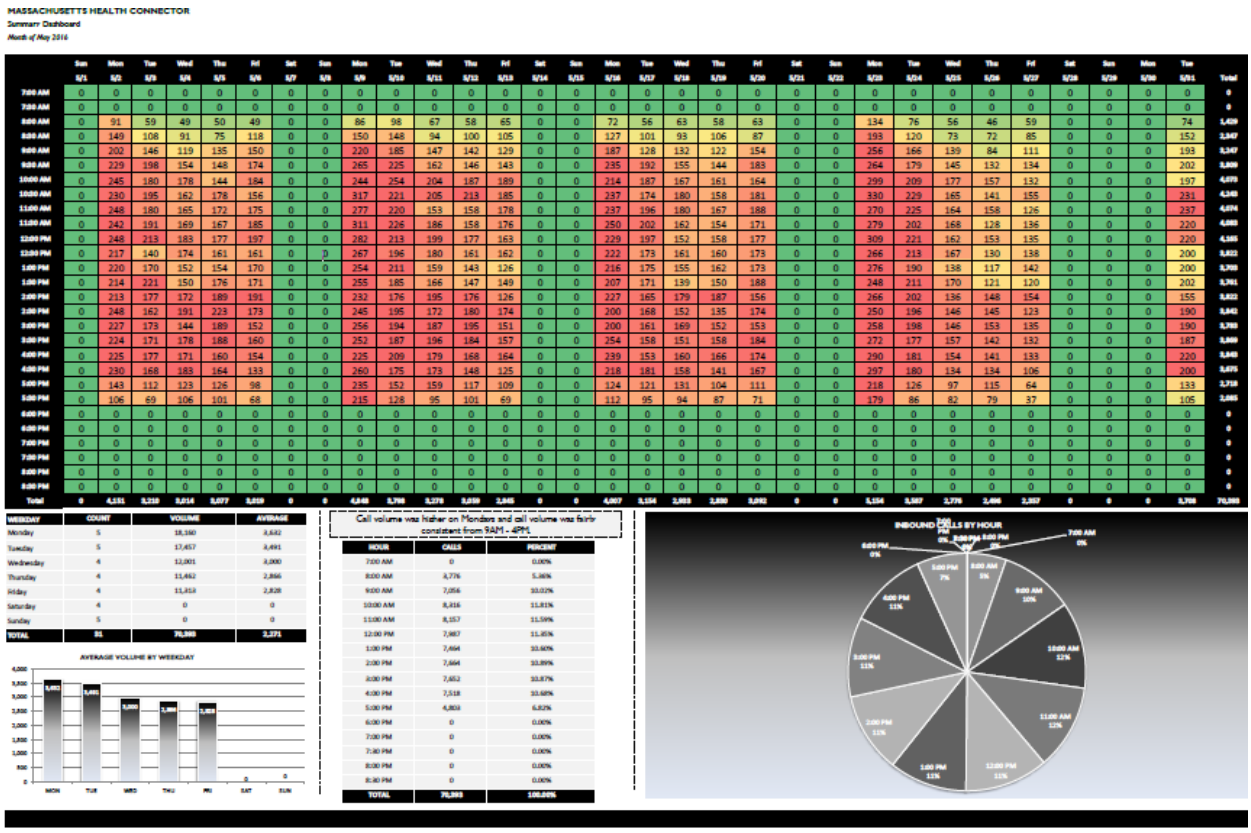


Figure E.5.A.14: Volume Heat Map. The PCG Team will utilize reports like this to anticipate demand and staffing needs.

The challenge in delivering the right level of service always despite fluctuating call volumes is obvious. It is simply not reasonable or cost effective to staff a call center to support a theoretical maximum call volume at all times. PCG staffing approach is data driven and agile. In addition, staff are cross trained on operational processing activities and customer support, which allows us to quickly reassign staff from one activity to another.

DHS has clearly specified its performance standards. While PCG is confident in our ability to achieve these wihtout exception, we are respectful of the work required to achieve them without overstafffing or comprimising efficiency and value. Our confidence is based on experience. In our work on behalf of the Massachusetts Health Connector from 2008 through 2016, PCG and its parter Dell were required to meet similarly formidable performance standards.

PCG was responsible for implemetnting a supplemental 180 seat customer service center to during two consecutive open enrollment seasons required by the Affordable Care Act. . Unforseen challenges to the

launch of the state's eligibility determination and enrollment system triggered massive demand that required immediate high impact response. While DHS is unlikely to experience anything similar to what's described above, PCG was able to help our client respond and recover from a near catastrophe. We bring this experieence to this engagement. Over the course of this two year period we handled up to 80,000 inbound calls monthly and conducted placed nearly 3,000,000 outbuond calls over the course of three years designed to enhance member compliance with mandatory requirements. We commit veterans of the Massachusetts Exchange experience to this engagement.

As requested in the RFP, PCG hereby affirms that:

- PCG will provide a helpline dedicated to responding to the individualized needs of each division's provider community.

- The helpline will be established and staffed with employees knowledgeable about the following items at a minimum: Assessment Instruments, Developmental Screening tool, the IT Platform, data providers can access and billing.

- The helpline will be maintained throughout the duration of the contract for each division. There is an expectation of high help line utilization during the first year of implementation, with an expected drop off in the second year of the contract as providers acclimate to new assessment processes. The Vendor will coordinate with DHS to adjust help line labor and operational hours accordingly.

- The helpline staff will be able to direct providers to appropriate state resources when the provider calls about a topic or issue not related to the scope of this RFP through multiple transfer channels including programmed direct transfer, warm transfer and referral.

- PCG will maintain the following draft performance standards with regards to the helpline:

Helpline Draft Performance Standards
95% of all calls will be answered within 3 rings or 15 seconds;
Number of busy signals will not exceed 5% of the total incoming calls;
The wait time in queue will not be longer than 2 minutes for 95% of the incoming calls;
The abandoned call rate will not exceed 3% for any month;
All calls requiring a call back to the beneficiary or provider will be returned within one business day of receipt;
For calls received during non-business hours, return calls to beneficiaries, providers and stakeholders, will be made on the next business day.

The timeliness of all helpline standards will be measured monthly by the PCG's Monthly Program Performance Report. The following screenshots are pulled from the dashboard that PCG provided to the Health Connector on a monthly basis. It illustrates compliance with performance requirements and other data driven indicators of quality. We will provide similar reports to DHS to illustrate compliance with performance standards

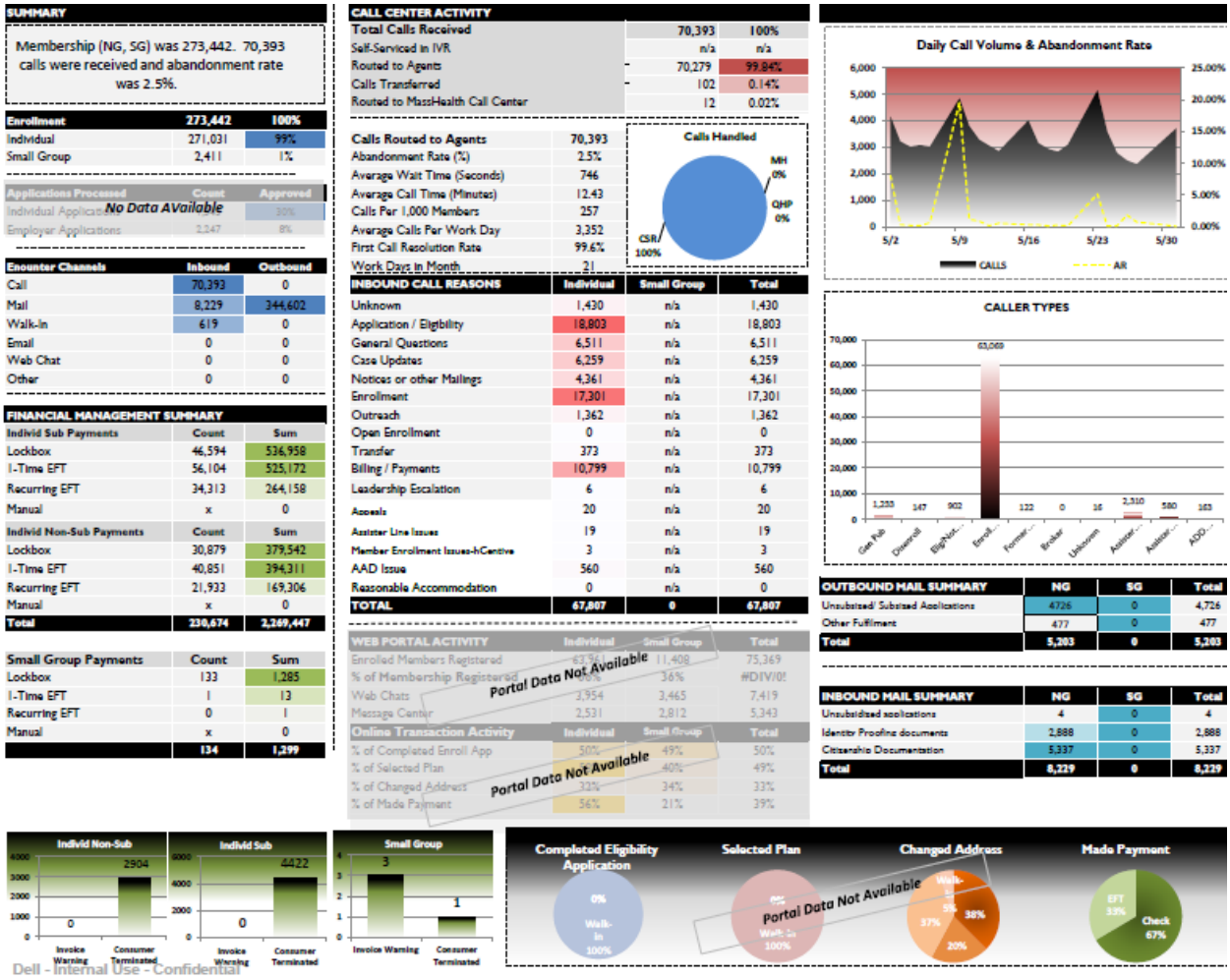


Figure E.5.A.15: Sample Monthly Report on Call Center Activity: PCG bring with us, our strong call center infrastructure as well as our experience on projects like the MA Health Connector.

Training Approach

Immediately upon contract startup we will work with DHS to define all subject matter required by our team to perform their jobs. This will include identifying DHS inputs required. As such, we will collect and review of all governing rules, regulations and program documents, as well as any existing training documents that might be helpful. We will ensure that we provide our staff with cultural sensitivity to the need of DHS constituents. The "soft skills" required to support Providers cannot be reduced to rote memorization and recitation of canned scripts. We understand and respect the importance of developing sensitivity to cultural needs of Members and Providers.

We also know that the work we hope to undertake cannot occur in a silo. We are therefore obligated to have a deep and comprehensive understanding of the DHS delivery system. Given our deep roots in Arkansas, we understand intuitively the importance of knowing the touchpoints with other programs. We recognize that it is simply not possible to build a high-quality training program without first understanding the context in which services are delivered. We look forward to collaborating with DHS and its

stakeholders to inform our training approach. By choosing our team, DHS is selecting a vendor with experience successfully creating and executing on training plans for business operations and call centers ranging in size from 40-180 staff that support work similar in complexity of scope to this program. Our training approach is comprehensive, detailed, and proven. We commit to implementing and maintaining a training plan and program throughout the lifetime of the contract that will include the following:

- A high-level taxonomy and description of the subject matter competencies and skills required for each role, as well as the systems, media (such as PowerPoint, or hands on use case scenario practice), and learning channel, such as instructor led or self-taught computer based training: This will include a proposed format, naming convention, style guide, and version control system for both new hire training and ongoing training including job aides.

- A detailed listing of each module presented to all staff in all roles including training goals, plan to test comprehension and the pass/fail threshold required for each competency and skill and plan to test for each competency.

- A plan to maintain and update training content: We will ensure that DHS has a comprehensive and longitudinal view of all trainings conducted, the dates of the training class, including new hire and remedial training. The plan will also include our methods for providing hands on training in multiple systems using multiple scenarios.

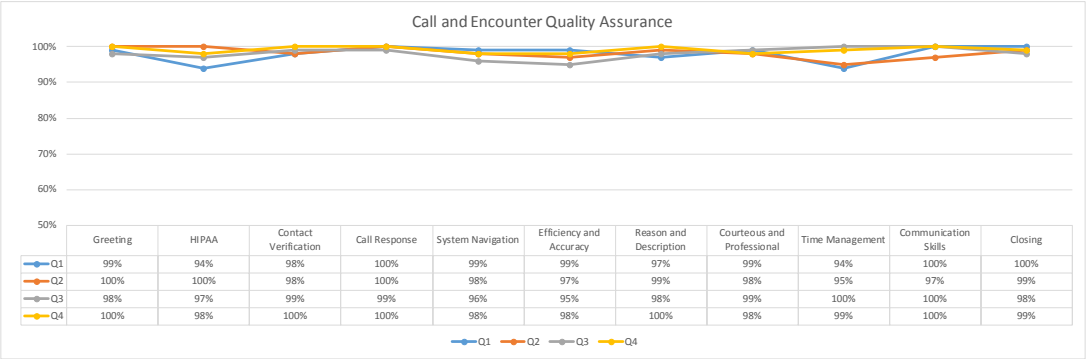
- A plan for testing competency and retention: Our team will use an on-line testing system and other tools to evaluate both trainee and trainer competencies. We will use both our testing plan and data collected through our quality assurance program to identify weaknesses in both staff and content or delivery of content. A common weakness of many operational training programs is to blame the trainee. We take a 360-degree view of all the factors that influence successful training.

Quality Assurance

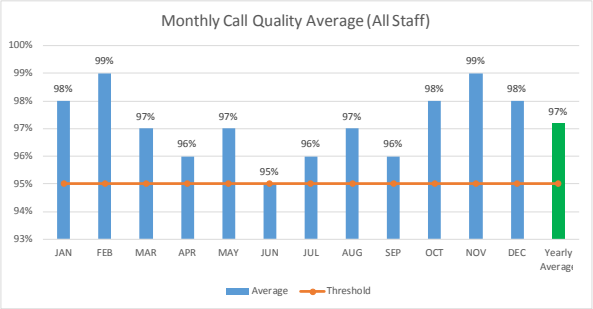
PCG will conduct a rigorous call quality assurance program. We record 100% of all calls. Our monitoring software supports both voice and screen capture. This allows us to both listen to a call and to verify that the CSR used the right technology for the right reason in responding to queries or making outbound calls.

PCG will work with DHS to customize the domains and definitions subject to audit. **We will be fully transparent with DHS and invite representatives to participate in call calibration sessions, where examine and resolve inter-rater reliability discrepancies.** PCG will establish a statistically valid sample for audit with DHS approval of confidence levels. The following screenshot illustrates a typical quality assurance report that PCG provides its clients.

Category	Greeting	HIPAA	Contact Verification	Call Response	System Navigation	Efficiency and Accuracy	Reason and Description	Courteous and Professional	Time Management	Communication Skills
Q1	99%	94%	98%	100%	99%	99%	97%	99%	94%	100%
Q2	100%	100%	98%	100%	98%	97%	99%	98%	95%	97%
Q3	98%	97%	99%	99%	96%	95%	98%	99%	100%	100%
Q4	100%	98%	100%	100%	98%	98%	100%	98%	99%	100%



Month	Average	Threshold
JAN	98%	95%
FEB	99%	95%
MAR	97%	95%
APR	96%	95%
MAY	97%	95%
JUN	95%	95%
JUL	96%	95%
AUG	97%	95%
SEP	96%	95%
OCT	98%	95%
NOV	99%	95%
DEC	98%	95%
Yearly Average	97%	95%



Category	# of Calls Monitored	# of Passing Calls per Quarter	Average Score per Quarter
Q1	5,000	4,900	98%
Q2	4,800	4,608	96%
Q3	4,200	4,046	96%
Q4	4,600	4,523	98%

Category	Q1	Q2	Q3	Q4
# of Calls Monitored	5,000	4,800	4,200	4,600
# of Passing Calls per Quarter	4,900	4,608	4,046	4,523
Average Score per Quarter	98%	96%	96%	98%

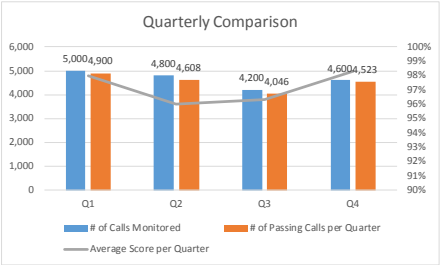


Figure E.5.A.16: Quality Assurance Report Screenshot. PCG will bring with us to this engagement our robust Call Center Quality Assurance program.

A.9. Describe your plan for creating and distributing training manuals for each Division's provider community.

Training Manuals

PCG prides itself on building robust and comprehensive training manuals which provide staff with the information and knowledge required to successfully execute their job functions. PCG has extensive experience creating user manuals for both internal and client use.

In Delaware, PCG was responsible for the combining of Title IV-E Foster Care and Adoption Assistance Procedures Manuals. Project tasks included updating the manual to reflect current regulatory climate, as well as incorporating the use of multiple software applications used in the process of reviewing IV-E cases. PCG also worked with DE staff to interpret Administration for Children and Families (ACF) guidelines and to add a FAQ section, with responses, to the finalized draft of the Procedures Manual.

In Tennessee, PCG used a web-based control system to develop, edit, and issue a Policy and Procedure Manual for the Tennessee Department of Children's Services staff. The manual development followed the analysis of eligibility operations, and target areas of compliance and program integrity as well as revenue enhancement.

In collaboration with DHS, DAAS, DBHS, and DDS, the PCG team will create training manuals containing background and instructional information relevant to the respective assessment and screening instruments, tier determination and requirements, and billing management. Each comprehensive manual will contain all instructions and required information needed to thoroughly and accurately perform each operational task. These manuals will be regularly reviewed by state and PCG staff and updated to ensure applicability.

Each training manual will be published on PCG's provider website thirty (30) days in advance of the Go Live Date. In addition, PCG will utilize GroupMail to send electronic copies of the training manuals to each provider community thirty (30) days in advance of the Go Live Date. Training manuals will also be distributed during every in-person regional training and on-site coaching session.

A.10. Describe your company's plan to notify providers of and perform live webinars in accordance with the schedule and guidelines in RFP Section 3.4 (F).

Training Notification

As mentioned above in *Section E.5.A.5*, PCG intends to use GroupMail to notify providers of live webinars. This email blast will be sent to the provider community thirty (30) days in advance of each scheduled live webinar. Each email will contain the date and time of the live webinar and a link to PCG's provider website. From the provider website, each provider will then be able to access the live webinar. All webinars will also be posted on PCG's provider website thirty (30) days in advance of each scheduled training.

WebEx Software

PCG successfully leverages web technology to conduct webinars, providing audio and visual communication with a live instructor. Questions and answers, as well as participant dialogue, is encouraged and fostered in PCG webinars. **For this project, PCG proposes the use of WebEx to maximize the level of audience participation and engagement.**

Instructor-led live webinars provide realistic, live instruction in a virtual classroom environment. Instructors use PowerPoint slides to provide structure and communicate key concepts. Course participants have access to support materials such as online help, process flows, and quick-reference guides to reinforce their learning. In this environment end users are able to ask and receive answers to any questions during the class, and can submit questions after the course as well. The end of each course includes a course assessment to measure participant knowledge retention that will be recorded for the employee's training record.

Key features of our live webinar delivery include:

- Virtual instructor-led training courses can deliver training to large numbers of end users and multiple locations in short periods of time
- Instructors can easily demonstrate functionality to participants by remotely sharing computer desktops
- Formal assessments can be conducted to identify those who require additional training
- Participants have access to computers and the training environment as an instructor guides them through the curriculum
- Webinar includes presentation, online help, business process flows, end user guides, exercise guides, and quick reference guides

PCG will collaborate with DHS to develop content for the webinars, understanding that DHS must approve all content before program delivery. After completing the development of training materials, team members will thoroughly test the content in the WebEx system, conducting run-throughs of training sessions to confirm optimal content visualization and software effectiveness. *Figure E.5.A.17* shows a live webinar that PCG previously developed and presented to a provider community.

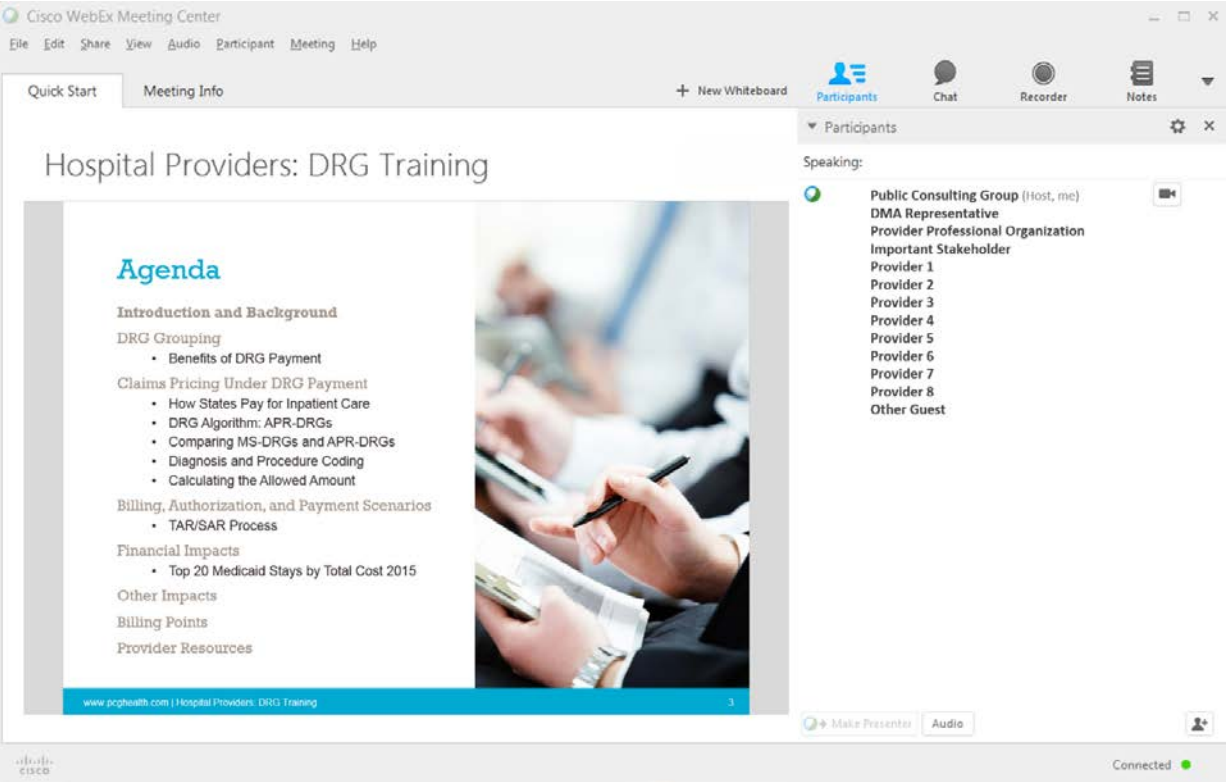


Figure E.5.A.17: Sample WebEx Training for Hospital Providers.

E.5.B Staffing Plan

E.5 TRANSFORMATION SUPPORT, TRAINING, AND RELATED STAFF

E.5.B Staffing Plan

B.1. Describe your proposed staffing plan for support, training and related services, and your process for maintaining a staffing level of your proposed staffing plan.

Transformation Support Staffing Model

PCG is highly experienced in providing staffing, support, and training to major transformative efforts such as this. Our widespread knowledge on all aspects of Medicaid Transformation Support is evidenced in great detail in *Section E.1.B* of this response. We are confident that our proposed staffing model will allow us to effectively conduct all support, training, and related services required for this project without over-staffing.

Transformation Element	Number of Proposed Staff
Training and Support Oversight	1 FTE
Provider and State Staff Needs Assessment	5 FTEs
Training Materials Development	
In-Person Coaching	
In-Person Trainings	
Live Webinars	
Provider Website Maintenance	1 FTE
Helpline	14 FTEs
Total	**21 FTEs**

Figure E.5.B.1: PCG'S Training and Support Staffing Model. We are confident that our staffing model will allow for both supportive and efficient completion of all required support and training related services.

To ensure all required staff are hired in a timely manner, a team of experienced professionals will be physically present in Arkansas to conduct face-to-face interviews and assist with the onboarding and training of hired staff. PCG's complete recruitment and staffing contingency plan can be found on the following pages.

B.2. Describe your plan for recruiting and training staff to meet the minimum staff requirements as set forth in RFP Section 3.4 (G), and your plan for retaining these staff members.

Recruitment at PCG

PCG has grown from a startup firm in 1986 to a national corporation with more than 1,800 employees, and 55 offices in 2016. This proven and consistent track record of staffing growth demonstrates that PCG has the capacity to effectively grow the resources required for this project. PCG will ensure all project personnel meet our requirements by leveraging the skills of our professional recruiters and our extensive employee training resources. We are frequently called upon by new and existing clients to build operational and staffing capacity in a short period of time. We have worked numerous engagements that require us to efficiently fill each identified position with quality staff on a narrow timeline.

To fill identified staff positions in a timely manner, PCG relies on our highly successful Recruitment Process.

Specifically, our recruitment process involves:

1) Assessment of needs

2) Advertise position

3) Screen resumes

4) Telephone follow-up

5) Candidate interviews

6) Reference check

7) Offer letters

Figure E.5.B.2, on the following page illustrates the flow of the recruiting process:

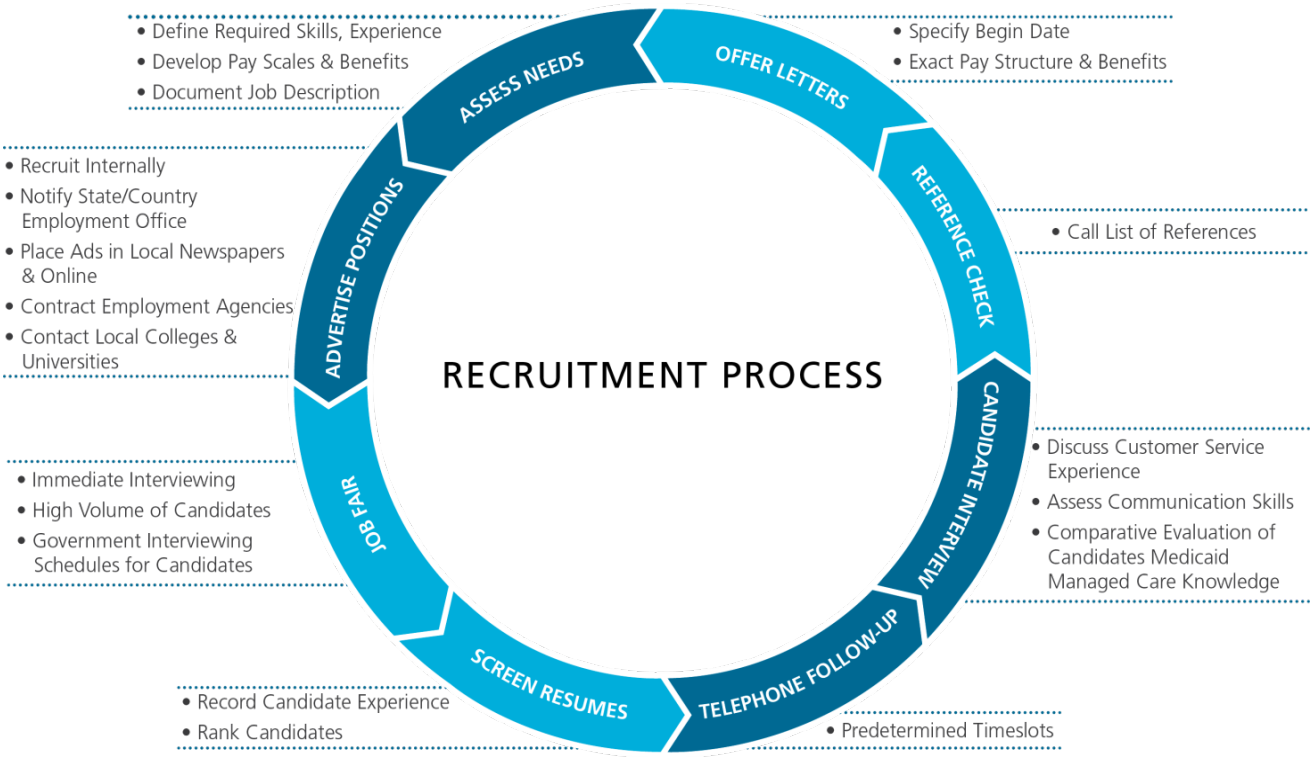


Figure E.5.B.2: Recruitment Process: PCG utilizes an established and successful process to guide our recruitment practices.

Ms. Heather McBrinn, PCG Recruiting Manager will be responsible for the recruiting and search efforts that conform to all state, federal, client and PCG standards and requirements. During the recruitment process, Ms. McBrinn will work closely with Diane Santoro, Chief Human Resource Officer of PCG. Ms. Santoro, formerly Director of Human Resources at Harvard Medical School, brings over 20 years of valuable human resources experience to this project. Working together, Ms. McBrinn and Ms. Santoro will pre-select all potential interview candidates for the positions and relinquish all interviewing and hiring processes to the Team Leads and Project Manager of this project.

Criminal Background Checks

PCG will complete criminal background record checks for all applicants, employees, and subcontractors who will or may have face-to-face contact with or enter the homes of individuals. Results of these checks will be kept in a separate, secure file maintained by PCG with restricted access by general personnel. Records of staff qualifications shall be kept on file by PCG and shall be maintained in accordance with specific licensure requirements.

Staff Turnover

PCG prides itself on investing the time and effort required to recruit and maintain high quality and dedicated staff. As such, PCG demonstrates a low personnel turnover rate. However, PCG fully understands that the quality of the credentials of the key people (i.e., managers and supervisors) that we identify in our proposal is a material factor in the State's decision to enter into this Contract. Should PCG

remove from the work any of the key people submitted in its proposal, or if a key person is unable to maintain employment with the PCG, PCG Team will notify DHS at least fifteen (15) days prior to the vacancy, or immediately upon learning of the vacancy, should the PCG Team be notified with less than fifteen (15) days' notice.

In the event of a substitution request, we will provide DHS with a form, which will include an explanation of the reason for the request, the resumes of both the proposed substitute staff and outgoing staff, and any supporting documentation as requested by DHS.

Proposed new staff will be made available, at DHS' request, to be interviewed prior to DHS' decision whether to approve the new staff.

Contingency Plan

Policies and Procedures for Expanding Staff, Filling Vacancies, and Continuity of Services

PCG knows how important efficient scalability will be to this initiative. We are prepared to manage to this process.

PCG understands from extensive experience that the volume levels provided in the RFP are only a projection of what the actual levels may be for the functions envisioned in this scope. PCG has years of experience successfully initiating projects in which the level of effort was not certain, and we have successfully implemented these projects by leveraging effective processes and systems to demonstrate high levels of flexibility and scalability.

When, and if, there is a need to hire additional staff, whether it be through increased need or replacement staff, PCG staff will immediately coordinate with the HR Director and Employment Manager to fill positions with qualified candidates. PCG will use its Recruitment Process to quickly and effectively identify the most qualified individuals. This process will include reviewing and potentially selecting other employees within PCG that possess the skills and qualifications needed to support the project.

Project staff will meet with the Employment Manager to review skills and relevant experience needed for the project. Recruiting staff will advertise these positions internally to PCG employees and contact Project Managers for assistance in identifying skilled candidates. Project Team Leads and/or the Project Manager will interview leading candidates to assess skill set, previous project experience, and communication skills to insure the best fit for the project.

Our recruitment process also includes a contingency plan for the event when a vacancy cannot be filled immediately; in this scenario, Team Leads will review all functions and deliverables that fall to the position currently vacant and decisions will be made on interim responsibility until a permanent candidate is identified, on-boarded and brought up to speed. Responsibility may be transferred to another member of the existing team, stay with the Team Lead or be moved to skilled in-house staff temporarily reassigned to support the project until the vacancy is filled. These decisions will be made case by case and based on who is the best resource to carry the load in the short term. As part of planning for the project, designated in-house staff with appropriate skill sets and experience will be identified and designated as backup "bench staff" for this contingency.

With over **1,800** employees engaged in multiple projects around the country, many similar in scope to what this RFP call for, we possess a large pool of talent to draw from. We are prepared to reallocate staff, as appropriate, to fill key vacancies. Our focus will be on identifying candidates with similar project experience that can rapidly familiarize themselves with the services needed and provide a seamless transition in filling vacancies for project personnel. PCG's deep bench of highly-skilled staff provides PCG the ability to ensure services will be delivered continuously and without impact to the project timeline or deliverable deadlines.

B.3. Describe your company's plan to conduct provider outreach for the transformation support and training services component of this RFP.

Provider Outreach for Transformation Support

The PCG team understands that changes in processes can be challenging for those directly affected. As such, we are committed to assisting each and every provider through the transition. **A complete description of our transformation support and training services can be seen in *Section E.5.A*. This includes state-of-the-art online computer based trainings as well as informative and accessible in person trainings.**

The PCG Team will work with each Division to ensure that the particular needs of their provider populations are met. While this may result in modified versions of the outreach plan for each provider group, PCG plans to conduct provider outreach by leveraging multiple modes of communication, including, but not necessarily limited to:

E-Mail Blasts	In coordination with DHS, and each Division, the PCG Team will work to collect any available e-mail addresses on record for providers. With DHS' approval, PCG will send e-mail updates to providers, advising them of the resources available to them (including the Provider Portal and Help Line), as well as notifying them of upcoming training sessions.
DHS Publications	If, at DHS' discretion, there is an opportunity to provide outreach information in conjunction with DHS-issued communications, the PCG Team will submit to DHS, for review and approval, materials which may be included in state-generated mass communications, such as a bulletin or newsletter targeting providers.
Provider Website	PCG will continually update our Provider Portal with transformation updates, manuals, training materials and presentations, and other information and documentation as it becomes available. The Portal will also include information on upcoming training sessions (both in-person and webinar), and how to contact PCG for support or other questions.
Help Line	The Help Line maintained by the PCG Team will serve as a resource to providers, answering questions, and connecting providers to the appropriate resources to provide information around transformation supports and trainings.

E.5.C Timeline and Transition Plan

E.5 TRANSFORMATION SUPPORT, TRAINING, AND RELATED STAFF

E.5.C Timeline and Transition Plan

C.1. Provide a proposed timeline that outlines your company's plan to accomplish the following milestones during Start-up in preparation for the 7/1/16 Go-live for Assessment Instruments and Tier Determinations:

- *Assessment of Educational Needs*
- *Development of Training Curriculum and Materials with DHS*
- *Website Development*
- *Intensive Period Operations, RFP Section 3.4(I)(5)*
- *Exit Transition Period, RFP Section 3.4(I)(6)*

Work Breakdown Structure and Timeline Description

PCG Health understands that all aspects of this endeavor, including Transformation Support, Training, and Related Staff, involve many moving parts and sensitive timelines. To ensure PCG accomplishes the specified milestones and meets deadlines as outlined in the RFP, **PCG will bring our Project Management Office (PMO) to this engagement.** Our PMO operates under the project management processes and terminology laid out in the PMI's *Project Management Body of Knowledge* (*PMBOK*®) Guide. Utilizing these specific project management methodologies and strategies, PCG will be equipped to track deliverables and mitigate risks during all phases of the contract and successfully complete project milestones on time.

PCG's comprehensive plan will keep stakeholders aligned throughout the transition.

During the planning phase, the PCG PMO Team will develop several project management documents including a Work Breakdown Structure and a Timeline, which incorporate the expectations and requirements of the Start-up period. **PCG understands that formal planning and ongoing tracking are the foundation of effective project management.** A Work Breakdown Structure (WBS) is the first project management document that we will produce for each phase of this contract. The document will lay out the entire project scope determined during PCG and DHS's initial project requirement meetings. The WBS first organizes the project by milestones and deliverables, and further stratifies these items into work packages and activities. **The WBS is designed to keep the project team and stakeholders aligned and will be updated with approved project changes as necessary.**

In conjunction with the WBS, the Timeline will delineate the milestones, deliverables, work packages, and activities to include deadlines for accomplishing the following for the 7/1/16 Go-live date:

- Assessment of Educational Needs
- Development of Training Curriculum and Materials with DHS
- Website Development
- Intensive Period Operations, RFP Section 3.4(I)(5)
- Exit Transition Period, RFP Section 3.4(I)(6)

Both the WBS and the Timeline will be presented and submitted to DHS for approval. Below is a proposed timeline of major tasks and approximate deadlines associated accomplishing each milestone.

Milestone	Major Task	Timeline	Approx. Deadline
Anticipating Contract Commencement Date of March 1, 2017 and Go-Live Date of July 1, 2017.			
Assessment of Educational Needs (E.5.A)	Finalize and obtain DHS approval for the Transformation Support and Training Timeline	15 Days of Contract Commencement	March 15, 2017
	Conduct training needs assessment of all provider communities. Identify and help anticipate areas where the provider community will need the most support and training as DHS transitions to: • New assessment processes • Tier Determinations • Other systemic changes	30 Days of Contract Commencement	March 31, 2017
	Conduct assessment of DHS staff capabilities and needs regarding: • IT Platform • Assessment background • Assessment administration • Assessment outputs • Developmental Screenings • Tier Determination process • Changes in financial structures	30 Days of Contract Commencement	March 31, 2017
Development of Training Curriculum (E.5.A)	Develop and submit for DHS approval for Provider training curriculum and materials addressing the following objectives: • Assessment Instrument Background • Assessment Instrument Administration and Outputs • DDS' screening tool • Divisional Tier Requirements • Tier Determination Processes • Billing Management Processes	30 Days of Assessment of Educational Needs	April 30, 2017
	Develop and submit for DHS approval for DAAS, DBHS, and DDS staff training curriculum and materials addressing the following objectives:	30 Days of Assessment of Educational Needs	April 30, 2017

Milestone	Major Task	Timeline	Approx. Deadline
	• Interfacing with the Assessment IT Platform • Assessment Instrument Background • Assessment administration and outputs • DDS' screening tool • Assessment results to Tier Determination processes • Provider billing structure as a result of new Assessment Instrument and Tier Determination implementation		
	Revise Provider and DHS staff training curriculum and materials based on feedback from DHS if not approved	TBD by DHS	TBD by DHS
Website Development (E.5.A)	Develop website with training materials and support information including: • Schedule for in-person regional trainings and live webinars • Trainer contact information • Help line information • Online version of training manual • Recorded trainings	30 Days Prior to Year 1 Operations	June 1, 2017
Intensive Period Operations (E.5.A)	Intensive Period: DBHS Provider Community Training • Necessary additional resources will be provided to delivery training during the Intensive Period • In-person training or webinar will be delivered to 90% of providers and stakeholders within 180 days	April 1, 2017 – December 31, 2017	
	Intensive Period: DAAS Provider Community Training • Necessary additional resources will be provided to delivery training during the Intensive Period • In-person training or webinar will be delivered to 90% of	June 1, 2017 – December 31, 2017	

Milestone	Major Task	Timeline	Approx. Deadline
	providers and stakeholders within 180 days		
	Intensive Period: DDS Provider Community Training • Necessary additional resources will be provided to delivery training during the Intensive Period • In-person training or webinar will be delivered to 90% of providers and stakeholders within 180 days	June 1, 2017 – December 31, 2017	
Exit Transition Period (E.5.C.2)	Develop Exit Transition Plan	Prior to Exit Transition Plan Submission Date	
	Finalize and submit Exit Transition Plan to Contract Monitor for approval	60 Days Prior to Exit Transition Period Start Date	March 1, 2019
	Begin Exit Transition Period	60-90 Days Prior to Contract End Date	April 1, 2019 – June 30, 2019

For more information on each of the milestones, please refer to the proposal section number, listed in parentheses below each line item.

C.2. Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP.

End-of-Contract Transition Plan

PCG understands that a well-defined End-of-Contract Transition Plan and successfully implemented Exit Transition Period are integral to ensuring DHS operations and services to beneficiaries are minimally, if at all, interrupted. We acknowledge that sixty (60) days prior to the end of the Contract, PCG will begin an Exit Transition Period. We will work in tandem with PCG Health's PMO to develop a WBS and Timeline for the End-of-Contract Transition Plan, which we will then submit to DHS for approval at least sixty (60) days prior to the beginning of the Exit Transition Period. PCG will commit to working with DHS and if applicable, any new contractor, to ensure smooth, efficient, and prompt transition of contract responsibilities and operations.

Below is a general end-of-contract transition plan and timeline to address the key components outlined in the RFP Section 3.4(J).

End-of-Contract Transition Plan Activities	Approximate Deadline
Anticipating Contract End Date of June 30, 2019	
Develop Exit Transition Plan to include the following tasks: • Identify the Transition Team including Transition Director, Transition Manager, Transition support staff, and representatives from the Project Management Team, IT Platform Team, Provider Training Team, and SME Team • Determine transition roles and responsibilities of PCG, DHS, and any new vendors • Coordinate internal transition planning meetings • Attend transition planning meetings with DHS and any new vendors • Update and compile program information, details, and documentation • Update and compile training and educational materials • Facilitate transfer of responsibilities, information, training and educational materials to DHS and any new vendors • Develop transition communication plan	Prior to Exit Transition Plan Submission Date
Finalize and submit Exit Transition Plan to Contract Monitor for approval	March 1, 2019
Begin Exit Transition Period	April 1, 2019 – June 30, 2019
PCG will transition contract responsibilities to DHS and new contractor	April 1, 2019 – June 30, 2019
PCG will provide DHS and new contractor program information and details in a format specified by DHS	April 1, 2019 – June 30, 2019
PCG will facilitate the transfer of training and educational materials, etc. to DHS and new contractor	April 1, 2019 – June 30, 2019

E.6 Key Personnel and Other Staffing Requirements

E.6 KEY PERSONNEL AND OTHER STAFFING REQUIREMENTS

Section Summary

In this *Section E.6 Key Personnel and Other Staffing Requirements*, you ask us to describe several standard personnel practices (including replacement of key personnel; background, licensure and debarment checks; and compliance with state laws - e.g. maltreatment of children and adults). Perhaps more importantly, you ask us to describe our overall approach to staffing the project.

In the response that follows, the Evaluation Team will learn that:

- PCG will provide - Day 1 - two outstanding candidates as Project Manager and Project Director respectively, both of whom are long-time employees deeply involved at PCG in project work that focuses on the programs and populations of DAAS, DBHS, and DDS.
- In addition, PCG is proposing an Engagement Advisor who is exceptionally competent and highly attuned to the local environment to help ensure contract operations remain continually aligned with Arkansas' broader policy goals and objectives.
- PCG currently has a half dozen active Arkansas projects and we have never had to invoke the Key Personnel departure protocol.
- PCG has designed an organizational chart and staffing plan blends domain subject matter experts with clinical resources that have worked with the target populations.
- Arkansas will have access to the very same people who are responsible for the accomplishments and achievements cited throughout the proposal. We do not take credit for a project success and then withhold the individuals who made it so.
- PCG's existing HR protocols for background checks and ongoing monitoring, licensure verification, and subcontractor oversight align completely with the RFP requirements.

