

FINAL BID RESPONSE PACKET
710-19-1020

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Arkansas Center for Health Improvement				
Address:	1401 W. Capitol Avenue; Suite #300				
City:	Little Rock	State:	AR	Zip Code:	72201
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran	
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned	
AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Miranda Morris	Title:	Executive Director
Phone:	(501) 526-2244	Alternate Phone:	(501) 526-2243
Email:	Miranda@ACHI.net		


CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: Executive Director
Use Ink Only.

Printed/Typed Name: Miranda Morris Date: May 9, 2019

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.

Vendor Name:	Arkansas Center for Health Improvement	Date:	May 9, 2019
Signature:	<i>Miranda Morris</i>	Title:	Executive Director
Printed Name:	Miranda Morris		

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.

Vendor Name:	Arkansas Center for Health Improvement	Date:	May 9, 2019
Signature:		Title:	Executive Director
Printed Name:	Miranda Morris		

SECTION 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.

Vendor Name:	Arkansas Center for Health Improvement	Date:	May 9, 2019
Signature:	<i>Miranda Morris</i>	Title:	Executive Director
Printed Name:	Miranda Morris		

SECTION 4 - 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.

Vendor Name:	Arkansas Center for Health Improvement	Date:	May 9, 2019
Signature:	<i>Miranda Morris</i>	Title:	Executive Director
Printed Name:	Miranda Morris		

PROPOSED SUBCONTRACTORS FORM

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

PROSPECTIVE CONTRACTOR 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
University of Arkansas Center for Social Research	211 Old Main University of Arkansas	Fayetteville, AR 72701

PROSPECTIVE CONTRACTOR 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.

Vendor Name:	Arkansas Center for Health Improvement	Date:	May 9, 2019
Signature:	<i>Miranda Morris</i>	Title:	Executive Director
Printed Name:	Miranda Morris		

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all 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:** _____ **Contractor for which this is a subcontractor:** _____

Estimated dollar amount of subcontract: _____

IS THIS FOR:

Goods? Services Both?

TAXPAYER ID NAME: _____

YOUR LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTRY:** UNITED STATES OF AMERICA

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	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

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, or 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	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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 Miranda Morris Title Executive Director Date May 9, 2019
Vendor Contact Person Miranda Morris Title Executive Director Phone No. (501) 526-2244

AGENCY USE ONLY

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all 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:** Shaun A. Thomas **Contractor for which this is a subcontractor:** AR Center for Health Improvement (Univ. of AR for Medical Sciences)
Estimated dollar amount of subcontract: \$276,804

TAXPAYER ID NAME: Shaun A. Thomas **IS THIS FOR:** Goods? Services Both?
YOUR LAST NAME: Thomas **FIRST NAME:** Shaun **MI:** A

ADDRESS: 1942 N. September Street Ln.
CITY: Fayetteville **STATE:** AR **ZIP CODE:** 72704 **COUNTRY:** UNITED STATES OF AMERICA

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	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Univ. of AR Professor	08/15	current	Shaun Thomas and Johanna Thomas	Self and Spouse

None of the above applies

FOR A VENDOR (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, or 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	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED


CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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 CSR Co-Director / Associate Professor Date 5-9-2019

Vendor Contact Person _____ Title _____ Phone No. _____

AGENCY USE ONLY

Agency Number	Agency Name	Agency Contact Person	Contact Phone No.	Contract or Grant No.
0710	Department of Human Services			

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all 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:** Casey T. Harris **Contractor for which this is a subcontractor:** AR Center for Health Improvement (Univ. of AR for Medical Sciences)
Estimated dollar amount of subcontract: \$275,804

TAXPAYER ID NAME: Casey T. Harris **IS THIS FOR:** Goods? Services Both?
YOUR LAST NAME: Harris **FIRST NAME:** Casey **MI:** T
ADDRESS: 4257 W. Mount Comfort Rd.
CITY: Fayetteville **STATE:** AR **ZIP CODE:** 72704 **COUNTRY:** UNITED STATES OF AMERICA

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	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Univ. of AR Professor	08/15	current	Casey Harris	Self and Spouse
<input type="checkbox"/> None of the above applies							

FOR A VENDOR (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, or 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	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> None of the above applies								

*NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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 CSR Co-Director / Associate Professor Date 5-9-2019

Vendor Contact Person _____ Title _____ Phone No. _____

AGENCY USE ONLY

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

Office of the Chancellor

4301 W. Markham St., #541
Little Rock, AR 72205-7199

501-686-5681
501-686-8137 (fax)

www.uams.edu
www.uamshealth.com

Daniel W. Rahn, M.D.
Chancellor
The Harry P. Ward Chancellor's Chair

UAMS[®]

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

UAMS EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION POLICIES

1. UAMS, through its responsible managers, shall seek to recruit, hire, reclassify, train and promote without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation. The UAMS Anti-Discrimination policy is located in the UAMS Administrative Guide, Policy 3.1.10.
2. Management shall seek to ensure that personnel actions such as compensation, benefits, layoffs, returns from layoffs, sponsored trainings, educational tuition assistance, and social and recreational programs, shall be administered in a non-discriminatory fashion.
3. Management shall base employment decisions on the principles of equal employment opportunity and with the intent to further the commitment to equal employment. At no time will covered employees, or covered applicants for employment, who seek assistance pursuant to this policy be subject to discipline, or have opportunities for employment adversely affected because of such efforts.
4. Management shall take affirmative action to ensure that qualified minority group individuals, women, protected veterans, and qualified individuals with a physical or a mental disability are considered for employment and promotions on a non-discriminatory basis. The UAMS Affirmative Action policy is located in the UAMS Administrative Guide, Policy 4.5.01.
5. Management shall seek to ensure that employees and applicants are not subject to harassment, intimidation, threats, coercion or discrimination because they have engaged in, or are engaging in any of the following under Executive Order No. 11246, The Rehabilitation Act of 1973, as amended, or the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA), the Jobs for Veterans Act, or the Arkansas Veterans Preference Law:
 - a. Filing a complaint
 - b. Assisting or participating in an investigation, hearing, or administrative action;
 - c. Opposing an unlawful practice; or
 - d. Otherwise exercising any other legally protected right.
6. Applicants and employees are given the opportunity to voluntarily self-identify their status as a person with a physical or a mental disability or a protected veteran. This self-identification is strictly voluntary, confidential, and will not result in retaliation.


Daniel W. Rahn, M.D., Chancellor

May 7, 2014
Date



NUMBER: 4.5.01**DATE: 09/14/2000****REVISION: 10/23/2009; 04/16/2014; 11/12/2015****PAGE: 1 of 4****SECTION: HUMAN RESOURCES****AREA: EMPLOYMENT****SUBJECT: AFFIRMATIVE ACTION****PURPOSE**

The purpose of this policy is to inform all departments within The University of Arkansas for Medical Sciences (UAMS) of UAMS' commitment to take positive, good-faith efforts to recruit, employ, and promote qualified minorities, women, individuals with physical or mental disabilities and protected veterans. The ability of UAMS to meet its mission will increasingly depend upon constructively incorporating diversity and inclusion in its faculty and staff.

SCOPE

This policy applies to all UAMS employees, faculty and staff.

DEFINITIONS

"Minorities" include African Americans, Hispanic/Latino Americans, Asian Americans, Native Hawaiian or other Pacific Islander Americans, Native Americans and Alaskan Natives.

"Protected veterans" include Pre-JVA veterans, disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, a person honorably discharged for a tour of active duty, other than active duty for training only, with the armed forces of the United States; or any person who has served honorably in the National Guard or reserve forces of the United States for a period of six (6) years, whether the person has retired or been discharged or not.

"Individuals with physical or mental disabilities" include any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment without reference to any mitigating measures available to the person.

POLICY

UAMS will comply with and enforce all applicable federal and state laws regarding equal employment opportunity and affirmative action, including Title VII of the Civil Rights Act of 1964 (as amended), Executive Order 11246 (as amended), the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (as amended), 38 U.S.C. 4212, (VEVRAA) the Uniformed Services Employment and Reemployment Rights Act (USERRA) (38 U.S.C. 4301, *et seq.*) (as amended), the Jobs for Veterans Act; Sections 503 and 504 of the Rehabilitation Act of 1973 (as

amended), the American with Disabilities Act of 1990, the ADA Amendments Act (ADAAA) of 2008 (as amended), US Federal Court Decree in the Adams Cases of 1973, Arkansas Code Annotated sections 21-3-302 and 303 (as amended) and Act 99 of 1989 of the Arkansas General Assembly. UAMS will take affirmative, positive actions to overcome institutional forms of exclusion and discrimination.

Our affirmative action program ensures equal employment opportunity by institutionalizing our commitment to equality in every aspect of the employment process.

Subject to Administrative Guide Policy 4.5.17 (Employee Transfer/Promotion), this policy will be followed in recruitment, hiring, determination of pay, promotions, University-sponsored training programs, transfers, layoffs, returns from layoff, demotions, terminations, social and recreational programs, use of UAMS facilities, fringe benefits, and treatment as individuals. It is to be implemented throughout the campus, and its implementation is the responsibility of all departments and all supervisory and non-supervisory personnel. Compliance of this policy shall be monitored by the Affirmative Action section of the Office of Human Resources.

UAMS commits itself to a policy of equal employment opportunity and to a program of affirmative action not solely because of legal requirements, but because UAMS believes such practices are basic to human dignity.

PROCEDURE

1. UAMS will actively recruit, employ, and retain qualified minorities, women, individuals with physical or mental disabilities and protected veterans.
2. UAMS will implement positive and innovative efforts to enhance the quantity and the quality of the minority and female applicant pool.
3. UAMS will engage in recruitment designed to identify and attract qualified individuals with physical or mental disabilities and protected veterans.
4. UAMS will implement positive and innovative efforts to measure its progress toward achieving equal opportunity for individuals with physical or mental disabilities and protected veterans.
5. UAMS will advertise in publications that focus on minority/female/veteran/disability issues, if appropriate. Advertisements must include, at a minimum, the phrase “UAMS is an Affirmative Action and Equal Opportunity Employer of individuals with disabilities and protected veterans.” Advertisements may also state, “UAMS is an inclusive Affirmative Action and Equal Opportunity Employer of individuals with disabilities and protected veterans and is committed to excellence.” The use of the abbreviation “EOE/AA” is not sufficient notice. All job openings must be posted for a minimum of 7 days on the UAMS job website. (See Administrative Guide Policy 4.5.09, Job Vacancy Posting)
6. UAMS will not use quotas or set-asides for specific groups.
7. When appropriate, UAMS will establish placement goals, plus develop and execute action-oriented programs as a means to apply good-faith efforts to measure progress toward achieving equal employment opportunity. All employment decisions will be made in a non-discriminatory manner. In the event that finalists for a position are equally

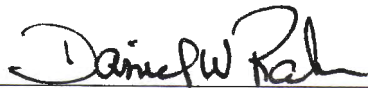
qualified, the hiring authority will be mindful of incorporating constructive diversity in the workplace.

8. Applicants will be given the opportunity to voluntarily self-identify their status as an individual with a disability and/or protected veteran at the pre-offer and post-offer stage. Employees will be invited to voluntarily self-identify their status as an individual with a disability and/or protected veteran on a regular basis.
9. UAMS will comply with the Arkansas Office of Personnel Management (OPM) Policy No. 30.20 which mandates that preference be given to certain qualified veterans, their spouses, or the surviving spouse of a deceased qualified veteran on questions of hiring, promotion, and retention of employees.
10. UAMS will continue to recruit, employ, and advance in employment qualified minorities, women, individuals with disabilities and protected veterans to areas where they either do not exist or are present in numbers less than represented in the relevant labor markets, utilization goals and/or benchmark levels.
11. At the end of each Affirmative Action Plan/academic year, each college and administrative unit will submit to the Affirmative Action section of the Office of Human Resources an Affirmative Action Progress Report.
12. UAMS will take remedial steps and affirmative action to eliminate occurrences of disparate impact, which have or may have resulted from previous policies and practices.
13. Publications, when appropriate, will include language indicating that accommodations for individuals with a physical or mental disability may be provided, if needed, and a telephone number for the person to call to arrange an accommodation.
14. The statement “UAMS is an inclusive Affirmative Action and Equal Opportunity Employer of individuals with disabilities and protected veterans and is committed to excellence,” or “UAMS is an Affirmative Action and Equal Opportunity Employer of individuals with disabilities and protected veterans,” will be printed on all official letterhead and included in UAMS publications.
15. When UAMS uses external recruiting sources and employment agencies, it will inform them of this policy and of its intent to seek out qualified applicants without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation. UAMS will stipulate that these sources actively recruit and refer qualified women, minorities, individuals with physical or mental disabilities, and protected veterans for all positions listed.
16. Written notification of UAMS’ policy will be sent to all subcontractors, vendors, and suppliers of the Purchasing Department, requesting appropriate action on their part.
17. The Affirmative Action section of the Office of Human Resources will communicate with and notify organizations representing women, minorities, individuals with disabilities, protected veterans, community agencies, community leaders, secondary schools and colleges about the UAMS Affirmative Action program and UAMS policy.
18. The Affirmative Action section of the Office of Human Resources shall maintain UAMS Affirmative Action plans as required by federal law.

Questions regarding the affirmative action program should be referred to the Affirmative Action section of the Office of Human Resources.