A.1. Describe in detail how the proposed full-time administrator (Project Director) and full-time Project Manager's experience and qualifications relate to their specific responsibilities. Include a resume for your Project Director and Program Manager.

Proposed Project Management Team

The PCG Team will fill the two mandatory positions on Day 1. **We commit that both our Project Director and our Project Manager will be committed to the project 100% of the time per the RFP requirement.** We further commit to meet the onsite requirements for both positions also defined in the RFP.

Our proposed staff have worked closely with DAAS, DBHS, and DDS populations.

We are proposing two current employees of the firm, who are both well-qualified and reduce client risk. First, these two individuals are deeply involved at PCG in **project work that focuses on the programs and populations of DAAS, DBHS, and DDS**. Second, they are **long-time employees of PCG**. We place great emphasis on bidding highly experienced staff with subject matter expertise *and* PCG tenure on large and multi-dimensional projects such as this. Contingent, new, or even recent hires place the client at risk no

matter their resume during those critical first weeks and early months of the project. That is because they take control of an important project unfamiliar with their employer's project management approach, organizational culture, and the company's mission, vision, and values. We believe staffing decisions such as these must be made to minimize client risk during that all-important implementation phase when first impressions are made and project direction is established.

We are pleased to present Mr. Kevin Hutchinson as Project Director and Mr. Jay Peck as Project Manager.

Project Director – Mr. Kevin Hutchinson

Mr. Hutchinson is a Manager at PCG which is a senior level job title and, in our view, equates to seniority level implied by the RFP's use of the term "officer." Mr. Hutchinson directs both our Ohio and North Carolina projects described throughout this proposal, both of which are similar in size and scope to this procurement.

By way of background, **Mr. Hutchinson leads PCG's Medicaid LTSS/HCBS Oversight and Management team, comprised of over 100 staff**, inclusive of approximately 50 clinicians, who collectively have more than 250 years of experience with aging, I/DD, and behavioral health populations, and the long-term care and home and community based services needed to support them.

He oversees a range of service delivery components and functions in his leadership role including:

- ***Site Visits*** – oversees three different teams who conduct provider site visits to ensure Medicaid compliance

- ***Payment Compliance*** – manages a team of clinical reviewers who review plans of care, service notes, and aid logs, to ensure that paid services were provided in compliance with rule and policy

- ***Patient Health and Safety*** – manages a team of clinicians who investigate more than 1,000 complaints or incidents each month, regarding abuse, neglect, accident, injury, and death. Clinicians work with providers, case workers, and caregivers to ensure person-centered plans are followed and ensure the health and safety of the aged and disabled individuals

- ***HCBS Settings*** – works with three states to ensure community-based facilities are in compliance with the CMS settings rule

- ***Prior Authorization*** – works with clients to ensure that service authorizations are conducted properly, and that due process is ensured for those appealing adverse decisions

- ***Fraud and Abuse*** – oversees the identification and reporting of more than ten cases of fraud per month to law enforcement.

For the past eight years, Mr. Hutchinson has focused on long-term services and supports (LTSS), home and community based services (HCBS) and community-based behavioral health programs. He has extensive knowledge of Personal Care Attendant Services, Home Health, hospice, and community-based behavioral health programs. He has worked with multiple state plan services, 1915(c) waiver programs, Money Follows the Person, and Duals Demonstration programs, under both fee for service and

managed care environments. He has designed and implemented improvement models, through which Medicaid programs can better manage the delivery of LTSS/BH/DD services.

More broadly, Mr. Hutchinson has 18 years of experience in Medicaid, state government, and management consulting. **His leadership and subject matter expertise in Medicaid programs and policies enable him to efficiently and successfully manage complicated projects, especially during the critical implementation period.** As Project Director, Mr. Hutchinson will be responsible for:

- finalizing the Project Implementation Plan with DHS;
- planning, directing, and coordinating lead activities of the project to ensure contract requirements, milestones, deliverables, timelines, and performance standards are met;
- establishing work plans and staffing plans for each phase of the project;
- reviewing project status reports and communicating updates to DHS;
- recognizing and resolving potential issues and insufficiencies; and
- overall quality and management of implementation and operations.

Please refer to *Appendix A* for Mr. Hutchinson's full resume.

Project Manager – Mr. Jay Peck

Mr. Jay Peck is a Senior Consultant at PCG which is one step below our managerial job rank. Mr. Peck played a key role in the implementation of both the Ohio and North Carolina projects described throughout this proposal, and currently acts as the project manager for each. Both the Ohio and North Carolina projects are similar in size and scope to this procurement. He manages subcontractor relationships as part of his job responsibilities.

By way of background, **Mr. Peck manages a clinical team of more than 15 RNs and LCSWs, each with decades of experience in serving the target populations named in the RFP.** He manages a range of business functions across his current project work, leveraging skills that are easily transferable to what will be his Arkansas responsibilities:

- ***Provider Compliance*** – manages a team of clinical reviewers who review plans of care, service notes, and aid logs, to ensure that beneficiaries receive the care they need, and that billed services were provided in compliance with rule and policy

- ***Prior Authorization*** – works with clients to ensure that service authorizations are conducted properly, that due process is provided for beneficiaries with reduced services, and appeal workflows are monitored

- ***Fraud and Abuse*** – leverages data analytics to identify aberrancies in provider behavior, and subsequent in appropriate billing.

For the past ten years, Mr. Peck has focused on Behavioral Health, Developmental Disability, and Home Care service programs. **He has worked with multiple state agencies, as well as managed care organizations, to assess the delivery of services to vulnerable populations.** He has overseen the implementation of large-scale operations, including a statewide HCBS implementation staffed by 50+ clinicians and investigators, and a call center operation to handle provider questions and concerns. His

experience includes the review of clinical assessments, Plans of Care, and service documentation to ensure that Medicaid members were receiving appropriate care to meet their needs.

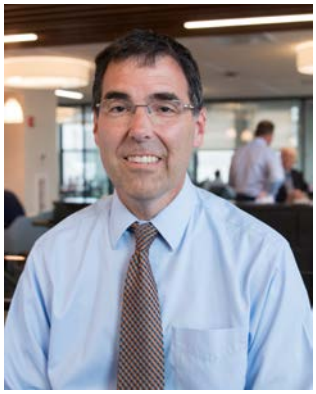
More broadly, Mr. Peck has over 12 years of experience in health and human services, technology, and management consulting. **His hands-on, "in the trenches" management style align perfectly with the operational nature of this engagement which requires the efficient utilization of human resources in a field setting.** His reserved and thoughtful demeanor makes him an ideal choice to manage subcontractor relationships. As Project Manager, Mr. Peck will be responsible for:

- coordinating the implementation and operation of all project requirements listed in the Scope of Work;
- leading tasks as outlined in the Project Implementation Plan and ensure contract requirements, milestones, deliverables, timelines, and performance standards are met;
- measuring project performance using appropriate performance standards and metrics;
- recognizing and resolving potential issues and insufficiencies;
- performing risk management to minimize project risks;
- escalating concerns to Project Director and DHS consistent with project management protocols;
- Managing work plans and staffing plans for each phase of the project; and,
- creating and maintaining comprehensive project documentation, including status reports.

Please refer to *Appendix A* for Mr. Peck's full resume.

We would also like to introduce a third member of our proposed organization. We are pleased to present Mr. Rich Albertoni as the Engagement Advisor.

Engagement Advisor – Mr. Rich Albertoni



Mr. Albertoni is a Manager at PCG and currently directs all our health projects in Arkansas with the Health Insurance Marketplace and the Insurance Department. By way of background, **Mr Albertoni is the firm's leading policy consultant for state health care transformation, playing key roles on PCG's marketplace, Medicaid expansion, managed care, and mental health reform projects.** Mr. Albertoni specializes in helping states find unique solutions to healthcare innovation challenges.

He approaches transformation consulting by first assessing policy, programmatic, political, ideological, fiscal, and organizational factors *at the local level.* He then uses that local perspective as the prism through which he translates the national perspective -- developments, trends, requirements, and opportunities. This enables him to consistently find solutions that are practical, feasible, and realizable in the existing environment. He practices the art of the possible and leaves the academic and theoretical analysis to others.

Mr. Albertoni's approach is partially informed by his years in state government in the State of Wisconsin, serving first under Governor Tommy Thompson. In all, Mr. Albertoni spent almost 20 years in state service, holding a variety of senior positions in the Medicaid program. Mr. Albertoni has been with PCG since 2011. While his flagship client is the State of Arkansas, he has worked in Mississippi, Alabama, Tennessee, Washington, and New Hampshire, among other states.

Among his duties under this engagement, he will work tirelessly to help ensure contract operations stay continually aligned with Arkansas' broader policy goals and objectives. He will help coordinate PCG's interactions with the Commissioner's Office as well as the Division Directors. He will serve as a point of contact for external organizations such as advocates, stakeholders, the provider community, and industry groups. He will leverage his intimate knowledge of the health and government landscape to inform the day-to-day operations of the project whenever appropriate.

Mr. Albertoni is well-suited to this particular role given his history with Arkansas. He has spent significant time in Little Rock over the last few years, managing projects and offering thought leadership on major initiatives such as this initiative, the Private Option, ArkansasWorks, and Employer Sponsored Insurance (ESI) as well as people, process, and technology issues at DHS and AID.

A.2. Describe your plan for substitution or replacement of Key Personnel.

Replacement Plan

The PCG Team understands the importance of having a plan in place, acceptable to DHS, for substituting or replacing Key Personnel. By definition, if not title, Key Personnel are critical assets to any project and can be an important determinant project success, especially in the short-term. **PCG's standard protocol – we are managing more than a thousand projects across the entire firm at any one time and must have contingency plans like this in place as a matter of standard operating procedure -- for substituting or replacing key staff is closely aligned with your RFP requirements.**

In the event of a vacancy, or requested substitution, in a Key Personnel position, the PCG Team will notify DHS at least fifteen (15) days prior to the vacancy, or immediately upon learning of the vacancy, should the PCG Team be notified with less than fifteen (15) days' notice. In the event of a substitution request, we will provide to DHS a form, which will include an explanation of the reason for the request, the resumes of both the proposed substitute staff and outgoing staff, and any supporting documentation as requested by DHS.

PCG's standard staffing protocol aligns closely with the RFP requirements.

Proposed new staff will be made available, at DHS' request, to be interviewed prior to DHS' decision whether to approve the new staff.

To further prepare or protect against disruption in staffing for this particular project, PCG plans to take the following additional step. Upon award, we will instruct our in-house recruiters to commence identifying potential job candidates for all positions named on the organizational chart found in the following section. **Our objective is to identify and gauge the future availability of potential job candidates if their talents were to be required.** We will focus initially in Arkansas and nearby states and then expand nationally looking for relocation candidates. Our objective is to develop an up-to-date rolodex of qualified and vetted replacement candidates that would expedite our substitution/replacement process. We are encouraged that we have already been contacted by private sector job candidates who are aware of your procurement.

Finally, as stated above, we agree with the appropriateness of a Key Personnel protocol. But we wanted to offer the Evaluation Committee some data. As explained elsewhere in this proposal, PCG has partnered with Arkansas state agencies, including DHS, AID, DCE, and AHIM, for several years. **At no time during**

those projects has PCG needed to invoke the Key Personnel protocol. That is because same key PCG staff that began those projects – for example, Rich Albertoni, Amy Ferraro, Kelly Gallagher, Christian Jones, and Aaron Holman – are still with PCG and are still working on those projects.

A.3. Describe your proposed staffing plan and your process for maintaining staffing levels in accordance with your proposed staffing plan.

Project Management Organizational Chart

Figure E.6.1 represents how PCG proposes to organize its resources in order to execute the Scope of Work. Our staffing plan is distinctive for several reasons:

Strong Top Management

As discussed in *Section A.1* above, our proposed Director and Manager are not only deeply involved project work that focuses on the programs and populations of DAAS, DBHS, and DDS but are also accomplished project managers within the subject area.

The Same Successful People

We are bidding the same people from CIM, LifePlans, and PCG who were responsible for all the achievements and accomplishments we cite throughout the proposal. The same people who built the successful assessment IT platform for the State of New York will build the IT platform for Arkansas. The same individual who has trained provider, state, and stakeholder staff in other states for PCG will do the same work for Arkansas.

Cross-Functional Expertise

The resource model blends individuals from Public Consulting Group that are program experts in aging and adult services, behavioral health services, developmental disabilities services, and early intervention with clinical resources that are highly experienced working directly with members of the target population.

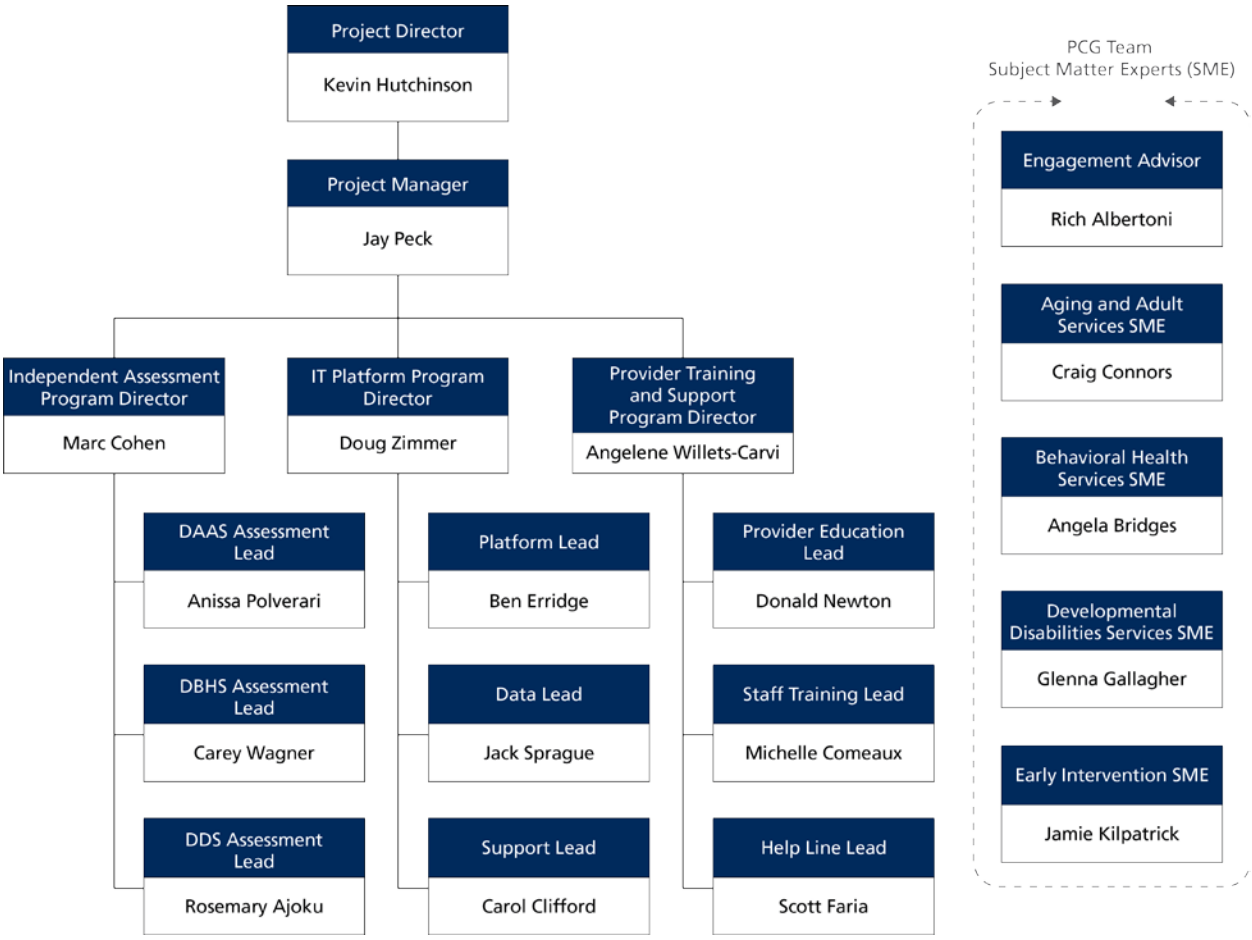


Figure E.6.1: Proposed Management Team Organizational Chart.

The roles of the PCG Team are outlined in the above organizational chart. Please refer to the *Personnel Profile Summary* below for biographies of all principal PCG Team members. Full resumes for all team members are included in *Appendix A.*

Staff Skill Sets

The staffing plan for this project is distinctive for the multiple and well-developed skill sets that will be applied to the Scope of Work. The Independent Assessments and Transformation Support project will require strong subject matter expertise, capable clinical staff, highly skilled information technology resources, excellent project management abilities, and a deep understanding of the existing local environment to be successful. We have assembled just that type of staff, a group of seasoned professionals who will be dedicated to supporting DHS, In the paragraphs that follow, we make further reference to these skill sets.

Subject Matter Expertise

PCG's programmatic subject matter expertise is unrivaled. We have a broad and deep footprint in Medicaid and with these programs and populations, in particular. We are working today in more than 30 state Medicaid agencies. Our current and recent project work involves the aged, behavioral health, and

developmentally disabled populations. As stated in greater detail elsewhere in this proposal, but worth repeating here:

- We work directly with the developmentally disabled, behavioral health, and aged populations in more than 20 states through our consumer direction product offering;
- States as diverse as Ohio, West Virginia, Washington, North Carolina, and Alaska have engaged PCG for project operations and consulting work in those three domains; and,
- Throughout this proposal we utilize a map of the United States repeatedly to demonstrate a representative number of states in which we apply our subject matter expertise, whether it is the development of curriculum and training materials, stakeholder outreach and education, target population interaction.

Capable Clinical Staff

LifePlans has been helping long-term care and health insurers, plans, and providers manage risk through innovative and evidence-based solutions since 1987. They are dedicated to driving demonstrated improvements in health outcomes and insurer performance. **They have been managing a nationwide clinical network for nearly three decades and attract licensed, trained, and qualified staff who enjoy project-oriented work.** LifePlans seeks to attract nurses who are motivated by the opportunity to impact client health in a community setting, a throwback to the days when the provider came to the patient, not the other way around.

Moreover, their management team is experienced in working with government and industry on health policy research, analytic design, and research design for measuring return on investment from clinical investments.

Please note that LifePlans intends, with the State's permission, to identify, recruit, and interview any nurses currently working under DHS whose employment situation may be disrupted by this initiative.

Highly Skilled Information Technology Resources

The Center for Information Management, Inc. has been building IT (information technology) solutions in partnership with its customers since 1980. CIM Inc. operations presently encompass IT strategic planners, software developers, quality assurance testers, an automated help desk, and a fully equipped and secure application hosting data center. They serve a diversified group of clients, including government agencies, non-profit organizations, and businesses.

CIM will work closely with each Division to create and IT solution that matches the desired standards.

The information technology resources that CIM applies are not only highly skilled, but unique. **CIM specializes in helping customers who are unable to find a software package that truly meets all their needs or are frustrated with incomplete information from their patch quilt of several packages and self-programmed tools, such as spreadsheets.** In some ways, this applies to the technology environment facing DHS today. A platform does not exist to the benefit of DBHS and DDS and the one that services DAAS is not high-performing. CIM will take the time to learn how each division wants their technology to work and then customize their New York application to create an information management solution that matches those unique

processes. Their richly-featured portable and web-based tools are engineered to be versatile and flexible, making customization a cost-effective alternative to the limitations of pre-packaged software systems.

Also, being in business since 1980 means CIM will be there when its customers need solution support and maintenance.

Excellent Project Management Abilities

The PCG Team can offer DHS a unique ability to manage this large and consequential endeavor so that the sheer volume of activity, surrounded by many moving pieces, operates efficiently and in congruence with one another. **We have highly developed project management protocols that are based on PMBOK and other management principles.** PCG is committed to the discipline that is required to offer the highest level of project management and oversight. We can, and will, successfully map the multiple processes that this transformation will affect and anticipate operational change requirements before they present themselves.

Deep Understanding of the Local Environment

We believe we can state with confidence that no other vendor bidding this engagement has spent more time in Arkansas and knows the environment as well as PCG. **We believe this is a tangible asset as DHS moves this initiative forward which is a key component of the Governor's larger health care vision**. We have worked in state agencies for many years, more recently we have provided thought leadership on health care policy. We have achieved results in those agencies while getting to know agency staff and their constituents and stakeholders. We have our own local presence in Little Rock, with staff living in the area – one employee even serves in the Arkansas National Guard. We have participated in the community as well, organizing donations to the local chapter of the Red Cross when tornados struck Vilonia, Mayflower, and other communities.

Maintaining Staffing Levels

PCG agrees to grant DHS unlimited access to key personnel on the PCG team for discussions on all aspects of the planning, implementation and operation of this project. **PCG will not make any permanent or temporary changes in key personnel assigned to this Contract without DHS's prior written approval.** We also understand that DHS reserves the right to approve all key personnel assigned to this contract, and replaced throughout the life of the contract. Further, *Section A.2 Key Personnel* above describes PCG's plan to establish and maintain a pipeline of qualified and vet job candidates to address any staff turnover. For LifePlans, whose clinicians represent the vast majority of staff on the project, the ability to maintain staffing at desired levels is woven into their business model given their nature. But with a rolodex of 4,000 nurses, and an industry trending away from hospital-based employment towards self-employment, we are confident we will always have sufficient numbers of nurses.

Personnel Profile Summary

PROJECT DIRECTOR, KEVIN HUTCHINSON, MPP

Mr. Kevin Hutchinson will be responsible for the oversight, coordination, and operation of all aspects of contract activities.

Mr. Hutchinson lead's Public Consulting Group's Medicaid LTSS/HCBS/BH Oversight and Management team. He has more than 15 years' experience in Medicaid, state government, and management consulting, with a strong focus on delivery systems of LTSS, HCBS, IDD, Aging, and Community Behavioral Health.

He has aids his clients in transforming their oversight systems to strike a balance between ensuring appropriate authorizations, high quality service delivery, and compliance monitoring. This work has resulted in saving tens of millions of dollars, increasing efficiency while improving performance, quality, and compliance. He oversees a staff of more than one hundred professionals, including approximately 50 full-time clinicians. This team responsible for more than 1,400 reviews, investigations, and screenings each month.

PROJECT MANAGER, JAY PECK

Mr. Jay Peck will be responsible for managing, coordinating, and implementing the operations of contract activities.

Jay Peck is a Senior Consultant in PCG's Raleigh, NC office. Mr. Peck has over 11 years of experience in health and human services, technology, and management consulting. His primary focus has been in the area of Medicaid compliance and Program Integrity, having implemented and overseen Medicaid pre-payment and post-payment claim reviews in North Carolina, as well as Medicaid provider monitoring projects in Ohio and North Carolina. In addition to Medicaid, Mr. Peck has experience in compliance reviews under the Social Security Act and auditing similar claims as part of a quality control initiative. He has assisted multiple states in completing ACF Federal Title IV-E Audits. Mr. Peck received his undergraduate degrees from Syracuse University.

INDEPENDENT ASSESSMENT PROGRAM DIRECTOR MARC COHEN

Mr. Marc Cohen will be responsible for all implementation and administration of Independent Assessments and Developmental Screens. All assessors will report to him.

Over his 30 year career at LifePlans, Dr. Cohen has conducted extensive research and analysis on a variety of public policy issues affecting the financing and delivery of long-term care services and the development and growth of the long-term care insurance market. Dr. Cohen has consulted widely to the health and long-term care insurance industry, implemented new and innovative risk management and prevention programs affecting elderly populations, and testified before Congress on issues related to long-term care financing and private insurance. Dr. Cohen received his Ph.D. from the Heller School at Brandeis University and his Master's Degree from the Kennedy School of Government at Harvard University.

Dr. Cohen has spent over 30 years managing the creation, administration and completion of health assessments for various populations. Dr. Cohen was a pioneer in introducing Activities of Daily Living (ADL's) as a measure used during in-person assessments to help determine benefit needs for the long term care industry.

IT PLATFORM PROGRAM DIRECTOR, DOUG ZIMMER

Mr. Doug Zimmer will be responsible for all IT Platform and Application development, modifications, customizations, implementation, and operations. All IT employees will report to him.

Mr. Zimmer founded Center for Information Management, Inc. in 1980 and has served as Principal and Co-owner ever since. He is a seasoned expert, with over 35 years of experience, on all matters relating to information management, specifically systems design & analysis, automated management information systems and strategic planning and consulting on technology. Mr. Zimmer led CIM's effort for the State of New York, Department of Health in the design and development of a metamorphic "Uniform Assessment System" to be utilized for eligibility determination and ongoing reassessment for all Medicaid-funded long

term care programs serving aging and disability populations. Mr. Zimmer will bring his extensive background and closely aligned experience to this engagement.

PROVIDER TRAINING AND SUPPORT PROGRAM DIRECTOR, ANGELENE WILLETTS-CARVI

Ms. Angelene Willetts-Carvi will be responsible for the assessment, development, and delivery of provider training and transformation support. All training employees and helpline staff will report to her.

Ms. Angele Willetts-Carvi is an Operations Manager at Public Consulting Group. Mr. Willetts-Carvi currently works heavily on PCG's project with the Ohio Department of Medicaid. The work performed under this contract includes Provider, Enrollment, Screening and Oversight. Ms. Willets-Carvi is responsible for the Provider Oversight aspect of this work, and supervises a team of investigators who investigate incidents of individuals on the Home and Community Based Services Home Care Waiver. She is a subject matter expert on waiver services, state plan services, provider occurrences, abuse, neglect, misappropriation, HIPAA, billing, and fraud.

ENGAGEMENT ADVISOR, RICH ALBERTONI

Mr. Rich Albertoni will serve as the engagement advisor to ensure all contract activities are aligned to the landscape of Arkansas and specificities of Division of Aging and Adult Services, Division of Behavioral Health Services, and Division of Developmental Disabilities, respectively.

Richard Albertoni is a seasoned veteran of Medicaid and state health care innovation. His long tenure with the Wisconsin Department of Health Services (1992-2000 and 2003-2011) included several Medicaid leadership roles - Director of Eligibility, Deputy Director of Fiscal Services and Section Chief for the Hospital and Pharmacy benefits. Mr. Albertoni served as a key member of Wisconsin's Medicaid leadership team on several high profile projects. These included implementation of a hospital assessment, expansion of BadgerCare Plus eligibility, competitive procurement for managed care, approval of 1115 demonstration waivers and commencement of payment reform.

Since joining PCG in 2011, Mr. Albertoni has been the firm's consulting lead on state healthcare transformations ranging from Health Insurance Marketplace implementation, Medicaid expansion, Managed Care Implementation and Mental Health System Reform. He specializes in helping states find unique solutions to healthcare innovation that meet local needs. For example, he helped Arkansas and New Hampshire implement Medicaid Expansions that leveraged Marketplace Qualified Health Plans as the delivery system.

AGING AND ADULT SERVICES SME, CRAIG CONNORS

Mr. Craig Connors will assist in the implementation and administration of Aging and Adult Services independent assessments and tier determinations, and advise engagement strategies with the DAAS beneficiary population.

Craig Connors is a Manager at PCG Public Partnerships. In this role he leads team and projects to deliver excellent service to multiple stakeholders at optimal cost. He is committed to helping states and managed care organizations design and operate successful Consumer Direction models of service delivery. Prior to joining PCG in 2015, Craig had roles that exposed him to many facets of the Long Term Support and Services (LTSS), Medicaid, and Medicare delivery and financing systems.

Craig led the development, opening, operations and rapid growth of a Program of All-Inclusive Care for the Elderly (PACE) Organization. He also was the Administrator for all Home and Community-Based Services for Riverside Health System, an Integrated Health System in Eastern Virginia. In that role he was responsible for Home Health, Hospice, Medical Equipment, Outpatient Pharmacy Services, and the opening of a new Personal Care Agency. He was an Executive member of the leadership team over all of the Health System's Long Term Care and Retirement Community Services. Also at Riverside he served in the role of Vice President of Managed Care, negotiating managed care partnerships and leading system-wide care management efforts. Prior to Riverside, Craig worked at Anthem, Inc. He held several roles there, including Business Manager for the Virginia Medicaid Managed Care product, and Business Improvement Manager, a role in which he earned a Six Sigma Black Belt certification. Craig's areas of expertise include Medicaid and Medicare, regulatory compliance, project management, quality assurance, and negotiation.

BEHAVIORAL HEALTH SERVICES SME, ANGELA BRIDGES

Ms. Angela Bridges will assist in the implementation and administration of Behavioral Health independent assessments and tier determinations, and advise engagement strategies with the DBHS beneficiary population.

Ms. Angela Bridges (MSW, LCSW), a Supervisor at Public Consulting Group, is an experienced mental and behavioral health therapist who currently holds the position of Supervisor of Healthcare Compliance Investigators. In this role, Ms. Bridges oversees the work of a team of Licensed Clinical Social Workers, Dental Hygienists and Registered Nurses whose responsibility is to investigate complaints and verify the accuracy and validity of behavioral health and home and community based providers in North Carolina, under a contract with the North Carolina Department of Health and Human Services Division of Medicaid Administration. Ms. Bridges has over 12 years of experience providing therapeutic services, including conducting diagnostic mental health assessments to children and adults, in agency and outpatient settings.

DEVELOPMENTAL DISABILITIES SME, GLENNA GALLAGHER

Ms. Glenna Gallagher will assist in the implementation and administration of Developmental Disabilities screening, assessments, and tier determination as well as advise on engagement strategies with the DDS beneficiary population.

Ms. Glenna Gallagher serves as a Healthcare Compliance Investigator at Public Consulting Group. She is a Registered Nurse/CPNP. She works heavily on our North Carolina Medicaid Investigations and Oversight project providing clinical services. Ms. Gallagher possesses deep subject matter expertise on the Developmentally Disabled population. Her medical education and specialties include pediatrics, pediatric ED, pediatric intensive care, and neonatal intensive care. Ms. Gallagher is goal-oriented in the multi-disciplinary approach to the delivering quality healthcare. She has demonstrated clinical experience, education and management abilities to collaborate, prioritize and obtain success-driven (SMART) goals.

EARLY INTERVENTION SME, JAMIE KILPATRICK

Ms. Jamie Kilpatrick will assist in the implementation and administration of early intervention developmental screenings and advise engagement strategies with the DDS beneficiary population.

Jamie Kilpatrick, an Associate Manager, will serve as the Early Intervention Subject Matter Expert. Mr. Kilpatrick brings over 15 years of experience in the early childhood and early intervention fields and has worked with multiple early childhood systems and programs across the country. These work and senior leadership experiences give him a deep understanding of the programmatic, financial, and technical aspects of services and program accountability.

A.4. Describe your company's plan to conduct state and federal criminal background and Central Registry checks for all employees, agents, and sub-Contractors who have direct contact with the assessed individuals that are compliant with A.C.A. § 20-38-105.

Background Checks

Background checks will be conducted for all employees, agents, and sub-Contractors, as described in PCG's Corporate Personnel Management Standard. **All employees working in this engagement will be required to undergo a background check prior to being allowed to work on this project.** Areas of inquiry include but may not be limited to education, identity, sex offender registry, OIG sanctions database and personal credit records. The review of background check results (pre-employment) will be consistent with the review process for existing PCG employees and in compliance with all applicable State and Federal regulations, including Arkansas Code Annotated, Title 20. Public Health and Welfare, Subtitle 2. Health and Safety, Chapter 38. Criminal Background Checks.

Prior to proceeding with the background check process, the applicant/employee will be asked to provide their consent. PCG uses external vendors to conduct background screens. Upon submitting their consent, the applicant/employee may request a copy of the background check results from the vendor. Applicants/employees are invited to contact the Chief Human Resource Officer (CHRO) prior to providing consent should they have any questions or concerns relative to the process. Due to the confidential nature of this process, employees are told to not discuss their personal details with anyone but the CHRO.

In cases where the background check results in findings, the CHRO will discuss the finding directly with the employee as well as review the nature of the offense(s) as they relate to job requirements and the frequency and timeframe of such offense(s). **All relevant facts will be taken into consideration before a final determination is made with the primary goal being compliance with our Code of Conduct, Personnel Security Policy, State of Arkansas, and Federal regulations**. The CHRO and appropriate designee(s), are the only PCG individual(s) with direct access to the results of the background checks and are the sole determinants in making a final decision. Applicants and employees will be informed by HR as soon as their background check process is complete and the resulting determination is made.

A.5. Describe your process for ensuring all clinical staff have the appropriate State of Arkansas licensing and that proof of licensing credentials shall be shown to the State upon request.

Arkansas Licensure

The PCG Team is committed to utilizing only clinical staff with the appropriate State of Arkansas licensure, and applicable clinical experience. A part of the hiring and screening process will include licensure verification, specifically, PCG Team staff will review the state's nursing website or Nursys.com in order to independently verify licensure. Finally, we conduct a criminal background check on all nurses who are part of our network in order to provide additional due diligence. **This will ensure that no team member is on boarded without these minimum requirements being met.**

In addition to hiring protocols, the PCG team will also use a series of controls to ensure that its clinical workforce maintains licensure in good standing. Clinical staff is contractually required to notify LifePlans of any lapses or losses in licensure. Further, we will conduct random audits and periodic reviews to ensure that licensure remains in good standing. To **highlight our commitment to utilizing only the highest quality, most qualified staff, we will have a dedicated team responsible for the ongoing review of the licensure of its clinical workforce.**

For any assessor providing services on behalf of DDS, the PCG Team will create a credentialing file, which will include all information reviewed to verify the assessor's qualifications. Some of the information on each assessor includes, but is not limited to,

1. Validation of 2 years' experience with developmentally/intellectually disabled population;
2. Proof of valid licenses required to complete the services;
3. Validation that the assessor is not debarred or excluded (by OIG / GSA / the State of Arkansas) from providing the services;
4. Completion of a background check;
5. Execution of a contract and application with various attestations regarding the assessor's qualifications to perform the services

A.6. Describe your policies and procedures to routinely monitor your staff and subcontractors for individuals debarred or excluded for participation in the Contract.

Continual Monitoring of Staff

PCG performs exclusion screening prior to hire and/or contract, and monthly thereafter to confirm that employees, volunteers, governing body members, and contractors (including downstream entities) who have involvement in the administration or delivery of Medicare and Medicaid contracts are not excluded to participate in federally-funded health care programs according to the OIG List of Excluded Individuals and Entities (LEIE) and GSA Excluded Parties Lists System (EPLS) exclusion lists**. If an individual or entity is on an exclusion list, steps are taken to ensure that they not continue to participate in this Arkansas engagement.**

Verification Process

PCG verification process is called the Healthcare Sanction check and it covers the following: OIG, GSA / SAM, and State Medicaid and exclusion list(s). An automated verification process is completed monthly through HireRight (our primary background check vendor).

PCG performs extensive screenings to ensure all staff meet the minimum requirements.

New Hires

Through an external vendor, HireRight, PCG Human Resources completes a standard federal background check and OIG verification on all new hires working on Health projects involving Medicaid or Medicare funds.

Subcontractor Staff

PCG Team partners internally manage exclusion list verification. Each staffing agency conducts their own standard federal background checks and OIG/EPLS verifications, and is bound to report any findings directly to the PCG Project Manager.

Existing Staff

On a monthly basis, the Project Compliance Officer or its designee sends the PCG Human Resources Department an updated list of employees and temporary/contractor staff who are working on Medicaid/Medicare contracts.

Standard Process for the Monthly Check

The standard process for the monthly check is as follows:

- An employee list is provided every month by HR designee. The list consists of approximately 100 to 105 employee(s).
- That list is uploaded into Hire Right's Healthcare Sanction batch portal.
- A confirmation email is sent to HR Compliance Specialist (via email) stating the batch has been uploaded and is processing.
- Within 1 to 2 business days, a notification email is sent stating the batch is complete.
- Within the portal, a status of Discrepancy or No Discrepancy is notated for each employee uploaded:
    - No Discrepancy indicates no match was found in any databases.
    - Discrepancy indicates a match was found. Within that status, an explanation of exclusion and from which database.
- If there is a discrepancy, the Chief Human Resources Officer (CHRO) is notified of the issue, and the employee or temporary employee and contractor is promptly removed from any work related to business functions and all contracted payers are notified if the individual performed services on their behalf.
- Companies on the list are manually ran against the database to ensure that there are no exclusions. The HireRight database is set up for individual batch searches.
- After the report is complete, a PDF report (signed and dated) of the results are emailed to HR designee. A copy of the results is saved in the HR for auditing purposes.

To date, no discrepancy has been filed against any list of employee(s) submitted through these databases.

A.7. Describe any and all subcontractors listed on your Proposed Subcontractors Form, the tasks for which they will be responsible, and your plan for supervision and corrective action, if needed.

Subcontractor Utilization

Section E.1.A. Relevant Experience also addresses subcontractors. In that section, we discuss PCG's experience, as the prime, in managing subcontractors. Here, we repeat some descriptive information while addressing the core questions of tasks and supervision.

LifePlans, Inc. was incorporated in the Commonwealth of Massachusetts in 1986. LifePlans has been providing an array of in-home and telephonic nursing assessment and care coordination services to more than 40 health and long-term care (LTC) insurers since the inception of the company. LifePlans is one of the largest and most experienced assessment services company with one of the largest contracted nursing networks that is focused on elderly and vulnerable populations, many of whom have functional, cognitive and medical deficits.
In this engagement, LifePlans will be administering assessments and screens for all three populations. The Assessment function reports up to an "Independent Assessment Program Director", a LifePlans employee, who in turn reports to the overall Project Manager who is a PCG employee.

The Center for Information Management Inc. (CIM), located in Ann Arbor, Michigan, is dedicated to providing customized health and human service information systems, particularly to LTSS providers and state agencies. In this engagement, CIM will provide the integrated IT Platform which will house all assessment tools, while managing workflows, ensuring quality and consistency, and maintaining a robust dataset which will allow DHS to make informed, data-driven decisions over time. The IT function reports up to a "IT Platform Program Director" who is a CIM employee, who in turn reports to the overall Project Manager who is a PCG employee.

Corrective Action Protocols

PCG has extensive experience managing subcontractors. To ensure that the subcontractors have a clear understanding of their respective project work, PCG, as the prime contractor, will prepare a statement of work, clearly outlining the scope of work, including specific deliverables and the timetable for completion.

PCG will monitor performance of the subcontractor against the project plan and SOW. **Specific metrics to be monitored include timeliness of deliverables, quality and efficiency measures, compliance with documentation requirements and satisfaction of DHS and internal PCG staff in working with the subcontractor.** For the initial contract year, PCG expects to review all subcontractors (material and non-material) on a quarterly basis. PCG may re-evaluate the frequency of these reviews based on subcontractor performance. The results of the review will be shared at least annually with the subcontractor and if performance does not meet established criteria, a corrective action plan will be established to ensure issues are addressed.

A.8. Describe your company's plan to report Maltreatment of Children and Adults per the requirements set forth in RFP Section 3.5 (D)(3).

Maltreatment of Children and Adults

In addition to completing training modules outlining code of conduct requirements and escalation protocol, the PCG Team field clinicians are Registered Nurses and therefore, are mandatory reporters. **There are certain instances where our field assessor, per their licensure, will be required to escalate such as abuse or maltreatment, directly to the local authorities.** If this happens, the assessor is also required to update their supervisor real-time and in turn, the PCG Team will notify DHS, or the appropriate Division, as directed by DHS.

The PCG Team will also assign a single point of contact who provides client oversight for day-to-day activity.

This support includes but is not limited to:

- Escalating non-emergency member issues for resolution
- Addressing any issues identified internally or by the DHS
- Reporting on metrics to assure all SLA's are being met
- Working with DHS to identify volume fluctuations to ensure adequate staffing to successfully executive services
- Working with QA, Training, and DHS to identify and rectify trends
- Coordinating and communicating process changes internally on behalf of the DHS

E.7 Quality Assurance

E.7 QUALITY ASSURANCE

A.1. Describe your company's plan to develop and implement a quality monitoring process operated by a quality assurance monitor, per the requirements set forth in RFP Section 3.6 (A).

Quality Monitoring Process

The PCG Team recognizes that assuring quality at the highest level is about preventing problems before they occur, not correcting them after they are identified. In that spirit, **PCG will provide a detailed and proven approach to quality management that we will leverage across all three DHS Divisions.**

The PCG Team has experience conducting quality assurance (QA) reviews, developing quality monitoring processes, and implementing quality review tools to ensure that all assessments, screenings, and determinations are both technically and clinically accurate. Our reviewers are equipped with detailed protocols to ensure that all Independent Assessments and Developmental Screenings are consistent, valid, timely, and in-line with State regulations. PCG's methodical approach to quality monitoring includes sample size determination, corrective actions, as well as additional internal QA measures, definitions, and resources.

PCG's trusted partner, LifePlans, is National Committee for Quality Assurance (NCQA) certified in Wellness and Health Promotion in Health Appraisals. As a provider of services in the healthcare marketplace, LifePlans products help improve health outcomes, lower medical spending, improve the coordination of care, increase member satisfaction, reduce risk, and optimize Star ratings. LifePlans has experience conducting both in-home and telephonic Medicaid and dual eligible assessments using our national network of clinicians that is over 4,000 strong.

LifePlans' robust QA process is currently improving health outcomes across the country.

The following narrative documents a combination of PCG and LifePlans' current, proven quality assurance procedures, which will serve as our guide to reviewing both assessments and staff performance. **Under the leadership of a Quality Assurance Monitor, the PCG Team will ensure that all three DHS populations benefit from quality, comprehensive Assessments, Developmental Screens, and Tier Determinations.**

Quality Monitoring in Practice

A commitment to training and quality is the key to any successful program that relies on in-person assessments. **Consequently, a LifePlans assessor will not perform an assessment unless he or she has received formal training specific to each tool and its service-related protocols**. In addition to completing an annual licensure check, assessors are required to attend all program and/or state required training sessions, as well as LifePlans' preceptorship program, which is described in *Section E.7.A.2*.

Each assessment is completed by a field assessor and is subsequently reviewed by LifePlans' Clinical Quality Assurance Team – comprised of experienced RN's. **Specifically, our Team reviews for overall completeness, consistency and accuracy.** Any discrepancy discovered during the review is discussed

in detail and resolved directly with the responsible field assessor. This process ensures a continuous flow of feedback and enhances inter-rater reliability to promote fair treatment of all beneficiaries.

LifePlans incorporates multi-dimensional QA metrics into our assessment practice. For every assessment completed, our clinical assessors are rated in three areas:

1. **Clinical** – Accuracy of clinical content, completeness, consistency, integrity;
2. **Service Level Standards** – Assessment returned within protocol standards; and
3. **Non-Clinical Quality** – Any areas of non-clinical quality that are important to customer satisfaction, including: professionalism, neatness, flexibility in scheduling the assessment, arriving on time for scheduled interviews.

In addition, each QA review ensures that:

- All Assessment Instrument results, Developmental Screens, and Tier Determinations are accurate, and based on the appropriate State policy;
- Assessment and screening results adhere to approved assessment and screening tools and expected format;
- Compliance with the State Policy Standards; and
- Comments are thorough (sufficient to understand the assessors thought process in reaching the decision, contain detail to support decision), grammatically correct, and understandable.

Quality metrics pertaining to both operational and clinical performance are recorded in our provider database. **QA Codes are used to document assessor performance, as well as to identify errors and trends for training purposes.** Additionally, these Codes are included in criteria used to assign cases and deactivate low-performing assessors. Poor performers will not be assigned case work if they are unable to improve performance for a product through the preceptorship program.

Call Monitoring

For Developmental Screenings, which will be conducted telephonically, LifePlans supports all types of calls, including but not limited to inbound, outbound, and three-way conference**. Our telephony platform allows us to use skills-based routing to support both inbound and outbound voice calls, as well as SMS text, e-mail and chat.** Additionally, the work-force management capabilities of our platform allow us to meet aggressive service level agreements for member connection and inbound service level standards.

To monitor telephonic quality, LifePlans' Quality Assurance Team and Team Leads conduct random call monitoring and scoring, as well as random case review for to ensure process compliance. Quality Assurance and Management Teams meet regularly to review call scoring results and calibrate the process as needed.

QA scores are tracked in our QA management system (AQM) and call center representative feedback is generated. If a call is scored below 85% or if the call content does not adhere to protocol, immediate action is taken. Below, *Figure E.7.1* illustrates this process.

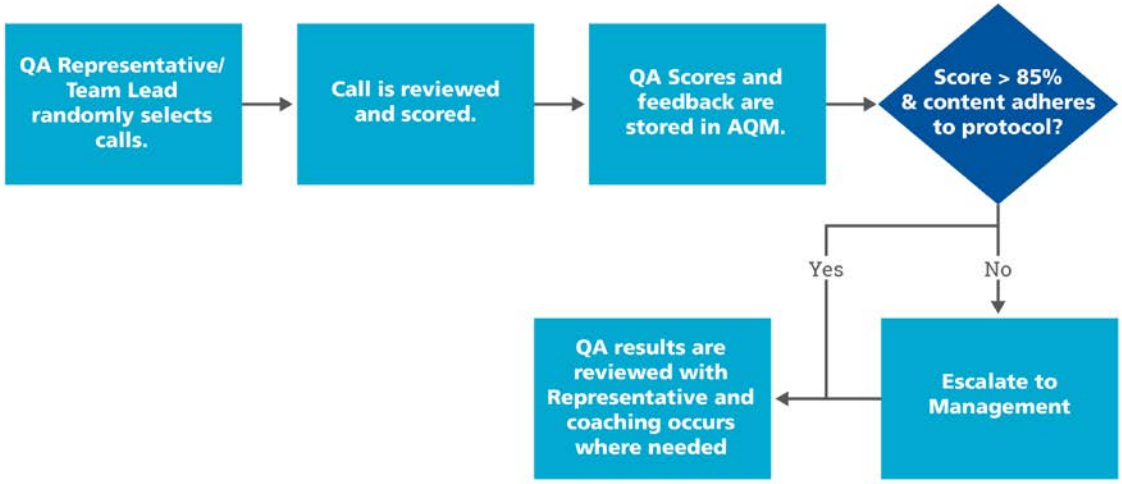


Figure E.7.1: The PCG Team will implement call monitoring to correct and prevent poor performance.

Reporting

The PCG Team recognizes that consistent and efficient communication with DHS is critical to maintaining a quality workflow. Upon request from DHS, an Internal Quality Assurance summary report will be submitted on a monthly basis as an addendum to the Monthly Program Performance Report (*Section E.9*). Additionally, any issues that require DHS attention will be communicated immediately.

A.2. Describe your process for completing desk review of assessments, Developmental Screens, and tier determinations.

Desk Reviews

LifePlans utilizes its training, preceptorship and quality oversight processes to ensure that all employees and contracted assessors are prepared to provide support to a new program or client. **All internal clinicians and field-based assessors are required to attend all program and/or state required training sessions, in addition to successful participation in LifePlans' preceptorship program.**

Learning Management System

LifePlans utilizes a combination of classroom training and a custom-built Learning Management System (LMS) to train all new and existing internal clinicians and field assessors. The LMS (*Figure E.7.2*) is a digital application designed to provide administration, documentation, tracking, reporting and delivery of online educational presentations. This system allows LifePlans to create and implement program-specific and customized interactive training content, incorporating real-life simulations and embedded learning assessments into the training process. The system allows LifePlans to view real-time testing results for clinicians and assessors, provide additional coaching where needed, and determine high and low-scoring performers.

LifePlans tracks progress, and training results are scored as assessors move through required training modules, including but not limited to:

- State Requirements Training
- Cultural Sensitivity Training
- Computer Skills Training
- Tool-Specific Training and Certification
- Fraud, Waste and Abuse
- HIPAA
- General Compliance

Before moving to LifePlans' preceptorship program, all required trainings must be completed with a passing grade. Training mentors will work with new hires or contracted assessors to assist with remediation training and support the process as needed.

Figure E.7.2: We will leverage our LMS to properly train all assessors.

Preceptorship Program

Once training is complete, the employee or assessor moves into our Preceptorship Program**.** Preceptors are experienced, competent, and licensed clinicians who utilize their knowledge, skills, and abilities and act as mentors to for clinical employees and assessors in the field. It is a structured, supportive program designed to transition individuals towards the application of necessary assessment skills.

The preceptor utilizes LifePlans' Clinical Quality Review scoring tool to rate the assessor based on criteria appropriate to the assessment and/or the care plan. Some examples include:

- Followed appropriate introduction/closing scripting
- Answered all questions
- Acted with cultural sensitivity
- Provided accurate documentation

The completed scoring tool and feedback is then provided to the trainee. **The trainee is required to meet a 95% or greater score in order to be released from the program.** However, if the trainee doesn't meet the scoring requirement over the allotted time period, the preceptor notifies the Management Team. Clinical Management will review assessor results to determine if remediation should be continued. Ultimately, this decision is based on training scores, as well as the individual's overall improvement.

Post-Training Assessment Review

Once a trainee completes the Preceptorship Program, a staff clinician reviews the individual's completed assessments and provides him or her with ongoing feedback. **Moreover, with many of the programs we manage, LifePlans surveys individuals who have been assessed by a member of our team**. This measure is particularly important, as it allows us to ensure the level of professionalism and protocol adherence to which we are committed.

A separate QA measure, known as the Inter-Rater-Reliability (IRR) score is calculated on a monthly basis to measure accuracy and reliability among the completed assessments and/or screenings. We utilize IRR to analyze 10% of the total completed assessments and screenings from the previous month. During this

process, the assessor is randomly selected to conduct desk review. New, blank Review Tools are used during this QA process to avoid any preconceived notions from the original review. Subsequently, the findings of the re-review are compared to the original evaluation. A comparison rate above 90% is required for each IRR.

Quality Assurance Phasing

The PCG Team employs a step-down approach to QA (See *Figure E.7.3*). When a clinician or assessor begins independent work on new project, 100% of his or her assessments are subject to QA.

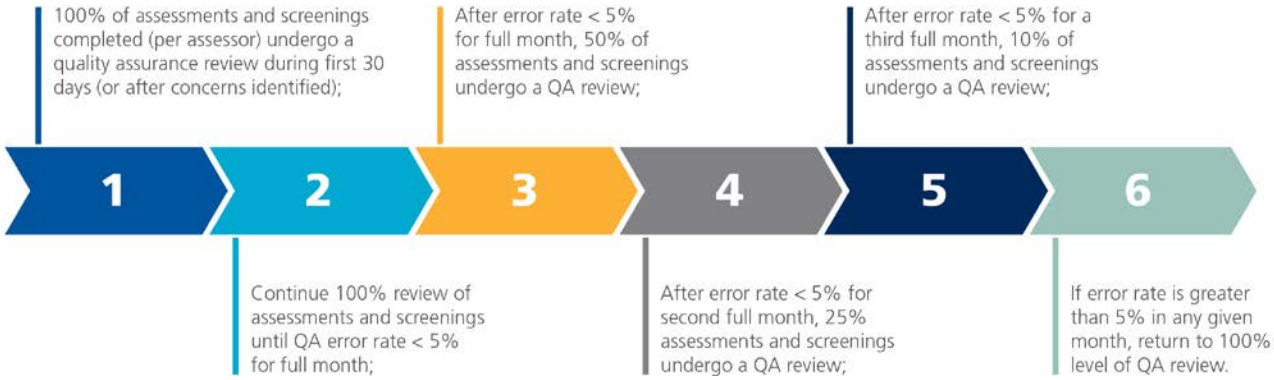


Figure E.7.3: Our phased approach will result in high-quality and accurate assessments.

As the clinician continues in the program, the QA percentage is phased down via multiple tiers. The working goal maintains that all completed reviews, per employee, never receive less than 10% QA at any point.

A.3. Describe your plans for providing remediation when staff do not meet the 85% inter-rater reliability rate.

Remediation Plan

Trainees who do not regularly meet a **95% or greater score** during the preceptorship program will not be added to our network of field clinicians. Because we use a contractor model, we have greater flexibility with our providers and are able to discontinue the work of assessors who do not meet our quality standards.

However, **we work diligently with our assessors who are not performing at an optimal level.** If our Quality Assurance Team discovers that an assessor's quality score is beginning to decrease, the clinical team will place the clinician back into a "trainee" categorization for remediation, training and oversight. This includes, but is not limited to:

- Requiring the assessor to complete all or select additional training courses;
- One-on-one mentoring;
- Group chat sessions and monitoring; and
- Re-entry into full preceptorship program.

A.4. Describe your company's system to receive, investigate, and respond to complaints from Beneficiaries and/or their family or guardians in accordance with the requirements set forth in Section 3.6 (B).

Addressing Beneficiary Complaints

All customer complaints are entered into LifePlans complaint management system for tracking and follow-through. Once entered, the complaint is assigned to and triaged by a member of the Quality Assurance team. *Figure E.7.4* details the internal service levels for complaint escalation and resolution. **One hundred percent of internal control concerns are resolved within one business day**. Complaints are researched by the assigned QA representative to determine if it is substantiated or unsubstantiated.

Timeframe	Action
Day 1	Send initial request to responsible party outlining what actions need to be taken
Day 2	Depending on the severity of the concern, send reminder to responsible party and their manager.
Day 3	Send reminder to the responsible party and their manager. Send an update to the concern originator on the concern status
Day 4	Send reminder to the responsible party, their manager and the QA manager
Day 5	Close complaint

Figure E.7.4: Our escalation plan will assist in solving complaints in a timely manner.

The QA Team works with key stakeholders to determine the recommended resolution and subsequently tracks the solution's progress. The QA Team works with Operations Managers as needed to provide feedback to appropriate representatives. Please see *Figure E.7.5* for a visual representation of this process. In addition:

- Concerns are periodically audited to ensure proper documentation and follow up.
- The QA Manager meets with the Customer Relationship QA Representative on a weekly basis to identify trends in concerns and on a monthly basis to develop action plans for providing feedback/coaching as necessary.
- The QA Team monitors and manages results daily.

- QA reports complaint results daily, weekly and monthly and provides reports and solutions to key stakeholders.

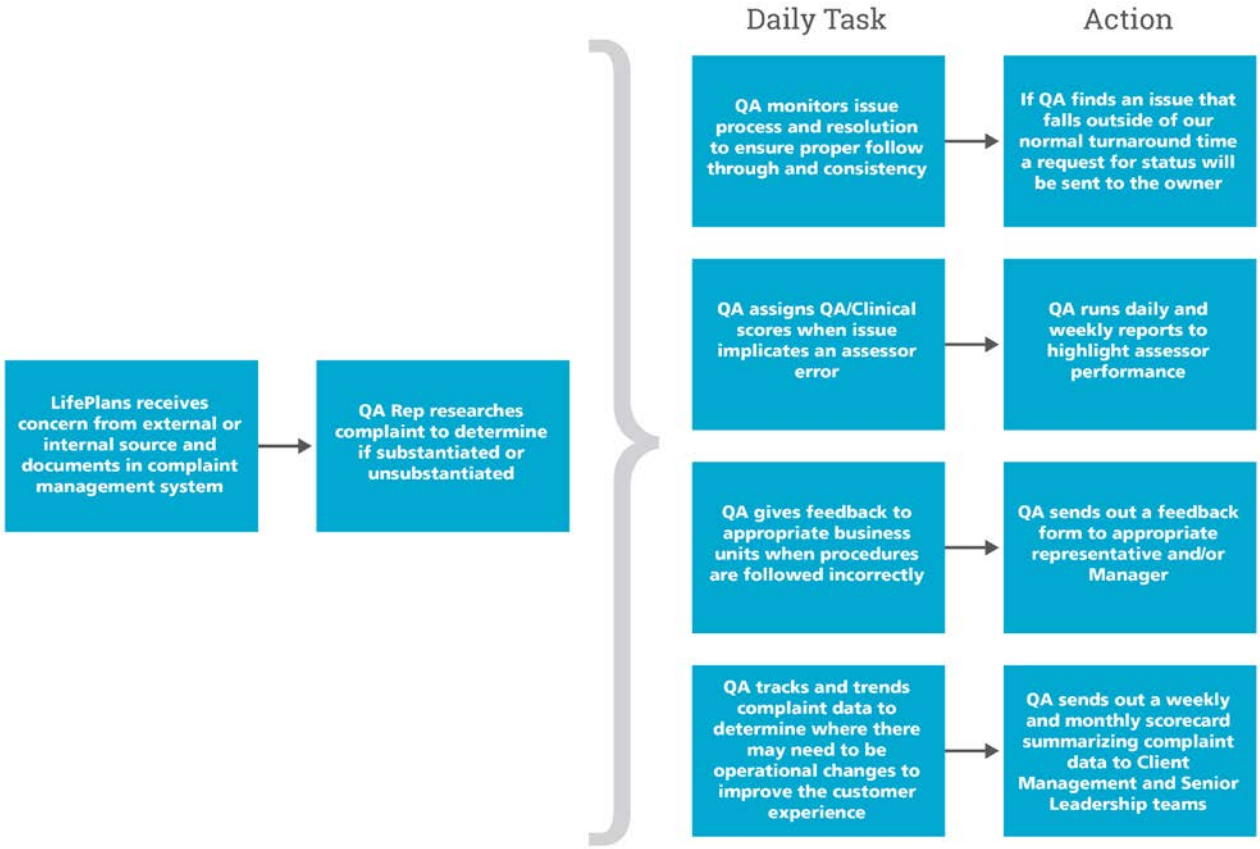


Figure E.7.5: Our proven QA procedure generates concrete action items to improve overall assessment outcomes.

To the PCG Team, quality management is not just a requirement elicited by DHS. Rather, it is an integral component of our day to day operations and a way through which we hold ourselves accountable. In our quality assurance work, the PCG Team strives to ensure accuracy, data consistency, integrity, completeness, and optimal staff performance.

We understand that DAAS, DBHS and DDS each serve a unique population – QA checks completed for a single Division will require a distinguishable set of QA protocols. With our extensive experience and current procedures, we are prepared and excited to offer the State of Arkansas the PCG Team's exceptional set of quality management skills.

E.8 Planning and Implementation

E.8 PLANNING AND IMPLEMENTATION

A.1. Describe which member(s) of your proposed team will attend, in person in Little Rock, either the Contract Kickoff Meeting or individual Division-Specific Tier Determination Meetings.

The DHS Independent Assessment and Transformation initiative is no small feat. The scope of work described within the RFP will require a team that possesses extensive assessment experience, as well as proven project management practices. To ensure that the multiple facets of this project are aligned, the State of Arkansas will need to invest in an expert vendor who recognizes the importance of stepping back and analyzing this implementation as its own endeavor *but also as it relates to all Medicaid enterprise functions*. Only after this analysis will the vendor be prepared to develop and complete a comprehensive project plan. **With our undertaking transformation initiatives, the PCG Team is well-positioned to serve as the both the implementation manager and assessment administrator for the State of Arkansas.**

First Steps

Upon notification of award, PCG will initiate efforts to get all appropriate contracting documents are in place. In addition to the finalization and signing of the contract, this will include the execution of all necessary confidentiality and data sharing agreements required under state and federal law. Concurrent with the execution of all necessary contract documentation, **PCG will coordinate with DHS and Division representatives to schedule a Contract Kickoff Meeting**. This meeting will focus on several goals that will be crucial for a positive start to the project:

- Introduction of the PCG project team;
- Review of the proposed work plan;
- Agreement on a communication plan for the project; and
- Establishment of a protocol for ongoing project management.

We've done this before – the PCG Team has extensive experience coordinating project implementation.

Following the Contract Kickoff Meeting, PCG will work with DAAS, DBHS, and DDS to organize Division-Specific Tier Determination Meetings. In addition to the items mentioned above, the Division-Specific meetings will include discussion around:

- Each Division's assessment tool;
- Tier Determination;
- IT platform; and
- Stakeholder education.

The PCG Team plans to have representatives from PCG, LifePlans, and CIM in attendance at the Contract Kickoff and Division-Specific Tier Determination Meetings to ensure maximum knowledge transfer and stakeholder discussion. Further details regarding these meetings will be established by PCG and DHS during contract negotiations.

PCG understands that, at minimum, the Project Director and Project Manager will attend each of these meetings. In addition, **PCG proposes that the staff listed below be included in the Contract Kickoff Meeting and Division-Specific Tier Determination Meetings.**

Vendor	Name	Title
PCG	Kevin Hutchinson	Project Director
PCG	Jay Peck	Project Manager
PCG	Rich Albertoni	Engagement Advisor
PCG	Jamie Kilpatrick	Early Intervention SME
PCG	Craig Connors	Aging and Adult Services SME
PCG	Angela Bridges	Behavioral Health Services SME
PCG	Glenna Gallagher	Developmental Disabilities Services SME
LifePlans	Marc Cohen	Independent Assessment Program Director
CIM	Doug Zimmer	IT Platform Program Director
PCG	Angelene Willets-Carvi	Provider Training and Support Program Director
LifePlans	Anissa Polverari	DAAS Assessment Lead
LifePlans	Carey Wagner	DBHS Assessment Lead
LifePlans	Rosemary Ajoku	DDS Assessment Lead
CIM	Ben Erridge	Platform Lead
CIM	Jack Sprague	Data Lead
CIM	Carol Clifford	Support Lead
PCG	Donald Newton	Provider Education Lead
PCG	Michelle Comeaux	Staff Training Lead
PCG	Scott Faria	Help Line Lead

Figure E.8.1: PCG favors over-inclusion and over-communication during the first days of the contract.

A.2. Describe what practices your company has found effective in similar meetings.

Effective Practices

Ongoing and frequent communication is a hallmark of any PCG-led engagement. Throughout the course of this project, PCG will interact with DHS staff, other vendors, and various key stakeholders at many points throughout the project life cycle. **Upon award of the contract, our team will develop a detailed communication plan that includes a calendar of key milestones, as well as dates and times for periodic project reports and updates.** The communication plan for this project will be maintained PCG's Project Manager and will include, at a minimum, the following:

- Monthly project status meetings with DHS representatives
- Scheduled meetings with key partner agency liaisons and other stakeholders, during both implementation and operations
- Calendar for regular review of PCG's project plan
- QA reporting
- Monthly, quarterly, and annual data reports

Furthermore, **PCG has also found great success in meeting with external stakeholder groups to ensure optimal communication and collaboration.** Especially early on in the project, PCG prefers to reach out to all parties that may be affected, so that they fully understand what the effort is about, and what they can expect from PCG. We will develop and maintain a master contact list of these external stakeholders, including name, address, telephone number, and email address. This contact list will be used to send group notices of updates to the project schedule, reminders for upcoming meetings and notices, and other important information. We will seek prior approval from DHS on our external stakeholder communication plan.

PCG is committed to following a detailed communication plan throughout the duration of the project, while also recognizing that unscheduled communication is also an essential piece of any successful endeavor. Our team will be available for daily communication via phone and email. Because we often work with sensitive or HIPAA-protected information, our team is trained in secure communication, including the use of secure emails and password-protected documents. In order to ensure efficient electronic communication, we also utilize tools such as WebEx and ShoreTel to communicate both internally and with external agencies and stakeholders.

A.3. Describe your process for developing a deployment plan that meets the requirements and the timeliness standards in RFP Section 3.7 (B).

Deployment Plan

The Deployment Plan will be submitted within 15 calendar days of the contract commencement date. It will include an overall roadmap for the development and deployment of an initial IT platform and the ongoing maintenance and enhancement of the system.

In consult with representatives from the three Divisions impacted by the new system, the roadmap will be tailored to the respective timelines of each division. The roadmap will include the following phases of work laid out for the scope of work serving each Division:

1. **Identification of Division-specific business requirements,** including current and proposed operations, applicable rules and regulations, and intended new functionality
2. Creation of **detailed functional specifications and associated use cases** that fully describe how the new IT platform will function to meet the business requirements of each division
3. Development of **modifications to existing software framework** for all customizations needed to support business requirements for new Arkansas operations
4. Generation of **specific test plans** with detailed testing scenarios that will ensure that all aspects of the software work in accordance with requirements
5. Performance of both **manual and automated test procedures**, including regression tests on an ongoing basis after the initial version has been released
6. Orientation of designated Division staff to allow them to perform **user acceptance testing** on a designated TEST version of the IT platform according to an agreed-upon UAT plan
7. Completion of **final software development activities** in response to Division feedback from the user acceptance test process
8. Preparation of **final steps and tools** needed to complete the deployment process in the production environment
9. **Communication in advance to user communities and stakeholder constituencies** regarding the timing and content of each release of the software on the IT platform

A.4. Describe your process for completing IT Platform Testing.

IT Platform Testing

IT Platform testing will be accomplished through a comprehensive quality assurance methodology that will incorporate several different key aspects for software testing:

1. Development staff will write in conduct “unit tests” within their normal code development processes. These unit tests will be incorporated into the integrated build environment and repeated for each subsequent build of the code base. These processes identify any shortfalls in the code at the earliest possible juncture.
2. Quality assurance staff will develop comprehensive test plans for each phase of the project that incorporate one or several test scenarios for each of the functional requirements identified in the technical specifications documentation. These test cases will be logged in the test management system and repeated for each subsequent release of the software for which they remain relevant.
3. Quality assurance will record testing activities for each phase of the project and identify any problems that are discovered in an automated defect management tracking system in which bugs

would be assigned to the development staff for resolution, while ideas for improvements would also be logged for future enhancement of the system.

4. Separate development and quality assurance IT platforms will be maintained to support the respective functions and maintain separation between different builds of the application over the course of the project.

A.5. Describe your process for completing User Acceptance Testing.

User Acceptance Testing

Formal User Acceptance Testing will be the culmination of a collaborative process in which system analysts and software developers will work closely with designated Division staff to refine a joint understanding of exactly how the system needs to work to meet the requirements of the state. This will include the development of early prototypes of new functionality for the system that will be informally exposed to designated division staff during interactive design sessions (and potentially including access to "demo" versions of the system) as teams work together to discuss and refine new features needed for the system.

The formal user acceptance test process will extend this collaboration by working with the designated division staff to develop a clear understanding of effective approaches to perform the formal review process, including the identification of key test scenarios that will ensure that the software complies with key business requirements. Additionally, emphasis will be placed on understanding user operations and assessing the usability of software features to support both productive and effective day-to-day operations performing assessments.

Division staff involved in the user acceptance test process will be provided with easy to use checklists of key features and associated scenarios included in a given release of the software that will support their recording of test results and associated recommendations for changes and improvements in the functionality of the system.

A.6. Describe your process for developing and delivering an Operational Readiness Checklist that meets the timeliness standards of RFP Section 3.7 (C).

Operational Readiness Checklist Development

PCG applies a structured project management support methodology in managing projects within client timelines. Immediately upon award of contract, **PCG will work with DHS to ensure that all items in the Operational Readiness Checklist meet the agency's expectations and needs.** From our experience, PCG understands that internal and external challenges can converge with daily urgencies to compromise the success of many projects. Continually revisiting and monitoring progress against the established project timeline helps keep the work focused and moving past predictable implementation bumps and challenges.

Project Planning and Timelines

A critical element of our Operational Readiness Checklist is the development and management of project timelines. All critical tasks and dates will be clearly identified in our Operational Readiness Checklist. This implementation plan will identify tasks assigned to PCG and also outline tasks assigned to DHS and Division staff. **The PCG team will work with DHS staff and key Division personnel to ensure all proposed timelines meet DHS's goals for project implementation and full assumption of project responsibilities**. The Operational Readiness Checklist will remain a "live" document that will be used as a tool for the management throughout the implementation period of the project; however, all changes, including changes to timelines will be reviewed and approved by DHS prior to acceptance into the Operational Readiness Checklist

The PCG team will remain responsive to the ongoing and changing demands of the required activities of this engagement. If, as a result of our meetings, changes to the implementation process unfold, the PCG team will continually update the Operational Readiness Checklist to account for new timelines for the completion of task and deliverables or a change in direction. When changes occur, the PCG project manager will immediately alert DHS of such changes and provide an explanation for the changes.

Our Approach to Implementing Services

The PCG team will implement an overall approach to each scope of work while also having specific implementation plans. This includes assessment and planning, operations, and operation continuum guiding principles. **Our approach is carefully designed to present a clear and concise method to DHS staff in order to maximize communication of project timelines.** We understand the importance of specific knowledge that DHS staff possess, and we will be prudent in deciding when and how we use DHS staff throughout all three phases of this project, balancing their involvement with their available time.

Operational Readiness Checklist Development

Throughout this phase, the PCG team will update the Operational Readiness Checklist to guide our actions and more accurately reflect the components of the work performed. The checklist will outline appropriate steps to be taken for each opportunity, including task, timelines, staff responsibilities, and administrative/logistical aspects of deliverables. **Work plans will serve as a benchmark against which DHS can measure project performance during the implementation phase.** These measures can also serve as the basis for the monthly management reports that will be provided to DHS to keep the division apprised of ongoing activities related to specific deliverables.

PCG affirms that, no later than sixty (60) calendar days before the planned Year 1 of Operations start date, the PCG team and DHS will collectively review the approved Operational Readiness Checklist. All checklist criteria will be met at least ten (10) calendar days prior to the planned Year 1 of Operations start date.

A.7. Describe how you will complete the items contained in the Operational Readiness Checklist in time for the July 1, 2017 Go-live.

Operational Readiness Checklist Completion

a) Successful execution of the Deployment Plan described in this RFP

The specific components of the deployment plan are outlined in our response to proposal *Section E.8.A.3*. The successful execution of the deployment plan will be predicated upon the establishment of

effective working relationships with key members of the leadership teams for each Division. These relationships will drive timely communication and effective decision-making processes that will result in the ability of PCG IT team to deliver the system capabilities that are needed for the July 1 Go Live date. The PCG IT team will couple the results of these partnerships with a proven software development and testing methodology that resulted in the delivery of the statewide UAS-NY application on schedule and within budget (with zero change orders) and with the level of functionality and ease-of-use that met all stakeholder requirements.

b) Dates of regular meetings with the State to ensure the success of the implementation of the project

PCG is committed to clear, regular, and transparent communication and coordination with DHS. PCG will ensure appropriate, open, and timely communication with DHS throughout the life of the project. **Purposes of communication will include, but not be limited to, project progress, project evaluation data, and emerging project priorities.** For the duration of this contract, PCG proposes monthly contract meetings to ensure the success of the implementation and execution of the project. In the Operational Readiness Checklist, PCG will propose a recurring set dates for approval by DHS.

PCG intends to build a relationship with DHS based on open communication with a clear understanding of roles, responsibilities, and requirements of all involved stakeholders. PCG expects this relationship will allow for the appropriate support necessary for our team to effectively produce quality deliverables for DHS.

c) Availability of a content management platform (e.g., SharePoint) where the Vendor shall house implementation related project management tools and content for access and review by the State;

PCG will create a content management website dedicated to this project using the open source product called "*Alfresco*". This content management website will be secured behind the authentication and authorization technology of the PCG IT Platform, limiting access to selected State staff and PCG team members based on roles and privileges. The site will contain all resources developed in the course of the project activities, including documentation of requirements, specifications and related technical resource materials, meeting agenda and minutes, progress reports, and other project artifacts that will serve as an ongoing repository for the project.

d) Development of the information security plan

PCG is committed to safeguarding confidential information entrusted to PCG by its clients and others, specifically including information subject to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). PCG is entrusted with this information and will not use it for any purpose other than performing work responsibilities and will not share or otherwise disclose such confidential information to anyone outside of PCG. The use and disclosure restrictions apply to PCG business information, including security codes, passwords, trade secrets, strategies, employee compensation and the dollar value and scope of services of PCG contracts. PCG will guard against unintentional disclosures of confidential information:

The PCG Team is committed to safeguarding all confidential information through our intensive security plan.

- PCG will comply with all DHS Security Requirements;

- PCG has corporate information security standards enforced by our Information Security Officer. As a national firm serving health and human service agencies and educational agencies across the country, we take our responsibilities to protect and manage the security of data very seriously;
- PCG has extensive experience processing healthcare transactions and managing access to our secure systems. For example, PCG stores over 790 million Medicaid provider and claims records on internal servers and securely integrates the data with web-based case management systems in order to conduct post-payment reviews in North Carolina; PCG's educational case management systems house over 2 million student individualized education plans where we manage billing and claiming transactions for health related services provided in accordance with these plans.

PCG has a proven process to interface with multiple external data systems allowing for data validation to ensure compliance with program rules and regulations. We are a trusted partner with states across the nation on important technology pursuits, and we are prepared to modify our proven information security plan to meet the needs of DHS.

e) The recruitment and training of qualified staff to meet Contract requirements and in accordance with the staffing plan as described in this RFP;

PCG will ensure all project personnel meet DHS's requirements through our time-tested recruiting process and effective training program. A high **quality team of management and staff is essential to the successful execution of the AR Independent Assessment and Transformation Support project.** As such, PCG places the utmost priority on four key components of our human resource capacity development:

- Forming a highly motivated and diverse team of experts and managers to lead the effort.
- Recruiting and hiring qualified staff to ensure the highest quality of execution.
- Providing organized, clear and thorough training at the outset of the initiative.
- Delivering continual training throughout the lifecycle of the project to ensure that new hires are highly trained and experienced hires are up-to-date with all current policies.

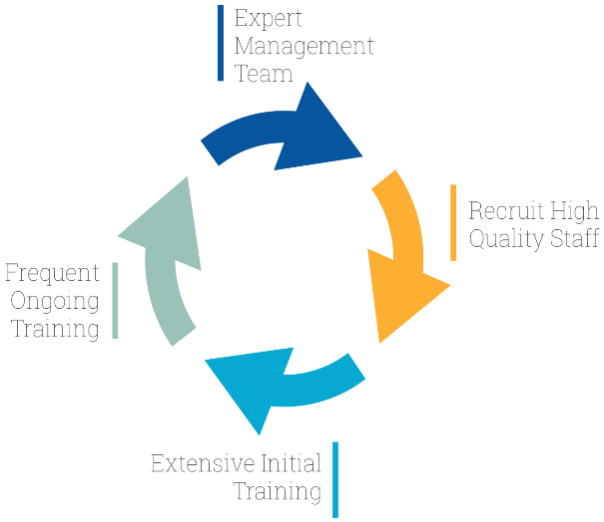


Figure E.8.2: The PCG Team places the utmost priority on our human resource capacity development.

Every staff training experience is completed with a robust, mandatory training and support program. Our regimented training and support curriculum includes an orientation course, HIPAA policies, an instructional field guide, process changes and continual learning initiatives, and a forum for direct, immediate feedback from a staff member's direct supervisor.

Additional details on our recruitment and training processes can be seen in Sections E.3.A – E.3.D and E.5.B.

f) Readiness to deploy the help line and modes of training described in this RFP;

Readiness of Helpline Deployment - By choosing PCG, DHS selects a firm with unparalleled experience providing customer services to consumers, providers, and stakeholders participating in Medicaid programs. PCG currently operates customer service centers serving Medicaid Providers and Members, Home and Community Based Services participants, Health Exchange enrollees and other constituencies in over 23 states across the country. PCG will leverage these existing resources to expertly and quickly Upon notification of award, PCG will reserve a toll-free number for our help line.

PCG will work with DHS to implement a high-quality, efficient help line that meets all requirements outlined in the RFP. Additional information regarding our call center/help line implementation, procedure, and quality assurance can be seen in *Section E.5.A.8*.

Readiness of Training Deployment - The PCG team is uniquely qualified to design and provide the type of training resources that providers will find practical, innovative, and supportive in a challenging process of change. The PCG team includes experienced subject matter experts, curriculum designers, professional development providers, and team members with a deep familiarity and knowledge of training curriculums and the LTSS/Aging, DD, and BH landscapes. All of our education/training subject matter experts have substantive classroom teaching experience, exceptional credentials, including advanced degrees, and have demonstrated track records of developing and implementing in-person trainings.

Our team of subject matter experts ensures our training approach is comprehensive and effective.

PCG's approach to designing professional development programs and adult learning experiences is grounded in research-based methods that have proven highly effective in countless engagements. We use a range of adult learning strategies that are based on Learning Forward's Standards for Professional Learning. Immediately upon notification of award, PCG's team of Subject Matter Experts (SMEs) is prepared to commence development of all procedural manuals and training content, ensuring that all materials will be completed and ready for DHS's review prior to the unique deadlines outlined in the RFP.

g) Readiness to "go live" with a website containing resources for providers and staff as described in this RFP;

PCG has extensive experience developing and supporting web applications and web portals for clients. We have implemented web based solutions that support thousands of users across the United States. **The web applications we have developed for our clients support provider screening and training for the State of North Carolina, online reports for the Medicare Part D program in Michigan, claims**

validation for Massachusetts and DC, IEP submissions, and Personal Care Service budget management in over 20 states across the country. All of PCGs applications are designed to be scalable and modular to support enhancements or changes requested by OMA. For example, PCG's Education division works with State agencies and school districts to configure PCG software to meet the requirements of each client. Our Individualized Education Program (IEP) software products are designed to be customized for each State and school district client. Education Business Analysts work with each client to define and document each software change and then work with our developers who make the required software code changes. After each change is implemented it is reviewed and tested with the client prior to being moved to production. This procedure is common throughout all client directed software development, and PCG and will observe the same process during this project.

h) A proposed implementation report structure to keep the State apprised of implementation efforts and the content and frequency of all required reports as described in this RFP.

PCG has a proven history of accurate database relational report writing for large operational projects. Required reports are made available at the various intervals needed and are provided in an electronic format approved by DHS. At DHS's request, reports may also be made available in an interactive online environment, allowing DHS staff to access information in real-time.

Throughout implementation, **the PCG team plans to provide a series of reports for each project component so DHS can track progress and provide necessary information for other stakeholders**. These management reports will summarize the activities for each deliverable within the implementation phase and provide details to track the progress and results of deliverables.

For those reporting requirements described in the RFP, PCG proposes the following report structure. PCG is able and willing to produce ad-hoc reports at any time, and the content and presentation method will be determined by PCG and DHS staff, as appropriate.

Report	Content	Due
Monthly Program Performance Reports	At minimum: • Demographics about each Beneficiary whose assessment or screening was completed; • Activities for the month including a summary of the volume, timeliness, and outcomes of all assessments, reassessments, Emergency Needs Assessments, Developmental Screens, and Tier Determinations • A running total of the activities completed as of the date of the report.	The fifth (5th) business day of the following month.
Monthly Invoice	A detailed record of: • Services provided • Cost per unit • Total invoice amount	The fifth (5th) business day of the following month.
Annual Program Performance Reports	At minimum: • A summary of the activities performed in the year which shall include the total number of assessments, reassessments Emergency Assessments, Developmental Screens, and Tier Determinations; • A summary of the Vendor's timeliness in scheduling and performing assessments, Developmental Screenings, and Tier Determinations; • A summary of the Vendor's findings from its Beneficiary	Within five (5) business days of the anniversary of the Contract Commencement Date

	feedback research; • A summary of any challenges or risks the Vendor perceives in the year ahead and how the Vendor shall propose to manage and mitigate them • Recommendations for improving the efficiency and quality of services being rendered.	
Monthly Progress Report	At minimum: • A list of provider practices enrolled in on-site coaching; • A Plan for future scheduled site visits for onsite coaching; • A Summary of the Vendor's activity for that month; • Any operating issues related to providing support, including, but not limited to, Vendor capacity constraints or challenges with provider participation; • Report on the participation by each provider's practice or other stakeholders in transformation activities, including but not limited to, attendance at onsite coaching sessions, in-person regional trainings, and completion of live webinars; • Summary of feedback from providers and stakeholders on how to improve the Vendor's training curriculum and delivery.	The fifth (5th) business day of the following month.
Quarterly Practice Participation Report	The participation by each provider and stakeholder group in transformation activities. Measures will include, at minimum: • Provider enrollment in training activities • Attendance at onsite coaching sessions • Completion of online webinars • Participation at in-person regional training sessions	The fifth (5th) business day of the following quarter.

Figure E.8.3: The PCG Team's support structure calls for accuracy and timeliness.

A.8. Provide a Work Plan that includes the specific methodology and techniques to be used in providing the required services as outlined within the Request for Proposal. The Work Plan should include:

- *Outline of the overall management concepts employed by your company*
- *Project management plan*
- *Project control mechanisms*
- *Overall timelines*
- *Project deadlines considered contract deliverables*

Project Management

As a consulting firm that has a history of delivering successful projects on time and within budget, PCG will provide DHS with thorough and effective project management services**. Through our approach to managing particular engagements may vary slightly based on the scope of work required, PCG takes pride in our ability to adhere to the principles of the Project Management Body of Knowledge® (PMBOK), regardless of the project.**

PCG has developed a proven project management approach that we use to manage engagements awarded to us while continuously collaborating with our clients. PCG will leverage our experience to maintain a proactive approach to identifying and overcoming risks and obstacles to completing project

successful and on time, and create a collaborative and transparent process with DHS so that you can thoughtfully participate in key project decisions and so that there are no surprises.

The graphic below illustrates the phases that are included in our project management approach:

Figure E.8.4: The PCG Team's project management approach is proven to appropriately manage client engagements.

Each phase of the approach ensures that PCG is carefully considering the needs and goals of the project, performing appropriate planning, executing project tasks, and evaluating the success of the methodologies employed during the project.

The kickoff phase will culminate in the completion of a number of critical documents that, combined, will serve as the Project Management Plan. PCG views these documents as essential to a successful and well-managed project, and will work with DHS to develop a plan that fully addresses DHS's needs.

The Project Management Plan will include:

- A detailed work plan outlining the key work steps in each phase of the proposed project, the staff responsible, timelines for completion, and resource requirements;
- A status report template that will be used to provide interim updates to DHS;
- A communication plan for the timely and regular distribution of key project information. This plan will establish communication protocols for the project manager, staff, and other stakeholders, facilitating the communication of project issues to the appropriate staff; and
- A list of key stakeholders to identify individuals and groups who will participate in the project of who will be affected by the project results.

A draft of each document will be provided to DHS for final approval. **Each component of the project plan will be regularly updated and shared with the project team, as appropriate for proper project management.** PCG will discuss and finalize a work plan with DHS upon award of contract. The finalized work plan will then be incorporated into Write, a project management software PCG utilizes to meet deadlines, monitor and track deliverables, and get an overall picture of project performance. *Figures E.8.3 and E.8.4* show a look into the software.

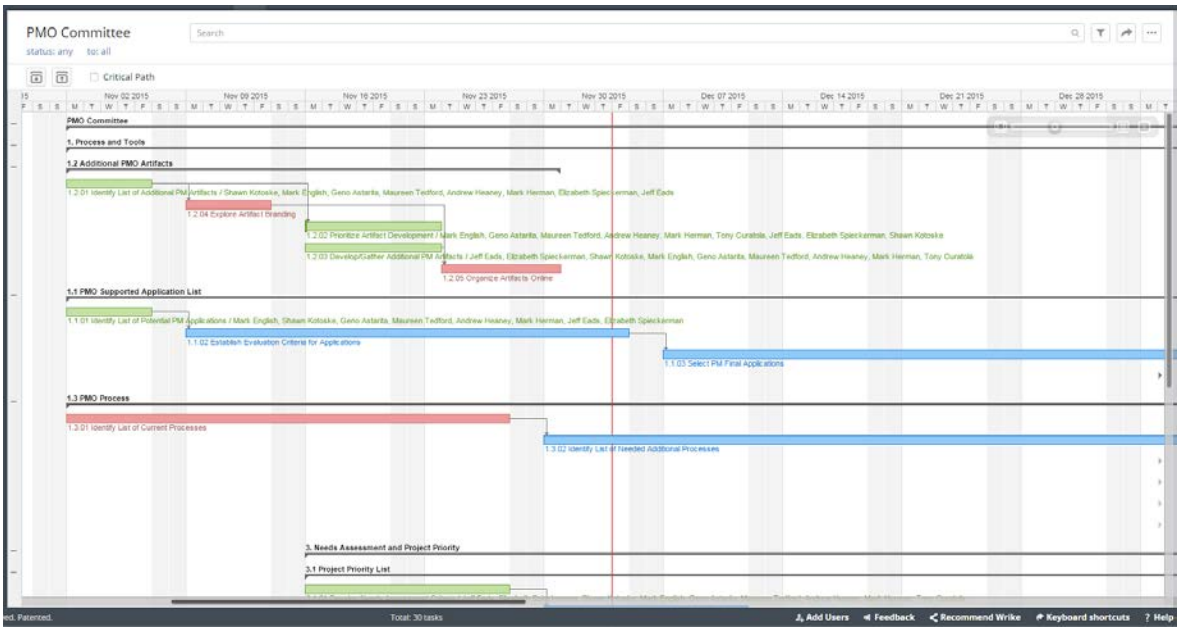


Figure E.8.5: Wrike Project Timeline.