REFERENCES

Title VII of the Civil Rights Act of 1964, as amended
Executive Order 11246, as amended
Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA)
Section 503 of the Rehabilitation Act of 1973, as amended
Americans with Disabilities Act of 1990, as amended
ADA Amendments Act of 2008
Uniformed Services Employment and Reemployment Rights Act (USERRA)
OPM Policy 30.20, codified as Arkansas Code Annotated Sections 21-3-302-303.
UAMS Administrative Guide Policy 4.5.09, Job Vacancy Posting
UAMS Administrative Guide Policy 4.5.11, Job Ad Requests
UAMS Administrative Guide Policy 4.5.17, Employee Transfer/Promotion

Signature:  _____

Date: November 12, 2015

SECTION 2—MINIMUM REQUIREMENTS

2.1 INTRODUCTION

1. Vendor Introduction

In 2013, Arkansas opted to expand healthcare coverage to low-income adults earning below 138 percent of the federal poverty level (FPL) through the Patient Protection and Affordable Care Act (ACA). Rather than pursue expanded healthcare coverage through the state's traditional Medicaid fee-for-service program, Arkansas sought and received approval from the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 demonstration waiver under the Social Security Act to expand coverage using a premium assistance approach. The program, now known as Arkansas Works, uses federal funds allotted for Medicaid expansion under the ACA to purchase qualified health plans (QHPs) available in the Health Insurance Marketplace (HIM).

The Arkansas Center for Health Improvement (ACHI) conducted the federally required evaluation during the first five years of the Health Care Independence Program (HCIP) / Arkansas Works waiver. This included initial research design, hypotheses development, measure selection, and project timelines approved by CMS, as well as implementation and required reporting in accordance with the waiver's Special Terms and Conditions (STCs). This response to the Invitation for Bid (IFB) captures ACHI's capabilities and expertise to conduct the proposed evaluation, which would enable continuation of these activities.

2. Subcontractor Introduction

The Center for Social Research (CSR) at the University of Arkansas engages in interdisciplinary and collaborative social science research. Founded in 1982, the CSR is one of the centers for social science investigations housed in the Department of Sociology and Criminology at the University of Arkansas. The CSR's mission is to address complex social issues by:

1. Stimulating and supporting interdisciplinary collaborations;
2. Outreaching to and collaborating with national, state, and regional offices, agencies, and organizations;
3. Pursuing, supporting, and conducting sponsored research;
4. Acquiring and storing quantitative and qualitative datasets, software, and equipment;
5. Equipping students with real-world research experiences and capacities; and
6. Collaborating with and supporting the existing efforts of the premier research conducted by the Community and Family Institute (CFI) and the Terrorism Research Center (TRC).

2.2 MINIMUM QUALIFICATIONS

A1. VENDOR EXPERIENCE

The Arkansas Center for Health Improvement provides four project experiences supporting our eligibility for this proposal. These demonstrate analytic and evaluation experience and include:

1. Arkansas Health Care Independence Program/Arkansas Works Section 1115 Medicaid Evaluation Waiver;
2. Community Health Centers of Arkansas Quality of Care Assessments;
3. Policy Relevant Insurance Studies on Arkansas Medicaid Expansion; and
4. Arkansas Workforce Assessment and Evaluation.

Project 1—Arkansas Health Care Independence Program/Arkansas Works Section 1115 Medicaid Evaluation Waiver

1. Agency and Project Dates:

Arkansas Department of Human Services (DHS); November 1, 2014, to December 31, 2017

2. Description

- a. **Scope:** This project designed and evaluated the programmatic goals of the Health Care Independence Program (HCIP).
- b. **Description of Program Reviewed:** In 2014, Arkansas successfully established the HCIP, commonly referred to as the “Private Option,” to expand healthcare coverage through premium assistance under a Section 1115 CMS Waiver. The HCIP used federal funds allotted for Medicaid expansion under the Affordable Care Act to purchase qualified health plans (QHPs) available in the Health Insurance Marketplace (HIM). QHP coverage was available for non-medically frail individuals eligible under the ACA’s Medicaid expansion. The waiver requires an evaluation of the impact and cost-effectiveness of the use of premium assistance to QHPs for Medicaid coverage using rigorous and accepted scientific methods.
- c. **Number of Staff:** 24
- d. **Technical Environment:** ACHI maintains a full data center, analytic team, and primary and qualitative data collection capacity. ACHI is legislatively authorized to be the host of the Arkansas Health Data Initiative and administrator for the Arkansas Healthcare Transparency Initiative inclusive of the mandatory all-payer claims database (APCD). ACHI’s data warehouse, inclusive of all data received, processed, and stored in both computing environments, hosts approximately 10 billion records. ACHI receives claims and enrollment data quarterly from up to 60 different submitting entities and produces biannual updates for analytic and data request fulfillment. ACHI maintains its own server environment with no off-site or cloud storage and utilizes Veeam 9.5 to maintain daily backups of data adhering to industry standards.

The ACHI technical infrastructure encompasses two separate computing environments. The first is for any data containing personal identifying information (PII), as well as other confidential, restricted, and internal information. It consists of an air-gapped environment separate from any external connections (e.g., internet, network, etc.) with restricted physical access and comprises approximately 100TB of data and 120 computational cores utilizing Microsoft SQL Server.

The second environment contains linked individual-level data without PII for analytic activities and data request fulfillment. This infrastructure is composed of 260TB of data and 180 computational cores, also utilizing Microsoft SQL Server, which provides access to key research staff.

The analytic computing environment for research staff consists of workstations, all equipped with SAS 9.4, used for data management and manipulation, descriptive statistics, generalized linear models, medical costs estimation, and propensity score estimation and matching. R 3.5.2 and RStudio are the main software used for advanced statistical analyses, including but not limited to regression discontinuity analysis. ArcGIS 10.5.1 is used for geocoding and mapping. Tableau 2018.3 is used for data visualization.

The ACHI computing and analytic environments comply with applicable state and federal data security standards. ACHI has a dedicated privacy officer and employs active monitoring for security threats, with data breach and response plans in place. To date no unauthorized release/access to stored data have been detected or reported.

Program and support staff all utilize Microsoft Windows and Office (Windows 10 Enterprise and Office 2016). All staff receive ongoing data privacy and security training annually and are subject to state, federal, and/or international background checks, if applicable. Data security and protection protocols have been developed and employed for all qualitative, key informant and “secret shopper” data collection efforts.

3. Estimated Volume of Beneficiaries Receiving Services Under the Programs Being Reviewed: Approximately 350,000 enrollees

4. Contract Length and Amounts: 54 months; \$6,058,249

5. Contact Information:

- a. **Current Phone number:** (501) 682-8650
- b. **Mailing Address:** Donaghey Plaza, P.O. Box 1437, Little Rock, AR 72203
- c. **Email Address:** Dawn.Stehle@dhs.arkansas.gov
- d. **Title and Organization:** Deputy Director for Health and Medicaid, Arkansas
Department of Human Services
- e. **Printed Name:** Dawn Stehle

6. Project Summary:

Arkansas Health Care Independence Program / Arkansas Works Medicaid Section 1115 Waiver Evaluation Design and Execution

Arkansas implemented the Health Care Independence Program (HCIP) in 2014 with subsequent transition to Arkansas Works (AW) in 2017 through a Section 1115 Medicaid demonstration waiver allowing the state to use premium assistance to purchase private plans for newly eligible Medicaid individuals.

The state was required to develop a research design and evaluate the impact of programmatic goals through an independent evaluation using rigorous and accepted scientific methods (Waiver Terms and Conditions #70). ACHI assisted the state by executing these requirements including evaluation design, development, and CMS approval following waiver receipt in 2013 and programmatic assessment through December 2018.

Achievements to Date

Expectations for the HCIP/AW evaluation through December 2018 were met and/or exceeded through the following activities:

1. Development of waiver evaluation research design, Arkansas Department of Human Services (DHS) review, and Centers for Medicare and Medicaid Services (CMS) approval for:
 - a. Arkansas Health Care Independence Program (“Private Option”) Proposed Evaluation for Section 1115 Demonstration Waiver, February 2014 (Section G, Bid Response Packet 710-19-1020);
 - b. Arkansas Works Program Proposed Evaluation for Section 1115 Demonstration Waiver, February 2017 (Section H, Bid Response Packet 710-19-1020)
2. Hypotheses development based upon goals/objectives of waiver, Arkansas 1115 Waiver Number 11-W-00287/6, as amended January 1, 2015, and March 5, 2018; Section XIV, Terms and Conditions #76: Evaluation Design.

The following were among the hypotheses considered in development of the evaluation design and will be included in the design as appropriate:

- a. Premium Assistance beneficiaries will have equal or better access to care including primary care and specialty physician networks and services.
- b. Premium Assistance beneficiaries will have equal or better access to preventive care services.
- c. Premium Assistance beneficiaries will have lower non-emergent use of emergency room services.
- d. Premium Assistance beneficiaries will have fewer gaps in insurance coverage.
- e. Premium Assistance beneficiaries will maintain continuous access to the same health plans, and will maintain continuous access to providers.
- f. Premium Assistance beneficiaries, including those who become eligible for Exchange Marketplace coverage, will have fewer gaps in plan enrollment, improved continuity of care, and resultant lower administrative costs.
- g. Premium Assistance beneficiaries will have lower rates of potentially preventable emergency department and hospital admissions.
- h. Premium assistance beneficiaries will report equal or better satisfaction in the care provided.
- i. Premium Assistance beneficiaries who are young adults eligible for EPSDT benefits will have at least as satisfactory and appropriate access to these benefits.
- j. Premium Assistance beneficiaries will have appropriate access to nonemergency transportation.
- k. Premium Assistance will reduce overall premium costs in the Exchange Marketplace and will increase quality of care.
- l. The cost for covering Premium Assistance beneficiaries will be comparable to what the costs would have been for covering the same expansion group in Arkansas Medicaid fee-for-service in accordance with STC 69 on determining cost effectiveness and other requirements in the evaluation design as approved by CMS.
- m. Incentive benefits offered to Arkansas Works beneficiaries will increase primary care utilization. (Added during March 5, 2018, Waiver Renewal).

3. Execution of research protocol in accordance with established activities in original design:

Original Project Timeline

	DY 1 (2014)				DY 2 (2015)				DY 3 (2016)				DY 4 (2017)										
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4							
Reports:																							
Enrollment	U		U		U		U		U		U		U										
Reenrollment					U				U				U										
Retention					U				U				U										
Implementation Update					R																		
Interim Report									R														
Final Draft Report															R								
Final Summary Report																R							
Data Collection & Analysis:																							
Enrollment	X	X	X	X	X	X			X		X		X		X								
Geonapping					X	*	*	*		X	*	*	*		X	*	*	*					
CAHPS						X	X	X	*	*	*	*		X	X	X	*	*	*	*			
Carrier Claims						X	*	*	X	*	*	X	*	*	X	*	*	X	*	*	X	*	*

U=Non-required Update
R=Required Report
X=Data Collection
*=Data Analysis

Execution of the research protocol included collection, management, and use of enrollment and claims data from Medicaid and each of four Qualified Health Plans (QHPs), two modified Consumer Assessments of Health Plans Surveys of beneficiaries, and qualitative data collection, including key informant interviews, focus groups, and “secret shopper” assessments of clinic appointment availability. Research design elements including Regression Discontinuity Analyses and Propensity Score weighting to enable experimental comparisons, as well as qualitative interviews, network adequacy, and geographic access assessments were included. Execution of data collection, analyses, and reporting were accomplished with no significant delays and within allocated budgetary allowances.

4. Development, review, and submission of required reporting elements to DHS, with submission and approval by CMS, were completed on time and with positive reviews from Arkansas DHS, CMS, and CMS external reviewers (Mathematica).
 - a. Interim Report (available at <https://achi.net/library/interim-report-appendices/>)
 - b. Summative Report (available at <https://achi.net/library/private-option-final-appendices/>)
 - c. Quarterly evaluation update reports (available upon request)

Due to the unique application of premium assistance and the national controversy upon its approval, the waiver evaluation design and execution has appropriately received significant scrutiny from the federal government and, more broadly, the health services research community. CMS subjected our evaluation reports to

external review by Mathematica to assess scientific merit and completeness which was verified and supported. The level of rigor included in the Arkansas design and execution has been heralded by CMS representatives as the example to judge development of other 1115 waiver evaluations. Many of the components and strategies in this evaluation are now incorporated into CMS evaluation guidance for states released in March 2019 (<https://www.medicaid.gov/medicaid/section-1115-demo/evaluation-reports/evaluation-designs-and-reports/index.html>).

5. Review and responses to evaluation results:

Published evaluation reports have resulted in national examination of Arkansas's experience with premium assistance through the HCIP/AW waivers. These reviews include state, federal, and academic peer-reviewed assessments for scientific rigor, evaluation independence, and policy-relevant outcomes. These accomplishments by the evaluation team are documented as follows:

- a. DHS Review and Support (Dawn Stehle letter, February 6, 2017)
- b. CMS Review and Support (July 2016)
- c. Academy Health peer-reviewed submissions (additional available upon request):
 - i. *Methodological Approach for the Evaluation of the Arkansas Health Care Independence Program*. Kanna Lewis, Anthony Goudie, et al., Academy Health Annual Research Meeting, June 2018, Seattle, WA
 - ii. *Higher Rates of Preventive Health Care among Premium Assistance Commercial, Compared to Medicaid Insured: Findings from the Arkansas Health Care Independence Program "Private Option."* Anthony Goudie, Bradley Martin, et al., Academy Health Annual Research Meeting, June 2018, Seattle, WA
 - iii. *Contrasting Utilization of Inpatient Hospitalizations and Emergency Department Visits between Medicaid and Commercially Insured Arkansans*. Naleen Bhandari, Divyan Chopra, et al., International Professional Society for Health Economics and Outcomes Research (ISPOR) Annual International Meeting; May 2018, Baltimore, MD
- d. Invited National Medicaid Waiver Evaluation Meetings (additional available upon request):
 - i. *Arkansas Works (formally Health Care Independence Program-"Private Option") Section 1115 Demonstration Waiver Data and Methodology*. Anthony Goudie, Academy Health CMS Evaluations Workshop, October 2017, Washington, DC
 - ii. *Arkansas New Section 1115 Waiver Modifications: Important Research Questions and Methodological Approaches*. Antony Goudie, Urban Institute

Summary of Waiver Evaluation and Findings Through December 2018

The evaluation was conducted independently and with oversight of a National Advisory Committee consisting of established leaders in major academic medical centers around the country. The evaluation employed the most current and well-established research design techniques to optimize confidence in observed findings. There were two principle comparisons — the experiences of those with “Higher Needs” and that of the “General Population.”