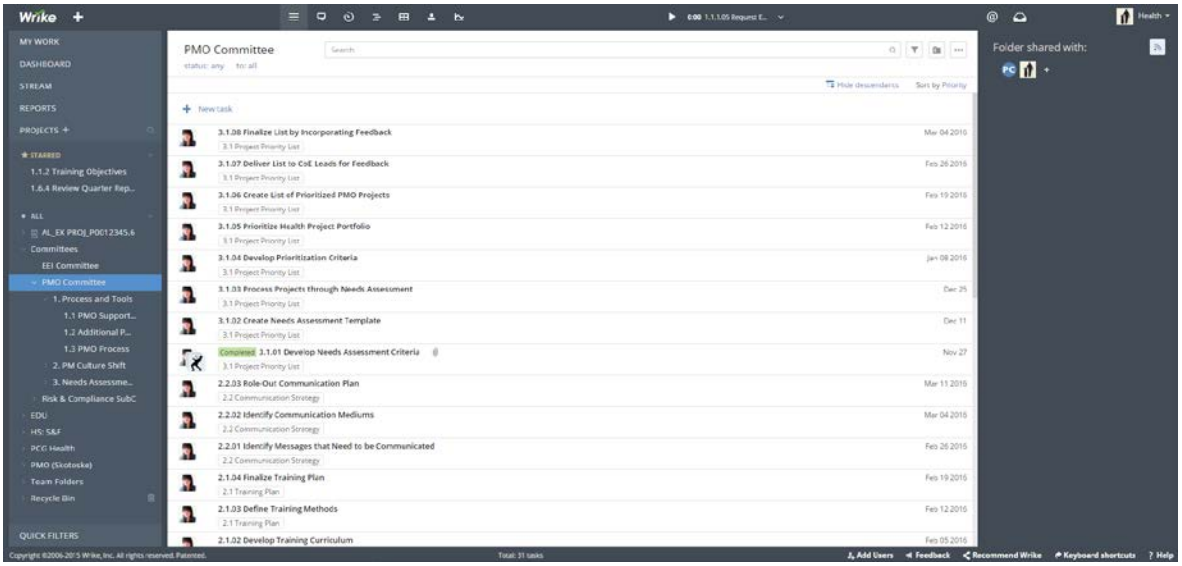


Figure E.8.6: Wrike Project Assignments & Timeline.

PCG will maintain and implement the work plan presented in this proposal to execute contract deliverables. The work plan will be revised as changes in scope are identified and established. If necessary, **PCG will discuss with DHS any contract amendments deemed necessary and will then update the existing work plan. PCG will provide a copy of the work plan to DHS when revisions are made and/or upon request.**

Project Control Mechanisms

Quality Assurance Reviews

Throughout this project's duration, PCG will perform routine and ad hoc quality assurance reviews to ensure all Independent Assessments, Screenings, Tier Determinations, and Transformation Activities are completed accurately and efficiently. More information on our internal quality assurance processes can be seen in *Sections E.5.A.8* and *E.7.A.1*.

PCG will also utilize stakeholder feedback to continuously evaluate the quality and content of in-person coaching and training sessions, online trainings, and live webinars. All qualitative and quantitative data from these evaluations will be published in each Monthly Progress report, along with recommendations for program improvements. PCG is committed to delivering the highest quality transformation trainings and materials, and stakeholder evaluations will provide additional insight for possible improvements.

Fiscal Monitoring

For each of our projects, PCG conducts a monthly, internal analysis of project fees and expenses against the contract budget. **The PCG team is committed to carrying out the tasks detailed in our work plan in a timely and efficient manner, and this regular analysis guarantees that all contract deliverables will be completed on time and within budget.** If an issue should arise, PCG will work with DHS, utilizing the aforementioned project management approach to facilitate the coordination of restorative activities for the project.

Timelines and Deliverables

Activity	Begin	End	Deliverables
Phase I – Project Planning			
Task 1: Project Kickoff			
Meet key Division stakeholders and DHS staff Discuss proposed work plan Identify goals, objectives, and deliverables of project	Contract Commencement	Week 2	• Face-to-face meetings • Documented goals, objectives, and deliverables • Finalized project timeline • Draft QA program • Draft operational protocol
Task 2: Operational Readiness Checklist Creation			
Finalize Operational Readiness Checklist	Contract Commencement	Within fifteen (15) calendar days of Contract Commencement	• Operational Readiness Checklist delivered to DHS • If necessary, DHS request for modifications • Finalized Operational Readiness Checklist
Task 3: IT Platform Deployment Plan			
Finalize IT Platform Deployment Plan	Contract Commencement	Within fifteen (15) calendar days of Contract Commencement	• IT Platform Deployment Plan • IT Testing Plan

Activity	Begin	End	Deliverables
Phase II – Project Implementation			
Task 1: IT Platform Testing			
State staff receive access to the IT Platform	Week 3	Prior to 1 month before Go Live	• All staff, as appropriate, complete UAT test scenarios • Correction or revision of system components, as identified through UAT.
PCG distributes the schedule and assignments for UAT and IT Testing.			
System testers provide feedback on system design and function			
Task 2: Staff Training			
Develop training manuals	Week 3	30 days prior to Go Live or each training, as specified in the RFP.	• All training content is approved by DHS • Training manuals are distributed to provider communities • New hire training materials • New hire protocol • Staff training notifications are sent to all provider communities
Develop in-person, webinar, and online training content			
Provider communities are notified of initial training dates/times			
Publicize initial training dates/times			
Phase III – Project Operations			
Task 1: Assessments			
Assessments are scheduled and conducted	Beginning of Year 1 of Operations	Duration of the contract	• Scheduling of assessments • Assessment conducted • Reassessment conducted • Emergency Assessment conducted • Completion of appropriate assessment instrument • Completion of additional forms, if requested by DHS • Appeals and administrative hearing participation, as requested by DHS • Notification if PCG is unable to schedule an assessment
Reassessments are scheduled and conducted			
Emergency Assessments are scheduled and conducted			
If unable to schedule an assessment, PCG notifies DHS.			
Task 2: Screenings			
Screenings are scheduled and conducted	Beginning of Year 1 of Operations	Duration of the contract	• Developmental Screen conducted • Completion of appropriate screening instrument • Completion of additional forms, if requested by DHS • Appeals and administrative hearing participation, as requested by DHS • Notification if PCG is unable to schedule a screening
If unable to schedule an assessment, PCG notifies DHS.			
Task 3: Provider Trainings & Transformation Support			
Reserve in-person training and coaching locations	Week 3	Duration of the contract	• In-person trainings

Activity	Begin	End	Deliverables
Schedule future in-person trainings and coaching sessions and live webinars			• Online trainings • In-person coaching sessions • Live webinars • Helpline
Provider communities are notified of subsequent training dates/times			
Evaluate training content and delivery methods on an ongoing basis			
Publicize subsequent training dates/times			
Task 3: Reporting			
Required data is collected and analyzed	The fifth (5th) business day of the month following contract commencement	Duration of the contract	• Monthly Program Performance Reports • Monthly Invoice • Annual Program Performance Reports • Monthly Progress Report • Quarterly Practice Report • Ad-hoc reports, as requested by DHS
All reports identified in the RFP are drafted and submitted to DHS and Division contacts			

Figure E.8.7: The PCG Team's proposed project plan is comprehensive and will allow stakeholders to align.

A.9. Describe the Implementation Milestones your company has provided in Table B.4 under the Information Technology Platform Costs tab in the Bid Price Sheet.

Project Control Mechanisms

The four implementation milestones identified in the Bid Price Sheet are as follows:

Milestone	Percent
Initial down payment upon approval of Operational Readiness Checklist	30%
Support for DAAS-related operations	20%
Support for DBHS-related operations	25%
Support for DDS-related operations	25%

Figure E.8.8: The PCG Team's implementation milestones will ensure success during the start up phase.

Initial down payment upon approval of plans

Upon the approval by the Project Monitor of the Operational Readiness Checklist, the initial down payment will be due. This payment enables the purchase of required hardware, needed DB and other

software licensing, set-up and configuration of the entire IT Platform infrastructure (including load balancers, web and application servers, database server), configuration of user authentication and authorization structures specific to this project, and migration of software framework to new infrastructure IT Platform.

Support for DAAS-related operations

Delivery and acceptance of new capabilities to support the process of automation of referral processing, work flow management, assessment collection and outcomes (with both on-line and off-line capabilities), tier determination and disposition, and associated reporting capabilities for those function related to DAAS operations.

Support for DBHS-related operations

Delivery and acceptance of new capabilities to support the process of automation of referral processing, work flow management, assessment collection and outcomes (with both on-line and off-line capabilities), tier determination and disposition, and associated reporting capabilities for those function related to DBHS operations.

Support for DDS-related operations

Delivery and acceptance of new capabilities to support the process of automation of referral processing, work flow management, assessment collection and outcomes (with both on-line and off-line capabilities), tier determination and disposition, and associated reporting capabilities for those function related to DDS operations.

Although these four specific milestones are proposed in compliance with RFP requirements, PCG would prefer to negotiate an alternative payment milestone plan related to the IT Platform that would be reflective of actual delivery and deployment of additional IT functionality over the course of the project. PCG believes that a more granular approach to IT Platform payments would represent a more flexible and favorable approach for the State of Arkansas. This approach would tie payments more closely with accepted delivery of specific major capabilities within the overall IT Platform's comprehensive functionality set.

E.9 Reporting

E.9 REPORTING

A.1. Describe your company's plan to prepare and distribute Monthly Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (A)(1).

Monthly Program Performance Reports

As PCG prepares for the implementation of this project, we will create a Communication Plan to ensure clear and organized communication between PCG and its stakeholders. We will deliver timely, monthly reports that comply with the DHS's standards and requirements. PCG will work with a DHS designee to gain approval of a report template and submission format for these monthly reports. Figure E.9.A, on the following page, shows the executive summary from PCG's Ohio HCBS monthly report, exemplifying the type of high-quality report PCG is capable of producing for DHS and its stakeholders.

The PCG IT Platform will include the ability for PCG team managers to generate separate, multifaceted Monthly Program Performance Reports for submission to the Contract Monitor and staff designated by the Contract Monitor for each Division: DAAS, DBHS and DDS. Each monthly report will include, at minimum, the information identified in *Section 3.8 A.1.C* of the RFP:

- Demographics about each Beneficiary whose assessment or screening was completed;
- Activities for the month including a summary of the volume, timeliness, and outcomes of all assessments, reassessments, Emergency Needs Assessments, Developmental Screens, and Tier Determinations
- A running total of the activities completed as of the date of the report.

The specific content for this set of Monthly Program Performance Reports will be proposed and approved by the Contract Monitor prior to the development of this custom report. This report will be available for generation within the menu system of the application, but access to the report will be limited to those individuals within the PCG team and State staff with an appropriate role to generate the report.

All versions of the Monthly Program Performance Reports will be sent, along with the monthly invoice, via secure-email to the Contract Monitor and designated division staff. Although not specified in the RFP, PCG is prepared to deliver monthly progress reports to DHS by the fifth (5th) business day of the following month. PCG will work with DHS to establish a final deadline prior to contract start.

PCG will deliver monthly reports by the 5th business day of the following month.

Executive Summary

The following comprises Public Consulting Group's (PCG) October of 2016 monthly Provider Oversight contractor report. The report presents data collected from October 1, 2016 to October 31, 2016. The report contents reflect the Standards and Reporting Requirements identified in the Home and Community-Based Services (HCBS) Provider Oversight RFP.

Structural Review

PCG conducted 178 Structural Reviews in the month of October and completed 96% of due reviews timely. PCG requested a Plan of Correction pursuant to 113 of the 178 Structural Reviews conducted. Also, 32% of providers met training standards, while 30% did not, and training standards did not apply to 38% of providers because they are licensed registered nurses whose training records are kept by the Ohio Board of Nursing, or this is their first year as a provider.

Incident Management and Investigation

PCG received 654 Home Care incidents in the month of October. PCG received timely reports for 84% of total incidents reported. The majority of incidents reported were Protection From Harm. PCG investigators substantiated 392 and unsubstantiated 229 incidents in October. Data shown in *Tab 2. Incident Management (a) r*epresents the variety of violations that PCG received during the month of October.

Provider Eligibility and Enrollment

PCG processed 361 provider applications in October. Of these, 278 were initial applications, 23 were re-enrollments, and 80 were revalidations. PCG processed 100% of initial applications, 100% of re-enrollment applications, and 98% of revalidations timely. A total of 95 initial applications were recommended for enrollment and 183 initial applications were recommended for denial. The most frequent reasons for recommending denial were because of missing documentation.

PCG provider enrollment staff also processed 335 provider maintenance requests. Provider maintenance requests included activities such as record additions, provider demographic updates, background check verification, provider activations and terminations, and provider credential updates.

Onsite Visits

PCG conducted 43 Onsite Visits in October. Of the visits in the queue: 23% had a status of No Findings, 14% were Attempted-Incomplete, 40% were Findings-Review, and 23% were Major Findings-Alert B. Of the visits conducted, 4 were for Adult Day Health Services, 9 were for Ambultettes, 3 were for DME providers, 15 were for DODD providers, 1 as for a Medicare Certified Home Health Agency, 3 were for Mental Health Community Health Agencies, 6 were for ODADAS Certified/Licensed Treatment Programs, and 2 were for Other.

Complaints

PCG fielded 0 complaints in the month of October.

MyCare

PCG received 258 MyCare incidents in the month of October. The majority of the incidents were Misappropriation. PCG investigators substantiated 97 incidents and unsubstantiated 169 incidents.

HOME Choice

PCG received 64 HOME Choice incidents in the month of October. The majority of the incidents were Hospitalization. PCG investigators substantiated 57 incidents and unsubstantiated 1 incident.

Online Provider Trainings

In the month of October, 40 providers watched the All Services Plan video, 94 watched the Incident Management video, 28 watched the Independent Nurses video, 16 watched the PDN Acuity video, 171 viewed the Provider Enrollment and Orientation training, 58 providers viewed the CSIS SRSP training, and 1 provider viewed the HCBS Settings Evaluation Module 1 training.

Figure E.9.1: Sample Monthly Report Preface – Ohio Department of Medicaid. PCG has developed monthly reports for numerous clients in varying forms throughout our long history.

A.2. Describe your company's plan to prepare and distribute Annual Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (A)(2).

Annual Program Performance Reports

PCG will follow a consistent process for developing the format for the Annual Program Performance Reports as detailed above for the Monthly Program Performance Reports. Upon award of contract, PCG will work with a DHS designee to gain approval of a report template and submission format for these annual reports.

The PCG IT Platform will include the ability for PCG team managers to generate a multifaceted Annual Program Performance Report that includes the information identified in Section 3.8.A.2.C of the RFP for submission to the State:

- A summary of the activities performed in the year which shall include the total number of assessments, reassessments Emergency Assessments, Developmental Screens, and Tier Determinations;
- A summary of the Vendor's timeliness in scheduling and performing assessments, Developmental Screenings, and Tier Determinations;
- A summary of the Vendor's findings from its Beneficiary feedback research;
- A summary of any challenges or risks the Vendor perceives in the year ahead and how the Vendor shall propose to manage and mitigate them
- Recommendations for improving the efficiency and quality of services being rendered.

The other aspects required for the Annual Program Performance Report will not be generated from data within the system but will be compiled from external sources of information, such as beneficiary feedback research, PCG management team reviews (such as, summary of challenges and recommendations for improving efficiency and quality of services).

All versions of the Annual Program Performance Reports will be sent via secure-email to the Contract Monitor and designated division staff. **PCG will deliver the Annual Program Performance Reports to DHS within five (5) business days of the anniversary of the Contract Commencement Date.**

A.3. Describe your company's plan to prepare and distribute Monthly Progress Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (B)(1).

Timeliness of Monthly Reports

PCG's expertise in the development of online reporting tools, gives us the background to DHS in the development of reporting processes and standards. PCG has developed flexible reporting systems which allow the user to identify several key variables in the selection criteria for a given report. It is this type of user-oriented, flexible reporting suite which will allow PCG to ensure that DHS meets all of their data-related business needs.

PCG will provide Monthly Progress Reports to DHS by the fifth (5th) business day of the following month. These reports will include a narrative summary of the transformation activities completed for the month, as well as trends noticed by the PCG Team, stakeholder observations/feedback, and any issues which may have arisen during the month. At a minimum, the following measures will be included in every Monthly Progress Report:

Monthly Progress Report Measures:
A list of provider practices enrolled in on-site coaching;
A Plan for future scheduled site visits for on-site coaching;
A Summary of the Vendor's activity for that month;
Any operating issues related to providing support, including, but not limited to, Vendor capacity constraints or challenges with provider participation
Report on the participation by each provider's practice or other stakeholders in transformation activities, including but not limited to, attendance at onsite coaching sessions, in-person regional trainings, and completion of live webinars;
Summary of feedback from providers and stakeholders on how to improve the Vendor's training curriculum and delivery.

For each section of the Monthly Progress Report, the overall data will be evaluated and any patterns will be identified. **For all transformation activities, PCG will also report training issues so that future educational training sessions can be improved.**

PCG has experience developing monthly reports in a variety of formats and programs. PCG will collaborate with DHS to determine the preferred structure for both the Monthly Progress Reports and the

Quarterly Practice Participation Reports. *Figure E.9.2* shows a sample of provider training reporting that PCG has produced for other states.

Monthly Report: October 2016
Online Provider Training Attendance

The following providers viewed the listed trainings in the month of October.

Provider Number	Date	Training Name
0081514	10/12/2016	All Services Plan
0110243	10/17/2016	All Services Plan
0111606	10/11/2016	All Services Plan
0111914	10/6/2016	All Services Plan
0112301	10/19/2016	All Services Plan
0056615	10/14/2016	CSIS SRSP
0069352	10/15/2016	CSIS SRSP
0070929	10/25/2016	CSIS SRSP
0098156	10/13/2016	CSIS SRSP
0108206	10/26/2016	CSIS SRSP
0050078	10/18/2016	Provider Education/Orientation
0051514	10/10/2016	Provider Education/Orientation
0052090	10/23/2016	Provider Education/Orientation
0052915	10/16/2016	Provider Education/Orientation
0056615	10/14/2016	Provider Education/Orientation
0056615	10/14/2016	Provider Education/Orientation
0056615	10/13/2016	Provider Education/Orientation

Figure E.9.2.: Sample Transformational Activity Reporting. PCG has extensive experience producing Provider Training Reports and will utilize this experience while simaltaneously catering specifically to DHS's needs.

A.4. Describe your company's plan to prepare and distribute Quarterly Practice Participation Report that meet the timeliness standards and contain the items required in RFP Section 3.8 (B)(2).

Quarterly Practice Participation Reports

In addition to the Monthly Progress Reports, PCG will prepare and distribute a Quarterly Practice Participation Report for DHS.

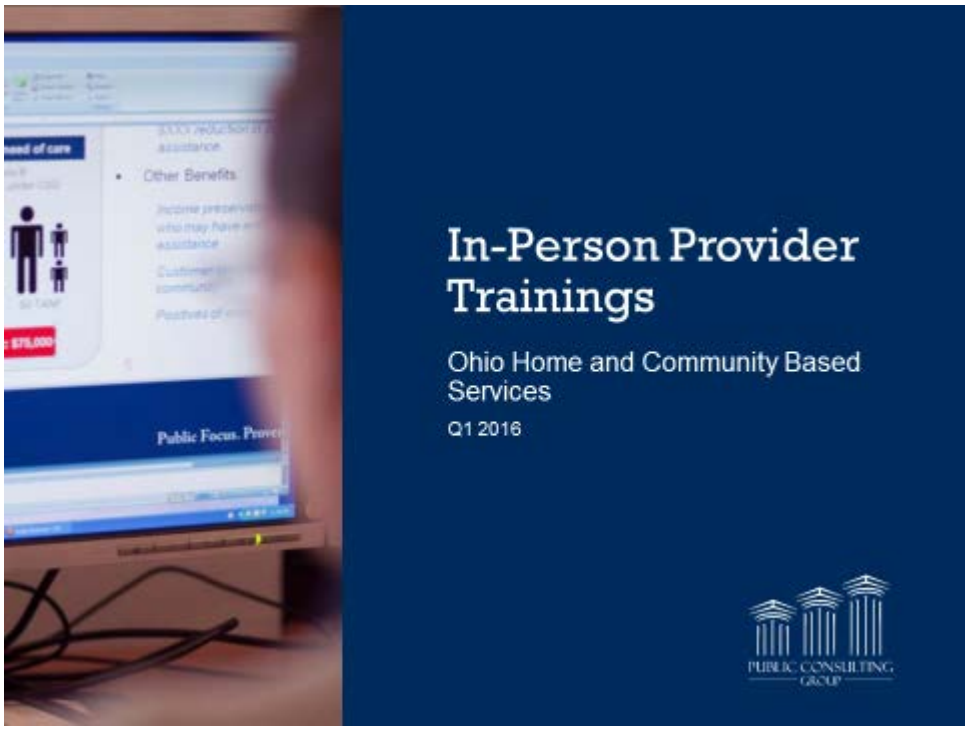
At a minimum, the following measures will be included in every Quarterly Practice Participation Report:

Quarterly Practice Participation Report Measures
Provider enrollment in training activities;
Attendance at onsite coaching sessions;
Completion of online webinars; and
Participation at in-person regional training sessions.

The Quarterly Practice Participation Report will be sent via secure email to the Contract Monitor and designated division staff. Although not specified in the RFP, **PCG is prepared to deliver monthly progress reports to DHS by the fifth (5th) business day** of the following quarter. PCG will work with DHS to establish a final deadline prior to contract start.

In Ohio, PCG produces a quarterly report that qualitatively and quantitatively details the attendance, locations, and feedback from all in-person provider trainings. *Figure E.9.3* below shows the first six (6) pages of the In-Person Provider Trainings report from Q1 2016.

Figure: E.9.3: Sample Quarterly Transformational Activity Reporting. PCG has produced similar high quality reports for multiple clients as this example of an In-Person Provider Trainings Report demonstrates.



Training Locations

In the month of January, Public Consulting Group conducted four (4) in-person provider trainings throughout the state of Ohio. These trainings were held in Akron, Cincinnati, Cleveland, and Columbus.

Training Date	Location	Region
1/7/2016	5225 Library Lane, Maple Heights, OH 44137	Cleveland
1/11/2016	274 East First Avenue, Columbus, OH 43201	Columbus
1/14/2016	800 Vine Street, Cincinnati, OH 45202	Cincinnati
1/22/2016	60 South High Street, Akron, OH 44326	Akron

Overall Training Attendance

Out of 205 providers who registered for a training, a total of 160 (78.05%) attended.

Training Date	Providers Registered	Providers Attended	Attendance Rate
1/7/2016	33	27	81.82%
1/11/2016	56	51	91.07%
1/14/2016	43	32	74.42%
1/22/2016	73	50	68.49%
Total	**205**	**160**	**78.05%**

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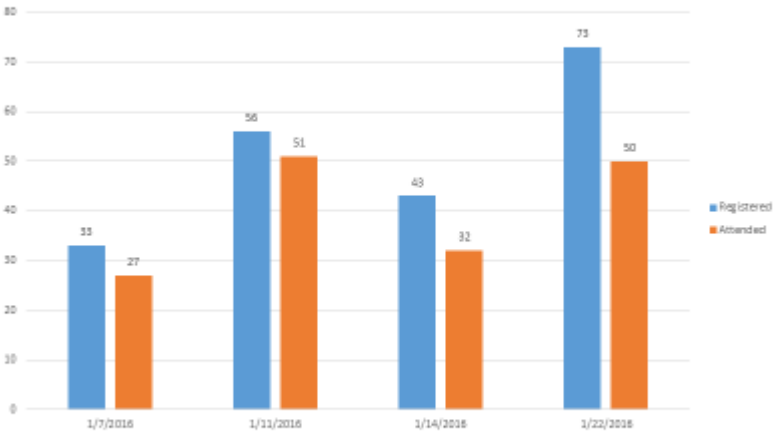
January 2016 Provider Training Registration and Attendance



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Training Attendance Breakdown

As previously stated, a total of 160 providers attended a training in January 2016. PCG asked providers to state their provider type, and the results of this can be seen below. Of the 78 providers that responded to this question, 67 (85.9%) were nurses.

Training Date	Nurses	Agency	Home Health Aide	Unanswered
1/7/2016	0	3	0	24
1/11/2016	28	0	1	22
1/14/2016	15	3	3	11
1/22/2016	24	1	0	25
Total	**67**	**7**	**4**	**82**

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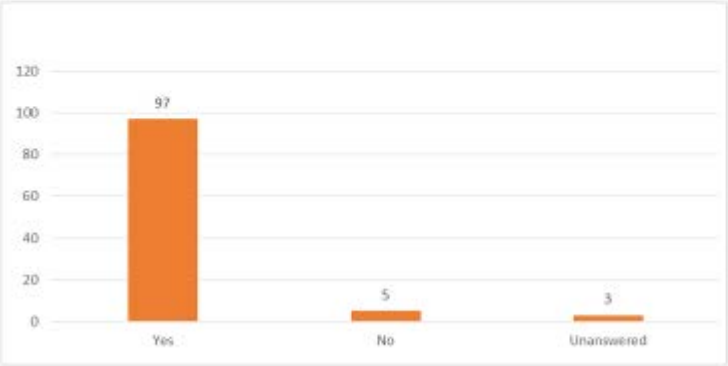
Program Evaluations – Quantitative Data

All providers who attended a PCG training in the month of January were asked to complete a program evaluation survey. A total of 105 providers completed a program evaluation, a 65.6% response rate. Responses can be seen below and on the following slides.

Were overall objectives met?



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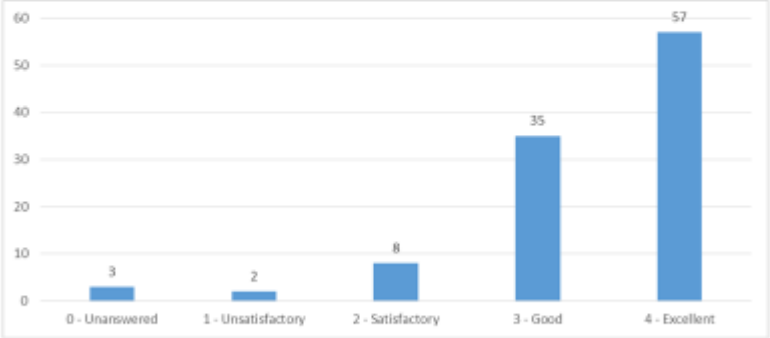
Program Evaluations – Quantitative Data

To what extent did the material presented meet your expectations?



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E.10 Performance Standards

E.10 PERFORMANCE STANDARDS

A.1. Describe your company's plan to meet the performance standards in Attachment B.

Meeting Performance Standards

The PCG Team recognizes that the State is in need of a vendor who will ensure that quality initiatives succeed within all three DHS Divisions. **Public Consulting Group's Performance Management Plan will document the necessary information required to effectively manage project quality from planning to implementation and throughout the contract term.** To ensure that the unique performance requirements of DHS are met, our team members will work with the Division of Aging and Adult Services, Division of Behavioral Health Services, and Division of Developmental Disabilities Division or its designees to define these metrics, conduct measurements on an ongoing basis, and analyze results.

Review and Assessment of Meeting Performance Standards

With our Quality Assurance Plan (*Section E.7*), combined with an intensive review of DHS-defined policies and procedures, PCG will be positioned to meet and exceed performance standards as outlined in the RFP and Attachment B. Ultimately, we understand that each Division has unique goals and distinctive target metrics. **The PCG Team has the knowledge, capacity and expertise to ensure seamless operations while maintaining the respective performance standards of each individual Division**. Our plan to meet the prescribed performance standards includes the following steps:

- ***Quality Control and Quality Assurance:*** What is the process by which the agency assures that the work done by staff/vendor is as it is intended? What resources are dedicated to QC/QA?

- ***Measure and Score Quality:*** How does the agency score the quality of the work of each individual in a standardized manner that can be compared and monitored for improvement?

- ***Quantify Productivity:*** By what measures does this agency evaluate the productivity of its staff and vendors? How does it track progress to ensure goals and objectives are reached?

- ***Address and Improve Deficiencies of an Individual:*** When staff members or vendors fail to meet standards of quality and/or productivity, what intervention and/or training is conducted to improve performance? What is the measured impact of these interventions or trainings?

- ***Communicate and Address and Improve Deficiencies of a Group:*** When supervisors and management identify performance issues across multiple staff members or vendors, what intervention and/or training is conducted to improve performance? What is the measured impact of these interventions or trainings?

- ***Reward and Incentivize Success:*** What measures do management and staff take to reward high performance and exceeding set goals? What career development is available to strong performers?

Upon a complete review and assessment of performance standards, PCG will incorporate these standards into our Performance Management Plan as well as our Project Implementation Plan to ensure all Implementation and Project Management Milestones, Assessment and Tier Determinations, Transformation Support, Quality Assurance, and IT Platform meet or exceed acceptable performance.

Implementation and Project Management Milestones

Quality Monitoring is essential to PCG's daily operations – specifically when tasks include IT Platform planning, testing, and implementation. Well-designed and rigid quality controls will help identify potential problems well before an issue escalates. To complete the necessary Quality Assurance tasks, the PCG team will rely on time-tested and proven project management methodology to ensure the timely delivery of high-quality work. We have developed our methodology over years of completing similar engagements and we define and monitor quality from **six perspectives: requirements, risks, budget schedule, deliverables, and success factors.**

At the completion of each major milestone, PCG will require client review, approvals and official sign-offs to catalyze subsequent implementation and project management milestones. If anything that was previously signed off on requires a change, new sign-offs are needed to progress.

In addition, we will ensure the Project Implementation Plan, Deployment Plan, User Acceptance Testing Plan, IT Testing Plan, Operational Readiness Checklist, and Exit Transition Plan are designed, completed, and submitted for approval to meet or exceed performance standards as listed in Attachment B. Ongoing project status updates, reports, and any identified resolution requirements will promptly be communicated to DHS for communication and approval purposes.

Assessments and Tier Determinations

PCG's trusted partner LifePlans is highly familiar with performing assessments to meet and exceed established performance metrics. **The PCG Team will benefit from LifePlans' extensive experience training and reviewing clinical assessors.** Through the effective use of technology, LifePlans tracks all steps of the assessment process to determine whether case-specific issues need to be addressed. Additionally, LfePlans utilizes continual monitoring, documentation of staff-recipient interactions, as well as real-time reporting on either a case-specific or total caseload basis, depending on the desired frequency.

With transparent processes and continual monitoring, we can meet stringent performance standards.

Thus, the PCG Team will routinely track and maintain stringent performance and service level requirements because we are extremely transparent with our process and reporting – we know what is happening with every case in real time. Over the course of this contract, we will track and report our ability to meet these standards both for our staff and all contracted providers. Such performance standards include, but are not limited to:

- Maintenance of an average turn-around time (from initial date of assessment request to date of submission to client)

- Outreach to members to set up an appointment for an assessment
- Submission of assessment back to LifePlans for quality review
- Submission of completed assessment to clinical team for outreach and case management
- Provide utilization and QA reports to client as needed daily, weekly and/or monthly
- Provide performance time statistics for all cases closed

Ultimately, we will utilize our experience, combined with our rigorous tracking procedures, to meet the performance standards outlined in Attachment B.

Transformation Support

PCG has extensive expertise in supporting and delivering training through in-person, on-site coaching, webinars, helpline support, as well as years of experience in curriculum and training manual development. Our Provider Outreach Plan will incorporate the Transformation Support performance standards to ensure the timely delivery and completion of required content and training sessions.

Additionally, our helpline staff will regularly operate within the performance metrics outlined in Attachment B. PCG is currently prepared to begin developing training materials, as well as scheduling regional training sessions, on-site coaching sessions, in-person training, and webinars.

Quality Assurance

Currently, LifePlans routinely maintains service levels related to quality assurance and complaint investigation, including but not limited to:

- Time standards for responding to written complaints from any member regarding their assessment service, including investigation of the complaint, documented appropriate resolution, and response to complaint
- 95% or higher Quality Assurance scores on completed assessment and tier determinations.

As indicated in *Section E.7*, the PCG Team will implement robust QA procedures, such that DHS will benefit from increased accuracy, integrity, and completeness.

IT Platform

The PCG IT Platform has been deployed in other states and has proven to meet or exceed the average monthly uptime of 99.8% (except for planned downtimes approved by the Contract Monitor), resiliency, and response parameters. These capabilities will most definitely be translated to DHS to best support the Independent Assessments, Developmental Screenings, and Tier Determinations of DAAS, DBHS, and DDS through a reliable and secure IT Platform.

A.2. Describe your company's plan for responding to DHS regarding any cited insufficiencies related to Performance Standards.

Citing Insufficiencies

When insufficiencies arise during the start-up, implementation, and contract term, PCG will make every effort to communicate and mitigate the issue at hand. Our expeditious attention to all cited insufficiencies

will allow us to meet or exceed the performance standards listed in Attachment B. DHS will approve PCG's insufficiency resolution plans and procedures, as well as our insufficiency resolution success metrics. All insufficiencies will be communicated to the PCG Project Director and/or Manager as well as our Quality Assurance Team (*Section E.7*) to ensure prompt and appropriate resolution of the matter at hand. A resolution plan will:

- Assess and record any identified insufficiency;
- Assign a priority to the insufficiency;
- Assign a point person to resolve the insufficiency and a resolution due date;
- Identify success metrics;
- Monitor the resolution process;
- Escalate issues if necessary;
- Communicate insufficiencies to Contract Monitor, appropriate officers at DAAS, DBHS, or DDS, and PCG Team; and
- Report insufficiency management activity.

Insufficiency resolution is the most important step to prevent and avoid further issues. Regardless of how the insufficiency was resolved, PCG will assess lessons learned by creating internal prevention initiatives and metrics to measure the success of insufficiency resolution efforts including, but not limited to:

- Policy recommendation;
- Training/re-training of key employees;
- Monitoring and reporting of insufficiency resolution success;
- Overhauling of business processes;
- Compliance measures; and
- Employee reprimands.

PCG will hold lessons learned discussions to encourage internal prevention initiatives.

PCG IT Platform

The PCG IT Platform also has proactive troubleshooting controls in place to assist in diagnosing issues with networks, services, software, and data. Depending on the type of issue, when abnormalities occur, alarms will sound internally to notify the appropriate personnel.

Assessment Insufficiencies

Additionally, PCG's partner LifePlans will identify any insufficiencies by investing in an internal Quality Assurance Team whose sole purpose is to improve the work product that is delivered by our clinical field force. As detailed in *Section E.7*, the Learning Management System, as well as feedback mechanisms, will serve as the basic tools supporting these efforts. Contracted providers who do not regularly meet required performance standards including quality of work and turn-around time will be placed into a "trainee" categorization for remediation training and oversight. This includes, but is not limited to:

- Requiring the assessor to complete all or select additional training courses,
- One-on-one mentoring,
- Group chat sessions and monitoring, and
- Re-entry into full preceptorship program.

The PCG Team takes pride in being able to timely and appropriately resolve insufficiencies and issues that may arise due to personnel, contract, process disagreements, as well as systems issues. As indicated above, we have a series of checks and balances to ensure that we meet or exceed the parameters set forth in the RFP and Appendix B.

Appendix A: Resumes

KEVIN HUTCHINSON, MPP
MANAGER AT PUBLIC CONSULTING GROUP, INC.

Mr. Hutchinson lead's Public Consulting Group's Medicaid LTSS/HCBS/BH Oversight and Management team. He has more than 15 years' experience in Medicaid, state government, and management consulting, with a strong focus on delivery systems of LTSS, HCBS, IDD, Aging, and Community Behavioral Health. He has aids his clients in transforming their oversight systems to strike a balance between ensuring appropriate authorizations, high quality service delivery, and compliance monitoring. This work has resulted in saving tens of millions of dollars, increasing efficiency while improving performance, quality, and compliance. He oversees a staff of more than one hundred professionals, including approximately 50 full-time clinicians. This team responsible for more than 1,400 reviews, investigations, and screenings each month.

RELEVANT PROJECT EXPERIENCE

Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (July 2013 – Current): Project Director

Designed, developed, and implemented a large-scale provider oversight operation within six months of initiation. Effectively implemented and operate project of 75+ staff members conducting investigations, provider reviews, onsite screenings, enrollment, and training. Upon assuming operations from the incumbent vendor, conducted a comprehensive review of all existing policies and procedures, identifying and resolving inconsistencies and compliance risks. Oversaw the writing and rewriting of operating protocols for each function, and implemented new performance measures, for both quality assurance and productivity. PCG also conducted a staffing and skills assessment through our expedited recruiting effort, onboarding new and incumbent staff and carefully assessing skillsets and knowledge levels. Conduct 1,200+ investigations, 250+ reviews, and 50+ onsite screenings each month.

Ohio Department of Developmental Disabilities

Training for Internal Compliance Programs (October 2015 – July 2016): Project Director

Created a training curriculum on establishing an internal compliance program for agencies providing Home and Community Based Services. Nine (9) unique trainings, grouped into five (5) modules, comprise the curriculum and cover various topics including: policies and procedures; staff development; billing and fraud. Each training also includes interactive learning aides such as quizzes, checklists, and scenarios.

Division of Medical Assistance Program Integrity, State of North Carolina

Program Integrity Screenings, Trainings, Investigations and Oversight (March 2008 – Current): Project Director

Managed the partnership with NC DMA Program Integrity over the course of six years whereby PCG has partnered with North Carolina Medicaid Program Integrity to redesign their operations to increase productivity and improve efficiency, with a focus on Personal Care Services and other Home and Community Based Services. PCG began in 2008 by establishing a Prepayment Review, followed by a Post Payment Review in 2010, conducting more than 2,000 reviews that resulted in more than $300 M in identified overpayments, $165 M in cost avoidance, $27 M in fraud referrals, and a 95% uphold rate in appeal. In 2014, PCG redesigned the PI process to develop a more focused investigation and ongoing review, focused on cost avoidance and prevention, implementing Case Tracking System, with an increased utilization of Data Analytics. PCG has also designed a pre-enrollment onsite screening process to ensure ACA compliance, screening 2,000+ providers before enrollment, resulting in a projected cost avoidance of millions.

Department of Health Care Finance, District of Columbia

Program Integrity Assessment, (November 2014 – February 2014) Project Director

Serving as Project Director of PCG's Program Integrity Assessment project responsible for evaluating all aspects of Program Integrity in Washington DC. Project scope included assessments of: data analytics and data mining, policies and procedures, workflow, and staffing. Following the detailed assessment process, PCG provided the District with a complete set of recommendations to improve their Program Integrity functionality.

Division of Medical Assistance, State of North Carolina

Provider Enrollment Screening and Training (January 2013 – Current): Project Director

Developed, implemented, and manage the provider screening and enrollment program requiring all moderate and high risk provider types to be screened prior to enrollment into the Medicaid program. Conducted 5,000 onsite visits. Developed and hosted web-based training to more than 25,000 new and existing Medicaid providers. To date, this has resulted in a cost avoidance of greater than $30 M in prevented overpayments.

Division of Medical Assistance, State of North Carolina

Prior Authorization and Due Process Business Process Redesign (August 2008 – Current): *Project Director*

When overwhelmed by a backlog of prior authorization appeals of adverse notices, PCG conducted a full operational assessment and business process redesign of the due process workflow. PCG redesigned the workflow and developed and implemented case tracking system with document management functionalities and a backend database for analysis and reporting. This transitioned from a paper-based system to electronic system, allowing multiple internal and external stakeholders to access all hearing documentation in one central location. This redesign and implementation and allowed NC Medicaid to eliminate in five weeks a backlog of several hundred appeals that accumulated over several months. The new process and system reduced their appeal time by half, reducing administrative costs, as well as saving the state more than $10 million each year in Maintenance of Service, which allows denied or reduced services to continue until the end of the appeal process.

Division of Medical Assistance, State of North Carolina

IMD Exclusion Compliance Onsite Audits and Case Management System (July 2011 – Current): Project Director

Supervise onsite audits of supervised living facility providers and designed, developed, implemented and currently operate a Web-based Clinical Review Management System (CRMS). The CRMS directs task workflow, increases operational transparency, manages collected documentation, captures clinical review data, guides onsite review scheduling, generates notification letters, and facilitates required reporting. DMA leverages the CRMS to manage implementation of a streamlined process and to minimize the burden on DMA staff resources via extensive automated functionality.

UAW Retiree Medical Benefits Trust

SSDI-Medicare Identification and Enrollment (July 2010 – June 2013) Project Manager

Managed a disability determination and eligibility initiative using data mining to identify disabled retirees and dependents to conduct outreach and enrollment onto SSDI and Medicare, increasing benefits and controlling costs.

Division of Mental Health/Developmental Disabilities/Substance Abuse Services, State of North Carolina

Medicare Part D Revenue Recovery. (2006 – 2010) Project Manager

Project to establish a process by which state-operated facilities – including intermediate care facilities for the mental retarded (ICF/MRs) and institutes for mental disease (IMDs) – claim drug costs directly from qualified Medicare Part D drug plans. Collected more than $25 million in the project's first three years.

Division of Public Health, State of North Carolina

Medicaid Administrative Claiming (2006-2008): Senior Consultant

Manage project of Random Moment Time Study (RMTS) by which local health departments track their resources dedicated to administrative and outreach measures, qualifying the state for enhanced Medicaid funds.

DHHS Office of the Controller, State of North Carolina

Central Billing Office Supplemental Billing (2006-2010): Senior Consultant

Oversaw operation to supplement the state's standard bill collection procedures. Provides additional support in billing carriers for services provided by state facilities, and significantly increases revenue collected by the state system.

Department of Human Services, State of Illinois

Medicare Part D Revenue Recovery (2006-2010): Senior Consultant

Establish process by which state-operated facilities – including intermediate care facilities for the mental retarded (ICF/MRs) and institutes for mental disease (IMDs) – claim drug costs directly from qualified Medicare Part D drug plans. Collected more than $25 million in the first three years.

Department of Children and Families, State of Florida

Medicare Part D Revenue Recovery (2008-2010): Senior Consultant

Led project to for state-operated behavioral health facilities claim drug costs directly from qualified Medicare Part D drug plans.

Department of Human Services, State of Michigan

Medicare Part D Revenue Recovery (2007-2010): Senior Consultant

Project to for state-operated behavioral health facilities claim drug costs directly from qualified Medicare Part D drug plans.

Department of Social and Health Services, State of Washington

Medicare Part D Revenue Recovery (2006-2007): Senior Consultant

Project to establish a process by which state-operated facilities – including intermediate care facilities for the mental retarded (ICF/MRs) and institutes for mental disease (IMDs) – claim drug costs directly from qualified Medicare Part D drug plans.

Department of Health and Hospitals, State of Louisiana

Revenue Enhancement Initiatives (2006-2007): Senior Consultant

Project integrated several initiatives to increase federal funding available for health and human services provided by the state. Oversaw Upper Payment Limit (UPL) project to increase Medicaid funding available to state-run hospital system by ensuring that Medicaid reimbursement rates are comparable to those of commercial carriers.

US HHS Centers for Medicare & Medicaid Services (CMS)

Medicare Part D Payments Reconciliation Project (2006): Senior Consultant

Documented reimbursement to states participating in Section 402 waiver program. This entailed developing and implementing a process to identify eligible reimbursable portions of Medicare Part D related prescription drug claims. Designed and implemented process by which claims were submitted to Medicare Part D health plans, and by which participating states were reimbursed.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Raleigh, NC* June 2006 – Present

North Carolina Office of the Governor , *Raleigh, NC* June 2003 – June 2006

Hubbard One, *Chicago, IL* March 2000 – August 2001

Accenture, *Chicago, IL* August 1998 – March 2000

EDUCATION

Duke University*,* Master of Public Policy, 2003

University of Notre Dame, Bachelor of Arts, Government and Pre-professional Studies, 1997

JAY PECK
SR. CONSULTANT AT PUBLIC CONSULTING GROUP INC.

Jay Peck is a Senior Consultant in PCG's Raleigh, NC office. Mr. Peck has over 11 years of experience in health and human services, technology, and management consulting. His primary focus has been in the area of Medicaid compliance and Program Integrity, having implemented and overseen Medicaid pre-payment and post-payment claim reviews in North Carolina, as well as Medicaid provider monitoring projects in Ohio and North Carolina. In addition to Medicaid, Mr. Peck has experience in compliance reviews under the Social Security Act and auditing similar claims as part of a quality control initiative. He has assisted multiple states in completing ACF Federal Title IV-E Audits. Mr. Peck received his undergraduate degrees from Syracuse University.

RELEVANT PROJECT EXPERIENCE

Division of Medical Assistance, State of North Carolina

Provider Oversight and Investigation, (November 2013 – Current): Project Manager

Project: PCG designed and implemented a provider investigation and oversight program to more efficiently and effectively coordinate DMA's program integrity efforts. To accomplish this, PCG developed and deployed a secure, online case management system to manage the intake of complaints/referrals as well as the subsequent investigations. By streamlining the investigation process, PCG was able to reallocate resources to more proactive provider reviews, broaden the footprint, and increase the impact of PI efforts.

Mr. Peck: As Project Manager, responsible for the implementation of both investigative and review processes; training of staff; monitoring of staff productivity; timeliness of deliverables; deployment of case management system; and client communications and reporting.

Department of Health Care Finance, District of Columbia

Program Integrity Assessment. (November 2014 – February 2015): Project Manager

Project: PCG completed a thorough Program Integrity Assessment with DHCF, evaluating all aspects of Program Integrity in Washington, DC. Project scope included assessments of: data analytics and data mining, policies and procedures, workflow, and staffing. Following the detailed assessment process, PCG provided the District with a complete set of recommendations to improve their Program Integrity functionality.

Mr. Peck: As Project Manager, responsible for all aspects of the assessment, coordination of findings and recommendations, and served as the primary liaison with client.

Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight. (July 2013 – July 2014) Program Implementation Lead

Project: PCG implemented a large-scale provider oversight operation within six months of initiation. Effectively implemented and operate project of 75+ staff members conducting investigations, provider reviews, onsite screenings, enrollment, and training. Upon assuming operations from the incumbent vendor, conducted a comprehensive review of all existing policies and procedures, identifying and resolving inconsistencies and compliance risks. Oversaw the writing and rewriting of operating protocols for each function, and implemented new performance measures, for both quality assurance and productivity. PCG also conducted a staffing and skills assessment through our expedited recruiting effort, onboarding new and incumbent staff and carefully assessing skillsets and knowledge levels.

Mr. Peck: As a Program Implementation Lead, oversaw the implementation of the provider review process, including the hiring of state-wide staff of 15, training, and business process redesign. Led the successful transition from the incumbent vendor, and managed client communications and reporting.

DHHS, Division of Medical Assistance, Office of Program Integrity, State of North Carolina
Post-Payment Case Review (February 2010 – June 2013): Project Manager

Project: PCG designed, developed, implemented, and operates a process for performing clinical audits of provider-submitted claims for Behavioral Health, Personal Care, Community Alternatives Program (CAP), and Dental services for North Carolina Medicaid. In the course of these reviews, PCG conducts random sampling, quantitative and qualitative documentation review, extrapolation of findings, and appeal support. The entire process is operated through a secure, online case management system developed, deployed, and maintained by PCG.

Mr. Peck: As Project Manager, oversaw the process design and implementation of the program; the development of web application; the hiring and training of clinical review staff; client communications; and monitoring of deliverables.

DHHS, Division of Medical Assistance, State of North Carolina
Community Care of North Carolina (CCNC) Auto-Assignment

Mr. Peck: Manage the implementation of a process for matching eligible consumers with CCNC providers, and enrolling those consumers with CCNC Primary Care Providers, based on a number of factors, including PCP availability, patient history, and proximity.

DHHS, Division of Medical Assistance, Office of Program Integrity, State of North Carolina
Community Support Services Pre-Payment Review

Mr. Peck: Supervised the development and implementation of an online tool which managed the collection of Medicaid claim data, uploading of provider documentation, matching documentation to the appropriate claim, and clinical review of each claim. Managed day-to-day operations, including uploading of claims/documents, training/oversight of clinical team, and served as contact person for providers.

Arizona Health Care Cost Containment System (AHCCCS) Administration, State of Arizona
Medicare Part D Claiming

Mr. Peck: Assisted in the implementation of online billing application for state-owned facilities. Managed the process of contracting with Prescription Drug Plans, trained state and internal staff on the use of web application and claim processing.

State of Florida Department of Children and Families
Medicare Part D Revenue Recovery

Mr. Peck: Assisted in the implementation of online billing application for state-owned facilities. Managed the process of contracting with Prescription Drug Plans, trained state and internal staff on the use of web application and claim processing.

DHHS, Division of Mental Health/Developmental/Disabilities/Substance Abuse Services, State of North Carolina
Medicare Part D Revenue Recovery

Mr. Peck: Assisted the State with billing Medicare Part D Prescription Drug Plans (PDPs) and also provided technical support in the implementation of an enhanced billing tool that allowed State

Operated Facilities to resubmit claims to the Medicare Part D program. Served as the point of contact between State Operated Facilities and Medicare Part D PDPs. Managed day-to-day operations of billing/re-billing system, including claim rejection analysis as well as suggesting and implementing procedural enhancements.

Department of Human Services, State of Illinois

Medicare Part D Revenue Recovery

Mr. Peck: Assisted the State with billing Medicare Part D PDPs. Served as the point of contact between the State and the Medicare Part D PDPs. Managed day-to-day operations, including processing claims and correcting rejected claims.

Department of Social Services, Commonwealth of Massachusetts

Revenue Maximization Title IV-E

Mr. Peck: Was responsible for providing technical assistance to Regional and Area office staff, regarding revenue management activities including: Title IVE, Interstate Requests and Adoption Assistance. Evaluated all legal, financial and social worker documentation do determine Title IV-E eligibility in accordance with Federal regulations. Participated in Federal and State Audit process. Authored and maintained Standard Operating Procedures for Title IV-E Foster Care and Adoption Assistance.

Department of Children, Youth, and Families, State of Rhode Island

Title IV-E Eligibility Enhancement Project

Mr. Peck: Provided ongoing quality control assistance, developed technician-specific sample sizes with departmental staff, monitored and reviewed pending cases to identify pending status and causes. Provided on-going Permanency Planning quality control to assure Permanency Planning Hearings were held on a timely and regular basis.

Authored Standard Operating Procedures for Title IV-E Foster Care and Adoption Assistance.

Department of Services for Children, Youth and Families, State of Delaware

Title IV-E Procedures Manual Update/Revision

Mr. Peck: Was responsible for the combining of Title IV-E Foster Care and Adoption Assistance Procedures Manuals. Tasks included updating manual to reflect current regulatory climate, as well as incorporating the use of multiple software applications used in the process of reviewing IV-E cases. Also worked with DE staff to interpret ACF guidelines and to add a FAQ section, with responses, to Procedures Manual.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Raleigh, NC* November 2004– Present

EDUCATION

Syracuse University *Syracuse, NY*
Bachelor of Arts, Law and Public Policy

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

National Association for Medicaid Program Integrity, member
Proficient in Microsoft Office, SQL Server

MARC COHEN
INDEPENDENT ASSESSMENT PROGRAM DIRECTOR AT LIFEPLANS, INC.

Chief Research and Development Officer and former President and co-founder of LifePlans, Inc., a long-term care insurance services, risk management and research company. Over his 30 year career at LifePlans, Dr. Cohen has conducted extensive research and analysis on a variety of public policy issues affecting the financing and delivery of long-term care services and the development and growth of the long-term care insurance market. Dr. Cohen has consulted widely to the health and long-term care insurance industry, implemented new and innovative risk management and prevention programs affecting elderly populations, and testified before Congress on issues related to long-term care financing and private insurance. Dr. Cohen received his Ph.D. from the Heller School at Brandeis University and his Masters Degree from the Kennedy School of Government at Harvard University.

Dr Cohen has spent over 30 years managing the creation, administration and completion of health assessments for various populations. Dr. Cohen was a pioneer in introducing Activities of Daily Living (ADL's) as a measure used during in-person assessments to help determine benefit needs for the long term care industry.

PROFESSIONAL BACKGROUND

LifePlans, Inc., Boston, MA (2010-Present) Chief Research and Development Officer

Mr. Cohen: Responsible for managing all aspects of the Research Department and Commercial Health products including providing day-to-day leadership and management of these businesses. Develop new products and services for the commercial health insurance industry directed toward managing elderly populations. Overall responsibility for the development and coordination of a thought leadership strategy for the company. Act as the primary representative of the company to public (government) agencies and to commercial health companies.

LifePlans, Inc., Boston, MA (2003-2010) President

Mr. Cohen: Responsible for maintaining a qualified, trained, and capable staff. Set corporate policy and report to the Board of Directors quarterly on the financial performance of the Company and key business characteristics including monitoring new initiatives. Oversee the financial planning process. Represent the leadership of the Company to all external audiences including customers, prospects, trade associations, and government representatives. Support the business unit heads on a strategic and operational level in furthering their businesses' growth and development. Manage various staff functions provided both internally and externally.

LifePlans, Inc., Boston, MA.(1986 – 2002): Vice President

Mr. Cohen: Research and consulting to health insurers, health providers, associations and government agencies. Conduct analytical studies on long-term care financing and service delivery for use by Congress, Trade Associations, the states, and government agencies. Develop PC-based innovative health risk management products and forecasting models for estimating risks and costs of long-term care services utilization for use by the states, HMOs, insurers and other providers. Develop innovative reinsurance programs.

Center for Health and Long-Term Care Research, Boston, MA (1993-Present) Senior Scientist

Mr. Cohen: Research and consulting for Foundations, Universities and Congressional staff on issues related to long-term care financing and service delivery. Conduct analytical studies on the utilization of Medicare and Medicaid home health care services, nursing home care and other

community-based services. Lecture and present findings of research in public and private forums as well as in peer-reviewed journals.

Brookdale Institute of Gerontology, Jerusalem Israel (1989-1994): Senior Researcher

Mr. Cohen: Designed and implemented a study of the commercial health, nursing, and supplemental insurance market in Israel. Study of organ procurement and transplantation system in Israel. Assessed the potential impact of departmental budgeting in the hospital system. Assess the role of competition in the financing and delivery of health care services in the Israeli health care system.

The Health Policy Center, Brandeis University, Waltham, MA (1984-1986) Research Associate

Mr. Cohen: Developed models for estimation of lifetime risks, risk factors, and costs of nursing home use for a study of the development of low cost continuing care retirement communities. Co-developed a new long-term care finance and delivery model called Life Care at Home. Designed, implemented, and analyzed results from market surveys that were used to assess the elderly's interest in continuing care retirement communities and a life care at home program.

Brookdale Institute of Gerontology, Jerusalem Israel (1982-1984) Researcher

Mr. Cohen: Designed and implemented a study of case management techniques in health and welfare agencies providing services to the elderly. Evaluated all Geriatric Rehabilitation Day Hospitals in Israel.

Hennepin County Department of Economic Assistance, Minneapolis, MN (1980-1981)Program Analyst

*Mr. Cohen:*_Designed a Management Planning and Information System for the Department. Developed and implemented a series of statistical studies that enabled the Department to more accurately assess the impact of legislative changes on program expenditures. Prepared analytical briefing papers for use in negotiations. Saved Hennepin County $2 million.

Minnesota Department of Public Welfare, St. Paul, MN (1979-1980) Special Assistant to Director of Operations Review

*Mr. Cohen:*Formulated budget forecast for the Medical Assistance Program for use by the Minnesota Legislature. Developed cost index for use in the rate setting process for nursing homes in the state. Designed and authored self-help booklet that is used by welfare recipients in Minnesota.

Congressional Budget Office, Washington, DC (1978) Research Assistant, Human Resources Division

Mr. Cohen: Developed an econometrics model for the Social Security System. Evaluated the impact of legislative changes on the Social Security trust fund and assisted in the preparation of cost estimates for Congress.

EDUCATION

Brandeis University, Florence Heller School of Advanced Studies in Social Welfare, *Waltham, MA*
Doctor of Philosophy in Advanced Study for Social Welfare, Harriman Scholar, Recipient of Minkoff Award in Economics, 1986

Harvard University, Kennedy School of Government, *Boston, MA*
Masters Degree in Public Policy, 1982

University of Wisconsin at Madison, *Madison, WI*
Bachelors Degree in Economics and Political Science, 1979

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Cohen, M., Shi, X., and Miller, J. (2010). The relationship between Cognitive Impairment and Mortality Rates among Long-Term Care Insurance Applicants. Forthcoming in Society of Actuaries, Living to 100 Symposium Compendium, January 2011.

Doty, P., Cohen, M. Miller, J. Xiaomei, S. (2010). Private Long-Term Care Insurance: Value to Claimants and Implications for Long-Term Care. The Gerontologist Advance Access Published, March 18, 2010.

Stevenson, D., Cohen, M., Tell, E., and Burwell, B. (2010). The Complementarity of Public and Private Long-Term Care Coverage. Health Affairs, Volume 29 Number 1, January, 2010.

Cohen, M., Shi, X. and Miller, J. (2009) "Cognitive and Functional Disability Trends for Assisted Living Facility Residents." Report prepared for the Society of Actuaries Long-Term Care Insurance Section and the ILTCI Conference Association. March.

Cohen, M., Shi, X. and Miller, J. (2009) "The Relationship between Cognitive Impairment and Mortality Rates among Long-Term Care Insurance Applicants." Report prepared for the Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy. March.

Miller, J. and Shi, X., Cohen, M. (2008) "Following an Admissions Cohort: Care Management, Claim Experience and Transitions among an Admissions Cohort of Privately Insured Disabled Elders over a Twenty-Eight Month Period. Final Report." Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy. April.

Cohen, M., Miller, J. and Shi, X. (2007) "Following an Admissions Cohort: Care Management, Claim Experience and Transitions among an Admissions Cohort of Privately Insured Disabled Elders over a Sixteen Month Period. Interim Report." Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy. May.

Cohen, M., Miller, J. and Shi, X. (2006) "Service Use and Transitions: Decisions, Choices and Care Management among an Admissions Cohort of Privately Insured Disabled Elders." Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy. December.

Who buys Long-Term Care Insurance? A 15 year Study of Buyers and Non-Buyers, 1995-2005, April 2007, Prepared by LifePlans, Inc. for America's Health Insurance Plans.

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Miller, J., Dimitrova, B. and Cohen, M. (2002) "The Impact of Private Long-Term Care Insurance Benefits on Selected Medicare Services." Final Report prepared for the Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy. March.

Cohen, M., Miller, J. and Weinrobe, M. (2001). Patterns of informal and Formal Caregiving Among Elders with Private Long-Term Care Insurance. The Gerontologist, Volume 41, No. 2. April.

Cohen, M. and Miller, J (2000). Who Buys Long-Term Care Insurance in 2000? A Decade of Study of Buyers and NonBuyers. Health Insurance Association of America, Washington, D.C.

Cohen, M. (2001). Private Long-Term Care Insurance: A Look Ahead. Manuscript prepared for the Home Care Research Initiative, New York, NY.

Cohen, M. and Miller, J. (2001). Long-Term Care Financing and Family Caregiving: Public and Private Experience and Initiatives. Forthcoming in book on Family Caregiving by the Met Life Mature Market Institute

Cohen, M. (2001). The Partnership for Long-Term Care: The Road Ahead. Chapter in Who Will Pay for Long-Term Care: Insights from the Partnership Programs". Academy for health Services Research and Health Policy. Health Administration Press.

Miller, J. and Cohen M. (2000). "Long-term Care Insurance and Retirement Planning: The Road to Retirement Security." Final report to the American Council of Life Insurers. Washington, D.C. January.

Weinrobe, M., Miller, J. and Cohen, M. (2000). "Informal Caregivers of Elders with Long-Term Care Insurance." Final Report to the Assistant Secretary for Planning and Evaluation, Aging and Disability Policy, Department of Health and Human Services. Washington, D.C. October.

Cohen, M. and Weinrobe, M. (1999). "Tax Deductibility and Long-Term Care Insurance: Implications for Market Growth and Public Long-Term Care Expenditures." Final report to the Health Insurance Association of America. Washington, D.C. December.

Cohen, M., and Miller, J. (2000). "The use of Nursing Home and Assisted Living Facilities among Privately Insured and Non-Privately Insured Disabled Elders." Final Report to the Assistant Secretary for Planning and Evaluation, Aging and Disability Policy, Department of Health and Human Services. Washington, D.C. April.

Cohen, M., Weinrobe, M. and Miller, J. (1999). "Multivariate Analysis of Patterns of Informal and Formal Caregiving among Privately Insured and Non-Privately Insured Disabled Elders Living in the Community." Final Report to the Assistant Secretary for Planning and Evaluation, Aging and Disability Policy, Department of Health and Human Services. Washington, D.C. October

Cohen, M., Miller, J. and Weinrobe, M. (1999). "A Descriptive Analysis of Patterns of Informal and Formal Caregiving among Privately Insured and Non-Privately Insured Disabled Elders Living in the Community." Final Report to the Assistant Secretary for Planning and Evaluation, Aging and Disability Policy,Department of Health and Human Services. Washington, D.C. April

Cohen, M. (1998). "Emerging Trends in the Finance and Delivery of Long-Term Care: Public and Private Opportunities and Challenges." The Gerontologist, Volume 38, No. 1, 80-89.

Coronel, S. and Cohen, M. (1997). Long-Term Care Insurance and Care Management: A Partnership Towards Integration into the Managed Care World. Journal of Geriatric Care Management, Summer, P. 4-11.

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Cohen, M. and Kumar, N. (1995). "Who Buys Long-Term Care Insurance in 1994? Profiles and Innovations in a Dynamic Market". Inquiry, Volume 34, pages 50-61 Spring 1997.

Cohen, M. and Barnea, T. (1996). A Consumer Guide to Choosing Health Insurance Arrangements. Research Report. JDC- Brookdale Institute and Ministry of Health, State of Israel. Jerusalem, Israel.

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Rosen, B. Cohen, M. Berg, A. and Nevo, Y. (1995). Consumer Behavior in the Sick Fund Market. Research Report. JDC- Brookdale Institute, Jerusalem, Israel.

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Strickler, G, Tumlinson, A and Cohen, M. (1995). Insurance Status of Individuals with Serious Mental Illness and Chronic Physical Impairments: Who is Most Vulnerable and How Would they Fare Under Health Reform?" unpublished manuscript, Health Policy Center, Brandeis University.

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Kumar, N., Cohen, M. and Wallack, S. "Understanding the Factors Behind the Decision to Purchase Varying Amounts of Private Long-Term Care Insurance." Journal of Health Services Research, Volume 29:6, February, p. 653-678

Ingoldsby, A. Kumar, N. Cohen, M. and Wallack, S. "Medicare Home Health Care: The Struggle for Definition". Pride Institute Journal, Summer 1994.

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Cohen, M., Kumar, N. and Wallack, S., "New Perspectives on the Affordability of Long-Term Care Insurance", The Gerontologist, Volume 33, No. 1. 1993.

Cohen, M., Yuval, D., and Mahagne, H., "Setting Budgetary Targets: The Impact on the Cost and Utilization of Selected Diagnostic Services in the B'nai Zion Medical Center. JDC-Brookdale Institute, Research Report, RR-35-93. Jerusalem, Israel.

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Cohen, M. and Barnea, T. "The Development of Supplemental, Commercial Health and Nursing Insurance in Israel", Insurance in Israel. Vol. 178, p. 19-24, May, 1991.

Cohen, M., Kumar, N., McGuire, T., and Wallack, S., "Long-Term Care Financing Proposals: Their Costs, Benefits and Impact on Private Insurance" Research Bulletin, Health Insurance Association of America, Washington, DC, January, 1991.

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Cohen, M., Tell E. and Wallack, S. "The Financial Capacity of the Elderly to Insure for Long Term Care", The Gerontologist, 1987, Vol. 27 (4): 494-502.

Tell, E., Cohen, M., Larson, M.J., Batten, H.L., "Assessing the Elderly's Preferences for Lifecare Options", The Gerontologist, 1987, Vol. 27 (4): 503-509.

Tell, E., Cohen, M. and Wallack, S. "Life Care at Home: A New Long Term Care Finance and Delivery Option", Inquiry, 1987, Vol. 24 (3): 245-252.

Cohen, M. and Wallack, S. "The Changing Role of the Nursing Home", Provider, May, 1987.

Wallack, S. and Cohen, M. "The Costs of Long Term Care: Distribution and Responsibility", Chapter in Research and the Aging Population, John Wiley and Sons, New York, 1987, 235-253.

Cohen, M., Tell, E. and Wallack, S. "The Risks and Cost of Nursing Home Care Among the Elderly", Medical Care, December 1986, Vol. 24 (12): 1161-1172.

Cohen M., Tell, E. and Wallack, S. "The Client Related Risk Factors of Nursing Home Entry", The Journal of Gerontology, November 1986, Vol, 41 (6): 785-792.

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Bishop, C., Karon, S., Greenberg, J., Weinrobe, M., Cohen, M. and Wallack, S. "Financing Long Term Care for College Retirees: Issues and Options", Prepared for the Commission on College Retirement, Health Policy Center, Brandeis University, 1986

Bishop, C., Dyckman, Z., Hurwitz, N. and Cohen, M. "Market Study for Home Health Care Services", Report prepared for the Health Care Financing Administration under Contract No. 500-84-0033, 1985.

Cohen, M., and Schwartz, R. "The Role of the Geriatric Day Hospital in the Service System for the Elderly: An Example from Israel", Brookdale Institute of Gerontology, Jerusalem, Israel 1985.

Bishop, C., Karon, S., Greenberg, J., Weinrobe, M., Cohen, M. and Wallack, S. "Financing Long Term Care for College Retirees: Issues and Options", Prepared for the Commission on College Retirement, Health Policy Center, Brandeis University, 1986

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Cohen, M., and Schwartz, R. "The Role of the Geriatric Day Hospital in the Service System for the Elderly: An Example from Israel", Brookdale Institute of Gerontology, Jerusalem, Israel 1985.

Other Experience:

Congressional Staff briefing on the CLASS Act, National Health Policy Forum, Washington, D.C., June 18, 2010.

Member of Governor's Long-Term Care Advisory Committee for the State of Massachusetts 2009-2010

Congressional Testimony to the Commerce and Energy Committee on Private Long-Term Care Insurance Claims Payment Study, July 24, 2008, Washington, D.C.

DOUGLAS ZIMMER
FOUNDER, PRINCIPAL AND CO-OWNER AT CENTER FOR INFORMATION MANAGEMENT, INC.

Mr. Doug Zimmer will be responsible for all IT Platform and Application development, modifications, customizations, implementation, and operations. All IT employees will report to him. Mr. Zimmer founded Center for Information Management, Inc. in 1980 and has served as Principal and Co-owner ever since. He is a seasoned expert, with over 35 years of experience, on all matters relating to information management, specifically systems design & analysis, automated management information systems and strategic planning and consulting on technology. Mr. Zimmer led CIM's effort for the State of New York, Department of Health in the design and development of a metamorphic "Uniform Assessment System" to be utilized for eligibility determination and ongoing reassessment for all Medicaid-funded long term care programs serving aging and disability populations. Mr. Zimmer will bring his extensive background and closely aligned experience to this engagement.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of New York

New York Uniform Assessment System Project Manager

Mr. Zimmer: Supervised design and development of new transformative "Uniform Assessment System" for use in initial eligibility determination and ongoing reassessment business processes in all Medicaid-funded long term care programs for the New York Department of Health, Division of Long Term Care.

Office for Mental Health and Office of Addiction and Substance Abuse Services, State of New York

New York Health and Recovery Plans Two-Tier System Implementation

Mr. Zimmer: Worked on contract with the Office for Mental Health for the State of New York and Research Foundation for Mental Hygiene to design and automate a new two-tier system to validate use of the interRAI Community Mental Health (CMH) assessment instrument as both an eligibility determination tool and care planning tool. The project was in support of the state's new Health and Recovery Plans (HARP) implementation, an integral part of the transition of Behavioral Health Services to managed care, a pillar of the Medicaid Redesign Team efforts.

Texas Health and Human Services Commission and Department of Adult and Disabilities Services, State of Texas

Texas Information Technology Alternatives Roadmap

Mr. Zimmer: Provided technical assistance and architecture consultation related to an "information technology (IT) alternatives roadmap" for the State of Texas Balancing Incentives Program (BIP) deployment plan, as a sub-contractor to HCBS Strategies of Baltimore, MD.

Office for People with Developmental Disabilities, State of New York

New York Coordinated Assessment System

Mr. Zimmer: Worked with the Office for People with Developmental Disabilities for the State of New York to automate a case study and separate validation study of an innovative new assessment instrument, the "Coordinated Assessment System" (CAS) tool based on the interRAI Intellectual Disability instrument. New assessment instrument was then migrated into the statewide Uniform Assessment System (UAS-NY).

Vitalize 360 Consortia, Kendal Corporation, and Hebrew SeniorLife
COLLAGE Assessment and Wellness Promotion System: Project Manager

Mr. Zimmer: Managed the design and development of a new assessment and wellness promotion system called "COLLAGE" that was initially based on specialized versions of the interRAI assessments suite instruments (CHA, Functional Supplement, Mental Health and Assisted Living). The system was utilized by consortia members (consisting of continuing care retirement communities and subsidized housing providers serving senior populations) and health promotion activities oriented to successful aging. Coordinated evolution of initial product offering to support the innovation "Vitalize 360" program.

MICIS Service Bureau, Michigan
Conversion of MICIS System: Project Manager

Mr. Zimmer: Converted the MICIS system to a private service bureau in 2002, when the state of Michigan stopped providing IT services to Michigan Waiver Agents. Designed and implemented new system architecture to support 21 Michigan Waiver Agents, and converted all agents to the new service bureau platform.

Criminal Justice Information Systems Policy Council, State of Michigan
Criminal Justice Records Improvement

Mr. Zimmer: Provided consulting services, under contract with the Michigan Department of Management and Budget, Office of Information and Technology, to the Criminal Justice Records Improvement Task Force, representing all major criminal justice agencies at both the State and local level, which was charged with development of a statewide records improvement strategic plan and administration of grants program to expend federal set-aside funds earmarked for records improvement projects. Developed an assessment of the quality of data currently stored in the State repository, conducted focus groups with both State and local criminal justice practitioners to identify and clarify ideas for records improvement, developed overall strategic initiatives and coordinated process with Task Force to select and prioritize, and wrote statewide strategic plan, presented in the publication "*A Strategy for Improvement*", accepted by Department of Justice. Continued to consult on grants program regarding selection of projects for funding, coordination of project implementation and evaluation, and assessment of impact on State repository records.

Department of Community Health, State of Michigan
Aging Information System : Project Manager

Mr. Zimmer: Managed the design and implementation of new statewide data operations for the Michigan Department of Community Health, including determining infrastructure upgrades needed to support centralized server operations with high speed connections to sixteen regional offices, deploying equipment and software, designing and developing several custom business applications using client/server technology for deployment on a statewide basis to meet information requirements at federal and state levels, and providing help desk support to users and system managers.

PROFESSIONAL BACKGROUND

Center for Information Management, Inc., *Ann Arbor, MI* December 1980 – Present

EDUCATION

University of Cincinnati, *Cincinnati, OH*
Bachelor of Arts, Psychology

University of Cincinnati, *Cincinnati, OH*
Masters of Science, Community Health Planning and Administration

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Systems design/analysis
Automated management information systems
Strategic planning and consultation on technology
Criminal justice information systems
Computer software/hardware evaluations
Demographic/statistical analyses

ANGELENE WILLETTS-CARVI
OPERATIONS MANAGER AT PUBLIC CONSULTING GROUP, INC.

Ms. Angelene Willetts-Carvi will be responsible for the assessment, development, and delivery of provider training and transformation support. All training employees and helpline staff will report to her. Ms. Willetts-Carvi is an Operations Manager at Public Consulting Group. She currently works heavily on PCG's project with the Ohio Department of Medicaid. The work performed under this contract includes Provider, Enrollment, Screening and Oversight. Ms. Willets-Carvi manages the Provider Oversight aspect of this work, and supervises a team of investigators who investigate incidents of individuals on the Home and Community Based Services Home Care Waiver. She is a subject matter expert on waiver services, state plan services, provider occurrences, abuse, neglect, misappropriation, HIPAA, billing, and fraud.

RELEVANT PROJECT EXPERIENCE

Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (April 2016 – Present): Project Manager

Ms. Willetts-Carvi: Effectively operates project of 75+ staff members conducting investigations, provider reviews, onsite screenings, enrollment, and training. Conduct 1,200+ investigations, 250+ reviews, 400+ enrolled providers, and 50+ onsite screenings each month. Submit 15+ fraud referrals monthly to Attorney General for criminal investigation of providers. Develops and oversees work committees for staff training, quality assurance, team building, fraud, understanding Ohio Administrative Codes, and provider training.

Department of Medicaid, State of Ohio

Home Care Waiver Incident Investigations (March 2015 – April 2016): Project Manager

Ms. Willetts-Carvi: Effectively manages a team of 30 investigators and supervisors to complete 950+ incident investigations per month for Ohio Department of Medicaid (ODM), Long Term Services and Supports. Oversight of quarterly provider training throughout state. Maintain protocol for investigations according to direction from ODM, develop and maintain protocol for supervisors. Updated quality assurance tool and lead dispute process. Developed new quarterly bonus structure that became model for all other business lines in the project.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Columbus, OH*

GOODWILL COLUMBUS, *Columbus, OH*

Director, Supported Living

Ms. Willetts-Carvi: Provided oversight of Home and Community Based Waiver Services and Supported Recreation and Educational Services. Provided residential services to 125+ individuals with varying disabilities in their homes with 225+ staff. Secretary of Franklin County Provider Council, and active member of Ohio Provider Resource Association. Worked within organization to develop compliance plan for HCBS settings rule. Implemented successful right-sizing of the business to reduce loss by $250K+ annually.

Quality Assurance Administrator

Ms. Willetts-Carvi: Designed, developed, implemented, and coordinated quality program for supported living department. Ensured compliance with federal, state, and county entities.

Maintained and updated Major and Unusual Incident reporting, data collection, and prevention planning. Chair of Departmental Behavior Support Committee,

Manager

Ms. Willetss-Carvi: Provided case management of residential services for 20+ individuals receiving HCBS and supervision of 50+ staff providing direct care services. Designed, developed, and implemented behavior support and prevention orientation for new hires. Coordinated and oversaw annual camping trip and other social activities.

EDUCATION

Capital University, *Columbus, OH*

ANISSA POLVERARI, MPH
VICE PRESIDENT OF CLINICAL MANAGEMENT AND IMPLEMENTATION AT LIFEPLANS, INC.

Anissa Polverari, AVP Account Management and Client Solutions, is responsible for account management activities as well as implementation related functions for healthcare accounts. Ms. Polverari has over 20 years' experience in product development, product marketing, implementation, and management of products delivered to Medicare Advantage, Medicaid and Dual Eligible members. She has worked with regulatory teams to create member education materials to comply with Centers for Medicare and Medicaid Services (CMS) guidelines. She has worked with Quality Assurance teams to achieve National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) accreditation for elder care programs delivered to Medicare Advantage members. Ms. Polverari also has experience in ensuring that project timelines are followed and deadlines are met by managing cross-functional and interdepartmental teams. Ms. Polverari has several years of experience providing direct care to seniors in various settings, including skilled nursing facilities, retirement communities, adult day care centers and in the home.

PROFESSIONAL BACKGROUND

LifePlans, Inc., Boston, MA (2014-Present) Vice President of Client Management and Implementation

Ms. Polverari: Manage client portfolio representing 30 million in annual revenue; Lead product development, product marketing, implementation, and management of all products delivered to Medicare Advantage, Long Term Care, physician group and employer-sponsored members; Develop business strategies and products designed to meet the needs of new and existing health plan and long term care customers; Manage team of remote employees

LifePlans, Inc., Boston, MA (2012-2014) Director of Business Development and Implementation

Ms. Polverari: Create and sell products designed to improve health plan star rating measures; Manage implementation of all client programs and services; Work with regulatory teams to modify member materials, such as educational content and marketing materials, to comply with Centers for Medicare and Medicaid Services (CMS) guidelines; Manage project to achieve National Committee for Quality Assurance (NCQA) certification for programs delivered to Medicare Advantage members; Ensure project timelines are followed and deadlines are met.

LifePlans, Inc., Shelton, CT (2007-2012) Vice President, Elder Care Services

Ms. Polverari: Created significant new revenue channels for LifeCare's elder care services by developing new partnerships, growing elder care vertical to annual revenue of over $10 million; Modified elder care product offerings from employer-sponsored to payer-sponsored model; Led product development, product marketing, implementation, and management of all products delivered to Medicare Advantage, physician group and employer-sponsored members; Led member marketing initiatives taking program utilization from single digit to over 25% unique member penetration; Work with regulatory teams to modify member materials, such as educational content and marketing materials, to comply with Centers for Medicare and Medicaid Services (CMS) guidelines; Work with internal Quality Assurance team to achieve National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) accreditation for elder care programs delivered to Medicare Advantage members; Ensure project timelines are followed and deadlines are met by managing cross-functional and interdepartmental teams

LifePlans, Inc., Shelton, CT (1997-2007) Director, Elder Care Services

Ms. Polverari: Served as business analyst in the implementation of telephony system and customer relationship management product used to track case work and report on productivity, quality and call center metrics; Improve operational efficiencies and increase company profitability by implementing practices such as automated workflow, utilization reporting and call center measurements resulting in increased average speed to answer, reduced abandonment rate, and improved client retention; Developed national provider networks including quality standard setting, training, and ensuring compliance with contractual agreements; Ensure staff development to meet future business needs by recruiting, mentoring, training and developing individuals to meet career objectives linked with business requirements; Act as a mentor by providing guidance, development and coaching to floor managers including personnel issues, reward and recognition, complaint resolution and compensation; Participate in marketing and sales of LifeCare products and services

LifePlans, Inc., Shelton, CT (1994-2007) Specialist

Ms. Polverari: Provide counseling, information and referral for corporate clients nationwide; Present in-depth seminars on a variety of elder care topics to client corporations; Specialize in assisting clients to find appropriate care and financial solutions in the areas of elder care, child care and academics; Delivery and coordination of training for new employee; Development of elder care educational materials

EDUCATION

Sacred Heart University, *Fairfield, CT*
Certification in Geriatric Wellness and Rehabilitation May 2008

Southern Connecticut State University, *New Haven, CT*
Master of Public Health, May 1997

University of Bridgeport, *Bridgeport, CT*
Bachelor of Science in Health and Human Services, May 1991

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

2006 International Council on Active Aging (ICAA) Industry Innovators Award: Advance to Wellness Program

BENJAMIN ERRIDGE
SENIOR SOFTWARE DEVELOPER AT CENTER FOR INFORMATION MANAGEMENT, INC.

Mr. Benjamin Erridge currently serves as Senior Software Developer at Center for Information Management, Inc (CIM). Mr. Erridge is a creative software architect and engineer with 17 years of experience producing client-focused technology solutions. He is also a technology strategist with business perspective, personal drive and repeated success in developing next generation software products. Mr. Erridge is fluent in 18 programming languages and brings with him experience in Architecture, Research, Software Development and Management, System Analysis and Improvement and Project Management.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of New York

New York Uniform Assessment System

Mr. Erridge designed web based data collection and health assessment platform used by the Department of Health in New York. The UASNY system supports over 3,000 users and over 1 million fact changes a day while requiring only a two-member help desk.

PROFESSIONAL BACKGROUND

Center for Information Management, Inc., *Ann Arbor, MI (*2009 – Present)

Cyberoblivion Software, Inc., *Hartland, Mi (*2007 –2009) Chief Software Architect

Mr. Erridge: Delivered strategic and tactical IT leadership for customized software solution development to meet client business needs. Manage major business functions including administration, business development and financial oversight. Supervised 4 direct reports: systems engineers, electrical engineers and programmers.

Brooksource, *Novi, MI (*2007) Senior Java Architect

Mr. Erridge: Produced Java-based enterprise applications for Jackson National Life Insurance Company, designed for deployment on WebSphere. Delivered asset requisition, licensing and tracking system incorporating JBPM for dynamic business process modeling, Java Server Faces as MVC framework, EJB3 with Java persistence, and Tiles framework.

Compuware, *Detroit, MII (*2006 –2007) Systems Designer, Developer - Distributed

Mr. Erridge: Led teams to create state-of-the-art technologies for use in Ford Motor Company's next generation vehicles. Advanced Ford's manufacturing operations by creating architecture for asset tracking system using EDGE and EVDO cellular networks to wirelessly transmit data to J2EE server application. Secured approval for prototype development using AJAX and Web Services to provide near real-time asset locations on client mapping software powered by Google Maps.

Agentware Systems, **Inc**., *Northville, MI (*1999 –2006) Senior Engineer, Engineering Manager

Mr. Erridge: Directed software development projects focusing on automotive plant process improvements. Conducted requirements gathering, needs analysis and solution design. Engaged in hands-on software development using Java, VB, C# and other tools. Supervised 6 direct reports and multiple subcontractors as needed. Administered $750K annual budget.

EDUCATION

Computer Learning Centers, *Troy, MI*
Diploma in Software Engineering, 1998

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Languages: J2EE/Java, J2ME, Visual Basic, C/C++, C#, HTML, XML, JSP, JavaScript, MATLAB, SOAP, RTAI, QBASIC, PL/SQL, SQL, PHP, Perl, MFC, Action Script, Shell Programming, Dynamic C, Emacs Lisp, Palm Dev, Load Runner, .NET, J++, and COBOL

Applications: Apache, Tomcat, Jetty, Git, SVN, Maven, Netbeans, JMeter, CodeWarrior, MPLab, Mysql, Msql, DerbyDB, HSQLDB, Oracle, DB2, Sendmail, gdb, gcc, emacs, Dreamweaver, Cayenne, Flash, WebSphere, Hibernate, Load Runner, Visio, Visual Studio, MQ-Series, Rational Application Developer, and MS-Office

Operating Systems: Linux (SUSE, Redhat, Fedora, Ubuntu, Gumstix, CentOs), FreeBSD, AIX, Windows

Other Technologies, Platforms, and Frameworks: Vaadin, Jakarta-Struts, Ajax, Tiles, Java Persistence, EJB, JSTL, OOD, MVC, ST, PIC, PXAx, Web Services, Java Server Faces, JBPM, JMS, GlassFish, ICEFaces, Woodstock, Toplink, Java, Media Framework, Direct Web Remoting, Compass Search, Seam, Dojo, Facelets

DONALD NEWTON
PROVIDER RELATIONS MANAGER AT PUBLIC CONSULTING GROUP, INC.

Mr. Donald Newton has been employed by various organizations in the public sector. His various positions have required him to be able to communicate with supervised staff and other entities in a concise and professional manner. Mr. Newton has excessive experience with Medicaid rules and laws that govern waiver programs, as well as with Ohio employment laws and FMLA regulations. Furthermore, Mr. Newton has over 8 years of experience as a QMRP working with and organizing activities for individuals with development disabilities. He also has immense experience in making presentations and training employees.

RELEVANT PROJECT EXPERIENCE

Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (Month 2013 – Present): Provider Relations Manager

Mr. Newton: conducts structural reviews on independent providers of Medicaid waiver services, conducts on-site screening for agency providers enrolling or newly enrolled to deliver wavier services, and writes reports reflecting the findings from the structural reviews and on-site screenings. He also reviews plans of correction submitted by providers and submits notices of deficiency referrals to the state of Ohio on providers when necessary. Mr. Newton was also part of the work group that developed the HCBS community settings rule in Ohio.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Columbus, OH*

Union County Board of Developmental Disabilities

Director of Support Services

Mr. Newton was responsible for completing performance reviews conducting performance investigations when necessary. He also monitored waiver services to ensure that services were accurately documented and delivered as authorized, monitored providers for possible fraud, and reviewed monthly documentation and billing of employees to ensure accuracy and validity.

Cuyahoga County Board of Developmental Disabilities

SSA Supervisor

Mr. Newton ensured that assessments for eligible individuals were complete and accurate and monitored ISPs of individuals receiving IO and Level I services in order to ensure that the ISPs were an accurate reflection of assessed need. He also ensured that services authorized in the ISPs fell within DDP funding range and assisted SSAs in following the Free Choice of Provider rule.

Champaign County Board of Developmental Disabilities,

Quality Assurance Coordinator

Mr. Newton conducted quality assurance reviews for people receiving IO, Level I, or Supported Living and Day Array services. He wrote reports reflecting the findings from these reviews and assisted the SSA department with addressing findings from the QA reviews. Mr. Newton also conducted provider compliance reviews, developed plans of correction following compliance reviews, and assisted providers with addressing plans of correction and certification reviews.

Innovative Support Services, Inc.,

Mr. Newton supervised management staff across seven counties, negotiated waiver rates with county boards, and managed a $2.5 million budget for the region.

Department of Developmental Disabilities,

Qualified Mental Retardation Professional (QMRP)

In this role, Mr. Newton supervised therapeutic program workers. He also developed and monitored individual service plans for the individuals residing in his assigned living region, and ensured that the facility adhered to all Federal regulations related to ICF-DD facilities. Furthermore, he developed plans of correction when deemed necessary after Medicaid audits of facilities.

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Microsoft Word, Excel, PowerPoint

CAREY WAGNER, MSW
CLINICAL MANAGER AT LIFEPLANS, INC.

Ms. Wagner, MSW, oversees internal clinical quality, care management, and specialty disease management programs. Ms. Wagner also provides clinical oversight to a nationwide network of field clinicians. She has a Masters in Social Work with extensive leadership experience in clinical operations, as well as clinical experience working with individuals directly, performing mobile emergency psychiatric evaluations, involving mental status and safety assessments. She has worked with providers and insurance plans including: HMO/PPO/MCO, Medicare and Medicaid plans, SNPs, MMEs, SCOs, and Dual Eligible markets..

PROFESSIONAL BACKGROUND

LifePlans, Inc., Boston, MA (2013-Present) Clinical Manager, Insurance Services

Ms. Wagner: Provide supervision and management to team of clinicians responsible for reviewing quality of field assessors; Oversees internal clinical quality, care management, and specialty disease management programs; Provide clinical oversight to network of field clinicians; Work collaboratively with Operations, project management, IT and assessment services teams to ensure the successful execution of service delivery to clients; Act as an internal advocate for clients to assure that service-related needs are being met.