The Higher Needs population examined approximately one-half of the newly eligible expansion population who took a medical frailty screener to detect prior conditions and utilization. This information was used to identify and compare similar individuals with higher needs who were placed in the traditional Medicaid program versus those placed in QHPs through a quasi-experimental regression discontinuity approach.

The General Population consisted of one-half of the newly eligible who did not take the screener and were placed in QHPs. They were paired with approximately 40,000 newly enrolled adult Medicaid beneficiaries (woodwork effect) and were matched using advanced propensity score techniques with appropriate statistical tests applied.

Major findings are summarized below, grouped by questions of interest.

1. What were the differences across access, quality, and outcomes between those enrolled in Medicaid and those enrolled in commercial Qualified Health Plans (QHPs)?

A major assumption grounded in Arkansas’s use of premium assistance through the Marketplace was that by utilizing the delivery system available to the privately enrolled individuals in the Marketplace, the availability and accessibility of both primary care providers (PCPs) and specialists would be greater than what would have been expected if Arkansas had utilized a traditional Medicaid expansion strategy. A three-year enrollment comparison of Medicaid and commercial QHP beneficiaries in both the cohort with Higher Needs and that in the General Population revealed:

- a. The geographic proximity of available primary and specialty providers were similar for those served by Medicaid and the QHP networks, and both met network adequacy requirements of the Arkansas Insurance Department.
- b. Initiation of care occurred more rapidly for enrollees in QHPs than for those in the Medicaid program following enrollment.
- c. In 2014, differences in the accessibility of both primary care and specialty providers were reported, with QHP enrollees experiencing increased ability to get needed “care, tests, and treatment” and receiving “an appointment for a check-up or routine care as soon as needed,” compared to their Medicaid counterparts.
- d. Perceived access differences improved after 18 months in the program for the General Population. However, for individuals in the Higher Needs Population, Medicaid enrollees continued to report more difficulty “receiving care when they needed it right away” and did not always “find it easy to get the care, tests, and treatments they need,” compared to QHP enrollees (range of differences 31-36 percent).
- e. For Emergency Room (ER) use, differences were only observed within the General Population, in which Medicaid enrollees experienced more ER visits in total, for both emergent and non-emergent reasons, compared to QHP enrollees over the three years enrolled.
- f. With the exception of QHP enrollees experiencing longer hospital stays compared to Medicaid enrollees, there are no consistent differences across hospitalization measures.
- g. For clinical services assessed for both populations — and for most measures studied — differences in care and clinical service delivery were observed.
- h. QHP enrollees were significantly more likely to receive individual clinical preventive services and were more likely to receive all recommended screenings (a range of 24-94 percent relative differences for the General Population).
- i. QHP enrollees were significantly more likely to receive appropriate disease management services and more likely to adhere to appropriate medication management than Medicaid enrollees (a range of 31-55 percent relative differences for the General Population).
- j. For pregnancy related care, no clinically significant differences were observed in the initiation of prenatal services, complications of maternity care, or birth outcomes between QHP and Medicaid enrollees.
- k. With respect to non-emergency medical transportation, no differences were observed for the General Population. However, for the Higher Needs

Population, those in QHPs were 15 percent less likely to miss a visit due to transportation issues.

- i. Opioid use, while similar in the first year, diverged significantly in subsequent years, with increasing numbers of prescriptions, high-dose utilization, and concomitant benzodiazepine use in the QHPs, compared to Medicaid enrollees.
- m. With respect to Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) services, we found no indication that needed services were not available to individuals in premium assistance.
- n. With respect to continuity of enrollment, both Medicaid and QHP enrollees experienced few disruptions in coverage, with the exception being a mass eligibility redetermination undertaken in the summer of 2015.
- o. There were no statistically significant differences in mortality within the first three years of the program.

2. What were the differences in costs between Medicaid and premium assistance?

The cost of providing coverage for Medicaid beneficiaries through premium assistance in QHPs was expected to be greater than providing coverage through the traditional Medicaid fee-for-service (FFS) system. Exploration and characterization of the contrasts between the two programs provided a better understanding of the observed variations in access, utilization, and clinical impacts described above. In addition, dramatic differences in payment rates were observed, with QHP rates consistently exceeding those in the Medicaid program:

- a. Physician payment rates across outpatient services were approximately 95 percent higher in each of the three years under study for enrollees in a QHP compared to their Medicaid counterparts (e.g., in 2016, the weighted average per PCP visit was \$94.03 for a QHP, compared to \$47.69 for Medicaid);
- b. For inpatient hospital stays, average QHP payments averaged \$12,270 per discharge compared to Medicaid payments of \$7,778 (a 53 percent difference); and
- c. In 2016, administrative costs were estimated to be \$91.65 per member per month (PMPM) for QHPs and \$64.33 PMPM for Medicaid (a 29.8 percent difference).

Utilization differences were also observed, but not at the same magnitude as payment differentials. Medicaid beneficiaries, under the traditional FFS system, experienced

increased ER visits and hospitalizations. Conversely, QHP beneficiaries received more outpatient visit contacts, and by 2016, almost twice as many prescriptions.

3. What were the cost-effective aspects of premium assistance?

Cost-effectiveness for the purposes of this evaluation considered any benefits associated with care delivered through QHPs at increased payment rates. To assess cost-effectiveness, total program costs for enrolled individuals in QHPs were directly compared to their Medicaid counterparts. Ratios of improvement in care to associated costs were developed (e.g., access improvements, clinical, and utilization differentials compared to payment rate differentials).

In 2016, the weighted average payment to QHPs (premium and cost-sharing reductions) was \$486 PMPM or \$5,832 per year, compared to Medicaid costs of \$317 PMPM or \$3,804 per year for each enrollee (using existing Medicaid payment rates). Using the difference of \$167 PMPM, select ratios of improvement to access reflect the following:

- a. For colorectal cancer screening in the General Population, the QHP cohort had a 94 percent higher relative difference in screening rates. Thus, the marginal improvement is suggested to be an increase of 5.6 percent per observed 10 percent increase in program costs associated with use of premium assistance.
- b. For the proportion who received all indicated clinical preventive services in the General Population, the QHP relative difference of 25 percent greater than Medicaid suggests a 1.4 percent improvement in clinical performance per observed 10 percent increase in program costs.
- c. For individuals with Higher Needs, QHP enrollees were 26 percent more likely to self-report “always getting care when needed right away” and 18 percent more likely to find it “easy to get the care, tests, and treatment needed.” This suggests a 1.1 percent improvement in access, per observed 10 percent increase in program costs.
- d. For individuals with Higher Needs, Medicaid enrollees experienced fewer outpatient events and a concurrent higher rate of ER visits and hospitalizations. For each observed 10 percent increase in program costs, QHPs were projected to achieve seven more physician office visits and avoid 2.5 ER visits per 100 person years.
- e. There were no clinical indicators in which Medicaid was favored.
- f. Importantly, enrollees in QHPs received twice as many prescriptions than their Medicaid counterparts. For each 10 percent increase in program costs, QHPs were projected to cover 78 additional prescriptions per 100 person years.

Over the three-year evaluation, PMPM claims costs for QHPs increased, a trend which was associated with both increased utilization rates and provider rate increases. The established Medicaid rate schedule does not incorporate inflationary adjustments, so no comparable increases were observed during the evaluation. Continued divergence in experience, utilization, and payment rates will likely affect ratios of improvement in care to associated program costs.

4. What would have the Medicaid program experienced if a traditional Medicaid expansion had been adopted?

A core component of this demonstration evaluation is an examination of the hypothetical costs of covering the entire expansion population through Arkansas's traditional Medicaid program and identifying the programmatic changes that would be necessary to achieve a similar outcome to that experienced through premium assistance. In 2013, prior to the PPACA expansion, Arkansas had one of the lowest Medicaid eligibility thresholds for non-disabled adults in the U.S., covering only 24,955 non-disabled adults with a full benefits package.

In 2014, following PPACA expansion, an additional 267,482 individuals were covered:

- a. Approximately 17,300 (6.5 percent) previously eligible but newly enrolled;
- b. Approximately 25,000 (9.3 percent) PPACA eligible but with exceptional healthcare needs; and
- c. Approximately 225,000 (84.2 percent) PPACA eligible with premiums purchased on the individual marketplace.

These 267,482 individuals represented 16.0 percent of the total 19- to 64-year-old population in the state.

In 2016, this number increased to 330,943 covered lives:

- a. Approximately 22,375 (6.8 percent) PPACA eligible but with exceptional healthcare needs;
- b. 32,427 (9.8 percent) interim status before enrollment in a QHP;
- c. 276,141 (83.4 percent) PPACA eligible with premiums purchased on the individual marketplace.

These 330,943 individuals represent 19.1 percent of the working-age adults within the state.

Thus, because of the high rates of uninsurance and low Medicaid eligibility prior to the PPACA, Medicaid has experienced a thirteenfold increase in coverage for the non-disabled 19- to 64-year-old population.

Traditional microeconomics principles would suggest that increased demand through the expansion of the Medicaid program would place increasing price pressure on the rate structure of the existing Medicaid program. The observed differences in payment rates between QHPs and Medicaid described above could lead to unsustainable access differentials for Medicaid enrollees. Any potential increase in payment rates would affect not only the new expansion population, but also enrollees under the same payment rate schedule across the entire Medicaid program. To model the potential effects, a budgetary impact analysis was conducted on increasing payment rates across the Medicaid program.

Three increasingly fiscally conservative scenarios were simulated for alternative expansion options through the existing Medicaid FFS system, the counterfactual, to provide policymakers with conditions under which necessary increases to achieve equitable access could be considered. They included: 1) claims potentially associated with wage-sensitive services; 2) restricted claims associated with major medical services; and 3) restricted to claims associated only with physician billed services.

The budget impact analysis revealed that costs to the Medicaid program would exceed the increased costs associated with premium assistance:

- a. If wage-sensitive payment rates had increased by 29 percent;
- b. If claim payments associated with clinical services had increased by 45 percent; or
- c. If physician-only claim payments had increased by 64 percent.

Importantly, under the most conservative scenario of increases restricted to physician-only claims, the physician rate increase at which the Medicaid program costs exceed those of premium assistance remains 36 percent below the commercial payment rates observed. This suggests the likelihood of continued differential access despite increased payments.

5. These findings suggest that with the thirteenfold increase in enrollment of 19- to 64-year-olds, plausible required increases in Medicaid payment rates across the entire

program would exceed the costs associated with purchasing commercial coverage through premium assistance.

ACHI Position to Execute Future Contract and Continue Evaluation

Our response to this invitation for bid (IFB) to continue the evaluation of the AW 1115 Medicaid waiver demonstrates the unique qualifications and strengths of the ACHI evaluation team to execute required components and support DHS requirements of the evaluation. These include, but are not limited to the following:

1. The demonstrated capacity of the evaluation team to address specific evaluation requirements;
2. In-depth knowledge and ongoing assessments of healthcare workforce and network adequacy, regional access and quality assessments, and service delivery monitoring of the Arkansas healthcare landscape;
3. Historic understanding of waiver modifications inclusive of health savings accounts, cost-sharing adjustments, and monthly premium requirements for those above the federal poverty level and their potential to affect outcomes (community engagement and work requirements outside scope of this evaluation);
4. Unique understanding and capacity to appropriately allocate Medicaid supplemental payments to hospital providers (inpatient and outpatient Upper Payment Limit and Disproportionate Share Hospital payments) required to conduct accurate budget impact analyses and/or cost-effectiveness assessments (approximately 50 percent of payments to publicly owned hospitals);
5. Medicaid and QHP enrollment and claims data management capabilities and expertise;
6. Demonstrated independence in assessment and reporting required by the special terms and conditions (STCs) and accepted by CMS; and
7. Credibility and support of CMS representatives validated nationally by the academic health services research community in response to the scientific rigor required by STCs.

In addition to these unique qualifications, ACHI anticipated execution of the project requirements including those delineated in the IFB and contained in the Gantt chart below. ACHI has executed under the previous contract many of those requirements for Demonstration Year 5 and is prepared to re-initiate Demonstration Year 6 assessments with continuation into Demonstration Year 7 under this IFB.

Proposed Project Timeline

	DY 4 (2017)				DY 5 (2018)				DY 6 (2019)				DY 7 (2020)				DY 8 (2021)				2022				2023							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Reports:																																
Enrollment				U				U				U				U				U				U				U				U
Reenrollment				U				U				U				U				U				U				U				U
Retention				U				U				U				U				U				U				U				U
Implementation Update			U				U				U				U				U				U				U				U	
Interim Report											U																					
Final Draft Report						U																U								U		
Final Summary Report							R																									
Data Collection & Analysis:																																
Enrollment		X		X		X		X		X		X		X		X		X		X		X		X								
Carrier Claims		X		X		X		X		X		X		X		X		X		X		X		X								
CAHPS						X	X							X	X																	
Qualitative				X						X	X																					
Provider Practice Surveys			X			X																										
Geomapping										X	X																					

U=Non-Required Report

R=Required Report

X=Data Collection

ACHI has the full set of capabilities and demonstrated experience to execute the analyses and reporting required under this IFB. In addition, ACHI executed the sampling, analytic and reporting aspects of the consumer survey and qualitative assessments and anticipates continuation of this function. ACHI has engaged the University of Arkansas Center for Social Research to assist with survey data collection. Finally, ACHI has strengthened conflict of interest protections to ensure that the previously accepted independence by DHS and CMS of our organization to conduct the waiver evaluation continues without reservation.