LifePlans, Inc., Boston, MA (2013) Clinical Client Manager

Ms. Wagner: Act as a point person for all issues that arise and that all day to day service-related needs are being met; Managed and provided reporting on customer metrics to assure all contracted turnaround times were being met and concerns were proactively addressed; Refined service delivery model in coordination with the client, including assessment tool refinement.

LifePlans, Inc., Boston, MA (2006- 2009) Senior Clinical Consultant

Ms. Wagner: Provided training and consultation for clinical staff; Responsible for care management for policy holders seeking to access their long term care insurance benefits; Provided monthly reports to the insurance carrier with updated clinical status and care recommendations

Tufts University Friedman School of Nutrition Science and Policy, Boston, MA (2003-2006) Senior Research Coordinator

Ms. Wagner: Implemented NIH funded grant study of nutrition and memory in homebound elders; Coordinated all study recruitment of homebound elders and assisted with supervision of field data collection; Responsible for working with Internal Review Board regarding all changes to consents and study protocols; Coordinated hospital visits for elders to enable psychiatric, neurological and MRI exams for study subjects

Tufts-New England Medical Center, Boston, MA (2001-2003) Research Clinician

Ms. Wagner: Implemented NIH funded grants to study the genetics of autism; Administered diagnostic, personality, cognitive and language-based assessments, which included the Autism Diagnostic Interview (ADI-R), WAIS, WISC, CELF and PPVT

Beacon Health Strategies, LLC, Woburn, MA (1999 – 2001) Intensive Clinical Manager

Ms. Wagner Provided clinical support and utilization review for members of all health plans at a managed behavioral health organization

Boston Emergency Services Team, Boston, MA (1997 – 1999) Emergency Services Clinician

Ms. Wagner: Performed mobile emergency psychiatric evaluations, involving mental status and safety assessments

EDUCATION

Boston College, *Boston, MA*
Master of Social Work, May 1996

Trinity University, *Washington, DC*
Bachelor of Arts, Major: Psychology, May 1991

JOHN D. SPRAGUE
DATABASE AND SYSTEM ADMINISTRATOR AT CENTER FOR INFORMATION MANAGEMENT INC.

Mr. John Sprague currently serves as the Database and System Administrator at Center for Information Management, Inc. (CIM). Mr. Sprague has many areas of expertise, including Product Design and System Architecture. Mr. Sprague generally takes responsibility for business needs analysis, solution conception, hardware procurement and the implementation of application and data systems within cost, time and resources. He also brings expertise and skills in Integration Architecture including, process management and design of roust solutions for synchronous and asynchronous connectivity between partners, vendors, clients and subsidiaries.

PROFESSIONAL BACKGROUND

Center for Information Management, Inc., Ann Arbor*, MI (*December 2009 – Present)
Database and System Administrator

Mr. Sprague: Introduce virtualization into the CIM development stack (XEN). Deploy and manage multiple data system solutions: Oracle RDBMS, MySql, MariaDB, MongoDB, Neo4j. Introduce an N-tier production environment concept for redundancy and service assurance. Implement automated remote monitoring. Craft enterprise integration solutions in the institutional social-service support business including designing the roadmap for the Texas Balancing Incentive Program Systems Initiative. Create and deploy a self-service data-mart for client reporting. Conduct hardware and software capacity planning and institute capital management asset replacement strategies.

International Transmission Corporation, Inc., *Novi, Michigan (*January 2008 – August 2009)
Application Architect – Consultant

Mr. Sprague: Lead the application system design and execution for a data warehouse translating electric grid system SCADA data streams into revenue billing data. Design and implement predictive load forecasting applications for managing the electric grid. Design and construct a direct-to-web application system health assessment application in Python (Django framework) and Nagios. Construct logical layer abstraction within the warehouse to support the ETL execution and reference classification of externally originated data elements. Perform data analysis, data structure design, and advanced database tuning (Oracle 10g). Introduce CMMI best practices, SCM control points, and ITIL-v2 application controls to the ITC software development life cycle. Project Management for independent technical project components. Evaluate and recommend staffing based on client needs.

Quest Diagnostics, Inc., *Lenexa, KS* December 1998 – January 2008
Development Manager Healthcare/Insurance EDI

Mr. Sprague: Managed the integration system replacement of LabOne clinical systems and their 584 client/partner interfaces by Quest Diagnostics' clinical systems. Develop SOA rules-based technical solution allowing a close-coupled proprietary insurance risk assessment laboratory to subscribe to any internal or external laboratory system diagnostic determination. Constructed a dynamic MIS system to support the planning and orchestration surrounding the conversion of a 3200 client risk-assessment system from the legacy LabOne application to the Quest Diagnostics toxicology testing system. Extracted and converted the LabOne clinical patient records into a proprietary XML structure based on HL7 for transport into the Quest Diagnostics Bioinformatics warehouse.

Senior Project Leader / Solution Architect EDI

Mr. Sprague: Managed two departments of twenty-four developers and two subordinate team leads with day-to-day responsibility for the reporting of one million diagnostic specimens monthly across four lines of business: clinical healthcare, insurance risk assessment, health and wellness, and substance abuse. Integrated vendor practice management records and electronic medical record systems into a seamless mechanism of clinical order and result delivery using various flavors of HL7, X12 EDI formats and the Sun SeeBeyond integration engine for syntactic content conversion (584 client interfaces in 18 months) in an early java-based SOA deployment. Managed the construction and implementation of a J2EE-based web information system containing over three million patient health reports with daily interaction by more than five thousand client and client vendor institutional users.

Senior Database Systems Architect

Mr. Sprague: Developed and deployed a unified backup and recovery mechanism for Windows and Linux systems which align with the enterprise VMS resident backup processes. Demonstrated and deployed the Oracle Data Guard solution for the enterprise. Demonstrated the technology test bed and conduct training for Web Services deployment using Java, Perl, Oracle BPEL, Apache AXIS, and the JBOSS engine. Developed and deployed a unified event and alert notification system capable of monitoring and auto-repairing crippling system, data, and application events.

Senior Programmer/Analyst

Mr. Sprague: Designed, developed, deployed and support infrastructure for financial systems across three principal lines of business. Modularized clinical pricing to reflect self-referencing data architecture. Designed, developed and deployed a receivables management system for nonperforming assets considered for recovery.

Sallie Mae, *Lawrence, KS* September 1988 – August 1998

Process Control Unit Manager: Management Information Systems

Mr. Sprague: Supervision and chief project architect with a staff of five SAS programmer/analysts for the mission of workflow automation, designing operational metrics, consulting on new technology, establishing mechanisms of cost savings and providing client information system solutions. Designed and implemented SAS-based automated system of controls for the workflow health of the firm by detecting anomalous practices through an elaborate series of self-determinant logic programs using loose-coupled conditionals that are self-adjusting to prevailing financial conditions. Designed and implemented the automated MIS system for activity-based costing (ABC) supporting a balanced scorecard management system.

Operations Supervisor

Supervised four assistant supervisors and a staff of thirty asset recovery specialists responsible for the rehabilitation of $65 million non-performing assets.

EDUCATION

University of Kansas, *Lawrence, KS*

Mathematics and Economics

MICHELLE COMEAUX
SENIOR SPECIALIST AT PUBLIC CONSULTING GROUP, INC.

Michelle joined Public Consulting Group after 13 years in the Medicaid behavioral health policy and community based mental health service provider arenas. Prior to joining PCG in 2008, Ms. Comeaux worked for the Florida Agency for Health Care Administration (AHCA) developing Medicaid policy and was the lead providing technical assistance for substance abuse and mental health providers statewide. Ms. Comeaux served on the State Mental Health Planning Council with colleagues from the Department of Children and Families and other agency representatives. Prior to her work with AHCA, Ms. Comeaux worked on the front lines with several community based service providers. For the past 7 years, her primary focus has been in the area of Medicaid compliance and Program Integrity in North Carolina, Virginia, Florida, New Mexico, and Ohio. Michelle's most recent focus, last 2 years, has been training Ohio Home and Community Based waiver providers, stakeholders, and agencies on Medicaid rules and regulations in an effort to ensure compliance and prevent fraud, waste, and abuse. For this Ohio engagement, Michelle Comeaux will be developing the training materials and deliver the in-person sessions to ensure that agencies providing home and community based services have the necessary tools and resources to maintain compliance within their programs.

RELEVANT PROJECT EXPERIENCE

Ohio Department of Medicaid, State of Ohio

Provider Oversight for Home and Community Based Waiver Providers (June, 2013 – March 2015): Provider Education and Technical Assistance Lead

Project: Ohio Department of Medicaid partnered with PCG to conduct provider oversight and incident management for all Home and Community Based Waiver providers. The scope of work includes provider enrollment, incident investigations, routine reviews, on-site screenings, and provider education.

Ms. Comeaux: Managed provider education and technical assistance for waiver providers. Multiple education modules are offered through web-ex, e-learning system, and in-person classroom style.

Human Services Department, State of New Mexico

Post Payment Behavioral Health Reviews (July 2013 – Current): Clinical Case Review/ Quality Assurance Lead

Project: New Mexico Human Services Department contracted with PCG to audit 15 mental health and substance abuse providers statewide. The audit consisted of a clinical case file review, information technology/billing systems audit, and enterprise audit.

Ms. Comeaux: Managed the clinical case review audit including overseeing a clinical review team of 10 staff and quality assurance review of recipient documentation and staff qualification/credentials for 15 large Behavioral Health providers.

Division of Medical Assistance, State of North Carolina

Post Payment Medicaid Reviews (February 2010 – May 2013): Clinical Case Review Lead

Project: PCG designed, developed, implemented, and operated a process for performing clinical reviews of provider submitted claims for Home and Community Based Service providers. Clinically trained personnel conducted a qualitative review to ensure that service notes, treatment plans, and service authorizations were necessary and appropriate for the needs and level of service provided.

Ms. Comeaux: Clinical coordinator overseeing and training auditors on Medicaid policies and procedures for Home and Community Based Services. Developed standard review procedures to be followed at the direction of DMA.

PROFESSIONAL BACKGROUND

Public Consulting Group	June 2014 – Present
State of Florida Agency for Health Care Administration	July 2013 – June 2014
Appalachee Behavioral Health Center	April 2013 – August 2013
Tallahassee Memorial Behavioral Health	July 2007 – October 2012

EDUCATION

Florida State University
Master in Social Work, Clinical, 1997

University of South Florida
Bachelors of Arts, Psychology, 1995

ROSEMARY AJOKU

VICE PRESIDENT OF CLINICAL OPERATIONS AT LIFEPLANS INC.

Ms. Rosemary Ajoku currently serves as the Vice President of Clinical Operations at LifePlans, Inc. In this role, she oversees internal clinical quality, care management, and specialty disease management programs for Medicare and Medicaid clients. Ms. Ajoku also provides clinical oversight to a nationwide network of field clinicians. She has over 20 years' experience in operations management, including plan-wide operations oversight in claims, customer service, enrollment/billing, quality assurance and appeals for a 250,000 members plan; Fiscal Management, including tracking all financial activities for program operations; and Program Management where Ms. Ajoku successfully streamlined processes and implemented cost savings measures.

PROFESSIONAL BACKGROUND

LifePlans, Inc., Boston, MA (2014 – Present) Vice President, Clinical Operations

Ms. Ajoku: Oversee internal clinical quality, care management, and specialty disease management programs; Provides clinical oversight to a nationwide network of field clinicians; Provide leadership to a team of clinicians, manage their day-to-day performance, and implement quality measures to improve the quality of work; Partner with product leaders to ensure operational design and workflow meets clients needs and can be operationalized in a cost effective way; Interact with clients regarding clinical issues and be the resident expert on our clinical programs and processes; Work with systems to streamline processes and automate where applicable;Design, maintain and update clinical guidelines; Work collaboratively with other members of the Operations team to reduce turnaround times and lower cost per transaction

United Healthcare Group, Waltham, MA (2013 – 2014) Senior Director of Operations

Ms. Ajoku: Provide leadership and for management for all service operations functions; Ensure accuracy and compliance of clinical operations as it relates to health and minimum data set (MDS HC) assessments; Provide leadership over enrollment functions and processes; Provide leadership and oversight of service operations functions related to prior authorization, call center management and administrative processes

United Healthcare Group, Waltham, MA (2011 – 2013) Director, Medical and Clinical Operations

Ms. Ajoku: Responsible for management and administration of multiple Medical and Clinical Operations Functions; Provide leadership to and is accountable for the performance of managers, and/or senior level professional staff; Developed functional, market level, and/or site strategy, plans, production and/or organizational priorities; Evaluated, redesigned and implemented utilization management processes for both acute and home and community based services; Developed and implement business processes to monitor and manage each component of utilization management; Developed and implemented delegated oversight process for the ASAP case managers considering state contract requirements, national delegated oversight committee requirements and to achieve plan goals and targets; Developed and implemented effective clinical training and education programs around contract compliance topics and member engagement

Boston Medical Center Healthnet Plan, Boston, MA (2006 – 2011) Senior Director of Operations

Ms. Ajoku: Accountable for plan-wide operations including overall customer satisfaction for 250,000 members and a provider network of 14,000; Provided leadership, direction, and subject matter expertise for Plan wide operations, in particular, Customer Service functions within a Call Center, Claims Operations, Claims Resolution, Quality Assurance and Enrollment functions; Built strategic

alliances with office of clinical affairs and provider contracting that resulted in positive member and financial outcomes; Defined strategy and business plan for operations; Initiated programs that standardized employee training and led to increase in customer satisfaction by 12%; Member of Executive Management Team; Spearheaded cross-functional initiative to achieve operating cost reduction, and increase employee satisfaction; Developed department's first incentive performance plan which motivated staff and resulted in 23% increase in productivity; Strengthened company's business by leading implementation of clinical editing application; Worked closely with department leaders to set goals, developed performance standards, metrics, quality assurance and reporting tools; Facilitated and ensured effective development and review of interdepartmental alignment, including policies, procedures and workflows.

Boston Medical Center Healthnet Plan, Boston, MA (2004 – 2006) Director of Claim Operations

Ms. Ajoku: Directed and oversaw claims processing activities for 150,000 members state Medicaid plan; Facilitated strategic planning, staff, and departmental budget management; Created and managed department goals and metrics to identify trends and service improvement opportunities; Facilitated the development of new system enhancements with IT; Developed and maintained partnership with providers in the network

Coventry Healthcare, Pittsburgh, PA (1999 – 2003) Service Operations Manager

Ms. Ajoku: Operations Manager for health plans in WV, PA and DE market; Managed a staff of 8 direct reports and over 80 indirect reports in multiple sites; Successfully implemented a claims quality improvement workflow which resulted in increasing financial accuracy of claims paid from 90% to 99%; Significant impact on phone service by introducing multi-tasking and integrating specialized functions thereby reducing a phone response time of 480secs to less than 30secs; Collaborated with the IS work group to initiate an electronic claims submission process to increase turn around and efficiency on claims; Effectively launched and maintained a "work-at-home" virtual associate program to minimize operating cost and potential negative impact from an involuntary reduced work force; Reduced state regulated interest penalty for late payment of claims by $50,000 annually; Proactively monitored and analyzed provider contracts, thereby being able to identify financial leakage; Orchestrated successfully the consolidation of a Service Center to reduce operating cost; Directed all aspects of claims department and customer service while maintaining standards of a 5-day turn around on claims and 99% accuracy; Successfully trained specialized employees by devising a system that enabled cross- functionality and skill development/pathing; Budget planning; Vendor contract negotiation and management

Coventry Healthcare/Health America, Pittsburgh, PA (1997 – 1999) Business Manager, Customer Service Group

Ms. Ajoku: Managed the claims processing and customer service activity for large account customers with 500,000 lives; Reduced a claims inventory backlog from 370,000 to 95,000 in less than 6months for a 275,000 lives membership and maintained it at 42,000, a 5 day inventory level. This in turn increased customer satisfaction, increased customer retention, and reduced employee turnover; Recruitment, development and management of a team of cross-functional employees; Measured and reported on service operation performance; Organized and implemented team training; Organized new products/new accounts including assigning tasks, arranging meetings and schedules; Facilitated the development of new product benefit plans with various departments internally; Successfully implemented outsourcing of mailroom and claims activity to an outside vendor in order to achieve an annual operating cost reduction of 5% as well as improve operating efficiencies; Maintained and fostered collaborative relationships with outside vendors.

Coventry Healthcare, Wheeling, WV (1995 – 1997) Claims/Customer Service Supervisor

Ms. Ajoku: Started up and directed a successful claims and customer service operation with rapid growth from 67,000 to 150,000 members in less than two years; Supervised a staff of 25 claims and customer service representatives; Trained new employees in the use of new claims processing system; Managed daily operation that entailed coordinating activities, personnel, budget and resources; Created and implemented policies and procedures; Participated in provider meetings to resolve contract and claim issues; Measured and reported monthly performance for internal and external customers; Analyzed and resolved inquiries related to claims, benefits and membership for internal and external customers; Ensured prompt and accurate processing of claims; Accompanied Benefit Consultants to client meetings when necessary

EDUCATION

Cleveland State University, *Cleveland, OH*
Bachelor of Business Administration, Business Management, 1991

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Executive Leadership Graduate Program, Northwestern Kellogg School of Management.

Certified Health Insurance Executive (CHIE) 2007

Managed Healthcare Professional Certification (MHP) 1996

America Health Insurance Plans (AHIP) Alumni

CAROL CLIFFORD
FOUNDER, CO-OWNER AT CENTER FOR INFORMATION MANAGEMENT, INC.

Ms. Carol Clifford is a Principal and Co-Owner of Center for Information Management Inc. She co-founded the firm in 1980 and has served in this role ever since. Ms. Clifford has led many projects, on behalf of CIM, focusing on: human services data systems development Operations, business process analysis of human service agencies, information systems project management, and systems training. She received both her MBA and Bachelor of Arts from the University of Michigan.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of New York

New York Uniform Assessment System Lead Business Analyst, Quality Assurance Coordinator

Ms. Clifford: was the lead business analyst and quality assurance coordinator for the 5-year contract with the New York Department of Health to design and develop a new transformative "Uniform Assessment System" in use in initial eligibility determination and ongoing reassessment business processes in all Medicaid-funded long term care programs in state serving frail elderly and persons with disabilities. System development contract with New York in parternship with GCOM Software of Albany, New York.

Department of Community Health, State of Michigan

Ms. Clifford: lead CIM effort to automate several state/federal based initiatives, including identification of business process improvements and associated performance criteria intended to reduce administrative burden on care managers while ensuring high quality of services, creation of a statewide web-based reporting and approval capability for the Nursing Facility Transition project, creation of a clearinghouse for submission of home and community based long term care data for state access, and creation of statewide waiting list capabilities.

MICIS Service Bureau, State of Michigan

Conversion of MICIS System

Ms. Clifford: Converted the MI Choice Information System (MICIS) to a private service bureau in 2002, when the state of Michigan stopped providing IT services to Michigan Waiver Agents. Designed and managed development of the new MICIS system, including enhanced features for Agencies. Designed and supervised development of the Waiver Information Services Portal (WISP), an adjunct web-based reporting tool used by all Waiver Agents. Designed and implemented HIPAA-compliant Medicaid claims submission in FY2004 which continues at an approval rate for claims of over 99%.

Vendor View

Vendor View

Ms. Clifford: in collaboration with design team, designed and developed Vendor View, a web-based system to all service vendors to obtain necessary information about participants and services via a secure website. This project eliminated much of the time required to telephone, mail and/or fax service orders and participant information to vendors. A message system inside Vendor View allows vendors and Waiver Agents to communicate in a secure fashion without using email.

MIChoice Waiver Program, State of Michigan

Michigan Clinical Quality Review Project

Ms. Clifford: Designed and managed development and implementation of Clinical Quality Review

software used by clinical reviewers for the Michigan MIChoice Waiver program. Software written to standardize and streamline the clinical case review process required by the Centers for Medicaid and Medicare Services.

Next Choice Project, State of Arkansas

Next Choice Cash and Counseling Assessment System

Ms. Clifford: Worked with the Arkansas Cash and Counseling project team, including the University of
Michigan Institute of Gerontology staff, to design and develop CIM's Portable Information Collection Kit (PICK) for Arkansas Next Choice project. An enrollment and assessment process included in PICK will allow Arkansas Next Choice staff to assess participants and then use a CIM-designed web reports portal to obtain RUG (Resource Utilization Group) reports to assist in determining an appropriate budget amount for participants.

Department of Community Health, State of Michigan

Aging Information System : Project Manager

Ms. Clifford: Managed the AIS project, under the auspices of the, including final development and deployment of four statewide business applications, including the MI-Choice Information System to 25 agencies in 35 locations statewide. Ongoing activities include planning for system enhancements, development of training modules for AIS applications, investigation of future initiatives, maintenance of 40-hour per week help desk for AIS users, maintenance of AIS web site for information sharing and technology transfers, supervision of processing of Medicaid billing for MI-Choice participants.

PROFESSIONAL BACKGROUND

Center for Information Management, Inc., *Ann Arbor, MI* December 1980 – Present

EDUCATION

University of Michigan, *Ann Arbor, MI*
Bachelor of Arts in Education

University of Michigan, *Ann Arbor, MI*
Masters in Business Administration

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Human services data systems development and operations, business process analysis of human service agencies, information systems project management, claims processing systems, management analyses/audits, systems training

SCOTT FARIA
OPERATIONS DIRECTOR AT PUBLIC CONSULTING GROUP, INC.

Mr. Scott Faria, PMP, Operations Director for the Augusta, Maine office, has been a member of the PCG team for over 15 years. Mr. Faria leads the call center and operations management teams, provides ongoing guidance and oversight to ensure successful execution of all daily operations and bears overall responsibility for all deliverables from the Augusta operations center.

RELEVANT PROJECT EXPERIENCE

Department of Health and Human Services, State of Maine

Fiscal Intermediary Call Center (July 2015 – Present): Operations Director

Mr. Faria: As Operations Director for ME Fiscal Intermediary call center, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure successful execution of call center deliverables and compliance with service level agreements.

Independence Care System (ICS), State of New York

Claims Inquiry Call Center (January 2015 – Present): Operations Director

Mr. Faria: As Operations Director for NY ICS call center, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure successful execution of call center deliverables as well as claims adjustments performed by customer service representatives and escalated issues researched and resolved by Team Lead and Supervisor.

Commonwealth Care Alliance (CCA), Commonwealth of Massachusetts

Claims Inquiry Call Center (November 2014 – Present): Operations Director

Mr. Faria: As Operations Director for MA CCA call center, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure successful execution of call center deliverables as well as claims adjustments performed by customer service representatives and escalated issues researched and resolved by Team Lead and Supervisor.

Department of Medicaid, State of Ohio

Ohio HCBS Provider Oversight Project (June 2013 – Present): Provider Enrollment Manager

Mr. Faria: As Provider Enrollment Manager for OH Home and Community Based Services waiver programs provider oversight project, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure successful execution of provider maintenance and enrollment deliverables and compliance with stringent service level agreements.

Division of Medical Assistance, State of North Carolina

Post-Pay Provider Review, Outreach/Training, ACA Screenings and IMD Data Entry Projects (September 2010 – Present): Operations Manager

Mr. Faria: Provide on-site direction and oversight of operations staff located in Augusta, Maine providing support to NC-based clinical review, on-site screening and training teams. Responsible for delivery of data entry, scheduling functions, call center and quality assurance services and meeting daily and weekly case review requirements. Coordinate with Project Manager to meet needs of the project on an ongoing basis.

Office of MaineCare Services, State of Maine
MaineCare Member Services Project (August 2010 – Present): Project Director of PCCM Member Unit

Mr. Faria: As subcontractor to Molina Healthcare, serve as Project Director of PCCM Member Unit, responsible for overall management of Member Services daily operations, staff recruitment and ongoing project development. Manage education, enrollment, transfer and disenrollment of over 190,000 managed care eligible recipients. Oversee staff training and development programs. Carry out project invoicing and financial reporting. Ensure successful execution of all project deliverables.

Office of MaineCare Services, State of Maine
Health Benefits Advisor Project (January 2009 – August 2010): Project Director

Mr. Faria: As Project Director, responsible for overall management of daily operations, staff recruitment both in-house and on-site at client location and ongoing project development. Managed education, enrollment, transfer and disenrollment of over 190,000 managed care eligible recipients. Oversaw staff training and development programs. Carried out project invoicing and financial reporting. Played leading role in development and implementation of a comprehensive outreach and education campaign designed to target Medicaid recipients. Participated in the development of outreach and enrollment materials. Ensured successful execution of all project deliverables.

Office of MaineCare Services, State of Maine
ME MMIS Design, Development, Implementation Project (June 2008 – April 2009): Analyst

Mr. Faria: As subcontractor to Unisys, participated in team responsible for identifying interfaces and conversion requirements for Design, Development and Implementation phase of ME Fiscal Agent project. Participated in ongoing series of meetings with subject matter experts and stakeholders to identify and document all requirements, assign action items and track progress at a granular level. Worked to identify and document specifications of several existing State-operated computer systems and databases to facilitate the interface and conversion processes.

Office of MaineCare Services, State of Maine
Health Benefits Advisor Project (May 2000 – December 2008): Operations Analyst

Mr. Faria: Responsible for 24/7 Managed Care Provider Monitoring. Responsible for ongoing management of quarterly phone monitoring of Primary Care Providers participating in the State's Medicaid (MaineCare Managed Care) program. Distributed call lists, gathered results, and entered into database. Coordinated with client on potential non-compliant providers. Generated follow up letters, quarterly reports, and annual report. Responsible for coordinating development of new executables for MOOSE (PCCM Provider Network maintenance system), and installation at OMS. Performed reporting on Systems and related issues at monthly Status Meetings. Created six quarterly reports for Status Meetings. Performed monthly Provider to Site feed. Created monthly EPSDT reports for project management. Created various ad hoc queries for producing member mailings or to aid in project-related research for project management and client. Created and implemented survey database tool for ongoing quarterly Member surveys. Oversaw quarterly Member Services Satisfaction survey process. Compiled data and created quarterly reports on survey results. Conducted Quarterly Quality Management Assessment Survey (QQMAS), compiled results and distribute to project management. Participated in Medicaid Program Outreach and Education campaign. Provided informational sessions both in groups and one-on-one to potential Medicaid eligible audiences. Delivered educational presentations to state and community agencies across the State of Maine. Developed materials for use in statewide outreach campaign. Coordinated and managed targeted radio advertising campaign in coordination with outreach efforts. Documented and recorded all relevant data for regular status reports to the Bureau of Medical Services.

Department of Health and Human Services, State of Maine
Cost Allocation Reorganization Project (January 2005 – October 2006): Analyst

Mr. Faria: Responsible for Cost Allocation Plan (CAP) narrative development. Researched and created narrative document detailing organization and allocation of all components throughout the ME DHHS for submission to Division of Cost Allocation for Federal Review. Drafted procedure manual documenting all relevant functionality included in ME DHHS CAP software application. Participated in training of DHHS staff on using newly developed CAP software. Assisted with development of statistics, placement of individual accounts within organizational structure of CAP, and other developmental steps. Prepared and entered data, and ran quarterly CAP to produce reports for submission to DCA and analysis for review by DHHS.

Division of Health Care Finance Policy, Commonwealth of Massachusetts
Uncompensated Care Pool Audit Project (May 2006 – August 2006): Auditor

Mr. Faria: Participated in a series of field audits on location at hospitals throughout Massachusetts. Completed work papers for several categories of targeted audits. Assisted with creation of final comprehensive report through preparation of summaries of individual hospital's findings.

Office of Group Benefits, State of Louisiana
Overpayment and Recovery Project (August 2003 – May 2005): Investigator

Mr. Faria: Gathered and analyzed data in performance of investigations to identify fraudulent or abusive billing practices by providers. Created case files and reported findings. Conducted interviews, determined processes across agency division, gathered documents, performed analysis of overall operations and provided recommendations for implementing change. Assisted in creation of HCA Claims Audit Report highlighting categories of incorrect claiming, top providers with incorrect claims, and areas of potential recoupment.

Office of Family Independence, State of Maine
Automated Client Eligibility System (ACES) Project (March 2002 – April 2003): Trainer

Mr. Faria: Assisted in materials development and training for OIAS staff. Contributed to Acceptance Testing phase of project. Delivered specialized trainings to Help Desk staff, supervisory staff, eligibility workers, and program managers. Functioned as "super-user" and provided one-on-one assistance to eligibility and ASPIRE workers during implementation while embedded at regional office site. Assisted with development and testing of Computer Based Training (CBT) system for the Automated Client Eligibility System.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* — December 1999 – Present

EF International School, Inc., *Boston, MA* — September 1998 – June 1999

Boston Equiserve, LLP, *Canton, MA* — July 1997 – June 1998

Education Loan Services, Inc. *Braintree, MA* — April 1991 – July 1995

EDUCATION

Bridgewater State University, Bridgewater, MA
Master of Arts, English, 1997

Bridgewater State University, Bridgewater, MA
Bachelor of Arts, English/Management, 1992

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Professional (PMP) since 2010

RICHARD ALBERTONI
MANAGER AT PUBLIC CONSULTING GROUP, INC.

Richard Albertoni is a seasoned veteran of Medicaid and state health care innovation. His long tenure with the Wisconsin Department of Health Services (1992-2000 and 2003-2011) included several Medicaid leadership roles - Director of Eligibility, Deputy Director of Fiscal Services and Section Chief for the Hospital and Pharmacy benefits.

Mr. Albertoni served as a key member of Wisconsin's Medicaid leadership team on several high profile projects. These included implementation of a hospital assessment, expansion of BadgerCare Plus eligibility, competitive procurement for managed care, approval of 1115 demonstration waivers and commencement of payment reform.

Since joining PCG in 2011, Mr. Albertoni has been the firm's consulting lead on state healthcare transformations ranging from Health Insurance Marketplace implementation, Medicaid expansion, Managed Care Implementation and Mental Health System Reform. He specializes in helping states find unique solutions to healthcare innovation that meet local needs. For example, he helped Arkansas and New Hampshire implement Medicaid Expansions that leveraged Marketplace Qualified Health Plans as the delivery system.

RELEVANT PROJECT EXPERIENCE

Health Insurance Marketplace and Arkansas Works Consultant, State of Arkansas

Professional Services Contractor (April 2014 – Present): Healthcare Innovation Consultant

Project: Helped Arkansas design, develop and plan implementation for an employer benefit intended to strengthen low-income coverage in the employer-sponsored insurance market. Facilitated program integration among the Marketplace, Medicaid and the Insurance Department to successfully utilize Qualified Health Plans (QHPs) as the Medicaid delivery system. Assist the Health Insurance Marketplace with the design, development, and implementation of a process to certify the qualified health plans that will be participating in Arkansas' exchange. Support Arkansas at federal gate and design review meetings, as well as with completion of the plan management section of Exchange Blueprint.

Mr. Albertoni: Worked as PCG's lead consultant to the Arkansas Marketplace Board and Insurance to design, develop, and implement the delivery system for the Medicaid Private Option and Arkansas Works Employer Sponsored Insurance (ESI) initiative. Also served as consulting lead for the successful launch of the Small Business Health Options Program (SHOP) portal, which was delivered on time and on budget.

Washington Office of Financial Management

Assessment and Reform of State Mental Health System (May 2016 – Present): Delivery System Consultant

Project: Assess the current mental health system infrastructure and programming in Washington State, making recommendations for reform of community programs and hospital care.

Mr. Albertoni: Led a team of consultants who recommended future roles for the two state psychiatric hospitals with regard to civil and forensic care. The project also considered steps to integrate behavioral health into commercial managed care and establishment of new mobile crisis units and step up/step down transitional care facilities.

Mississippi Division of Medicaid, State of Mississippi

Mississippi Delivery System Consulting (November 2015 – Present): Delivery System Consultant

Project: Provide Medicaid delivery system consulting to the Mississippi Division of Medicaid.

Mr. Albertoni: Supervise tasks completed by the consulting team, including an organizational analysis, development of policies and procedures, review of supplemental payment models,

development of a quality strategy and assistance with state plan amendments and policy briefing papers.

Tennessee Health Care Finance Administration, State of Tennessee

TennCare Eligibility Services Project Management (September 2015 – Present): IT Systems Consultant

Project: Provide Project Management for two eligibility system upgrades, which included the CoverKids Eligibility System Redesign and TennCare Eligibility Redeterminations.

Mr. Albertoni: Provided Medicaid eligibility policy consulting to assist the project team in establishing business requirements. Supervise the work of project management staff and assured that the projects were launched on schedule in December 2015.

New Hampshire Insurance Department, State of New Hampshire

New Hampshire Insurance Project (March 2013 – Present): Medicaid Expansion Consultant

Project: Provide Plan Management consulting services for New Hampshire's Federal Partnership Exchange.

Mr. Albertoni: Supervise entirety of project. Provide technical support of compliance examination and market analysis functions for Qualified Health Plan (QHP) certification. Work with staff from Compliance, Market Conduct, Rate Review and Legal to develop internal operational procedures and checklists for QHP certification process.

Department of Health and Human Services, State of Delaware

Health Benefit Exchange Planning (April 2012 – Present): Lead Project Manager

Project: Assist the State of Delaware with all planning activities for the establishment of a federal partnership health benefits exchange.

Mr. Albertoni: Supervise the work of staff leading efforts to organize plan management and consumer assistance functions, managing the development of the Level 1 establishment grant and the Implementation Advanced Planning Document (IAPD). Provide policy and operational consulting to both the Health and Insurance Departments. Analyze current benefit offerings and state mandates in comparison to the expected essential health benefits package. Identify options for establishing plan and navigator certification criteria. Identify critical timelines for Exchange policy and operational planning.

Kentucky Cabinet for Health and Family Services, State of Kentucky

Managed Care Compliance Consulting (July 2012 – June 2013): Project Lead

Project: Review current Medicaid managed care compliance practices performed by the Cabinet and comparison of those to national best practices.

Mr. Albertoni: Provide overall leadership and direction. Review Medicaid agency staffing and organizational structure to assure consistency with managed care compliance goals and duties. Provide implementation consulting to the Cabinet to support action items identified during the compliance review.

Nevada Silver State Exchange, State of Nevada

Health Benefit Exchange Policy Consulting (November 2012 – Present): Project Lead

Project: Developed issue briefs providing background and options related to Exchange policy considerations.

Mr. Albertoni: Provide analysis of new federal regulations to assess their impact on the Exchange and prepare comments for the State. Draft model notices and other Exchange reference documents.

Hawaii Health Insurance Connector, State of Hawaii

Health Benefit Exchange Planning (December 2012 – Present): Business Lead

Project: Provide business analysis related to implementation of Plan Management functions.

Mr. Albertoni: Assist Hawaii with development of processes necessary to complete certification of qualified health plans. Assure system requirements related to Plan Management are consistent with Affordable Care Act provisions.

Minnesota Department of Human Services, State of Minnesota
Managed Care Evaluation (December 2012 – Present): Project Lead

Project: Evaluate the value of managed care services for Minnesota public health programs.
Mr. Albertoni: Served as Project Lead responsible for overseeing all project processes.

University Medical Center of Southern Nevada, State of Nevada
Hospital Waiver and Policy Consulting (July 2012 – Present): Consultant

Project: Work with UMCSN to assess policy and funding opportunities that might be realized under an 1115 waiver of other policy changes. The goal is to sustain the hospital during a time of significant program transition.
Mr. Albertoni: Provide consulting services to this safety net provider related to 1115 waivers and Affordable Care Act (ACA) policy guidance. Like many public hospitals, University Medical Center faces declining disproportionate share hospital funding as more individuals become insured under the ACA.

Division of Health Care Access and Accountability, State of Wisconsin
Wisconsin Health Care Access Expansion (September 2003 – December 2011): State Project Manager

Project: Developed and implemented a hospital assessment that successfully yielded more than $100 million revenue for the state while increasing reimbursement revenue to high volume Medicaid hospital providers.
Mr. Albertoni:

- Medicaid HMO Plan Management: Served as a key member of the state management team that administered and monitored contracts with fourteen managed care plans. This involved identification and implementation of quality benchmarks, review of provider network requirements, development of capitation rates, oversight of provider and member appeals, and supervision of the HMO enrollment process. During this time, Wisconsin rapidly expanded participation rates in Medicaid managed care and modernized plan selection for greater consistency with commercial insurance enrollment processes.
- Income Maintenance Rationalization: Helped lead the state's effort to regionalize the county-based organizations that process and determine eligibility for Medicaid, the Supplemental Nutrition Assistance Program (SNAP), TANF and child care subsidies. The 72 county organizations successfully joined ten regional consortia which were certified in October 2011.
- CHIRPA Bonus Award: As the state's CHIP Director, successfully led an effort to bring the state into compliance with the program requirements of the bonus award authorized in the Children's Health Insurance Plan Reauthorization Act (CHIPRA). This resulted in a $21 million award that was issued to the state in December 2010.
- Hospital Assessment: Served as the state project manager for development and implementation of a hospital assessment that successfully yielded more than $100 million revenue for the state while increasing reimbursement revenue to high volume Medicaid hospital providers. Revenue generated through the hospital assessment became the cornerstone for funding the state's Medicaid expansion waiver to childless adults. Duties included development of fee-for-service and managed care supplemental payments to hospitals using assessment revenue, facilitating CMS approval of state plan amendments and reimbursement methods and working with hospitals to maintain support of the initiative.
- Hospital Pay for Performance: Led the effort to implement the state's first performance-based payments to hospitals. Facilitated the approval of state plan amendments necessary

to implement the payments, which allocated $5 million in segregated revenue generated through the hospital assessment.

- Southeast Wisconsin HMO Enrollment Following Procurement: Directed the eligibility functions related to Wisconsin's first competitive procurement for managed care services, which focused on the Southeastern part of the state, inclusive of Milwaukee. The procurement process required 250,000 members to re-choose a health plan in coordinated phases over a 90-day period. While a goal of the project was to maximize member choice, this initiative also required establishing an auto-enrollment process that assigned market-share targets to HMOs based on their proposal cost scores. The initiative was successful in saving an estimated $50 million in the biennium without continuity of care disruptions for members.
- Medicaid Childless Adults Waiver: Assisted with the development of the state's 1115 waiver to expand Medicaid eligibility to low-income childless adults. Directed the strategy to maximize and use disproportionate share hospital (DSH) funding as the basis of the state's budget neutrality demonstration. Helped develop the waiver terms and conditions. CMS approved the waiver in December 2008. By October 2009, the state had enrolled 65,000 uninsured individuals into the waiver.
- Public Provider Claiming: Directed efforts to improve the process under which the state completed cost settlements for state hospitals. Independently determined that the state had overlooked making settlement claims for its university hospital for past years. This finding resulted in a successful $30 million federal funding settlement claim.
- Pharmacy Benefit Carve-Out: Directed the design and development of a state budget initiative to carve the pharmacy benefit out of managed care in order to maximize manufacturer rebate revenue. This effort required close coordination with the managed care organizations during the benefit transition. The initiative was successfully implemented in February of 2008 and saved $25 million through June of 2009 while maintaining continuity of care for members. The change was embraced by the state's pharmacy mental health advisors, which included consumers, because it provided transparency and uniformity to the state formulary.
- SeniorCare Waiver Renewal: Helped lead the effort to gain approval for renewal of the SeniorCare pharmacy-only benefit waiver in 2007. SeniorCare leveraged Medicaid pricing discounts, manufacturer rebates, member cost-sharing and state and federal revenue to provide pharmacy benefits to seniors as an alternative to Medicare Part D.
- Adult Basic Health Plan: Directed the development of a state-administered member-funded, non-Medicaid health benefit plan for childless adults who remained on the waiver waitlist after enrollment in the childless adults waiver was capped due to federal budget neutrality limitations. Worked with staff to develop the limited benefit plan offered under Basic. Coordinated CMS approval to allow Basic members with acute medical needs to bypass the waiver waitlist and enroll in the waiver. BadgerCare Basic had enrolled 6,500 members by December 2010. Created mechanism to shift higher acuity Basic member to the Core plan to successfully manage Basic premium rates.

Division of Health Care Access and Accountability, State of Wisconsin
Various Departments (September 2003 – December 2011): Various Positions

Mr. Albertoni:

- Bureau of Enrollment Policy and Systems (January 2010 – December 2011): Director
  Supervised a staff of 55 employees who maintained responsibility for advising Department management on eligibility policy issues, maintaining the eligibility information technology (IT) system, developing and publishing eligibility handbooks, policy memos to counties and member correspondence. The bureau was also responsible for quality control reviews to assure cases were being accurately determined for eligibility for both Medicaid and SNAP benefits. The eligibility bureau director incorporates a number of other position titles and

functions, including the state SNAP Director, CHIP Director and contract administrator to the vendor who maintained our eligibility system. Chaired the monthly Income Maintenance Advisory Committee (IMAC) meetings. IMAC was comprised of county representatives who administered local eligibility agencies.

- Bureau of Fiscal Management (November 2007 – January 2010): Deputy Director
  Provided management direction to twenty employees responsible for hospital and managed care rate setting as well as general budget monitoring and compliance. Fiscal management staff provided leadership on many key Medicaid initiatives because issues of funding were critical to all major initiatives and program activities.
- Pharmacy and Hospital Section (September 2006 – November 2007): Section Chief
  Directed a staff of ten analysts responsible for hospital rate setting and all benefit policy analysis related to pharmacy and hospital.
- Pharmacy Budget and Policy (September 2003 – September 2006): Policy Analyst
  Responsible for developing and maintaining quarterly pharmacy utilization reports and provided guidance to claims systems staff on pharmacy reimbursement changes. Provided lead on several pharmacy projects, including the Preferred Drug List and utilization reviews.

Madison Metropolitan School District, State of Wisconsin
School District Project (January 2002 – September 2003): Budget Analyst

Project: Compiled key components of annual district budget presented for approval to the Board of Education.

Mr. Albertoni: Developed staffing models and personnel tracking tools to the Vice President for Business Services.

Wisconsin Historical Society, State of Wisconsin
Historic Sites Division (March 2000 – January 2002): Finance Director

Project: Provided annual budget development and monitoring for each of the Society's eight historic sites.

Mr. Albertoni: Worked with site directors to develop a revenue and seasonal staffing plan. Developed models to cross-reference revenue and staffing for profitability analysis. Reported site revenues to Society management and at Society board meetings.

Wisconsin Division of Public Health, State of Wisconsin
AIDS Drug Assistance Program (October 1994 – March 2000): Director

Project: Provided administrative coordination of this federally funded program that provided pharmacy assistance specific to antiretroviral and related AIDS medications to individuals living with HIV infection.

Mr. Albertoni: Generated Ryan White grant funding reports that were submitted to the Health Resource Services Administration (HRSA). Provided state leadership regarding policy analysis and biennial budget initiatives having an impact on the ADAP program. Worked with non-profit AIDS Service Organizations to assist them in enrolling eligible individuals into the program.