Project 2—Community Health Centers of Arkansas Quality of Care Assessments

1. **Agency and Project Dates:** Community Health Centers of Arkansas (CHCA); July 1, 2018, through June 30, 2019
2. **Description**
 - a. **Scope of evaluation work:** This project evaluated Health Effectiveness Data and Information Set (HEDIS) quality and utilization measures for Community Health Centers of Arkansas to support quality and performance improvement efforts.
 - b. **Description of Program Reviewed:** Community Health Centers of Arkansas (CHCA) is a nonprofit organization established in 1985 to expand access to affordable quality care in Arkansas, and to create a unified voice for Community Health Centers (CHCs) and the patients they serve. CHCA serves 12 CHC organizations and their more than 100 service locations across Arkansas. CHCA collaborates with local, state, and federal partners, organizations, and policymakers to influence changes to policies, regulations, and legislation aimed at strengthening the health centers' ability to provide affordable, accessible, comprehensive, quality healthcare services to the uninsured, underserved, and Medicare and Medicaid enrollees in Arkansas.
 - c. **Number of Staff:** 5

d. Technical Environment: ACHI maintains a full data center, analytic team, and primary and qualitative data collection capacity. ACHI is legislatively authorized to be the host of the Arkansas Health Data Initiative and administrator for the Arkansas Healthcare Transparency Initiative inclusive of the mandatory all-payer claims database (APCD). ACHI's data warehouse, inclusive of all data received, processed, and stored in both computing environments, hosts approximately 10 billion records. ACHI receives claims and enrollment data quarterly from up to 60 different submitting entities and produces biannual updates for analytic and data request fulfillment. ACHI maintains its own server environment with no off-site or cloud storage and utilizes Veeam 9.5 to maintain daily backups of data adhering to industry standards.

The ACHI technical infrastructure encompasses two separate computing environments. The first is for any data containing personal identifying information (PII), as well as other confidential, restricted, and internal information. It consists of an air-gapped environment separate from any external connections (e.g., internet, network, etc.) with restricted physical access and comprises approximately 100TB of data and 120 computational cores utilizing Microsoft SQL Server.

The second environment contains linked individual-level data without PII for analytic activities and data request fulfillment. This infrastructure is composed of 260TB of data and 180 computational cores, also utilizing Microsoft SQL Server, which provides access to key research staff.

The analytic computing environment for research staff consists of workstations, all equipped with SAS 9.4, used for data management and manipulation, descriptive statistics, generalized linear models, medical costs estimation, and propensity score estimation and matching. R 3.5.2 and RStudio are the main software used for advanced statistical analyses, including but not limited to regression discontinuity analysis. ArcGIS 10.5.1 is used for geocoding and mapping. Tableau 2018.3 is used for data visualization.

The ACHI computing and analytic environments comply with applicable state and federal data security standards. ACHI has a dedicated privacy officer and employs active monitoring for security threats, with data breach and response plans in place. To date no unauthorized release/access to stored data have been detected or reported.

Program and support staff all utilize Microsoft Windows and Office (Windows 10 Enterprise and Office 2016). All staff receive ongoing data privacy and security training annually and are subject to state, federal, and/or international background checks, if applicable. Data security and protection protocols have been developed and employed for all qualitative, key informant and "secret shopper" data collection efforts.

3. Estimated Volume of Beneficiaries Receiving Services Under the Programs Being Reviewed:

210,000 individuals

4. Contract Length and Amounts: 12 months; \$120,000

5. Contact Information:

a. Current Phone number: (501) 374-8225

b. Mailing Address: 119 S. Iazard St., Little Rock, AR 72201

c. Email Address: ispencer@chc-ar.org

d. Title and Organization: Chief Executive Officer, Community Health Centers of Arkansas, Inc.

e. Printed Name: LaShannon Spencer

6. Project Summary

With input from CHCA, the ACHI research and analytic teams conducted the following for this project:

1. Identified the most appropriate enrollment and claims data source(s) and reporting timeframe, and acquired access to the source(s)/files necessary for quality reporting;
2. Established and applied the most appropriate patient attribution methodology consistent with the Health Care Payment Learning and Action Network supported by CMS to attribute patient panels for each of the 11 CHCA administrative sites;
3. Executed the attribution methodology to assign patients to each of the 11 CHCA administrative sites through a step-wise process. This process included identifying claims data from all of the CHCA provider sites, then identifying patients with any utilization at each of the 11 CHCA administrative sites, then identifying those patients for whom a majority of their primary care visits and/or pharmaceutical prescriptions were provided at a CHCA. This process required comprehensive analysis of CHCA patient utilization across Medicaid, commercial, and Medicare payers and both CHCA and non-CHCA provider sites;
4. Applied internal analytic capacity and knowledge of claims data along with industry standards and methods recommended by subject matter expert workgroups. ACHI worked closely with CHCA leadership to obtain any necessary data to assist in the patient attribution process;
5. Identified and assessed a total of nine quality and utilization measures (mix of child/adolescent and adult) from the Healthcare Effectiveness Data and Information Set (HEDIS) metrics and state-level Medicaid patient-centered medical home (PCMH) metrics; and
6. Designed a quality measurement report for each of the CHCA administrative sites and an overall report comparing CHCA administrative sites.

ACHI anticipates presenting findings to CHCA, including any available comparisons to national and Arkansas patient-centered medical home (PCMH) rates for assessed measures.

Project 3—Policy Relevant Insurance Studies on Arkansas Medicaid Expansion

1. **Funder and Project Dates:** Robert Wood Johnson Foundation; September 1, 2016, to February 28, 2017

2. Description

a. **Scope:** This project examined the impact of Arkansas’s Health Care Independence Program (HCIP), commonly known as the “Private Option,” on premiums in the Arkansas Health Insurance Marketplace (HIM).

b. **Description of Program Reviewed:** This project assessed the risk profiles for the Arkansas Medicaid expansion waiver population in the Health Care Independence Program, or premium assistance program, and the federally subsidized population in the HIM.

c. **Number of Staff:** 10

d. **Technical Environment:** ACHI maintains a full data center, analytic team, and primary and qualitative data collection capacity. ACHI is legislatively authorized to be the host of the Arkansas Health Data Initiative and administrator for the Arkansas Healthcare Transparency Initiative inclusive of the mandatory all-payer claims database (APCD). ACHI’s data warehouse, inclusive of all data received, processed, and stored in both computing environments, hosts approximately 10 billion records. ACHI receives claims and enrollment data quarterly from up to 60 different submitting entities and produces biannual updates for analytic and data request fulfillment. ACHI maintains its own server environment with no off-site or cloud storage and utilizes Veeam 9.5 to maintain daily backups of data adhering to industry standards.

The ACHI technical infrastructure encompasses two separate computing environments. The first is for any data containing personal identifying information (PII), as well as other confidential, restricted, and internal information. It consists of an air-gapped environment separate from any external connections (e.g., internet, network, etc.) with restricted physical access and comprises approximately 100TB of data and 120 computational cores utilizing Microsoft SQL Server.

The second environment contains linked individual-level data without PII for analytic activities and data request fulfillment. This infrastructure is composed of 260TB of data and 180 computational cores, also utilizing Microsoft SQL Server, which provides access to key research staff.

The analytic computing environment for research staff consists of workstations, all equipped with SAS 9.4, used for data management and manipulation, descriptive statistics, generalized linear models, medical costs estimation, and propensity score estimation and matching. R 3.5.2 and RStudio are the main software used for advanced statistical analyses, including but not limited to

regression discontinuity analysis. ArcGIS 10.5.1 is used for geocoding and mapping. Tableau 2018.3 is used for data visualization.

The ACHI computing and analytic environments comply with applicable state and federal data security standards. ACHI has a dedicated privacy officer and employs active monitoring for security threats, with data breach and response plans in place. To date no unauthorized release/access to stored data have been detected or reported.

Program and support staff all utilize Microsoft Windows and Office (Windows 10 Enterprise and Office 2016). All staff receive ongoing data privacy and security training annually and are subject to state, federal, and/or international background checks, if applicable. Data security and protection protocols have been developed and employed for all qualitative, key informant and “secret shopper” data collection efforts.

3. Estimated Volume of Beneficiaries Receiving Services Under the Programs Being Reviewed: 320,000 enrollees (250,000 with premium assistance and 70,000 with subsidies through the HIM)

4. Contract Length and Amounts: Six Months; \$148,705

5. Contact Information:

- a. **Current Phone number:** (202) 292-6756
- b. **Mailing Address:** 1666 K Street, Suite 1100; Washington, DC 20006
- c. **Email Address:** Bonnie.Cluxton@academyhealth.org
- d. **Title and Organization:** Vice President, Academy Health
- e. **Printed Name:** Bonnie Austin Cluzyon, JD, MPH

6. Project Summary

Funded by the Robert Wood Johnson Foundation through its Policy-Relevant Insurance Studies proposal in 2016, ACHI assessed the impact of Arkansas’s Health Care Independence Program (HCIP) on premiums in the Arkansas Health Insurance Marketplace using the Arkansas All-Payer Claims Database (APCD). Early indications suggested that the state’s premium assistance approach to Medicaid expansion affected the Health Insurance Marketplace risk pool, reflected in premium stability in the first three years of Marketplace operations. Preliminary data showed that the HCIP population was significantly younger than individuals in Marketplace plans who did not qualify for the HCIP based on income.

We used 2014 and 2015 data from the Arkansas APCD to identify demographic and clinical conditions in our study population. To identify Marketplace enrollees, we used Health Insurance Oversight System (HIOS) identifiers from enrollment data submitted to the APCD from the

Marketplace qualified health plans (QHPs). This allowed us to classify enrollees by HCIP or subsidized Marketplace enrollees and, for the latter groups of individuals, provide the income bands through the HIOS identifiers to identify available subsidies.

An actuarial consulting group was engaged to compile risk scores for all HCIP and subsidized Marketplace individuals enrolled in 2014 and 2015. In addition to compiling a risk score for each individual, the actuarial model also maps 17,275 diagnosis codes into 90 health condition categories. Using the risk scores, for each individual year in the adult age range (19-64) we calculated mean actuarial risk scores for HCIP and subsidized Marketplace enrollees. The risk scores compiled for each study year were based on age, gender, and medical conditions identified in the study year.

Confirming our preliminary demographic comparison, and compared to subsidized Marketplace non-elderly adult (19-64 years) enrollees, the HCIP enrollees were younger. In 2014, the mean age for HCIP enrollees was 38.2 years, and 45.3 years for subsidized Marketplace enrollees. With the exception of diabetes in 2014, the HCIP population had significantly higher prevalence of conditions than subsidized Marketplace enrollees. Even though the HCIP had a disproportionate number of younger enrollees in 2014, the mean risk score was significantly higher (1.66) compared to subsidized Marketplace enrollees (1.28). The difference in the mean risk score between the HCIP enrollees (2.06) and subsidized Marketplace enrollees (1.30) in 2015 was greater than in 2014.

Our analyses produced additional insight into the profile of the HCIP and the subsidized Marketplace enrollees. For example, a disproportionate number in both groups were female. Both groups also experienced an enrollment spike at age 26, an expected occurrence due to Affordable Care Act (ACA) provisions permitting dependents to access parental coverage up to age 26. A decrease in the volume of HCIP enrollment was observed as age increased, while the inverse was observed for subsidized Marketplace enrollees. This is an expected outcome due to increasing earning potential with age.

This is one of the first studies to examine the actuarial risk in individual health insurance marketplaces under the ACA. Given a lower age but higher risk score for the HCIP, we noted that the stability and competitiveness of the Arkansas markets merits further examination. The presence of Medicaid as a guaranteed purchaser versus Marketplace requirements for monthly individual payments to continue coverage may offer insight into strategies to stabilize marketplaces nationwide.

Project 4—Arkansas Workforce Assessment and Evaluation

1. Funder and Project Dates: Blue & You Foundation for a Healthier Arkansas; August 1, 2011, to July 1, 2012

2. Description

a. Scope: The objectives of this project were as follows: 1) Understand the current and expected primary and specialty care workforce capacity and distribution challenges in Arkansas. 2) Explore options for extending the capacity of providers through the use of physician extenders, with a particular focus on the scope of care for advanced practice nurses (APNs) in Arkansas and other states to determine what services may be safely and effectively provided by APNs and the impediments to their providing those services. 3) Develop and disseminate strategies, shared by stakeholders, to meet current and future primary and specialty care workforce needs.

b. Description of Program Reviewed: This project assessed Arkansas's healthcare workforce capacity and consumer access needs within Medicaid, Medicare, and commercial insurance.

c. Number of Staff: 10

d. Technical Environment: ACHI maintains a full data center, analytic team, and primary and qualitative data collection capacity. ACHI is legislatively authorized to be the host of the Arkansas Health Data Initiative and administrator for the Arkansas Healthcare Transparency Initiative inclusive of the mandatory all-payer claims database (APCD). ACHI's data warehouse, inclusive of all data received, processed, and stored in both computing environments, hosts approximately 10 billion records. ACHI receives claims and enrollment data quarterly from up to 60 different submitting entities and produces biannual updates for analytic and data request fulfillment. ACHI maintains its own server environment with no off-site or cloud storage and utilizes Veeam 9.5 to maintain daily backups of data adhering to industry standards.

The ACHI technical infrastructure encompasses two separate computing environments. The first is for any data containing personal identifying information (PII), as well as other confidential, restricted, and internal information. It consists of an air-gapped environment separate from any external connections (e.g., internet, network, etc.) with restricted physical access and comprises approximately 100TB of data and 120 computational cores utilizing Microsoft SQL Server.

The second environment contains linked individual-level data without PII for analytic activities and data request fulfillment. This infrastructure is composed of 260TB of data and 180 computational cores, also utilizing Microsoft SQL Server, which provides access to key research staff.

The analytic computing environment for research staff consists of workstations, all equipped with SAS 9.4, used for data management and manipulation, descriptive statistics, generalized linear models, medical costs estimation, and propensity score estimation and matching. R 3.5.2 and RStudio are the main software used for advanced statistical analyses, including but not limited to

regression discontinuity analysis. ArcGIS 10.5.1 is used for geocoding and mapping. Tableau 2018.3 is used for data visualization.

The ACHI computing and analytic environments comply with applicable state and federal data security standards. ACHI has a dedicated privacy officer and employs active monitoring for security threats, with data breach and response plans in place. To date no unauthorized release/access to stored data have been detected or reported.