Wisconsin Department of Health Services, State of Wisconsin
Office of Policy and Budget (August 1992 – October 1994): Budget and Policy Analyst

Project: advised the Secretary on budget and policy issues related to economic support programs such as Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI).

Mr. Albertoni: Developed budget neutrality analysis for welfare reform waivers.

New York Division of Budget, State of New York
Budget Office (August 1990 – August 1992): Budget Examiner

Project: Analyzed and recommended annual budget of the State Judiciary.

Mr. Albertoni: Selected to participate in two-year state budget fellowship program in New York state government. Served as budget staff in the Public Protection unit of the Division of Budget.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* — December 2011 – Present
Wisconsin Medicaid, *WI* — January 2003 – December 2011

EDUCATION

University of Washington at Seattle, *Seattle, WA*
Master of Public Administration, 1990

Santa Clara University, *Santa Clara, CA*
Bachelor of Arts in English, 1986

JAMIE KILPATRICK
ASSOCIATE MANAGER AT PUBLIC CONSULTING GROUP, INC.

Jamie Kilpatrick, an Associate Manager, will serve as the Early Intervention Subject Matter Expert. Mr. Kilpatrick brings over 15 years of experience in the early childhood and early intervention fields and has worked with multiple early childhood systems and programs across the country. These work and senior leadership experiences give him a deep understanding of the programmatic, financial, and technical aspects of services and program accountability.

RELEVANT PROJECT EXPERIENCE

Health Insurance Marketplace and Arkansas Works Consultant, State of Arkansas

Professional Services Contractor (April 2014 – Present): Healthcare Innovation Consultant

Project: Helped Arkansas design, develop and plan implementation for an employer benefit intended to strengthen low-income coverage in the employer-sponsored insurance market. Facilitated program integration among the Marketplace, Medicaid and the Insurance Department to successfully utilize Qualified Health Plans (QHPs) as the Medicaid delivery system. Assist the Health Insurance Marketplace with the design, development, and implementation of a process to certify the qualified health plans that will be participating in Arkansas' exchange. Support Arkansas at federal gate and design review meetings, as well as with completion of the plan management section of Exchange Blueprint.

Mr. Albertoni: Worked as PCG's lead consultant to the Arkansas Marketplace Board and Insurance to design, develop, and implement the delivery system for the Medicaid Private Option and Arkansas Works Employer Sponsored Insurance (ESI) initiative. Also served as consulting lead for the successful launch of the Small Business Health Options Program (SHOP) portal, which was delivered on time and on budget.

Division of Family Health, **State of New York**

Early Intervention State Fiscal Agent (April 2013 – Present): Project Manager

Mr. Kilpatrick is the project lead for the New York State Bureau of Early Intervention State Fiscal Agent which oversees the fiscal management and payment of claims for the state's Early Intervention program. This is the largest EI program in the country where PCG manages over $100 million of Medicaid claims annually.

Department of Early Education and Care, Commonwealth of Massachusetts

Early Childhood Information System (July 2010 – August 2011): Senior Consultant

Project to design and define an enterprise-wide comprehensive Early Child Information System. The project involves three major components:

1. Planning for and facilitation of a Strategic Planning Institute with national exerts in early education and care and information technology,
2. Documentation/mapping of extant and desired data and legacy systems, and
3. Development of ECIS reports requirements

Department of Health, Bureau of Early Intervention, State of New York

Evaluation and Analysis of Reimbursement Methodologies for the NYS Early Intervention Program (September 2010 – December 2011): Project Manager

Mr. Kilpatrick served as the project manager to support the efforts of the Department, with advice and assistance from the Reimbursement Advisory Panel, in completing an assessment of the program's current reimbursement methodology. The outcome of this project will be to recommend possible alternative reimbursement methodologies that meet the Department's objective to provide efficient and economical early intervention services.

State Board of Education, Department of Public Instruction, State of North Carolina

Medicaid Billing Services (July 2014 – Present): Engagement Manager

The North Carolina State Board of Education, Office of Early Learning (OEL) contracted with PCG for professional services to provide Medicaid Billing Services for Community Based Rehabilitation Services (CBRS) within Early Intervention Sensory and Support Program located within the North Carolina Department of Public Instruction (NCDPI).

Office of Early Learning, Department of Public Instruction, State of North Carolina

Early Intervention Sensory Support Services (September 2012 – January 2013): Project Manager

Project manager for consulting support to complete an assessment of the Early Intervention Program located within the North Carolina Department of Public Instruction (NCDPI). The scope of the analysis includes a comprehensive assessment of the Service Delivery System, Administration, and Financing relative to NCDPI's efforts to serve infants and toddlers affected by hearing and vision loss. The self-assessment will result in recommendations for improving current delivery of services to infants, toddlers and preschoolers, and to increasing the programs fiscal capacity to sustain and improve the current programs.

The Department of Education and the Governor's Office of Children's Care Coordination, State of Tennessee

Re-designed the Early Childhood Intervention Program (2005-2006): Director

The Department of Education and the Governor's Office of Children's Care Coordination (GOCCC) with my leadership conducted a comprehensive assessment of the two statewide home visiting programs. The goal was to identify how the programs could be streamlined and expanded to serve more children. The result of the assessment was a set of recommendations that have allowed the state to continue services to all current children and families and enroll more families all while creating recurring annual budget efficiencies of $6 million dollars. The implementation of these recommendations has allowed for the two programs to merge into one stronger statewide home visiting program. This resulted in a single program that has been noted as more effective and efficient with a more responsive professional development system. The unified agency now serves more children than previously.

Tennessee's Early Intervention Data System, State of Tennessee

Development Team (2005-2006): Director

Lead the Development Team for TEIDS. TEIDS is a real time online data system that includes: demographic, notification, screening, health, insurance info, evaluation, eligibility, service plans, transition, early childhood outcome, etc. It also includes a section for delivered service data and accounts payables. Data in TEIDS are utilized for the child's service team.

Early Intervention Monitoring and Quality Evaluation System, **State of Tennessee**

Compliance Monitoring and Quality Assurance Evaluation System Development (2007-2008): Director

Lead the development of a Compliance Monitoring and Quality Assurance Evaluation System for the statewide early intervention system. Developed data collection system, compliance and quality evaluation indicators. Hired and trained staff in the implementation of the tools. Lead training efforts statewide for providers on the expectations. As a result of implementation, Tennessee moved from Needs Intervention to Meets Requirements from Federal Monitors. Tennessee essentially moved from a grade of D to a grade of A.

Department of Education, **State of Tennessee**

Director of Early Childhood Special Education Programs (2005-2011): Senior Leader of the Administrative Team of State Lead Agency for Tennessee's Early Intervention and Preschool Special Education Services

Highlights of key responsibilities include Grants Manager for Three Federal Grant Projects, management of Regional and Local Programs, specific activities include monitoring for federal statute compliance, assisting with Federal Reporting Requirements, and planning and tracking the expenditure of State and Federal IDEA Part C, Early Intervention Funds. Mr. Kilpatrick was also responsible for the Training and Technical Assistance to Local Programs and leading the

development and implementation of the Tennessee's Early Intervention Data System (TEIDS), ground-breaking governmental database.

- Senior Director over 700 employees
- Senior Director over 350 government contracts
- Senior Manager responsible for $48 million annual revenue
- Senior Legislative Liaison for Two Federal Programs
- Senior Official Responsible for Federal Annual Performance Data Report

EDUCATION

University of Tennessee at Martin
Master of Science in Education, Counseling Emphasis

University of Tennessee at Knoxville
Bachelor of Science

Tennessee State University's Institute for Public Service
Doctoral Coursework Completed in Public Administration

Union University, Jackson, Tennessee
Additional Graduate Coursework in Business Administration
Completed 13 Graduate Semester Hours

University of Tennessee Institute for Public Service
2008 Graduate of Tennessee's Government Executive
Institute

CRAIG CONNORS
MANAGER AT PUBLIC CONSULTING GROUP, INC.

Mr. Craig Connors is a Manager at PCG Public Partnerships. In this role he leads team and projects to deliver excellent service to multiple stakeholders at optimal cost. He is committed to helping states and managed care organizations design and operate successful Consumer Direction models of service delivery. Prior to joining PCG in 2015, Mr. Connors had roles that exposed him to many facets of the Long Term Support and Services (LTSS), Medicaid, and Medicare delivery and financing systems.

Mr. Connors led the development, opening, operations and rapid growth of a Program of All-Inclusive Care for the Elderly (PACE) Organization. He also was the Administrator for all Home and Community-Based Services for Riverside Health System, an Integrated Health System in Eastern Virginia. In that role he was responsible for Home Health, Hospice, Medical Equipment, Outpatient Pharmacy Services, and the opening of a new Personal Care Agency. He was an Executive member of the leadership team over all of the Health System's Long Term Care and Retirement Community Services. Also at Riverside he served in the role of Vice President of Managed Care, negotiating managed care partnerships and leading system-wide care management efforts. Prior to Riverside, Mr. Connors worked at Anthem, Inc. He held several roles there, including Business Manager for the Virginia Medicaid Managed Care product, and Business Improvement Manager, a role in which he earned a Six Sigma Black Belt certification. Mr. Connors's areas of expertise include Medicaid and Medicare, regulatory compliance, project management, quality assurance, and negotiation.

Mr. Connors earned an MBA from the Kenan-Flagler Business School at The University of North Carolina at Chapel Hill, and a Bachelors in Engineering in Mechanical Engineering from Vanderbilt University in Nashville, Tennessee.

RELEVANT PROJECT EXPERIENCE

Department of Medical Assistance Services, Commonwealth of Virginia

Financial Management Services

PCG Public Partnerships, LLC (PPL) provides financial management services to the Department of Medical Assistance Services (DMAS) for its consumer directed services model. This model includes service delivery through three managed care organizations. Provides general management of the contract and team delivering services to over 16,000 consumers. Focused on service quality, efficiency, and growing the model to serve more consumers.

Department of Behavioral Health and Developmental Disabilities, State of Georgia

Financial Management Services

PPL provides financial management services to the Department of Behavioral Health and Developmental Disabilities (DBHDD) for its Comprehensive Supports Waiver and the New Options Waiver programs. The oversight includes the management of the Division of Developmental Disabilities provider reimbursement project.

PROFESSIONAL BACKGROUND

Public Consulting Group,

Evolent Health,

Riverside Health System,

Anthem Blue Cross & Blue Shield

The Proctor & Gamble Company,

United States Navy,

EDUCATION
Vanderbilt University, *Nashville, TN*
Bachelor of Engineering in Mechanical Engineering

University of North Carolina, Chapel Hill, NC
Master of Business Administration,

ANGELA BRIDGES, MSW, LCSW

***SUPERVISOR OF HEALTHCARE COMPLIANCE INVESTIGATORS* AT PUBLIC CONSULTING GROUP, INC.**

Ms. Angela Bridges (MSW, LCSW**),** a Supervisor at Public Consulting Group, is an experienced mental and behavioral health therapist who currently holds the position of Supervisor of Healthcare Compliance Investigators. In this role, Ms. Bridges oversees the work of a team of Licensed Clinical Social Workers, Dental Hygienists and Registered Nurses whose responsibility is to investigate complaints and verify the accuracy and validity of behavioral health and home and community based providers in North Carolina, under a contract with the North Carolina Department of Health and Human Services Division of Medicaid Administration. Ms. Bridges has over 12 years of experience providing therapeutic services, including conducting diagnostic mental health assessments to children and adults, in agency and outpatient settings.

RELEVANT PROJECT EXPERIENCE

Department of Health and Human Services, State of North Carolina

North Carolina Medicaid Investigations and Oversight

(March 2016 – Present): Supervisor of Healthcare Compliance Investigators

Ms. Bridges: Supervises, monitors and analyzes the investigative process of the clinical team of Healthcare Compliance Investigators, manages the Behavioral Health Investigation and Oversight team. Conducts, facilitates and administrates behavioral health staff meetings. Administers Quality Assurance (QA) to clinical investigations for Home and Community Based Services (HCBS) and Behavioral Health (BH) investigational reports and summaries. Reviews documented and summarized findings of clinical staff from the analysis of North Carolina Clinical Coverage Policy for compliance with provider documentation.

Clinical Review Specialist

Ms. Bridges: Conducted audits and investigations using techniques such as interviews, post payment reviews, review of medical records, billing data and analytical data to determine compliance with Medicaid clinical coverage policies. Examined provider charts and documentation using clinical coverage policy to identify Medicaid fraud and abuse. Attended and participated in provider appeal hearings, conducted interviews, reviewed claims, billing data and medical records from mental health providers. Reviewed claims process for accuracy of provider documentation. Worked closely with Appeal Specialists, Attorney Generals and Hearing Officers to facilitate thorough and fair auditing processes. Reviewed, documented and summarized findings from the analysis of North Carolina Clinical Coverage Policy for compliance with provider documentation. Visited provider and agency offices in North Carolina to facilitate auditing process. Conducted desk reviews of agency documentation.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Raleigh, NC* August 2012 - Present

One Care Behavioral Health System, *Wake Forest, NC* March 2012 – August 2012

Intensive in Home Team Lead

Provided clinical expertise, supervision and guidance to the office staff and Intensive in Home (IIH) team. Monitored interventions and evaluated services and activities provided by team. Conducted individual, group and outpatient therapy. Interviewed Medicaid recipients and wrote clinical assessments, treatment plans and Person Centered Plans. Prepared and submitted LOCUS and CAL-LOCUS assessments to support the initiation and continuation of mental health services. Provided mental health services and substance abuse services, including enhanced services, to children, adolescents and their families, in their home or community. Provided Supervision for staff

seeking to become licensed social workers. Managed and supervised three-person team. Served as a first responder to provide 365 day, 7 day a week, 24 hour crisis services to beneficiaries.

Triangle Counseling Agency, *Raleigh, NC* April 2011 - March 2012
Therapist

Provided brief and long-term therapy to families and individual adults, adolescents and children. Coordinated, wrote and implemented treatment plans based on client's needs with participation of family and other mental health professionals. Completed patient interviews for diagnostic and psychosocial assessments. Conducted weekly therapy sessions with students Wake County School System.

LearningRx of Cary September 2007 - March 2011
Owner/Director

Ms. Bridges: Conducted daily operations in Learning Center and managed activities of 14 cognitive trainers and administrative staff. Supervised implementation and success of learning programs provided to students. Taught cognitive trainers to work with students and improve their memory, processing speed, attention, and reading and math skills. Administered cognition assessments to potential, and graduating students, using WJIII (Woodcock Johnson III, tests of Achievement and Cognition). Held one-on-one training sessions with students to improve their reading and thinking skills.

EDUCATION

Wayne State University, *Detroit, MI*
Bachelors of Science in Business Administration, 1989

Wayne State University, *Detroit, MI*
Masters in Social Work, 2004

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Certified Clinical Social Work Supervisor
Member of National Association of Social Workers NASW

GLENNA GALLAGHER
HEALTHCARE COMPLIANCE INVESTIGATOR AT PUBLIC CONSULTING GROUP, INC.

Ms. Glenna Gallagher serves as a Healthcare Compliance Investigator at Public Consulting Group. She is a Registered Nurse/CPNP. She works heavily on our North Carolina Medicaid Investigations and Oversight project providing clinical services. She possesses deep subject matter expertise on the Developmentally Disabled population. Her medical education and specialties include pediatrics, pediatric ED, pediatric intensive care, and neonatal intensive care. Ms. Gallagher is goal-oriented in the multi-disciplinary approach to the delivering quality healthcare. She has demonstrated clinical experience, education and management abilities to collaborate, prioritize and obtain success-driven (SMART) goals

RELEVANT PROJECT EXPERIENCE

Department of Health and Human Services, State of North Carolina
North Carolina Medicaid Investigations and Oversight (September 2014 – August 2015, March 2016 - Present): Healthcare Compliance Investigator

Department of Health and Human Services, State of North Carolina
CAP-C RN Consultant (April 2014- August 2014): Healthcare Compliance Investigator

Ms. Gallagher: CAP-C RN Consultant for medically fragile children; birth to 21 years

PROFESSIONAL BACKGROUND

Public Consulting Group, *Raleigh, NC (*September 2014 – August 2015, March 2016 – Present)

Brainstation US, *Raleigh, NC*) (December 2012 –March 2014) Consultant

Ms. Gallagher: RN Consultant for computer software design for home care and home health care agencies, hospital-based systems, patients, caregivers and their families. Primary focus is the utilization of PC's or smartphones to "streamline" patient care with reminders, prompts and cues

Aegis Home Care, *Chapel Hill, NC* (July 2012 – December 2012) Director of Clinical Services

Ms. Gallagher: Clinical Director/ RN Supervisor/ Management position encompassing supervision and educational competency of employees with "skills lab" training, "in home care", and care provided with our contracted facilities. Primary focus was to deliver the highest degree of "quality care" for our patients and their families. This included collaborative care with dual service providers, other agencies and hospice/ palliative care

Maxim Healthcare Services, *Raleigh, NC (*January 2012 – May 2012) Director of Clinical Services

Ms. Gallagher: Clinical Director/ RN Supervisor/ Manager. Multi-disciplinary role encompassing management and education for RN's, LPN's, CNA's and families/ caregivers. Focused on education "in house" and transitioning to home for neonatal, pediatric or adult patients with multiple acuity levels. (Majority of higher acuity patients were neonatal/pediatric)

FEP-BCBS of North Carolina Durham*, NC* (July 2011 – September 2011) Case Manager

Ms. Gallagher: Provided case management services for FEP members and their dependents, as applicable. (Contract/temp role for 3 months)

Quintiles, *Raleigh, NC (*February 2010 – April 2011) Operations Specialist

Ms. Gallagher: RN/CDE for long-acting insulin clinical research trial. Global study with weekly site monitoring, utilization of multiple databases and follow-up/ QA. Drug Safety (Medical Information

Systems), providing drug safety information to health care professionals, hospitals and patients. Role involved drug/ safety reporting of SAE's and PC's (product complaints), as applicable. Contracted with two large pharmaceutical companies for four FDA approved products, minimal "off-label" usage for evidence supported studies as products in NA and the UK

AmerisourceBergen, *Raleigh, NC* (May 2009 – March 2010) Clinical Nurse Specialist

Ms. Gallagher: Specialized home health infusion therapy, providing skilled RN visits including (IVIG; IV/SQ therapy), patient assessments, evaluation/ monitoring and Hepatitis C disease management/patient education

Duke University Medical Center, *Durham, NC (*February 2009 – June 2009) Liver Transplant Coordinator

Ms. Gallagher: RN with adult and pediatric liver transplant team. Screened, evaluated MD referrals; determining need for consult with GI/ Hepatologist and/or initiation of evaluation by our transplant team. Extensive educational involvement with patients and families regarding consultation process, expected outcomes and referrals. Data calculations/entry for UNOS, evaluation of lab results and MELD scores

EDUCATION

University of North Carolina*, Chapel Hill, NC*
Bachelor of Science in Nursing, Biology and Chemistry, 1985

University of North Carolina, *Chapel Hill, NC*
Master of Science in Nursing—Pediatrics, 2013 CPNP 2015

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

RN (Multi-state/Compact license)
CDE (Certified Diabetes Educator)
CCM (Certified Case Manager)
BCLS Instructor
PALS Instructor
ACLS
CCRN-Pediatrics
CPNP
Microsoft Office 2007/2010/2013; Office 365 (ALL applications);
InForm; SharePoint; UNOS; Clintrace; Argus Safety; Lotus; Oracle Apps/Citrix; McKesson; McKesson-E (Prelude and Epic)

Appendix B: Qualifications

APPENDIX B: PUBLIC CONSULTLING GROUP QUALS

CONNECTION TO RFP

This scope of work maps to RFP section...

A.5 Stakeholder Outreach and Education

A.7 Target Audience Interaction

DIVISION OF LEGISLATIVE AUDIT (DLA),
STATE OF ALASKA
PERFORMANCE REVIEW OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS) LONG TERM CARE SERVICES
NOVEMBER 2014 - PRESENT

SCOPE

PCG is currently working with the Alaska Division of Legislative Audit conducting a performance review of the Department of Health and Social Services' (DHSS) Long-Term Care (LTC) Services. PCG is conducting a separate performance review for DHSS' Behavioral Health Services in conjunction with the long term care study. The LTC performance review is designed to evaluate the effectiveness and efficiency of the existing program administration and the delivery of services to support the long-term care needs of the state's population. PCG is responsible for understanding the unique challenges Alaska faces for LTC delivery, and has developed specific methodologies which take these needs into consideration. Furthermore, these methodologies are used to measure the efficiency and effectiveness of each LTC service by gaining a complete view of service delivery, both from the stakeholder's and DHSS' perspectives. As a next step, PCG is drafting a report to be used by the Alaska Legislature. This report will show our findings with regard to the efficiency and effectiveness of the LTC programs, as well as recommendations to improve long-term care administration and delivery throughout the State.

KEY ACHIEVEMENTS

- Successfully designed methodologies to fully address the ten Review Objectives established in the Request for Proposal. These Methodologies included designing measures to evaluate the efficiency and effectiveness of the particular service under review through the identification of best practices and peer state activities.

- Conducted in-person interviews with key DHSS staff and stakeholders in order to gain a comprehensive understanding of all LTC services in the state and how they are perceived by each party.

- Provide a report, to be reviewed by the Legislature, which will incorporate our methodologies used to evaluate and measure the efficiency and effectiveness of LTC administration and the delivery of its services, as well as provide recommendations to improve LTC services in the State of Alaska.

REFERENCES

Ross Alexander
Project Manager
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Kristin Curtis, Legislative Auditor State of Alaska
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Kris.curtis@akleg.gov

CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Transformation Support Project Experience

A.2 Development of Curriculum and Training

A.5 Stakeholder Outreach and Education

A.6 Subcontractor Management

A.7 Target Audience Interaction

3.3 Implementation of IT Platform

HEALTH INSURANCE REFORM, MARKETPLACE AND RATE SETTING CONSULTING
STATE OF ARKANSAS
AGENCY CLIENTS INCLUDE: ARKANSAS HEALTH INSURANCE MARKETPLACE, INSURANCE DEPARTMENT AND DIVISION OF MEDICAL SERVICES (MEDICAID)
APRIL 2012 – PRESENT

SCOPE

Over the past four and half years, PCG has consulted to Arkansas on a wide variety of Affordable Care Act (ACA) insurance reforms, health insurance marketplace establishment and Medicaid behavioral health rate setting. Previously, PCG assisted the Arkansas Insurance Department (AID) with the design, development and implementation of a process to certify the qualified health plans (QHPs) that participate in Arkansas' federal partnership exchange. PCG consults to AID for ongoing plan management policy development and implementation. AID also engaged PCG to assist with program oversight relating to the Division's Effective Rate Review Program. PCG developed a revised program budget in accordance with shifting Division needs and gained both federal and state approval of re-budgeting for over $1.25 million in funds. PCG's Rate Review scope later was expanded to include strategic guidance and operational support related to incorporating QHP carrier specific quality metrics into consumer facing media and facilitating stakeholder engagement related to this quality initiative. In 2013 PCG conducted a behavioral health payment evaluation for Arkansas Medicaid. The intent of this project was to complete a payment evaluation for behavioral health services and provide objective, independent performance information on payment methodologies employed by other states for similar services and make recommendations for revising rates for Medicaid behavioral health services.

KEY ACHIEVEMENTS

- Established a Marketplace Establishment Project Management Office
- Wrote a Level 2 Grant to acquire CMS Marketplace establishment funding
- Wrote RFPs for Marketplace information technology, Independent Verification and Validation and Marketing and Outreach.
- Designing a Marketplace Consumer Assistance Program
- Performing a Marketplace Financial Sustainability analysis
- Provided oversight and project management of the SHOP technology build
- Conducted User Acceptance Testing for SHOP IT
- Assisted the Insurance Department in completing Qualified Health Plan (QHP) certifications in a shortened time frame; conducted plan and rate data analysis and presented plan summaries for internal and public use;
- Provided issue briefs and led discussions at Insurance Department Plan Management Advisory Committee and Federal Partnership Steering Committee meetings. Mapped plan management business process flows;
- Successfully navigated federal and state re-budgeting of multiple rate review cycle grants totaling over $7 million, allowing the Insurance Department to re-allocate financial resources;
- Implemented fiscal data documentation framework for rapid federal reporting for Rate Review grants
- Through a monthly stakeholder engagement process narrowed down an initial universe of over 100 quality measures to 19 for health carriers on the marketplace to submit to the Insurance Department
- Develop recommendations for new behavioral health payment rates, based on collected peer state data.
- Develop model of fiscal impact of new rate structure and changes to behavioral health rates, based on utilization data and projected utilization.

REFERENCES

Cheryl Gardner
Executive Director
Arkansas Health Insurance Marketplace
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Chantel Allbritton
Insurance Compliance Officer
Arkansas Insurance Department
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Robert Nix
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Dan Honey
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CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Transformation Support Project Experience

A.2 Development of Curriculum and Training

A.5 Stakeholder Outreach and Education

A.6 Subcontractor Management

A.7 Target Audience Interaction

3.3 Implementation of IT Platform

ARKANSAS HEALTH INSURANCE MARKETPLACE (AHIM)
STATE OF ARKANSAS
STATE BASED MARKETPLACE PROFESSIONAL SERVICES CONSULTING AD PROJECT MANAGEMENT OFFICE (PMO)
APRIL 2014 – PRESENT

SCOPE

PCG was selected to assist the Arkansas Health Insurance Marketplace (AHIM) with the development of its State Based SHOP and Individual Marketplace. Initial tasks included setting up a project management office (PMO), creating a key decision inventory of all decisions regarding the development of the Marketplace, as well as writing a Level 2 Grant to secure CMS funding. PCG assisted the client with all necessary CMS reporting requirements, as well as with preparing the CMS Blueprint for CMS approval. Prior to the launch of the AHIM SHOP, PCG prepared supporting documentation and conducted the AHIM Readiness Review with CMS. Throughout the SHOP project, PCG held weekly status meetings as part of its duties as the Project Management Office and participated in weekly calls with CMS officials. PCG has worked with AHIM to negotiate with CMS, as AHIM leverages the existing Federal Marketplace technology and proceeds to establish a State Based Marketplace – Federal Platform (SBE-FP). PCG has successfully and will continue to assist AHIM with the transition of specific marketplace functions from CMS to AHIM.

KEY ACHIEVEMENTS

- Established a Project Management Office
- Created a Key Decision Inventory of all decisions regarding SPM and SBM
- Managing and updating an ongoing Project Plan
- Wrote a Level 2 Grant to acquire CMS funding
- Supporting ongoing negotiations with the Arkansas Department of Human Services regarding shared services agreement and cost allocation plan
- Wrote and evaluated a RFP to hire a vendor to build a Small Business Health Options Program for go live date of Open Enrollment 2016
- Wrote a RFP to hire a vendor to conduct Independent Verification and Validation Services
- Wrote a RFP to hire a vendor(s) to conduct Marketing and Outreach Services
- Wrote a RFI to learn more about solutions for the individual marketplace
- Designing a Consumer Assistance Program
- Performing a Financial Sustainability analysis
- Performed a Needs Assessment
- Created a 2015 key Activities Roadmap featuring major milestones and activities for CY 2015
- Staffing Board of Directors Meetings and working closing with Board Committees
- Provided oversight and project management of the technology build
- Conducted Map and Gap Sessions to identify those requirements not met by existing technology
- Conducted User Acceptance Testing to identify any issues which may occur while using the platform designed and built by the technology vendor
- Successfully operationalized the AR Works Employer Sponsored Insurance form DHS through AHIM on time and on budget

The AHIM SHOP is fully functional at this time and able to enroll employers and their employees in Qualified Health Plans. PCG will continue to provide policy guidance and technical expertise and serve as the Project Management Office for AHIM as it transitions to the SBM-FP.

REFERENCES

Cheryl Gardner
Executive Director
Arkansas Health Insurance Marketplace
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Email: cheryl.gardner@ARMarketplace.com

CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Development of Curriculum and Training

A.5 Stakeholder Outreach and Education

A.7 Target Audience Interaction

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTHCARE FINANCE
DISTRICT OF COLUMBIA
PROGRAM INTEGRITY OPERATIONAL AND ORGANIZATIONAL ASSESSMENT
NOVEMBER 2014 - FEBRUARY 2015

SCOPE

PCG was contracted with the Department of Healthcare Finance to conduct an assessment of major activities and functions of the District's Division of Program Integrity. PCG was tasked with providing expertise on policy issues, workflow, staff assessment, and data analytics.
PCG's involvement included:

- Policy and Procedure Analysis and Development – PCG reviewed all applicable Program Integrity policies and procedures to determine potential gaps and pitfalls. Following this analysis, PCG will drafted new policies and procedures to address the deficiencies identified and provide direction to Program Integrity staff.

- Workflow Assessment – PCG evaluated all processes within Program Integrity. The goal of this evaluation was to detect possible holes and bottlenecks in these processes. Once all processes had been sufficiently identified and mapped, PCG implemented process improvements to increase the efficiency and effectiveness of the Division.

- Staffing Assessments and Evaluation – PCG made determinations on how the Division was developing staff and how these staff were evaluated. PCG identified the needs of Division employees in order to carry out their responsibilities in a more proficient and well-organized manner. After all staff were appraised and their needs were acknowledged, PCG put forth a set of recommendations for how to enhance current staff and hire better equipped staff going forward.

- Data Analytics and Data Mining – PCG discerned the Division's data analytics and data mining capabilities, including capabilities of systems and of users. PCG evaluated analytics processes and identified all current insufficiencies. PCG suggested a multi-pronged approach to elevate data analytics and data mining at the Division while keeping future, additional investment minimized.

KEY ACHIEVEMENTS

PCG discovered findings that will assist the Division in the future to control costs and develop high level employee output. The first of these findings is in the area of training. PCG recommended a holistic training approach that will fast-track Division employees to effective Program Integrity practices. The second was to increase communication and collaboration. PCG suggested a series of work groups that encompassed all essential functions of the Division. The work groups consisted of representatives from all areas of Program Integrity and outside agencies that interact with Program Integrity. These groups will foster more relationships allowing for increased functionality.

REFERENCES

Available upon request.

CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Development of Curriculum and Training

A.5 Stakeholder Outreach and Education

A.6 Subcontractor Management

A.7 Target Audience Interaction

DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF MAINECARE SERVICES (OMS),
STATE OF MAINE
ENROLLMENT BROKER/ MEMBER SERVICES AND MAINECARE OPERATIONS PROJECTS
1998-PRESENT

SCOPE

Since 1998, PCG has provided Enrollment Broker services for the State of Maine, Department of Health and Human Services, and Office of MaineCare Services (OMS). PCG is responsible for enrolling approximately 197,000 managed care eligible Medicaid and SCHIP members into the Primary Care Case Management (PCCM) Program, MaineCare Managed Care. Additionally, PCG performs Member Services for all MaineCare members and provides Early and Periodic, Screening, Diagnosis, and Treatment education services to all members under age 21.

In September 2010 OMS moved to a Fiscal Agent Model and went live with their new MMIS System, MIHMS (Maine Integrated Health Management System). PCG successfully negotiated a subcontract with the fiscal agent (Molina Healthcare), and will continue to provide health benefits advisory services as MaineCare Member Services into 2020.

CATEGORY	STATISTICAL AVERAGE	
Average Number of Calls In	**9,074**	**per month**
Average Number of Calls Out	**1,582**	**per month**
Average Number of Calls Abandoned	**1%**	**per month**
Average Time on Hold	**:07**	**seconds**
Calls Answered within 10 Seconds	**100%**	

KEY ACHIEVEMENTS

- Performing enrollment, transfer and disenrollment functions for PCCM plan;
- Early Periodic Screening Diagnostic Treatment (EPSDT) education and referral to services;
- Designing and implementing an outreach and education campaign to target Medicaid managed care eligibles;
- Developing collaborative relationships with statewide stakeholders, community–based organizations and interested parties and facilitating workgroups;
- Developing materials to inform program members of the scope and availability of services, rights and responsibilities as they relate to program participation, and the importance of choosing a medical home;
- Recruiting over 1,200 Primary Care Providers (PCPs) into MaineCare Managed Care. Recruitment activities also include redesigning and implementing a provider recruitment marketing package. PCG recruited over 95% of all eligible PCPs;
- Designing and implementing an outreach and education campaign to target 171,000 Medicaid managed care eligibles;
- Developing automated PCCM Provider Information System – MOOSE – to automate the provider enrollment and provider directory functions;

- Implementing automated custom member enrollment/provider directory functions to increase voluntary selection of PCP, increase access to services and save decrease PCP Directory printing costs by using GIS-targeted Enrollment Packets;
- Notifying MaineCare members of their right to file a complaint or grievance, fielding and tracking complaints through resolution, and following up with the members as needed;
- Performing quality assurance of our work in the areas of federal policies, member outreach, call management, information technology and overall operations;
- Performing Provider Services for MaineCare providers involving researching provider claims, status of provider payments and denials, member eligibility, and electronic billing questions;
- Performing Medicare Part D Customer Services for dual eligible members and for members with Drugs for the Elderly (DEL) coverage;
- Providing Claims Adjustment and Cost of Care staff to reconcile Nursing Facility and other provider reconciliation duties;
- Performing Collections Specialists duties as part of the OMS Interim Payment Recovery Team;
- Providing the Office of Elder Services with Long Term Care Administrative Support staffing; and
- Assisting the OMS Division of Customer Services with a statewide initiative to re-enroll all Medicaid providers in anticipation of new MMIS implementation in 2010.
- Successfully building the network and telephony infrastructure, training all staff in the new MMIS software solution and successfully transition to the new subcontract model on September 1st 2010.

REFERENCES

Ms. Stefanie Nadeau
Director, Medicaid
Office of MaineCare Services
State House Station 11 - 442 Civic Center Dr.
Augusta, ME 04333-0011
(207) 287-2093
Stefanie.Nadeau@maine.gov

PCG CONTACTS

John Shaughnessy
PCG, Practice Area Director
(617) 426-2026

Scott Faria
PCG, Project Director
(207) 621-2300

CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Development of Curriculum and Training

A.6 Subcontractor Management

A.7 Target Audience Interaction

MASSACHUSETTS HEALTH CARE CONNECTOR AUTORITY, COMMONWEALTH OF MASSACHUSETTS
CUSTOMER SERVICE CONTRACT CENTER AND BUSINESS OPERATIONS SERVICES: AFFORDABLE CARE ACT AND HEALTH CARE REFORM CONSULTING
JULY 2008 – PRESENT

SCOPE

PCG, worked with Dell Services from 2008 to 2016 to support the Massachusetts Commonwealth Connector as the first state in the union to provide universal health care, Dell and PCG together established a full service contact center supporting 200,000 low and moderate income individuals eligible for subsidized coverage under Massachusetts law. During the time period of July 2008 – though December 2012 work included:

- Developed Financial Management operations including accounts receivable and financial reporting for the program;
- Providing ongoing financial management consultation for the development of next-generation premium billing and financial management system;
- Direct Quality Assurance, Program Integrity, Knowledge Management and system-wide Training;
- Developed data warehousing and reporting capacity across all operational areas providing the Connector with information on trends, ratios and performance over time. Reporting includes metrics on contract compliance, productivity, Member behavior, transaction productivity, and quality;
- Provide daily customer service support; and
- Support CommCare Members with premium billing, and CommCare enrollment and maintenance activities.

Building on a legacy of business process efficiency, customer satisfaction and value, The Connector awarded Dell and its partner PCG the contract to conduct **Customer Service Contact Center and Business Operations Services** in January 2013 to support implementation of Affordable Care Act compliant operations. This Center serves as the "one stop" call center for all individuals, families and small group insurers seeking to shop for health and dental plans through the Connector. PCG's responsibilities include:

- Providing Affordable Care Act consulting and guidance on operational design and business requirements to Dell;
- Managing business intelligence and reporting through comprehensive reporting of both performance and member experience.
- Management of multiple initiatives– including establishing a 180 agent contact center responsible for ensuring that all current members and other citizens successfully enroll in Affordable Care Act compliant Qualified Health Plans, managing small business enrollment, and managing reporting;
- Analyzing business processes to achieve operational and cost efficiencies; and
- Overseeing carrier engagement and enrollment processing.

The Contact Center is a high-volume, and high-capacity contact center that engages with Members through multiple channels including telephone support, web-based Member interface, secure email, web chat and web-based tutorials. The Member Service Center supported call volume ranging from 4,000 – 12,000 calls daily and currently achieved service levels of 98% or higher. Caller support includes comprehensive eligibility determination guidance, coaching Members on premium payment requirements and account management, and making referrals to other State agencies as required. Center staff is trained in complex eligibility rules, premium billing support, and multi-channel communication.

KEY ACHIEVEMENTS

- Developed Financial Management operations including accounts receivable and financial reporting for the program;
- Providing ongoing financial management consultation for the development of next-generation premium billing and financial management system;
- Oversee 834 and 835 data transmission and carrier relationships;
- Direct Quality Assurance, Program Integrity, Knowledge Management and system-wide training;
- Developed data warehousing and reporting capacity across all operational areas providing the Connector with information on trends, ratios and performance over time. Reporting includes metrics on contract compliance, productivity, Member behavior, transaction productivity, and quality;
- Provide strategic outreach to achieve member compliance through various channels;
- Provide daily customer service support;
- Support CommCare Members with premium billing, and CommCare enrollment and maintenance activities; and
- Produce daily and monthly member bills for premiums owed.

REFERENCES

Ms. Terry Gauthier
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Boston, Massachusetts 02114
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CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Transformation Support Project Experience

A.2 Development of Curriculum and Training

A.5 Stakeholder Outreach and Education

A.6 Subcontractor Management

DEPARTMENT OF HEALTH,
STATE OF NEW YORK
DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM INDEPENDENT ASSESSOR
AUGUST 2014 – DECEMBER 2019

SCOPE

PCG is the Independent Assessor for a $6.42B New York Medicaid Redesign Team Waiver program called the Delivery System Reform Incentive Payment Program (DSRIP). PCG works with the NY Department of Health (DOH) to develop and evaluate applications for DSRIP funding, requiring in-depth understand of health care delivery system restructuring and comprehensive understanding of the Medicaid program (including provider payment, health homes, clinical audits, impact of health reform, care coordination, managed care, and payment programs for hospitals, nursing homes, and community-based services). In our role as Independent Assessor, PCG:

- Manages the publicly transparent and impartial review of project plans;
- Evaluates integrated delivery systems, including coordination with health homes;
- Conducts ongoing monitoring and assessment of use of funds (including funding contingent on improvement in health quality and population health metrics);
- Devises operational, clinical and population health metrics and milestones to evaluate applicants and measure performance for payment;
- Assists DOH in developing/reviewing applications for Accountable Care Organizations;
- Coordinates learning collaboratives for all funding recipients; and
- Develops payment methodology to approved provider systems contingent upon completion of designated project milestones.

KEY ACHIEVEMENTS

DSRIP is the main mechanism by which New York will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP's purpose is to fundamentally restructure the NY health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. Key achievements include the following:

- Designed and developed the DSRIP Project Plan Application;
- Assisted with the establishment of an automated system to facilitate the submission of the DSRIP Project Plan Application within the Medicaid Analytics Performance Portal (MAPP);
- Assisted to establish Domain One Process measures for payment;
- Designed and performed financial stress test on PPSs leads;
- Developed objective and subjective scoring methodology for DSRIP Project Plan applications; and
- Conducted trainings and webinars on the DSRIP Project Plan Application.
- Completed DY1 of Learning Collaborative events,
- Completed COPA/Antitrust Reviews, and 9) Provide Ongoing monitoring and oversight of DSRIP PPSs.

REFERENCES

Jason Helgerson
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(518) 473-0919

CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.5 Stakeholder Outreach and Education

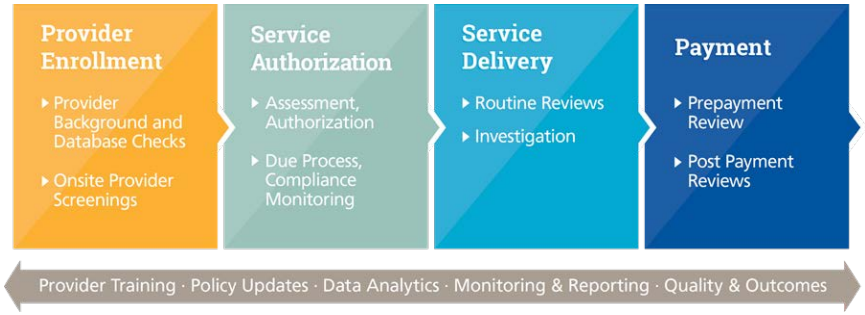
A.6 Subcontractor Management

A.7 Target Audience Interaction

DHHS, DIVISION OF MEDICAL ASSISTANCE, STATE OF NORTH CAROLINA
MEDICAID PROGRAM INTEGRITY CONSULTING AND OUTSOURCING
JULY 2008– PRESENT

SCOPE

Since 2008, PCG has consulted with North Carolina Medicaid on a series of initiatives to advance and improve the organization's approach to Program Integrity. In close collaboration with DMA, PCG has closely examined current operations and developed and maintained processes including provider training, pre- and post-enrollment screening, assessment for IMD classification, oversight assessment appeals, ongoing, routine reviews, investigations, and both pre- and post-payment claim audits. Through these efforts, PCG had developed a unique blend of expertise and experience in program integrity operational assessments and improvements.



PCG serves as the Prime Vendor for this project and executes the entire scope of work described above in the project description.

Investigations: (2013 – present)

In 2013, PCG initiated another round of organizational and operational assessments to develop program integrity processes that better fit their organizational goals. In order to become CMS complaint with 42 CFR 455.14-.15, PCG investigates all complaints of fraud and abuse. PCG and DMA designed a new, sleeker, more focused approach of investigations that would more directly address the nature of the complaint received, decrease administrative costs, and focus on cost avoidance rather than collections. With these investigations, HCBS providers are the most investigated provider type due to the North Carolina's Medicaid landscape. We find that with the high volume of HCBS claims comes a greater number of complaints. These claims often lead to low recoupment amounts so we provide education and training to ensure that they continue to service beneficiaries while meeting all requirements. Our continued support with oversight of providers has led to reductions in provider billing, but also better care for beneficiaries. To date, the impact has been significant:

KEY ACHIEVEMENTS

- Configured and Implemented PCG Case Tracking Software for Complaint Intake and Investigations.
- Incorporated Truven Data Analytics to improve efficiency and decreases admin costs.
- Reduced review time from 100+ hours per case to under 26 hours per investigation, which continues to decrease.
    - ***80% administrative cost savings***
- Reduced initiation time from ***several months*** to less than ***48 hours.***
- Reduced completion time from 8-10 months to under 60 days.

- Eliminated backlog of ***3,000 cases*** in six months, improving CMS compliance.
- MID Referrals totaling **$25 million dollars** since 2013.

PCG serves as the Prime Vendor for this project and executes the entire scope of work described above in the project description.