Program and support staff all utilize Microsoft Windows and Office (Windows 10 Enterprise and Office 2016). All staff receive ongoing data privacy and security training annually and are subject to state, federal, and/or international background checks, if applicable. Data security and protection protocols have been developed and employed for all qualitative, key informant and “secret shopper” data collection efforts.

3. Estimated Volume of Beneficiaries Receiving Services Under the Programs Being Reviewed:
Statewide (3 million individuals)

4. Contract Length and Amounts: 12 Months; \$432,438

5. Contact Information:

a. **Current Phone number:** (501) 378-2221

b. **Mailing Address:** 320 W. Capitol, Suite 200; USABLE Corporate Center;
Little Rock, AR 72201

c. **Email Address:** posullivan@arkbluecross.com

d. **Title and Organization:** Executive Director

e. **Printed Name:** Patrick O’Sullivan

6. Project Summary

Funded by the Blue & You for a Healthier Arkansas, ACHI developed a unique report in 2013 that took a multi-dimensional look at how and where health care was provided in Arkansas. The report recognized that access to care, including availability of medical services, is a key factor in improving health but noted a pronounced lack of accurate and consistent data available for measuring our current and future health workforce. Therefore, the objective of the report, entitled *Arkansas Health Care Workforce: A Guide for Policy Action*, was to provide a clearer picture of Arkansas’s healthcare workforce capacity and consumer access needs now and for the future.

To provide a more precise profile of Arkansas’s health care workforce capacity and consumer access needs now and for the future, ACHI built upon an ongoing workforce strategic planning dialogue with provider associations, healthcare institutions, and consumer groups. ACHI undertook

this assessment by conducting extensive literature reviews, legal analyses, and nationwide assessments of state activities; collaborating with a survey vendor to design and execute surveys focused on medical clinic office managers and primary care physicians; working with a focus group vendor to obtain input from consumer focus groups; and compiling multiple sources of healthcare professional data for more detailed analyses. In addition, ACHI contracted with a micro-simulation expert to generate estimates of health care workforce supply and demand on a county level under baseline and alternative scenarios compared with national provider availability. This work resulted in the unique integration of the following study components:

1. Micro-simulation model of primary care workforce supply and demand
2. Specialty physician supply analysis
3. Drive-time analysis for primary and specialty care physicians
4. Physician payer-mix analysis
5. Office capacity and primary care physician surveys
6. Consumer focus groups

For the first time, demand represented by various aspects of health was assessed at the county level and compared to the supply of available health care professionals.

Important observations from our supply and demand analyses include the following:

1. As of 2012, there were 2,077 primary care physicians practicing in the state. To match estimated demand, we needed 2,437, leaving us with about 360 or 15 percent fewer primary care doctors than needed.
2. The largest problem for many Arkansans was maldistribution of primary care doctors. In Pulaski, Craighead, Sebastian, or one of 14 other counties with larger metropolitan areas, there were enough or more than enough primary care providers. However, in the remaining 61 counties the demand for primary care exceeded the supply of care providers. The shortage was most severe for people living in Newton, Calhoun, Lafayette, Cleveland, and Scott counties where demand outpaces supply by 75 to 85 percent.
3. Overall, approximately two-thirds of our primary care workforce were physicians and one-third were advance practice nurses (APNs) or physician assistants (PAs). Compared to national experience of provider types and distribution, Arkansas had more practicing APNs than national rates and fewer PAs.
4. Combining primary care physicians with 946 APNs and PAs practicing in the state closes our shortage of available primary care providers compared with national experience to approximately 138 — an estimated 4 percent shortfall.
5. APNs and PAs were no more likely to serve in rural, underserved areas than their physician counterparts. The geographic concentration of physicians in urban and suburban areas was

mirrored for APNs and PAs resulting in the same oversupply in urban areas and shortages in rural parts of the state for these providers.

6. We estimated that approximately 60 providers would be needed to meet future demand projections (a one-time 2.5 percent increase) if the state chose to expand healthcare coverage under the ACA in 2014. Additionally, because of Arkansas's relatively unhealthy and aging population, approximately 261 providers, or an increase of 7.7 percent, would be required to meet estimated demand by 2020.

7. We estimated that Arkansas's high use of APNs and high rates of training new APNs and PAs would result in a gradual increase in the total supply of primary care providers approaching the national capacity of primary care clinicians available for care needs by around 2022.

Important observations from our physician and clinic manager surveys include the following:

1. Of the physicians responding to our survey with at least one APN associated with their practice, nearly half indicated that the APNs acted as primary care clinicians with their own patients; the remainder indicated that the APNs primarily assisted in seeing the physicians' patients.
2. Physician supervision of or collaboration with APNs varied greatly across the state. About one quarter of responding physicians working with APNs indicated that they review a sample of APN charts, and approximately a quarter of physicians indicated that they review all APN charts. Slightly more than a quarter indicated that they do not require but are available for consultation by their APNs.
3. Our office capacity survey found that currently nearly half of responding clinics had at least one APN on staff while the majority of clinics (79 percent) indicated that their practice had no PAs.

Qualitative focus groups conducted in rural Arkansas counties revealed that half of those participating drive between 20 and 90 minutes to see a primary care provider. The ability to get an appointment with a nearby doctor was also an issue in these medically underserved areas. Participants indicated that it could be difficult in rural communities to find primary care at hours convenient to work schedules.

Our payer mix analyses examined the mix of populations being served by providers according to their ages and the type of payer that provides insurance for the services (i.e., the payer mix).

Important observations include the following:

1. Only 4.8 percent of physicians had a patient panel that contained no Medicaid patients; whereas 11 percent of physicians had patient panels consisting of more than 75 percent Medicaid patients. One-third of physicians had practice panels limited to less than 10 percent Medicaid patients.
2. In a county-level analysis of Desha, Saline, and Stone counties, physicians did not appear to restrict patient panels only to privately insured individuals. Medicaid appeared to be a dominant payer in each physician's panel for pediatric patients. For adult patients, most physicians had a

more balanced profile of commercial and Medicare patients with a larger proportion of commercial coverage in the county with higher private insurance rates.

3. Physicians in rural areas such as Desha County were more reliant on Medicaid as a payer source when compared to metropolitan counties, where physicians had the flexibility to limit the number of patients from public payer sources.

Geomapping of drive-times for Arkansans to cities in which there is adequate access to primary and specialty care shows that some Arkansans — especially those in mountainous and Delta regions — face geographic barriers to access care.

The overall report provided valuable empirical data that highlighted shortage areas, offered complementary survey and focus group information, and set forth a framework for discussion through literature review that, when combined, was designed to help focus policies on addressing maldistribution and guide policymakers to solutions that work for Arkansans.

A2. SUBCONTRACTOR EXPERIENCE

Project 1—Statewide Comprehensive Outdoor Recreation Plan (SCORP): The Sociality of Spatiality

1. **Agency and Project Dates:** Arkansas Department of Parks and Tourism; July 1, 2017, to June 31, 2018

2. **Description**

a. **Scope:** The scope of this project was to complete three large-scale surveys for use in developing the Statewide Comprehensive Outdoor Recreation Plan (SCORP).

b. **Description of Program Reviewed:** The SCORP captures historical and current efforts designed to enhance recreation opportunities in Arkansas by bringing together voices from the users of recreation sites, planners and developers, government officials, and agency managers in order to create a plan to guide recreation development in a beneficial and sustainable manner.

c. **Number of Staff:** 3 staff and 13 students

d. **Technical Environment:** The Center for Social Research leverages technical resources from across the University of Arkansas system and its campuses on a case-by-case basis, including those necessary for a) receiving and processing big data (e.g., the High Performance Computing Center), b) storing and securing encrypted files in both physical and virtual spaces, c) managing and manipulating both quantitative and qualitative data, d) constructing and optimizing statistical models, and e) visualizing data outcomes for a variety of audiences. Similarly, the Center operates under guidelines established by the University of Arkansas for compliance with human subjects research, as well as those required for the technical environments of each specific project. Likewise, the security team at the University of Arkansas protects university resources, including those of the Center, from attacks and other threats to the campus network and accounts and devices.

3. Estimated Volume of Beneficiaries Receiving Services Under the Programs Being Reviewed:
10,000 residents and 5,000 potential visitors

4. Contract Length and Amounts: 12 months; \$92,520

5. Contact Information:

a. Current Phone number: (501) 682-6947

b. Mailing Address: One Capitol Mall; Little Rock, AR 72201

c. Email Address: zach.foster@arkansas.gov

d. Title and Organization: Parks Planner & SCORP Author, Outdoor Recreation Grants Program, Arkansas Department of Parks and Tourism

e. Printed Name: Zachary S. Foster

6. Project Summary:

The Statewide Comprehensive Outdoor Recreation Plan (SCORP) captures historical and current efforts designed to enhance recreation opportunities in Arkansas by bringing together voices from the users of recreation sites, planners and developers, government officials, and agency managers in order to create a plan to guide recreation development in a beneficial and sustainable manner.

The United States Department of the Interior's National Park Service (NPS) administers the Land and Water Conservation Fund (LWCF) State Assistance Program, which allocates federal funds to state governments for acquisition and development of recreation sites. The SCORP is a requirement of that program, examining broad demand for outdoor recreation expressed by citizens, as well as the opportunities that are already present in the form of recreational facilities, programs, and agency support.

Arkansas Department of Parks and Tourism (ADPT) partnered with the Center for Social Research to complete a large-scale, three-survey project. Data from these surveys are used to develop the SCORP. Fulfilling the land grant mission of the university, this project involved a statewide mail and web survey of 10,000 Arkansas residents, a random sample web-based survey of 5,000 potential visitors to Arkansas, and a targeted web-based survey of statewide parks and tourism providers. Additionally, an online forum for interactive feedback was hosted by the Center. The project served a dual role by (a) advancing knowledge on parks and tourism usage relevant for regional investment and economic development, as well as (b) training both graduate and undergraduate students in the social research process from solicitation through completion and archiving.

Organizationally, the project involved coordinating a team of three core staff and 13 students to design, print, organize, track, and stuff 10,000 mail surveys paralleling a Qualtrics push-to-web survey (including skip patterns, logic flows, and multi-response questions). All data were exported,

organized, cleaned, and analyzed using the Stata software package with all coding syntax provided to clients. Because the surveys included personal demographic and financial information, all data were treated with confidentiality measures as specified by the Human Subjects Research protocols and securely stored on university cloud servers. The overall response rate was 13.91 percent.

From the weighted sample of Arkansas residents, key findings include: 1) nearly 90 percent of Arkansas residents utilized Arkansas parks and recreation sites within the past year; 2) significant regional variation exists in park usage, with greater rates in Central (98 percent) and Northwest Arkansas (97 percent) than in the lower Delta region (35 percent); 3) distance to parks and diversity of services remain major hurdles to recreation participation, especially among younger populations; and 4) respondents with children utilize a wider array of park services and recreational opportunities than those without.

Project 2—The Science and Imagination of Living Generously Initiative

- 1. Funder and Project Dates:** Indiana University-Purdue University-Indianapolis and Lilly Family School of Philanthropy; January 1, 2016, to December 31, 2016
- 2. Description**
 - a. Scope:** This project seeks to extend the National Survey of Youth and Religion through an additional survey wave coupled with new methodologies for survey implementation.
 - b. Description of Program Reviewed:** The National Survey of Youth and Religion is a survey designed to investigate a national sample of U.S. Millennials longitudinally from adolescence (2001) into early emerging adulthood (2013).
 - c. Number of Staff:** 4 staff and 5 graduate students
 - d. Technical Environment:** The Center for Social Research leverages technical resources from across the University of Arkansas system and its campuses on a case-by-case basis, including those necessary for a) receiving and processing big data (e.g., the High Performance Computing Center), b) storing and securing encrypted files in both physical and virtual spaces, c) managing and manipulating both quantitative and qualitative data, d) constructing and optimizing statistical models, and e) visualizing data outcomes for a variety of audiences. Similarly, the Center operates under guidelines established by the University of Arkansas for compliance with human subjects research, as well as those required for the technical environments of each specific project. Likewise, the security team at the University of Arkansas protects university resources, including those of the Center, from attacks and other threats to the campus network and accounts and devices.
- 3. Estimated Volume of Beneficiaries Receiving Services under the Programs Being Reviewed:** 2,532 individuals
- 4. Contract Length and Amounts:** 12 months; \$45,066

5. Contact Information:

- a. **Current Phone number:** (317) 274-4200
- b. **Mailing Address:** 301 University Boulevard; Indianapolis, IN 46202
- c. **Email Address:** pshezog@iupui.edu
- d. **Title and Organization:** Melvin Simon Chair and Associate Professor, Lilly Family School of Philanthropy, IUPUI
- e. **Printed Name:** Patricia Snell Herzog, PhD

6. Project Summary:

Co-Directors Herzog and Harris (with affiliates Shauna Morimoto and Jared Peifer) secured funding to develop the “Emerging Leaders Study — Intervening in the Social Science of Life-Course Generosity.” This project sought to extend the National Survey of Youth and Religion through an additional survey wave coupled with new methodologies for survey implementation, including “live” survey rollouts for immediate response, as well as interactive forum spaces. Aiming to investigate and contribute to the formation of emerging adults as productive, multicultural leaders, this project explored how the activities of giving, believing, learning, and working are changing across generations and the implications of these changes for the future of cross-generational mentorship and social support.

The project involved three interconnected sets of issues in contemporary America: 1) the millennial generation and the social changes this generational cohort represents; 2) responses to the social problems and needs arising from recent social trends; and 3) changing leadership, redefined for a networked and globalized United States cultural context.