Data Analytics: (2013 – Present)

PCG and DMA conduct data analytic work group sessions to fully utilize DMA's data analytics' systems. We coordinate the involvement of DMA staff, PCG data analyst, and PCG clinical staff to develop new initiatives for further investigations. PCG has completed data analytics driven initiatives in conjunction with data proved by data analytics software.

Prepayment Reviews: (July 2008 - December 2009)
PCG has consulted with North Carolina Medicaid on a series of initiatives to advance and improve the organization's approach to Program Integrity. PCG was contracted to expand prepayment services of review of Community Supports Service Providers. This expanded the existing scope of reviews to include other types of Medicaid covered service Providers, including but not limited to Personal Care Services, Physicians, Home Health, and Hospitals. PCG was contracted to conduct manual prepayment claims review of selected Medicaid Providers that have demonstrated significant abusive or aberrant billing problems. PCG reviewed more than 22,000 claims in a pre-payment environment, working directly with HCBS providers to correct documentation deficiencies and billing errors. This process included a number of functions and activities, including:

- Provider outreach – PCG met individually with providers at the outset of the pre-payment review process to discuss clinical policy, documentation requirements, and to train providers on the use of the web-based review system;
- Document management – PCG's web based system was developed to allow providers to upload scanned documents in support of services provided. The application also associated metadata with each document which was used in the automatic adjudication of some components of the review (e.g., units billed);
- Clinical review – PCG's staff of registered clinicians, all with direct experience in the service areas being reviewed, evaluated provider documentation for compliance;
- Feedback – Upon completion of the weekly reviews, outcomes were submitted to the MMIS vendor for payment processing, and also posted to the web application, with explanation, for providers to view. PCG staff was available for providers who had any questions about outcomes, or ways to improve performance.

Post-payment Reviews: (February 2010 – August 2014)
PCG was hired to ensure compliance, efficiency, and accountability within the NC Medicaid Program by detecting and preventing fraud, waste, and program abuse and by ensuring that Medicaid dollars are paid appropriately by implementing tort recoveries, pursuing recoupments, and identifying avenues for cost avoidance. PCG was contracted to conduct post payment reviews of selected Medicaid providers that have demonstrated abusive or aberrant billing practices. PCG designed a web based Post-payment review site to streamline the process of investigating and eventually processing recoupments.

PCG has reviewed more than 50,000 claim detail records, including an automated series of quantitative confirmations for documentation requirements, units billed, and calculations. Subsequently, clinically trained personnel conduct a qualitative review to ensure that service notes, treatment plans, and service authorizations are necessary and appropriate for the needs and level of service provided. PCG conducts random sampling of claims for identified providers, works directly with the providers to guide them through the review process, and applies extrapolated findings to determine total overpayments, where appropriate. PCG maintains a secure

online portal to facilitate the submission of documentation, serves as an access point for clinical reviews, manages provider communications, and reports findings to the client.

KEY ACHIEVEMENTS

- **$165 M in cost avoidance.** Audited providers reduced billing by $128,000 / year following a PCG audit. 150+ non-compliant providers ceased Medicaid billing altogether.
- **95% of findings upheld at appeal** upon a final review of all documentation.
- **$27 M in annual billing referred in fraud referrals** to the NC Attorney General.
- **PCG data analytics identified 480 providers** exhibiting suspicious billing patterns, validating $12 million in provider overpayments and sent 480 TNO's.
- **Over $10 M in recoveries** of identified and validated overpayments.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.7 Target Audience Interaction

DIVISION OF MEDICAL ASSISTANCE
STATE OF NORTH CAROLINA
PRIOR AUTHORIZATION, DUE PROCESS MONITORING AND REPORTING
SEPTEMBER 2008 – PRESENT

SCOPE

NC DMA requires prior authorization for many Medicaid services, such as private duty nursing, hospice care, and commonly abused prescription drugs. Medicaid recipients who receive these services must undergo periodic medical necessity reviews that may result in determinations for reduced, denied, or terminated service. Under the Code of Federal Regulations (§ 431.230) and United States Code (42 U.S.C.A. § 1396a), recipients may appeal these determinations and their services must be maintained by DMA until their appeals are resolved. By 2008, DMA was spending millions of dollars annually to maintain services because of excessive delays in Medicaid recipient appeals processing. In July 2008, the Legislature mandated DHHS eliminate the tremendous backlog of recipient appeals by October 1, before the appeals process was to be transferred from DMA to NC's Office of Administrative Hearings (OAH), which PCG assisted the state in accomplishing.

PCG conducted an organizational and staff assessment and used the information gathered to implement changes, including utilizing PCG staff to assist with hearings, in order to quickly eliminate the overwhelming and costly backlog of beneficiary appeals. Currently PCG develops, implements, and operates a process by which NC DHHS and the Office of Administrative Hearings seamlessly exchange documentation and information and monitoring and reporting on the performance of all prior authorization vendors in NC. The online clearinghouse provides all parties involved with a central point for all documents pertaining to a recipient appeal. This system significantly decreases the processing times of the appeals, as well as the amount of money that is allotted for recipients receiving maintenance of service. The system also provides various reporting capabilities, which allows the State to track the appeals process and ensure that prior authorization vendors are effectively serving NC beneficiaries by conducting due process in accordance with state and federal policies and procedures.

PCG and DMA now actively leverage the Clearinghouse to transition from simply managing the beneficiary due process to providing oversight of it. The PCG solution is a centralized data collection and reporting tool used to process and monitor the prior authorization procedures of Medicaid-funded external vendors, including MCOs. The PCG system notifies vendors if their performance does not meet established benchmarks. Additionally, the system has the capability to track vendors' subsequent corrective action plans, which address issues identified by PCG's reviews.

PCG uses the appeal management solution and suite of reports to inform the agency of potential issues and overall progress, equipping them for the policymaking process. In addition to operational tasks, we provide ad hoc consulting services that are in line with this project's goals to:

- Ensure compliance with state and federal regulations
- Streamline beneficiaries' PA due process
- Avoid costs associated with additional lawsuits
- Monitor the full PA process to identify potential issues in care access and delivery

KEY ACHIEVEMENTS

- Over **1,500 hearings** conducted, eliminating a severe backlog of recipient appeals.

- A **fully customized online system** that allows for all parties to view and exchange documentation and information regarding a recipient's appeal.
- **Over $90 M in cost avoidance** related to MOS.
- A **64% decrease** in processing time of appeals, from an average **151 days** in 2008 to an average **54 days** in 2014.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Development of Curriculum and Training

DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE (DMA)
STATE OF NORTH CAROLINA
NORTH CAROLINA MEDICAID AND HEALTH CHOICE PROVIDER TRAINING
APRIL 2012 – PRESENT

SCOPE

PCG is working with the State of North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA) to satisfy state law requiring DMA to train all low, moderate and high risk Medicaid providers prior to being enrolled in NC Medicaid.

PCG determined that utilization of a cloud-based Learning Management System (LMS) would provide the most efficient delivery platform for training courses given the amount of providers who require training annually -over 10,000 - and the necessity for information to be accessible at all times

The scope of this project and PCGs responsibilities consists of the following:

- Developed the core competencies and training outcomes for the state's required training program
- Developed the entire required training course for Medicaid providers, which involved consolidating existing training content and creating a wealth of new content to satisfy the training's core competencies and training outcomes.
- Collaborated with a video production firm to create full motion-graphic training videos. Curriculum consists of seven training videos, amounting to a total video run-time of 51 minutes.
- Selected a Learning Management System, DigitalChalk, to help mold the interactive qualities of the course material.
- Configured the LMS course catalog settings and developed the interactive components in DigitalChalk including pop-up questions, quizzes, and graded exams.
- Created an internal, front-end technology system that receives provider records from the state and automatically creates providers' usernames and passwords for the LMS, alerts providers of their training course requirements, and gathers providers' course grades from the LMS.
- Report on provider engagement data, including average completion time of lessons, quizzes and final exams, average quiz and exam scores, as well as provide reports tracking the number of providers that passed the training (identified by a 70% or higher on the final exam), failed the training, did not complete the training, etc.
- Report on provider satisfaction with the course based on survey results submitted following the completion of the course.
- Update the training curriculum on an annual basis so training content remains up-to-date with state policies and procedures.

The full training curriculum, inclusive of lessons, pop-up questions, quizzes and the final exam takes providers approximately 90 minutes to complete.

KEY ACHIEVEMENTS

- Processed over 30,000 providers notifying them electronically of the training requirement.
- Learning Management System availability has been 100% over the past three years.
- Created highly professional, motion-graphic training videos for the client, which have been well-received by providers.

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.6 Subcontractor Management

3.3 Implementation of IT Platform

DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE (DMA)
STATE OF NORTH CAROLINA
ASSET VERIFICATION SYSTEM
JUNE 2013 – JUNE 2016

SCOPE

PCG and Accuity managed the integration of Accuity's financial institution data into the State's new integrated eligibility system (NCFAST). The combined solution allows eligibility workers to request data featuring 60 months' worth of account balances from 100 percent of the nation's financial institutions in real-time in order to determine the eligibility of Aged, Blind, and Disabled applicants and beneficiaries.

KEY ACHIEVEMENTS

- PCG has processed more than 350,000 aged, blind, and disabled applicants and beneficiaries through our AVS.
- PCG's automated asset verification system has allowed DMA to forego the collection, review, and upload of 60 months' worth of bank statements from more than 300,000 applicants and beneficiaries.

REFERENCE

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Development of Curriculum and Training

DEPARTMENT OF DEVELOPMENTAL DISABILITIES, STATE OF OHIO

TRAINING FOR INTERNAL COMPLIANCE PROGRAMS

OCTOBER 2015 – JUNE 2016

SCOPE

In Ohio, PCG created five training modules related to several internal compliance topics for the Ohio Department of Development Disabilities (DODD). These modules were developed to help providers create and implement internal compliance processes as required by the Provider Certification rule issued on July 1, 2015. The audience for the training program included new, small, and large providers of homemaker personal care service and day array services. Each module focused on specific requirements, broken down into the following categories:

- Module 1
  - Policies and Procedures
- Module 2
  - Compliance Program Oversight
  - Conducting Background Checks
  - Effective Lines of Communication
  - Requirements for Delivery of Service and Documentation
- Module 3
  - Billing for Homemaker Personal Care
  - Education and Training Programs
- Module 4
  - Auditing and Monitoring
- Module 5
  - Consistent Discipline

The design for each module included interactive pop-ups, quizzes, and links to the Ohio Administrative Code for all applicable regulations. At the conclusion of each training, PCG made a list of next steps and a printable checklist available for participants. These trainings emphasized the importance of being proactive and responding quickly to compliance issues so that providers are always prepared for an audit.

Additionally, PCG designed two tracking tools for DODD related to these modules. The first tool was created to track the required initial, 5-year, and 10-year anniversary background and registry tracks for all employees. The second tool was created to track the completion of all required trainings for DODD employees.

KEY ACHIEVEMENTS

- Designed a total of 9 trainings, divided into 5 modules
- Created two tracking tools for client use

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.2 Development of Curriculum and Training

A.6 Subcontractor Management

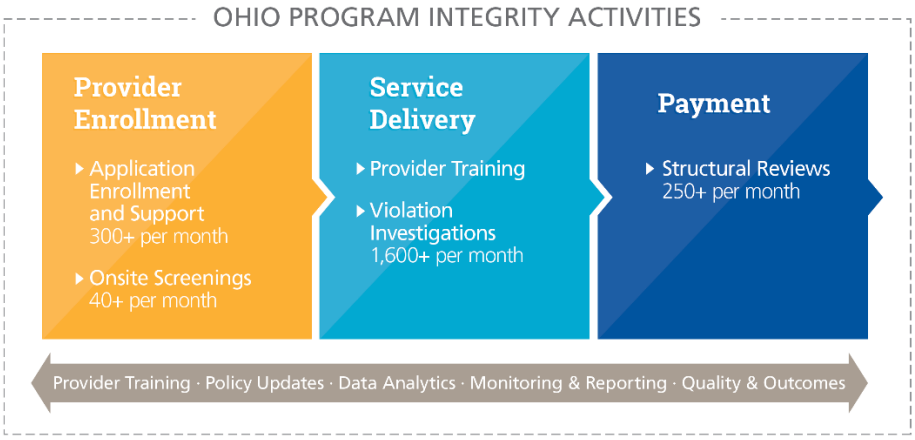
A.7 Target Audience Interaction

DEPARTMENT OF MEDICAID,
STATE OF OHIO
OHIO MEDICAID PROVIDER SCREENING, ENROLLMENT AND OVERSIGHT
JULY 2013 – PRESENT

SCOPE

In Ohio, PCG has implemented a four-component provider monitoring and oversight initiative that includes provider enrollment and support, onsite screenings, incident management, and provider reviews.
Ohio started the HCBS setting assessments in July 2016, which includes evaluation of physical setting person-centered planning, integration into the community, individual independence, quality of care and services, and confidentiality practices.

In August 2016, PCG began oversight of the Ohio Medicaid Specialized Recovery Services Program (SRSP).



Incident Investigation

PCG investigates a wide variety of incidents for individuals and providers in the Ohio Home Care Waiver, MyCare Ohio, HOME Choice, and SRSP programs. PCG investigates more than 1,600 reported violations each month. In doing so, PCG completes the following functions:

- Initial verification of an individual's health and welfare within one business day;
- A full investigation in order to substantiate or unsubstantiate incident violations within 45 days;
- Approval of case management created prevention plans implemented to mitigate risk of incident reoccurrence;
- Referrals to the Ohio Department of Medicaid (ODM) for additional compliance action, including overpayment collections, fraud referrals, or other sanctions;
- Referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing;
- Collaboration with law enforcement, the Attorney General's Office and other investigatory entities; and
- Production of key analytical reports and report issues, educational needs of both providers and case managers, and identification of trends and patterns.

Structural Reviews

PCG meets face to face with identified Ohio Home Care Waiver and SRSP providers annually/biannually to review documentation and to assure providers deliver services in a manner compliant with Ohio Medicaid requirements. PCG:

- Prescreens all providers to determine which providers require a review;
- Conducts a face to face evaluation of all provider service documentation and billing, scanning all reviewed documentation for record maintenance;
- Reviews all provider billing to detect overpayments and fraud;
- Identifies provider compliance violations;
- Completes referrals to ODM for additional compliance action, including overpayment collections, fraud referrals, or other sanctions; and
- Submits referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing

Onsite Screenings
PCG helps Ohio satisfy federal and state regulations requiring unannounced onsite screenings for ACA-identified moderate and high-risk provider types. PCG:

- Developed a Provider Screening Checklist used to capture the required provider regulatory compliance;
- Developed processes for uncertainties inherent with an unannounced onsite screening;
- Educates providers onsite in areas of non-compliance;
- Tracks information collected during the onsite screening to produce key analytical reports regarding findings; and
- Conducts HCBS settings assessments for new and existing Adult Day Health Services providers. The assessment tool evaluates the following qualities:
    - The setting is integrated in and supports full access to the greater community;
    - The setting is selected by the individual from among setting options;
    - The setting ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint;
    - The setting optimizes autonomy and independence in making life choices; and
    - The setting facilitates choice regarding services and who provides them.

Provider Enrollment and Support
PCG is responsible for managing the enrollment of all ODM HCBS Waiver providers. Provider enrollment and support services include:

- Evaluation of provider applications to verify required documentation for both enrolling and re-enrolling providers;
- Checking applicable databases and ensuring automatic checks complete appropriately;
- Educating providers regarding program requirements to improve quality of services provided to beneficiaries; and
- Fielding several hundred project-wide calls through our customer call center each week, always assuring compliance with standard response and hold times.

Provider Education
PCG provides education and technical assistance to more than 5,500 providers serving individuals who utilize home and community based waivers. Education is provided in person, online, and through the provider enrollment, incident investigation and structural review processes. Provider education includes:

- Providing HCBS waiver providers with the education necessary to operate in compliance with all relevant rules and regulations in the Ohio Administrative Code and Revised Code;
- Conducting face to face and online trainings, as well as webinars;
- Creating, uploading and maintaining online video trainings on PCG's website;
- Creating educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations; and
- Providing notifications about new rules and/or modifications to existing rules.

Collaboration

PCG is an active partner with ODM and other contractors in ensuring Ohio provides high-quality, innovative HCBS services. PCG is a member of various work groups and committees including:

- HCBS Rules Committee- Highlights include spending 2015 working on processes and rules to support Ohio's transition plan for CMS' HCBS settings rule.
- State Plan Related Services Work Group- Coordination and development of state plan services.
- Protection from Harm Committee- Focus on ensuring the health and welfare of individuals with an emphasis on prevention.
- Quality Steering Committee- Data evaluation of HCBS services, trends, and patterns.

KEY ACHIEVEMENTS

From July 2013 through September 2016 PCG:

- Concluded 52,057 violation investigations.
- Conducted 9,819 structural reviews.
- Conducted 1,557 onsite screenings.
- Processed 12,315 provider applications.
- Hosted more than 450 providers in training webinars, and more than 7,300 providers viewed PCG's online trainings.
- Facilitated 3 in-person trainings per quarter with an average of 30-40 provider attendees on an ongoing basis.

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.6 Subcontractor Management

3.3 Implementation of IT Platform

HEALTH CARE AUTHORITY
STATE OF OKLAHOMA
ASSET VERIFICATION SYSTEM
JANUARY 2015 – JUNE 2015

SCOPE

PCG designed and deployed a Web-based, automated asset verification system to allow eligibility workers to quickly verify the resources of Medicaid Aged, Blind, and Disabled (ABD) applicants and beneficiaries. This configurable, automated eligibility decision support and case management system integrates data from Accuity's national network of financial institutions into the PCG-developed Web application to allow eligibility workers to quickly and seamlessly obtain asset verification results, identify potentially ineligible recipients and applicants, flag fraud, and generate custom reports. PCG's Asset Verification System allows the State to reconcile eligibility decisions made within their integrated eligibility solution with the eligibility results of cases contained within the application, ensuring Portal data is up-to-date and accurate at all times.

To date, PCG has processed thousands of asset verification requests, updated the application with dozens of client-requested enhancements at no charge, and has allowed hundreds of users to automate the previously time-consuming process of collecting 60 months' worth of physical bank statements.

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.7 Target Audience Interaction

DEPARTMENT OF HUMAN SERVICES, OFFICE OF LONG TERM LIVING, STATE OF PENNSYLVANIA
VENDOR FISCAL/EMPLOYMENT AGENT, FINANCIAL MANAGEMENT SERVICES
OCTOBER 2012 – PRESENT

SCOPE

Under contract with the Pennsylvania Department of Human Service's Office of Long-Term Living (PA DHS OLTL), PCG Public Partnerships (PPL) provides state-wide Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) to Home and Community- Based Services waiver and state program participants opting to self-direct their direct-care services. Specifically, PPL provides VF/EA FMS to waiver/program-eligible common-law employers who want to select, hire, and manage their own direct-care workers. Currently, 18,300 individuals-- eligible under the provisions of either the state-funded ACT 150 program or an Aging, Attendant Care, CommCare, Independence or OBRA waiver—receive PPL VF/EA FMS in PA DHS OLTL program.

PPL supports participants, along with their workers, designated representatives, and service coordinators with superior customer service infrastructure that handles more than 20,000 inbound calls per month via live agents and 16,000 inbound calls per month via an interactive voice response (IVR) system. Upwards of 3000 outbound calls are completed monthly by live PPL Customer Service agents and automated systems to further assist those referred to the program.

KEY ACHIEVEMENTS

- Reduced Customer Service call volumes from 243,234 in January 2013 to 40,814 in May 2015.
- Transitioned 22,800 participants and approximately 25,000 workers from 23 separate vendors.
- PPL Web Portal allows administrators, participants, workers, and service coordinators 24/7 access to up-to-date case file information.
- Timely payment of over 98% of all accurately submitted timesheets.
- Enhanced services while maintaining cost savings and efficiencies.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.7 Target Audience Interaction

DEPARTMENT OF HUMAN SERVICES, OFFICE OF DEVELOPMENTAL SERVICES
STATE OF PENNSYLVANIA
VENDOR FISCAL/EMPLOYER AGENT FINANCIAL MANAGEMENT SERVICES
OCTOBER 2012 - PRESENT

SCOPE
Providing Financial Management Services (FMS) for waiver participants opting to self-direct their direct care services. For the Office of Developmental Programs (ODP), PPL provides VF/EA services for approximately 700 participants enrolled on either the Participant/Family Directed Service (P/FDS) or Consolidated waivers. PPL provides FMS for individuals serving as Common Law Employers who hire Support Service Workers to provide a wide range of direct care services such as Homemaker, Companion and Respite. Participants can also be approved for self-directed goods and services such as transportation reimbursement, vehicle accessibility adaptations and assistive technology. PPL has trained Supports Coordinators and Administrative Entities across the state on the VF/EA FMS model, while also working with ODP management to create an Employer Handbook, VF/EA informational materials and Employer skills trainings.

KEY ACHIEVEMENTS

1. Transitioning 700 participants and approximately 1,600 Support Service Workers from another national vendor;
2. Ensuring all Support Service Worker wages are within the defined ODP wage limit;
3. Tightening the controls on the submission of service payment requests for 24hr Respite;
4. Developing a Web Portal for state administrators and program employers that provides real time access to budget information and spending;
5. Providing utilization, payroll, overtime and pending payment reports to ODP managers, and;
6. Achieving cost savings and efficiencies while enhancing services.

REFERENCES
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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.7 Target Audience Interaction

BUREAU OF TENNCARE
STATE OF TENNESSEE
FINANCIAL ADMINISTRATION SERVICES/ SUPPORT BROKERAGE SERVICES
MARCH 2010 – PRESENT

SCOPE

PPL supports the program transacting over $12 million annually, providing a full range of fiscal intermediary services plus extensive employee relations and training activities with staff from PPL's functional areas including Senior Management, Program Services, IT, Financial Operations, and Customer Service. A dedicated program manager oversees all aspects of the program operations, supported by a dedicated Financial Operations & Customer Service team. Flexible capacity is provided across PPL's operations centers to respond to changes in program enrollment as needed.

The Tennessee Bureau of TennCare has contracted with Public Partnerships, LLC to serve as the Fiscal/Employer Agent for the Tennessee CHOICES waiver program. This program allows elderly and disabled Tennesseans the option to self-direct their services. PPL services include: managing participant and provider enrollment, processing criminal background checks, processing semi-monthly payroll for payments to individual providers and home care agencies, processing payments for goods and services, providing customer service, and providing support brokerage. In this program TennCare also contracts with three Managed Care Organizations (MCOs) to provide and oversee service coordination for members.

KEY ACHIEVEMENTS

- Over 1600 members Consumer Directing services, with new referrals received each month.
- Development and implementation of systems and processes, including financial controls and a web portal, to meet program requirements and support ongoing program operations;
- Working in partnership with three MCOs: United Healthcare, BlueCare, and Amerigroup;
- Bi-weekly meetings with all three MCOs to improve process and work through issues for members that elect to self-direct;
- Establishment and implementation of quality assurance and improvement strategies;
- Training for MCOs, members, and workers on Consumer Direction in CHOICES waiver, roles of each entity involved, and program guidelines;
- Robust worker credentialing, including background and registry checks (state and federal), and training regarding Consumer Direction in the Choices waiver, Blood Borne Pathogens, Fraud and Abuse Prevention and Reporting, Caring for Elderly and Disabled Populations, Abuse and Neglect Identification and Reporting, and Critical Incidents.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Transformation Support Project Experience

A.5 Stakeholder Outreach and Education

A.7 Target Audience Interaction

3.3 Implementation of IT Platform

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
STATE OF WEST VIRGINIA
MONEY FOLLOWS THE PERSON LONG TERM CARE SYSTEM REBALANCING
APRIL 2006 – SEPTEMBER 2008

SCOPE

The West Virginia Office of Ombudsman for Behavioral Health within the Department of Health and Human Resources is responsible for the implementation of the Olmstead Decision. As part of that effort, PCG was contracted to conduct a comprehensive review of the state's current long term care system and develop fiscal, regulatory and programmatic strategies to rebalance the West Virginia long term care system. The study involved a review of the service delivery, access, financing and quality aspects of the long term care system. PCG conducted stakeholder interviews with WV DHHR staff and members of the provider and advocacy communities and held public forums around West Virginia identifying strengths and potential areas of improvement for the long term care system. PCG also researched best practices and approaches taken in other states in undertaking rebalancing programs and analyzed the West Virginia long term care system.

KEY ACHIEVEMENTS

PCG provided recommendations for implementing specific Money Follows the Person and rebalancing initiatives, including proposed changes in the structure of existing waiver programs.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.6 Subcontractor Management

3.3 Implementation of IT Platform

DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY
STATE OF WISCONSIN
AUTOMATED RESIDENCY VERIFICATION SYSTEM
MARCH 2014 - PRESENT

SCOPE

PCG (prime) managed the design and implementation of a Web-based, automated residency verification system. This system integrated LexisNexis (sub) identity and residency data sources to identify Medicaid recipients residing outside of the State. PCG's web application featured simple, yet robust, reporting and case management capabilities and allowed for both batch and ad hoc request-and-response processing.

PCG's web-based application integrated LexisNexis data to identify 3.3 percent of the State's more than 1.3 million beneficiaries as potentially residing out-of-state. PCG custom-built this application to allow for simple yet robust, user-driven search and reporting based on both batch and individual parameter selectivity options.

REFERENCE

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.2 Transformation Support Project Experience

A.2 Development of Curriculum and Training

A.5 Stakeholder Outreach and Education

A.7 Target Audience Interaction

3.3 Implementation of IT Platform

DEPARTMENT OF HEALTH SERVICES
STATE OF WISCONSIN
STATEWIDE MEDICAID ADMINISTRATIVE CLAIMING (MAC) AND SCHOOL BASED SERVICES (SBS) COST REPORTING AND COST SETTLEMENT NOVEMBER 2008– PRESENT

SCOPE
PCG currently works with the Wisconsin Department of Health Services (DHS) to maximize allowable federal Medicaid revenue to both school districts and DHS, while maintaining Centers for Medicare and Medicaid Services (CMS) programmatic compliance and integrity.

APPLICABLE STATISTICS
417 participating school districts
9,200 Quarterly Random Moments

KEY ACHIEVEMENTS
- $85 Million in Medicaid Administrative Claim Reimbursement to date
- $317 Million in School Based Services Cost Settlement Reimbursement
- Worked with DHS to successfully lift a $75 Million CMS deferral
- Worked with DHS to develop and implement a statewide methodology for Medicaid Administrative Claiming (MAC) and School Based Services (SBS) cost reporting allowing school districts and DHS to gain reimbursement for administrative and direct service costs;
- Implemented the Medicaid Cost Reporting and Claiming System (MCRCS), and updated PCG Claiming system, a dynamic web-based cost reporting system used for collecting quarterly and annual expenditures;
- Trained district program staff throughout the state, via live and web-based training sessions, on program changes and enhancements including identification of eligible staff and collection of the required quarterly and annual financial data used for administrative claiming and cost settlement;
- Coordinated time study moment sampling, compliance, coding and calculation of time study results;
- Calculated, prepared, and submitted quarterly Medicaid administrative claims for all participating districts;
- Completed Medicaid cost report audits and desk reviews;
- Calculated annual Medicaid cost settlements;
- Developed and implement a comprehensive MAC and SBS Program Handbook and web-based system guide;
- Conducted annual compliance reviews;
- Conducted annual information sessions for school business officials at Wisconsin Association of School Business Officials (WASBO) Conference
- Developed auditor's guide for WI based auditors of school Medicaid programs and provided trainings throughout the state

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APPENDIX B: CENTER FOR INFORMATION MANAGEMENT QUALS

CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

3.3 Implementation of IT Platform

DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING AND ADULT SERVICES
STATE OF ARKANSAS
ARPATH ASSESSMENT SYSTEM
JULY 2013- JUNE 2017

SCOPE
CIM was hired to rapidly develop a replacement to an offline assessment collection system created by a different contractor that failed at deployment.

KEY ACHIEVEMENTS
CIM implemented a replacement application based on the interRAI HC assessment, with Arkansas modifications, to quickly to address a significant shortfall in assessment operations. The Arkansas system includes:

- Determination of a joint Arkansas/interRAI designed Level of Care and eligibility calculation with denial reasons if appropriate
- RUGs output that forms the basis of the Arkansas resource allocation
- Calculation of Arkansas Assisted Living Tiers algorithm

The system resides on CIM servers and is accessed by online and offline users in Arkansas.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

3.3 Implementation of IT Platform

CARE SOURCE MANAGEMENT GROUP,
INTEGRATED ASSESSMENT SYSTEM
MAY 2013 – PRESENT

SCOPE

CIM developed technology that facilitates the automated collection of in-depth interRAI assessments that is fully integrated into the CareSource data operations case management system. System provides both an on-line web-based application as well offline mode for situations where internet-access is not available. In addition, system produces key algorithm-based outcome measures that are the intellectual property of interRAI: Scales and Clinical Assessment Protocols (CAPs) triggering for care planning support, and Resource Utilization Group (RUG) scores. The data operations consists of a series of "hand-offs" between applications currently used by CareSource (user authentication systems, Care Advance clinical management software, and a work flow management tool) and a custom assessment and reporting application created by CIM.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.7 Target Audience Interaction

3.3 Implementation of IT Platform

VARIOUS HCBS/ED MANAGED CARE ORGANIZATIONS, STATE OF MICHIGAN
MICHIGAN MI CHOICE SERVICE BUREAU
2003-PRESENT

SCOPE
CIM began working with selected Michigan HCBS/ED Waiver Agencies with a State of Michigan contract in a pilot program that began in 1992. The project expanded over time and became statewide in 1999, coincident with adoption of interRAI Home Care assessment version 1.1. Much of interRAI's early work using the home care tool was based on Michigan data gathered in this system. In 2003 CIM created a private service bureau so Waiver Agencies could continue to use the system when the State eliminated support of the system. All but two of the Waiver Agencies remain with the service bureau today.

KEY ACHIEVEMENTS
The early client/server based system has been replaced with a web-based system called COMPASS, which includes automated tools to process:

- Client data - starting with a standardize eligibility determination process, the system tracks both initial assessments and ongoing assessments
- Status information - current program status of each person enrolled in COMPASS is tracked, including their current setting, assigned supports coordinator/case manager
- Plans of Care – results from person-centered planning process that describe consumer's interests and needs, providing shared documentation of interventions, goals and outcomes
- Care/Service Plans - structured plans for delivery of services, including multiple services, flexible service schedules, easy-to-read calendar reporting
- Bills - requests for payments from providers of in-home services are entered and processed against the care plan to verify that services comply with authorization
- Medicaid Claims

This work is ongoing, with annual maintenance and support contracts from participating Waiver Agencies that range from approximately $24,000 to $100,000 per year depending on the size of the participant population in the agency

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

3.3 Implementation of IT Platform

OFFICE OF PERSONS WITH DEVELOPMENTAL DISABILITIES, STATE OF NEW YORK
COORDINATED ASSESSMENT SYSTEM- PILOT
JULY 2013-2015

SCOPE
CIM built a totally custom solution built on CIM's proprietary web assessment software framework for use by OPWDD assessors to develop focused case studies and to perform instrument validation prior to a full statewide rollout to support the routine assessment of over 100,000 individuals who received OPWDD Medicaid services. The system has extensive offline capabilities supporting in-home person-centered interactions, in addition to online access. The system is used concurrently by assessment specialists working in OPWDD regional offices and state-level program managers.

The Intellectual/Developmental Disability (ID/DD) assessment tool from interRAI, Inc. (a collaborative network of researchers in over 20 countries committed to improving healthcare for persons who are elderly, frail, or disabled - www.interrai.org) was selected as the core instrument of the Coordinated Assessment System (CAS) after input from stakeholders across New York State and extensive research. According to OPWDD, the CAS will be used to learn about each individual's strengths, needs and interests and will help them create a more person-centered care plan.

This work was provided in a timely fashion and within budget.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.2 Development of Curriculum and Training

3.3 Implementation of IT Platform

DEPARTMENT OF HEALTH
STATE OF NEW YORK
NEW YORK DEPARTMENT OF HEALTH ASSESSMENT SYSTEM
MAY 2011 -OCTOBER 2013 & MAY 2015 – PRESENT

SCOPE

CIM Inc. in conjunction with two other companies with extensive experience working with New York Medicaid and other health-related programs: GCOM Software, Inc. , an Albany, NY-based technology firm and IPRO (www.ipro.org), a Lake Success, NY-based national provider of healthcare assessment and improvement services, received a competitive bid award from NYSDoH to automate a new Universal Assessment System (UAS-NY) for use in thirteen Medicaid-funded home and community-based long term care (LTC) programs throughout the state.

CIM worked to identify and document requirements for participating programs in NY and to develop the web-based system which is fully customized to address extensive NYS DoH-specific functional requirements. The system works using CIM Inc.'s proprietary web assessment software framework with extensive offline capabilities supporting in-home assessments and other business processes. This project is one of several strategic initiatives of Medicaid Reform Team charged by Governor Cuomo to both reduce costs and improve services. The impetus for this new system was consolidating many different screening and assessment instruments to increase quality of information and efficiency of many different business processes.

The goals for implementing this system were to provide:

- an electronic system and uniformity of data across programs,
- access to programs and services with minimum duplication and maximum consistency, basis for allocation of resources, increased standardization of care delivery, and quality outcomes.

KEY ACHIEVEMENTS

Currently the system is being used by hundreds of Medicaid LTC waiver programs at the State, all regional offices and at the DOH statewide level. Over 12,000 assessors have been trained and almost 1,500,000 assessments have been conducted since the pilot began in late March, 2013.

Subsequently, CIM was awarded a sole source contract to expand the UAS-NY to include additional assessment instruments and new screening tools. Under this contract, CIM added a new "No Wrong Door Screen" screening tool tailored to requirements of the Balancing Incentives Program. Custom assessment instruments were also added for the Office for People with Developmental Disabilities who standardized on a NYS-specific version of the interRAI Intellectual Disability (ID) assessment instrument and for the Department of Health who standardized on a NYS-specific of the Child and Adolescent Needs and Strengths (CANS) assessment instrument.

REFERENCES

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APPENDIX B: LIFEPLANS QUALS

CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.7 Delivery of Assessments

A.7 Target Audience Interaction

NATIONWIDE, JOHN HANCOCK,
IN-PERSON ASSESSMENT AND CARE MANAGEMENT
JANUARY- PRESENT

SCOPE

LifePlans is the primary provider of in-person assessments and telephonic care management services for John Hancock's growing number of long-term care (LTC) insurance claimants. LifePlans deploys its highly skilled and trained field force of nurses to conduct functional, cognitive, medical and home safety assessments so as to develop and assist in the implementation of needs-based care plans. These plans of care are then monitored closely and when needed changed to reflect the needs of the individual. Over the course of a year, between its assessment and care management work for this customer, LifePlans is involved in more than 30,000 care-related interactions. Since program inception, we have completed close to 200,000 care-related interactions.

Through a daily feed, John Hancock requests that LifePlans assess privately insured individuals who are applying for benefits under the LTC insurance policies across the country. Through its advanced technology, LifePlans assigns and deploys these requests to its field force of nurses typically within 5 minutes of receipt. The company then monitors all of the activities associated with the completion of the assessment on its web-site, tracking such things as schedule date, completion date, receipt date, and submission date. Once received back at LifePlans home office, the assessment is reviewed by internal clinicians to assure that all information is documented, consistent and clinically appropriate. It is then submitted to the insurance company. When approved by John Hancock for claims payment, the case is then returned to LifePlans where internal care managers work with the individual to help put in place and monitor the care plan. Telephonic contacts with the individual continue until care objectives are met. A reassessment schedule is established for nurses to follow-up with individuals at pre-established times.

KEY ACHIEVEMENTS

- LifePlans has met all turn-around time standards which mean that the company has been able to schedule and complete more than 90% of assessments within a 10 business day time standard.
- Throughout the course of the program complaint rates for individual assessors have been less than 2% and more than 90% of individuals responding to an IVR survey on their experience indicated that assessor was professional and flexible.
- Care plans and ongoing monitoring have played a role in assisting individuals to move off claim.
- LifePlans has implemented a program called "Voice of the Customer" which catalogues the direct feedback and benefit that claimants believe they are receiving from the assessment and care management process.
- Internal care managers at LifePlans have established very strong professional linkages with the claims managed staff at John Hancock which has helped to ensure a very high level of customer satisfaction.
- LifePlans developed a specialized reporting capability that measures compliance with recommended care plan and care management actions, which is used to develop a cost-benefit analysis of interventions.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.7 Delivery of Assessments

A.7 Target Audience Interaction

NATIONWIDE, UNITED HEALTHCARE,
MEDICARE MEMBER ASSESSMENT AND CARE MANAGEMENT
JULY 2010 – PRESENT

SCOPE

LifePlans provides in-person assessment services to UnitedHealthcare members many of whom are dual-eligible and include a sub-set who have recently been discharged from a hospital. In order to reduce readmission rates to the hospital, LifePlans deploys its highly skilled and trained field force of nurses to help empower Members to manage their own health care to avoid further hospitalizations by reconciling medication discrepancies, discussing condition warning signs, creating health goals, and encouraging members to set follow-up appointments with their personal care physician. LifePlans' field assessors call the member and arrange the visit to take place in the Member's home within 72 hours of discharge. Over the course of the relationship with UnitedHealthcare, LifePlans has performed roughly 9,000 in-person assessments on members, roughly 2,000 of who are recent discharges.

Through a daily feed, UnitedHealthcare orders in-person assessments for its recently discharged Members. Through its advanced technology, LifePlans assigns and deploys the requests to its field force of nurses in the Member's area, typically within 5 minutes of receipt. UnitedHealthcare is able to monitor all of the activities associated with the completion of the assessment on LifePlans secure website, tracking such things as schedule date, completion date, receipt date, and submission date. LifePlans conducts a thorough quality review on completed assessments to assure that all information is documented, consistent and clinically appropriate. It is then uploaded to an FTP site for download by the health plan.

KEY ACHIEVEMENTS

- LifePlans implemented this program for UnitedHealthcare and XL Health and it had the effect of reducing hospital readmissions
- Member satisfaction was enhanced and care managers were able to more effectively focus their telephonic intervention, due to the documentation of the home visit results.
- LifePlans assessors identified a number of elders at risk and we were therefore able to help the plan and the state to take appropriate action to mitigate these risks.
- There were no issues related to data transfer of assessment data that arose during the project.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.7 Delivery of Assessments

A.7 Target Audience Interaction

CARESOURCE,
STATE OF OHIO
MEDICAID ASSESSMENT AND CARE PLAN CREATION
JUNE 2015 – PRESENT

SCOPE

LifePlans is a delegated provider of clinical telephonic health assessments for the Medicaid population in the state of Ohio. LifePlans receives member outreach information through monthly data feeds. LifePlans attempts to reach members who require outreach and engagement, assessment and care plan creation. LifePlans engages the member within 3 business days of receiving the file and completes a comprehensive assessment in CareSource's operating system (CCA). The assessment includes an evaluation of the member's physical, behavioral, and psychosocial factors.

LifePlans contracted clinical provider then works with the member to develop a person-centered Plan of Care that will serve as a guideline for LTSS to be delivered to the member. The care plan is based on assessment results and the members identified needs. The member's caregiver or representative is also engaged in the ongoing care planning as appropriate.

KEY ACHIEVEMENTS

- LifePlans successfully completed full health plan provider delegation process within 4 weeks of contract signature.
- LifePlans recruited and trained a large pool of qualified nurses licensed in the state of Ohio to perform assessments within the guidelines of the SLAs within 6 weeks of contract signature.
- Leveraged a combination of classroom training and a custom-built Learning Management System (LMS) to train all field assessors for ramp up within 6 weeks of contract signature.
- Directly input health assessment and care plan data into CareSource's CCA System
- Successful integration between LifePlans outbound telephony platform and CareSource's CCA system to automatically track call dispositions and outreach results
- LifePlans has outreached to over 73,000 members since program inception.

Leveraged our Preceptorship Program using seasoned internal licensed clinicians who utilize their knowledge, skills, and abilities and act as mentors to new assessors, in a structured, supportive period to transition from learning to applying the necessary skills to ensure submission of a quality assessments and care plans.

REFERENCES

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CONNECTION TO RFP

This scope of work maps to RFP section...

A.1 Implementation/ Administration of Independent Assessments

A.7 Delivery of Assessments

A.7 Target Audience Interaction

CENTEN,
STATE OF SOUTH CAROLINA
IN-PERSON MEDICAID ASSESSMENT
JANUARY 1, 2015 – PRESENT

SCOPE

LifePlans provides clinical in-person assessments to support a Centers for Medicare and Medicaid Services (CMS) initiative designed to test a payment and service delivery model to alleviate the fragmentation and improve coordination of services for Medicare-Medicaid enrollees, enhancing quality of care and reducing costs for both the state and federal government. LifePlans conducts comprehensive clinical health assessments in the member home within 30-60 days of enrollment and/or annually.

LifePlans reaches out to members through its call center, making two attempts to reach the member within 30 days. LifePlans schedules an in-home assessment with our independent, contracted clinician. While in the home, the clinician visually observes and requests demonstrations of specific ADL functioning wherever possible, and confirms the member's performance capabilities in each of the ADL and IADL tasks including:

- Ability to perform activities of daily living, including but not limited to: bathing, dressing, transferring, toileting, transfers, grooming, and positioning.
- Ability to perform independent activities of daily living, including but not limited to: driving, shopping, meal preparation, and housekeeping.
- Ability to manage medications, including detailed documentation of each medication, including over the counter drugs, and recipients process for managing and taking medications
- Ability to keep and attend medical appointments

All assessments of the member include coordination with key family members and informal caregivers; documentation of the names and numbers for all relevant contacts; all medical diagnoses and any recent changes; cognitive status, behavioral health measures and status, as reported by the recipient and/or caregiver; information regarding any recent falls or safety issues; information regarding recent hospitalizations; and both formal and informal services and supports already in place to give the case manager a complete picture of the member.

KEY ACHIEVEMENTS

- LifePlans identified gaps in the State required comprehensive assessment (for example, state assessment did not capture chronic conditions and/or medications), provided suggested changes to customize the assessment and modified tool for Centene to meet the needs of their clinical case managers.
- LifePlans recruited and trained a large pool of qualified nurses in the state of South Carolina, to perform assessments per state requirements.
- Leveraged a combination of classroom training and a custom-built Learning Management System (LMS) to train all field assessors on the state program requirements.
- Enhanced reporting to include the ability to report and record all call attempts between member and independent clinical contractor.
- LifePlans meets all turn-around time standards which mean that the company has been able to schedule and complete 100% of in-home assessments within 30 days of member enrollment.
- Throughout the course of the program complaint rates for individual assessors have been less than 1%.

- LifePlans has implemented a program called “Voice of the Customer” which catalogues the direct feedback from members and incorporates into on-going process improvement initiatives across the company.

REFERENCES

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