Technically, this wave of the survey implemented traditional web survey methodology through Qualtrics software, as well as emerging “live response” technology in which modules were sent to participants in real time. All data were then collected, cleaned, coded, and merged with other waves of the National Survey of Youth and Religion using the Stata software package. Organizationally, modules were developed using an interdisciplinary team from the fields of philanthropy and giving, business and organizations, and sociology. Using the final wave of the National Survey of Youth and Religion sample, we attempted to reconnect with 2,532 individuals and were able to collect new information for approximately 1,648 individuals (65 percent response rate). In addition, we conducted more “in depth” interviews with 300 individuals who had previously provided qualitative data to the National Survey of Youth and Religion and received 171 responses (57 percent response rate).

Project 3—Developing a Spatial Child Maltreatment Risk Machine Learning Model for Little Rock, Arkansas

- 1. Funder and Project Dates:** Arkansas Division of Children and Family Services (DCFS); October 1, 2018, to present (ongoing)
- 2. Description**
 - a. Scope:** In collaboration with Predict Align Prevent and DCFS, this project examines child maltreatment, including mortality. Specifically, the scope of work for this project is to develop a machine-learning model to predict the spatial risk of child maltreatment across the city of Little Rock, Arkansas.

 - b. Description of Program Reviewed:** Child maltreatment cases in Little Rock, Arkansas

 - c. Number of Staff:** 3

 - d. Technical Environment:** The Center for Social Research leverages technical resources from across the University of Arkansas system and its campuses on a case-by-case basis, including those necessary for a) receiving and processing big data (e.g., the High Performance Computing Center), b) storing and securing encrypted files in both physical and virtual spaces, c) managing and manipulating both quantitative and qualitative data, d) constructing and optimizing statistical models, and e) visualizing data outcomes for a variety of audiences. Similarly, the Center operates under guidelines established by the University of Arkansas for compliance with human subjects research, as well as those required for the technical environments of each specific project. Likewise, the security team at the University of Arkansas protects university resources, including those of the Center, from attacks and other threats to the campus network and accounts and devices.
- 3. Estimated Volume of Beneficiaries Receiving Services Under the Programs Being Reviewed:**
6,000 incidents of child maltreatment
- 4. Contract Length and Amounts:** October 1, 2018, and ongoing; \$26,851
- 5. Contact Information:**
 - a. Current Phone number:** (972) 533-1917
 - b. Mailing Address:** 1452 Hughes Road, Suite 200; Grapevine, TX 76051
 - c. Email Address:** dyann@predict-align-prevent.org
 - d. Title and Organization:** Founder and CEO, Predict Align Prevent, Inc.
 - e. Printed Name:** Dyann Daley, MD

- a. Current Phone number:** (501) 682-6248
- b. Mailing Address:** Division of Children and Family Services, P.O. Box 1437, Slot S564; Little Rock, AR 72203-1437
- c. Email Address:** Sherrijo.mclemore@dhs.arkansas.gov
- d. Title and Organization:** Program Manager, Arkansas Children's Trust Fund, Arkansas Department of Human Services
- e. Printed Name:** Sherri Jo McLemore

6. Project Summary:

The CSR is collaborating with Predict Align Prevent and DCFS in an examination of child maltreatment, including mortality. The scope of work for this project is to develop a machine-learning model to predict the spatial risk of child maltreatment across the city of Little Rock, Arkansas. According to a 2016 report produced by the Commission to Eliminate Child Abuse and Neglect Fatalities, between four and eight children die every day in the United States from abuse or neglect. Between July 1, 2015, and June 30, 2018, approximately 16,500 incidents of child maltreatment were investigated in Pulaski County, Arkansas. Nearly 6,000 of these incidents occurred in Little Rock, comprising the data for this study.

The purpose of the research is to understand and predict the spatial risk of child maltreatment incidents in Little Rock, Arkansas. The main focus will be on identifying patterns in the social, demographic, and built environment characteristics that cluster in time and space with child maltreatment incidents with the goal of predicting future incidents. Specifically, our team is conducting an investigation of the geographic relationship of child maltreatment, related fatality, and pathophysiology associated with chronic exposure to adverse events for the purposes of 1) identifying high-risk places based on environmental features; 2) strategically working with communities and providers to align services, education, and resources where they are most likely to reach children at risk, and; 3) baselining and actively surveilling risk, protective, and outcome metrics in high-risk places to measure the efficacy of specific implementations of prevention programs in identified high-risk places, and to inform ongoing prevention efforts.

The study is a retrospective, secondary data analysis. Data is being joined from publicly available sources including local, state, and federal agencies. These include the Arkansas Department of Children and Family Services, Arkansas Department of Health, Little Rock Police Department, and the American Community Survey (i.e., Census data). The combined datasets allow for a thorough analytical approach to understanding the spatial choice structure for child maltreatment incidents.

Geospatial risk and protective factor analysis is an emerging predictive analytics model in child welfare, thus very little expertise of geospatial analysis exists. Cluster analysis, the first step for any

type of spatial analysis, requires address level data as input, but the resulting maps do not allow for the identification of individual address points, only concentration (density) of points in certain areas. These data are used to determine aggregate relationships for child maltreatment incidents and the social, demographic, and built environment characteristics that cluster in time and space with child maltreatment incidents. No individual addresses or other identifying information is discernible in the analysis output and no point input data can be reconstructed from the resulting density and risk maps.

Organizationally, the project involved coordinating a team of three core staff affiliated with the Center of Social Research in their collaboration with researchers with Predict Align Prevent, administrators at the Division of Children and Family Services (DCFS), and representatives of the vendor that houses DCFS data. Data were provided by the DCFS vendor; however, these data were exported, organized, cleaned, spatially located, and analyzed using the R software package with all coding syntax and detailed spatial analyses, including the mapping of all incidents and predictors, provided to clients. Because the data included personal demographic information on substantiated child maltreatment victims, all data were treated with confidentiality measures as specified by the Human Subjects Research protocols and securely stored on university cloud servers.

This project officially began on October 1, 2018, with the development of a partnership between the CSR, PAP, and DCFS. However, due to the sensitive nature of place- and person-specific data on child maltreatment, it took a considerable amount of time to secure the data. Currently, affiliates of the CSR are analyzing the data and developing detailed spatial analyses.

Project 4—Texting Research Project with Arkansas Community Corrections (ACC)

1. Agency and Project Dates: ACC; July 15, 2018, to present (ongoing)

2. Description

- a. Scope:** This project will enhance and evaluate the ACC and Marquis Software offender management system to send text message reminders to offenders several days before their scheduled office visit.

- b. Description of Program Reviewed:** ACC is responsible for adult parole and probation supervision, the operation of six facilities that are licensed residential treatment centers, and supervision of more than 60,000 offenders throughout Arkansas. ACC is working to make Arkansas safer by changing offender behavior through evidence-based approaches, programs, and services.

- c. Number of Staff:** 4

d. Technical Environment: The Center for Social Research leverages technical resources from across the University of Arkansas system and its campuses on a case-by-case basis, including those necessary for a) receiving and processing big data (e.g., the High Performance Computing Center), b) storing and securing encrypted files in both physical and virtual spaces, c) managing and manipulating both quantitative and qualitative data, d) constructing and optimizing statistical models, and e) visualizing data outcomes for a variety of audiences. Similarly, the Center operates under guidelines established by the University of Arkansas for compliance with human subjects research, as well as those required for the technical environments of each specific project. Likewise, the security team at the University of Arkansas protects university resources, including those of the Center, from attacks and other threats to the campus network and accounts and devices.

3. Estimated Volume of Beneficiaries Receiving Services Under the Programs Being Reviewed:
60,000 offenders

4. Contract Length and Amounts: July 15, 2018, and ongoing; Intramural support

5. Contact Information:

a. Current Phone number: (501) 837-6927

b. Mailing Address: 105 W. Capitol Ave.; Little Rock, AR 72201

c. Email Address: Jacob.laan@arkansas.gov

d. Title and Organization: Research & Evaluation Administrator, Arkansas Community Correction

e. Printed Name: Jacob M. Laan

6. Project Summary:

The Center for Social Research (CSR) has an established a memorandum of understanding (MOU) and data sharing agreement in place with Arkansas Community Correction (ACC) that facilitates a series of ongoing collaborate research and evaluation projects, initiatives, and proposals. We are currently working with ACC and Marquis Software to enhance their offender management system to send text message reminders to offenders several days before their scheduled office visit. The CSR has a role in evaluating the effectiveness of this initiative.

ACC is working to make Arkansas safer by changing offender behavior through evidence-based approaches, programs, and services. ACC supervises more than 60,000 offenders throughout the state. Most offenders on community supervision in Arkansas must have a quarterly office visit with their probation/parole officer. These appointments are missed approximately 30 percent of the time, resulting in an offender violation and wasted time for the officer. To reduce the number of missed appointments, the CSR is collaborating with ACC and Marquis Software to enhance their Offender Management System to send text message reminders to offenders several days before their scheduled office visit. We are evaluating the effectiveness of the initiative through an experimental study.

The research questions driving this project include:

1. Do text-message appointment reminders reduce the percentage of no-shows for scheduled offender office visits in a cost-effective way?
2. Are multiple reminders more effective than a single reminder?
3. Is the effect different if the reminder is sent at differing time periods (number of days) before an appointment?
4. If the offender confirms that they will attend the appointment, do they have a greater probability of attending?

The research plan is for one control group and three experimental groups. The control group received no texts. The experiment ran for six and a half months. The effect size or practical significance was set to 5 percent, as ACC decided that appointment reminder texting would have a practical significance only if it reduced no-shows by 5 percent. A stratified random sample of 4,000 offenders (1,000 members per group) was developed from the population of all offenders who had active cell phones and were required to attend office visits.

The treatment for each group was as follows:

1. Group 1: a text one day before the appointment;
2. Group 2: a text two days before the appointment;
3. Group 3: texts one day and four days before the appointment; and
4. Control Group: no texts.

The actual experiment began October 1, 2018, and ran for six and a half months, until April 15, 2019. The analyses of these data will be conducted between May 13, 2019, and August 31, 2019.

Organizationally, this project involves coordinating teams of between two and four core-affiliated staff to work with ACC administrators and Marquis Software (the vendor that houses DCFS data). Though ACC or Marquis Software collects data, CSR research teams provide consultation for best practices in data collection, as well as quasi-experimental and experimental research design. The CSR research team has been involved with exporting, organizing, cleaning, and analyzing data using STATA, SPSS, and the R software packages. Detailed analyses, reports, and coding syntax are provided to the client when applicable. Because the data include demographic information on individuals that were or are under the supervisions of ACC, all data are treated with confidentiality measures as specified by the Human Subjects Research protocols and securely stored on university cloud servers.

B1. VENDOR REFERENCES

1. References other than DHS

- (1) **Bob St. Peter, MD**
President & CEO
Kansas Health Institute
212 SW Eighth Ave.
Topeka, KS 66603-3936
(785) 233-5443
rstpeter@khi.org

- (2) **Jo Porter, MPH**
Director, Institute for Health Policy and Practice
University of New Hampshire
4 Library Way, Suite 202
Durham, NH 03824
(603) 862-2964 [office]
(781) 856-4685 [home]
Jo.porter@unh.edu

2. State Medicaid division reference

- (1) **Daniel Tsai**
Assistant Secretary, EOHHS
Medicaid Director, Commonwealth of Massachusetts
Department of Health and Human Services, Office of Medicaid
1 Ashburn Place, 11th Floor, Room 1109
Boston, MA 02108
(617) 573-1770
daniel.tsai@state.ma.us
Contact: Nannette Quinlan
Executive Assistant to Daniel Tsai
(617) 503-1733
Nannette.l.quinlan@state.ma.us

B2. SUBCONTRACTOR REFERENCES

1. References other than DHS

- (1) **Julie Baldwin**
Associate Director of Research
Justice Programs Office
American University
4400 Massachusetts Ave NW
Washington, DC 20016
(202) 885-3834
jbaldwin@american.edu

- (2) **Lillian Wichinsky**
Director of Community Engagement and Partnerships
University of South Florida
4202 E. Fowler Avenue
Tampa, FL 33620

(813) 974-6709
lwichinsky@usf.edu

2. State Medicaid division reference

(1) Sherri Jo McLemore

Program Manager, Arkansas Children's Trust Fund
Division of Children and Family Services
Arkansas Department of Human Services
P.O. Box 1437, Slot S564
Little Rock, AR 72203-1437
(501) 682-6248
Sherrijo.mclamore@dhs.arkansas.gov

C1. CONFLICT OF INTEREST / INDEPENDENCE—VENDOR

ACHI affirms that neither the organization nor its staff has an actual conflict of interest. Moreover, ACHI asserts its independence from the Arkansas Department of Human Services (DHS), the qualified health plans, and providers serving Medicaid beneficiaries, including the University of Arkansas for Medical Sciences. ACHI recognizes, however, that there may exist apparent conflicts of interest or a perceived lack of independence from these entities. At this time, we are not aware of any potential conflicts of interest that may arise in the future, although ACHI commits to informing DHS should staff become aware of any such conflict of interest.

1. DHS and Arkansas Medicaid

With respect to any apparent conflict with the DHS, ACHI hereby discloses that the organization has an existing contract with the Division of Medical Services to perform data and analytic services for Arkansas Medicaid. However, data services provided are to assist Arkansas Medicaid with statutory requirements unrelated to Medicaid expansion via the demonstration waiver. Analytic services include an assessment of beneficiary transitions out of Arkansas Works due to the work requirements, a waiver provision neither covered by this Invitation for Bid (IFB) nor currently in effect due to a federal court ruling. The contract also funds analyses regarding child obesity that are unrelated to the Medicaid expansion evaluation or this IFB. Finally, the contract funds a position housed within the Office of Health Information Technology (OHIT) at the Arkansas Department of Health. OHIT oversees the day-to-day work of the position funded through the contract, and the employee in the position reports to work at OHIT offices.

In an effort to mitigate any apparent conflict of interest, ACHI commits to bifurcating staff assigned to the evaluation contract and the existing DHS contract. Additionally, ACHI submits that the organization's previous work on the state's Medicaid expansion waiver evaluation, and the

absence of expressed concern or objection by DHS or the Centers for Medicare and Medicaid Services to ACHI's performance of the evaluation, is evidence of ACHI's independence for purposes of this IFB. ACHI has no role in policy development or ongoing support of Arkansas Medicaid's management of the Arkansas Works waiver components within this IFB.

2. Qualified Health Providers (QHP) under the ARWorks program

3. Providers serving Medicaid and ARWorks beneficiaries under any Arkansas Medicaid or ARWorks program.

With respect to any apparent conflict of interest with the qualified health plans (QHP) and healthcare providers serving Medicaid beneficiaries, ACHI hereby discloses that the organization's Administrative Committee includes a member from Arkansas Blue Cross and Blue Shield (a QHP serving Medicaid beneficiaries), as well as members from the University of Arkansas for Medical Sciences (UAMS), Arkansas Children's Hospital, and the Arkansas Department of Health (healthcare providers serving Medicaid beneficiaries). The Administrative Committee has limited functions pursuant to a memorandum of agreement (MOA) that is signed by the chief executive officer of each of the members and has been in effect since 2003. The Administrative Committee is restricted to the review and approval of the organization's annual budget and the authority to hire or terminate the organizations' chief executive officer. Notably, the Administrative Committee members are prohibited under the MOA from reviewing work product or influencing the policy positions advanced by ACHI or any other efforts in which ACHI is involved. ACHI has requested and received a communication from Administrative Committee members affirming their strict adherence to the MOA's prohibition on access to or review of work product related to this IFB (See letter from ACHI Administrative Committee). Recognizing that UAMS researchers are not protected by the MOA provisions and that UAMS employs both the Medicaid Medical Director and Senior Advisor for Medicaid and Healthcare Reform at DHS, ACHI has excluded UAMS researchers from its evaluation team to avoid real, potential, or perceived conflicts of interest.

Finally, with respect to any apparent conflict of interest due to ACHI's role as the administrator of the Arkansas All-Payer Claims Database (APCD) for the Arkansas Healthcare Transparency Initiative, ACHI discloses that the organization has access to public payer data, including Medicaid and private payer data — including QHP data for analytic purposes. A data use agreement (DUA) with the Arkansas Insurance Department (AID) governs ACHI's uses of the Arkansas APCD. Pursuant to the DUA, AID retains authority to review and approve ACHI uses of APCD data, mitigating any apparent conflict of interest.

As has been our practice during Arkansas Medicaid's prior engagement of ACHI for evaluation efforts, with DHS approval, ACHI will impanel a set of national experts to review the evaluation design, performance, and findings. We plan to reestablish a national advisory committee of reputable individuals who have established themselves in health services research and evaluation efforts and would include Arkansas DHS recommendations to further strengthen oversight. Additionally, ACHI would welcome the participation of Arkansas Medicaid in regular evaluation team meetings to monitor the process, as well as the progress toward deliverables.

Should any other conflicts arise, ACHI commits to notifying Arkansas Medicaid promptly and in writing with an accompanying mitigation strategy.



April 2, 2019

Arkansas Department of Human Services
Attn: Office of Procurement
700 Main Street, Slot W345
Little Rock, AR 72201

As members of the Arkansas Center for Health Improvement's (ACHI) Administrative Committee, we confirm that we have all entered into a memorandum of understanding (MOU) with ACHI that establishes our role to select the chief executive officer and to review and approve the annual organizational budget. Additionally, the MOU limits the role of the Administrative Committee, reserving guidance about health policy initiatives of ACHI to the separate Health Policy Board.

The MOU and the organizational structure were intentionally designed to protect ACHI from influence by the Administrative Committee regarding policy positions or programs, with the goal of fostering independence to advance policy to improve the health of Arkansans, irrespective of whether such policies individually or collectively benefit the members of the Administrative Committee.

The four members of the Administrative Committee and their organizations do not review, influence, or have access to work products conducted by ACHI until publicly released. By way of this communication, we reaffirm our commitment to the provisions in the MOU and the organizational independence of ACHI, which has served as the state's leading health policy center for 20 years.

We believe that any conflict of interest for purposes of this invitation for bid (IFB) for evaluation of Arkansas's Section 1115 Demonstration Waiver is sufficiently mitigated by the provisions in the MOU. Moreover, we observed the process and reviewed the findings from ACHI's previous reports on its evaluation of Arkansas's Section 1115 Demonstration Waiver following submission, and we have no reason to believe that the scientific rigor and independent analyses evidenced in the evaluation reports will differ if ACHI is successful in response to this IFB.



We appreciate your consideration of our remarks in this letter as you review ACHP's response to the IFB.

Sincerely,

Handwritten signature of Curtis Barnett in black ink, written over a horizontal line.

Curtis Barnett
President and Chief Executive Officer,
Arkansas Blue Cross Blue Shield

Handwritten signature of Nathaniel Smith in black ink, written over a horizontal line.

Nathaniel Smith, MD, MPH
Director and State Health Officer,
Arkansas Department of Health

Handwritten signature of Marcella Doderer in black ink, written over a horizontal line.

Marcella Doderer, FACHE
President and Chief Executive Officer,
Arkansas Children's Hospital

Handwritten signature of Cam Patterson in black ink, written over a horizontal line.

Cam Patterson, MD, MBA
Chancellor,
University of Arkansas for Medical Sciences

C2. CONFLICT OF INTEREST / INDEPENDENCE—SUBCONTRACTOR

Without limitation or qualification, the Center for Social Research certifies that it has no actual, apparent, or potential conflicts of interest with, and is independent from, Arkansas Medicaid; Qualified Health Providers (QHP) under the ARWorks program, including Ambetter from Arkansas Health & Wellness (Centene Corporation), QualChoice (QCA Health Plan, Inc./QualChoice Life and Health Insurance Company, Inc. and Arkansas Blue Cross and Blue Shield; providers serving Medicaid and ARWorks beneficiaries under any Arkansas Medicaid or ARWorks program.

We acknowledge a current research project involving the Department of Children and Family Services (DCFS) as a division of the Department of Human Services (DHS) as listed in Section 2.2 A. Although we do not view this as a conflict, we are noting the ongoing project to maintain complete transparency. We will take all steps deemed necessary to maintain independence and to mitigate any perceived conflict. As a mitigation plan, pending award of this contract, we intend to keep the funding cost centers separate. Further, if deemed appropriate by ACHI and/or DHS, we will put in place additional oversight with University of Arkansas research compliance offices.

D1. SANCTIONS, CORRECTIVE ACTIONS OR ADVERSE MEDICAID PROGRAM OCCURRENCE—VENDOR

UAMS certifies that:

1. It has not received any sanctions or corrective actions by a state or federal government within the last ten (10) years; and
2. It has not been involved with any of the following occurrences regarding any state's Medicaid programs within the past five (5) years, including but not limited to Medicaid expansion programs:
 - a. Any ongoing litigation and any litigation resolved (including by settlement).
 - b. Any states' departments of insurance market conduct examinations and findings.
 - c. Any financial penalties greater than one thousand dollars (\$1,000.00) incurred as a result of failure to meet one or more contractual performance standards on any evaluation contract.

D2. SANCTIONS, CORRECTIVE ACTIONS OR ADVERSE MEDICAID PROGRAM OCCURRENCE--SUBCONTRACTOR



UNIVERSITY OF ARKANSAS

Office of Financial Affairs

May 2, 2019

Arkansas Department of Human Services
Attn: Office of Procurement
112 West 8th Street, Slot W345
Little Rock, AR 72201

To Whom it May Concern:

In response to the State of Arkansas Bid # 710-19-1020, this is to certify that the University of Arkansas:

- Has not received any sanctions or corrective actions by a state of Federal government within the last ten (10) years; and
- Has not been involved with any of the following occurrences regarding any state's Medicaid programs within the past five (5) years, including but not limited to Medicaid expansion programs:
 1. Any ongoing litigation and any litigation resolved (including by settlement).
 2. Any states' departments of insurance market conduct examinations and findings.
 3. Any financial penalties greater than one thousand dollars (\$1,000.00) incurred as a result of failure to meet one or more contractual performance standards on any evaluation contract.

Please contact me if you have any questions or need further information.

Regards,

Michael W. White
Associate Vice Chancellor for
Financial Affairs

pkt

E1. BONDABILITY—VENDOR

UAMS is “bonded” through the full faith and credit of the state of Arkansas. The Board of Trustees of the University of Arkansas is a body politic and corporate, organized and existing under the laws of the State of Arkansas. The Board of Trustees is the governing body for the University of Arkansas, its campuses, and division, including UAMS. As such, UAMS enjoys sovereign immunity from lawsuits under Article 12, Section 12 of the Arkansas Constitution. A surety bond or similar insurance policy would be a waiver of UAMS’s sovereign immunity and UAMS is, thus, prohibited by law from obtaining such policies. Claims against the State of Arkansas, including against UAMS, may be presented to the Arkansas State Claims Commission just as they would be presented against a surety insurer on a bond for a non-sovereign entity.

E2. BONDABILITY--SUBCONTRACTOR



UNIVERSITY OF ARKANSAS

Office of Financial Affairs

May 3, 2019

Arkansas Department of Human Services
Attn: Office of Procurement
700 Main Street
Little Rock, AR 72201

To Whom It May Concern:

The University of Arkansas (UA) is "bonded" through the full faith and credit of the state of Arkansas. The Board of Trustees of the University of Arkansas is a body politic and corporate, organized and existing under the laws of the State of Arkansas. The Board of Trustees is the governing body for the University of Arkansas, its campuses, and division, including UA. As such, UA enjoys sovereign immunity from lawsuits under Article 12, Section 12 of the Arkansas Constitution. A surety bond or similar insurance policy may be construed as a waiver of UA's sovereign immunity, which UA is not permitted to do, and therefore UA does not obtain such policies. Claims against the State of Arkansas, including against UA, may be presented to the Arkansas State Claims Commission just as they would be presented against a surety insurer on a bond for a non-sovereign entity.

Please contact me if you have any questions, or need further information.

Regards,

Michael W. White
Associate Vice Chancellor for
Financial Affairs

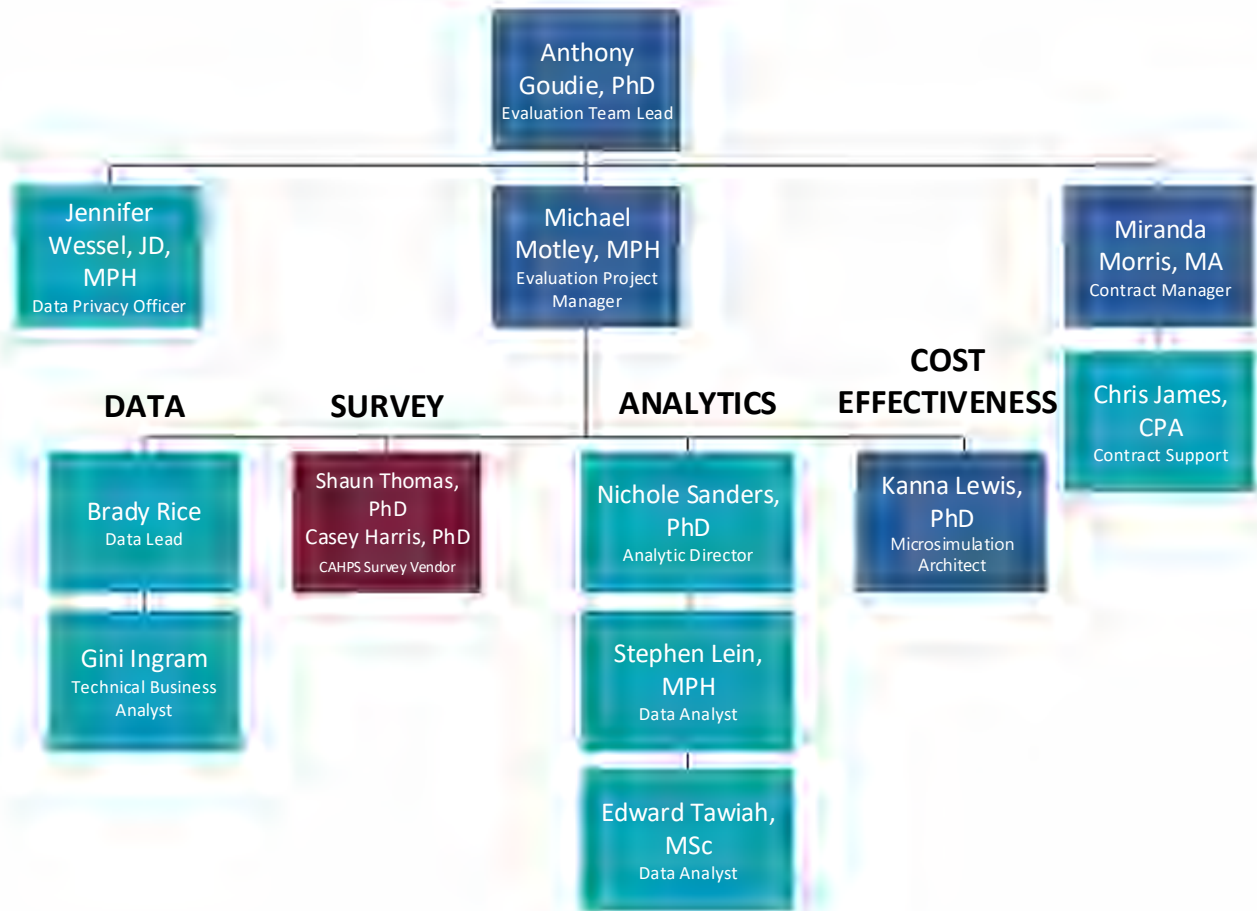
F1. ORGANIZATIONAL CHART—VENDOR

ACHI has designed and executed the scope of work delineated in the IFB (Attachment G and H) through December 31, 2018 (end of Demonstration Year 5). Building upon the developed research design, experience in execution and reporting, and anticipated requirements we propose a streamlined and dedicated team to meet the requirements of the Scope of Work (Section 2.3) and satisfy reporting requirements for DHS and CMS.

ACHI proposes a project team with nationally recognized qualifications, five consecutive years of experience in research design, evaluation execution, and reporting on the Arkansas HCIP/AW 1115 Medicaid waiver. Dr. Anthony Goudie, Director of Research and Evaluation, will serve as the evaluation team leader with full responsibility for design, execution, and content of contract deliverables.

In addition to Dr. Goudie, three members of ACHI leadership will provide key components. Michael Motley, MPH, Director of Analytics will serve as the full-time Project Manager of the Arkansas Works evaluation including execution of evaluation analytic components, coordination and communication with DHS on progress, and ensuring all reports, deliverables, and milestones are appropriately executed in a timely manner. Dr. Kanna Lewis, Health Policy Microsimulation Architect, will conduct all financial analyses of cost-effectiveness and budget impact simulations. Miranda Morris, Executive Director, of ACHI will serve as contract manager for this project with responsibility for contract management, execution, and any modifications requested by DHS.

Arkansas Works Evaluation
Proposed Organizational
Chart
May 2019



Supporting the project will be dedicated data, survey, analytic, and financial staff. Brady Rice, Assistant Director of Information Systems Architecture and Technical Lead for the Arkansas Health Data Initiative supported by Gini Ingram, Business Technical Analyst, will ensure availability, accessibility, and retention of appropriate data elements. Jennifer Wessel, JD, MPH, serves as ACHI's Data Privacy Officer and will ensure appropriate compliance with applicable privacy and security laws and policies and monitor/report any violations including HIPAA, HITECH, and Arkansas Personal Information Protection requirements. Dr. Shaun Thomas, Co-Director of the Center for Social Research at the University of Arkansas will have primary responsibility for survey deployment, data collection, and data entry supported by his Co-Director, Dr. Casey Harris.

Dr. Nicole Sanders is the Assistant Director of Analytics at ACHI, and with Mr. Motley will have primary responsibility for execution of analyses to generate metric results required for the evaluation with support from Senior Data Analyst Stephen Lein, MPH and Data Analyst Edward Tawiah. Chris James, CPA, will facilitate financial monitoring and reporting associated with the contract and sub-award to the Center for Social Research at the University of Arkansas.

As required, this proposal is for state fiscal year 2020, but includes assessment of waiver experience from January 1, 2019 (DY6 Q1) through June 30, 2020 (DY7 Q2) with options to extend through the end of the current waiver approval (December 31, 2021). We anticipate continuing longitudinal assessments of previously established cohorts (QHP and Medicaid) and new evaluations of programmatic performance consistent with hypotheses described above and delineated within the IFB.

Evaluations of clinical access, health outcomes, continuity of care, and program costs will be performed in accordance with the research design and established scope utilizing data and metrics described in the Scope of Work Section 2.3 C. During the contract period under review, these activities will include:

7. Biannual collection and analyses of enrollment and Medicaid/QHP claims data;
8. Geomapping of network adequacy including primary care and specialty access (DY6);
9. Fielding of a Consumer Assessment of Health Plan Survey (CAHPS) in DY7; and
10. Qualitative assessments of program experience in DY7.

ACHI will perform data collection and analyses of enrollment, claims, qualitative, and geo-mapping of metrics described in the scope of work.

For the CAHPS assessment, ACHI will establish design requirements, perform statistically valid sampling techniques, and analyze results. Survey deployment, data collection, and data entry will be performed by the Center for Social Research at the University of Arkansas. From power calculations based on historic response rates, a sample of approximately 20,000 individuals will be required to yield approximately 6,000 completed questionnaires necessary to satisfy research design requirements.

With approval by DHS, ACHI will establish a National Advisory Committee (NAC) consisting of five members to serve as an external expert advisory group for the waiver evaluation. Members of the NAC will be asked to serve in the capacity for the duration of the evaluation period. The NAC will be comprised of a diverse range methodological and evaluation perspectives. Specifically, the NAC will be expected to perform the following functions throughout the evaluation period:

- Understand and advise on the proposed waiver evaluation;
- Critically review and comment on the proposed evaluation methodology;
- Provide external validation of the final evaluation methodology;
- Critically review and validate the findings and results of the evaluation; and
- Provide guidance and support as needed in the framing and dissemination of the findings throughout the evaluation period.

Anthony Goudie

Curriculum Vitae

CONTACT INFORMATION	Arkansas Center for Health Improvement 1401 W. Capitol Avenue Suite 300. Victory Building Little Rock, AR 72201	(501) 526-2244 agoudie@uams.edu
EDUCATION	Lister Hill Center Health Policy Fellowship Cincinnati Children's Hospital Medical Center	2008
	Doctor of Philosophy in Health Services Research University of Alabama at Birmingham, Birmingham, AL	2008
	Master of Science in Public Health in Health Policy and Outcomes University of Alabama at Birmingham, Birmingham, AL	2002
	BA in Economics Memorial University of Newfoundland, St. John's, NF, Canada	1991
	BSc in Statistics Memorial University of Newfoundland, St. John's, NF, Canada	1990
ACADEMIC APPOINTMENTS	Assistant Professor (notified of successful promotion to Associate Professor and tenure effective 7/1/2019) Center for Applied Research and Evaluation Department of Pediatrics, College of Medicine University of Arkansas for Medical Sciences Little Rock, AR	2011 – present
	Director of Research and Evaluation Arkansas Center for Health Improvement University of Arkansas for Medical Sciences Little Rock, AR	2015 – present
	Research Assistant Professor Cincinnati Children's Hospital Medical Center Cincinnati, OH	2009 – 2011
	Statistician Division of Preventive Medicine University of Alabama at Birmingham School of Medicine Birmingham, AL	2000 – 2004

OTHER POSITIONS AND EMPLOYMENT	<p>Statistical Consultant 1995 – 1999 Centre for Institutional Analysis and Planning Memorial University of Newfoundland St. John's, Newfoundland, Canada</p> <p>Acting Manager 1995 Statistical Consulting Lab Memorial University of Newfoundland St. John's, Newfoundland, Canada</p> <p>Statistical Consultant 1993 – 1995 Department of Computing and Communications Memorial University of Newfoundland St. John's, Newfoundland, Canada</p> <p>Research Assistant 1991 – 1993 School of Business Administration Memorial University of Newfoundland St. John's, Newfoundland, Canada</p>
ONGOING SUPPORT	<p>1. USDA Arkansas Active Kids Grant (Weber PI; Goudie Co-I) 2016 – 2019 <i>Title:</i> Relationship of Physical Activity and Diet with Social Demographic, Environmental and Metabolic Factors in Arkansas Public School Children <i>Role:</i> Co-I <u>FTE: Year 1 - 20%, Year 2 - 15%, Years 3 and 4 - 5%.</u> <i>Description:</i> This grant has 3 Objectives: Objective 1 is to characterize the amounts and types of physical activities AR children engage in, and the types and quantities of selected foods they consume, and to evaluate the relationship of these activities to BMI. Objective 2 aims to characterize the activity-related household, environmental and socio-demographic variables that could potentially affect children's physical activity and obesity levels. Objective 3 will measure physical activity (PA), physical fitness (PF), and metabolic variables in a subsample of 7-10 year old Arkansas children to determine the impact of PA and PF per se, independent of obesity status, on overall metabolic health. Objectives 1 and 2 will use data from two national surveys and compare Arkansas children with those residing in Mississippi and Louisiana, while Objective 3 will collect primary data at the Arkansas Children's Nutrition Center. <i>Award Amount:</i> \$1,599,999</p> <p>2. Arkansas Department of Health 2016 – present <i>Title:</i> Arkansas BMI Collection and Comprehensive School Health Report Project <i>Role:</i> PI <u>FTE: 3%</u></p>

ONGOING
SUPPORT
(continued)

Description: This annual funding covers the coordination of state-wide collection of height and weight measures, calculation of body mass index and obesity status categories per CMS algorithms, and production and dissemination of a state-wide annual state of obesity status report on children in Arkansas public schools.

Award Amount: \$101,608 renewed annually

3. **Arkansas Employee Benefit Division** 2018 — 2019

Title: Redesign and Implementation of EBD Wellness Program

Role: Research Consultant FTE 2%

Description: Supervising analysis of population health risk assessment survey data and linkages to medical claims data to understand health behavior correlations with negative health outcomes.

Award Amount: \$294,432

4. **ACHI Stakeholder Project Funding and Analytic Supervision** 2015 — 2019

Title: Projects to Advance the ACHI Mission

Role: Director of Research and Evaluation FTE 21% (note this guaranteed funding support varies based on funded grant support but encompasses Core projects that must be completed when started)

Description: One current project includes the development of a unique research evaluation for the Arkansas Health Hospital Foundation, Champions for Health, Morrilton Intermediate School health and wellness initiative. This comprehensive initiative is multi-level, multi-approached, involving multiple interventions. Another stream of projects is focused on linking current school BMI longitudinal data with Children's HealthWatch data in Little Rock to explore greater contextual effects of food insecurity on a low-income child population. Each special project is designed to develop data and preliminary research to engage stakeholders and grant funding to explore unique research questions.

Award Amount: varies

8. **Department of Pediatrics, College of Medicine** 2018 – 2019

Title: Core Funding to Support Clinical Fellow Education

Role: Research Mentor FTE 10%

Description: Formal, engagement, support, and mentoring Department of Pediatrics clinical fellows pursuing research with the goal of presenting new clinical evidence and publishing peer-reviewed manuscripts.

Award Amount: \$150,000

COMPLETED
SUPPORT

1. **Centers for Medicare and Medicaid Services** 2017-2018

Title: CMS Section 1115 Demonstration Waiver Evaluation for the Arkansas Works Program

Role: Co-PI (Lead Evaluator) FTE: 35%

COMPLETED
SUPPORT
(continued)

- Description:* This funding involved developing a 5-year detailed scientific CMS Section 1115 Demonstration Waiver Evaluation plan including sophisticated and cutting edge project designs. Revisions were negotiated with CMS and Mathematica Policy Research. Funding was competitively awarded based on the performance of the previous 4 years of evaluation work on the Health Care Independence Program ("Private Option"). Goudie (Co-PI, lead evaluator) leads a team of 8 PhD/MD UAMS researchers, 5 PhD students, and 4 master level analysts, all at UAMS.
Award Amount: \$7,995,000 (awarded based on funding through 2022)
2. **Department of Youth Services (DYS)—UAMS PACE Study** 2018
Title: Program Evaluation of the PACE Telemedicine Study
Role: PI FTE 10%
Description: Quarterly evaluation reports submitted to UAMS study team based on telemedicine utilization outcomes at AR DYS detention facilities.
Award Amount: \$14,000
 3. **COBRE/ACRI** 2018
Role: ACHI Research Liaison
Description: Oversight of School BMI Data requests and scientific review.
Award Amount: \$70,000
 4. **Centers for Medicare and Medicaid Services** 2017-2018
Title: CMS Section 1115 Demonstration Waiver Evaluation for the Arkansas Health Care Independence Program
Role: Co-PI (Lead Evaluator) FTE: 35%
Award Amount: \$4,500,000
 5. **Robert Wood Johnson Foundation (Thompson PI; Goudie Co-PI)** 2014-2018
Title: Effect of Arkansas' Premium Assistance Medicaid Expansion of Marketplace Premium Rates
Role: Co-PI FTE: 10%
Award Amount: \$99,603
 6. **Arkansas Bioscience Institute and Arkansas Children's Research Institute** 2016-2017
Title: ACHI Child Obesity Longitudinal Linked Database Project
Role: PI FTE: 10%
Award Amount: \$99,603
 7. **March of Dimes Foundation & CDC (Robbins PI;Goudie Co-I)** 2016-2017
Title: Longitudinal Data Linkages for Assessment of Health Services Utilization and Costs, Social Services Utilization, or Educational Outcomes for Children with Birth Defects
Role: Co-I FTE: 10%
Award Amount: \$111,000

COMPLETED SUPPORT (continued)	<p>8. March of Dimes Foundation & CDC (Nembhard PI; Goudie Co-I) <i>Title:</i> Congenital Heart Surveillance to Recognize Outcomes, Needs and Well-Being (CHSTRONG) Project <i>Role:</i> Co-I <u>FTE: 5%</u> <i>Award Amount:</i> \$247,000</p> <p>9. Ohio Children's Hospital Association and Children's Hospitals' Solution for Patient Safety <i>Title:</i> Costs of Venous Thromboembolism, Catheter-Associated Urinary Tract Infection, and Pressure Ulcer <i>Role:</i> Academic Consultant <u>FTE: 7%</u> <i>Award Amount:</i> \$4,000</p> <p>10. KL2 Career Development Scholar Award <i>Title:</i> Identifying Systematic Barriers to the Translation of Best Practice Prevention Procedures for Reducing Pediatric Healthcare-Acquired Infections <i>Role:</i> PI <u>FTE: 75%</u> <i>Award Amount:</i> \$180,000</p> <p>11. Marion B. Lyon New Scientist Development Award <i>Title:</i> Toward Understanding Patient and Hospital Characteristics Associated with Pediatric Serious Safety Events <i>Role:</i> PI <u>FTE: 15%</u> <i>Award Amount:</i> \$49,500</p> <p>12. Children's University Medical Group <i>Title:</i> Improving Well-Being for Parents and Families of Children with Medical complexity Seen in a Medical Home. <i>Role:</i> PI <u>FTE: 20%</u> <i>Award Amount:</i> \$29,000</p> <p>13. Ohio State University Government Resource Center <i>Title:</i> Recommendations on Data and Policy Research Priority Setting for the Ohio Developmental Disabilities Council <i>Role:</i> Academic Consultant <u>FTE: 5%</u> <i>Award Amount:</i> \$5,000</p> <p>14. Ohio Developmental Disabilities Council <i>Title:</i> Impact on Families for Children with Disabilities in Ohio <i>Role:</i> PI <u>FTE: 20%</u> <i>Award Amount:</i> \$280,000</p> <p>15. Ohio Family Health Survey 2010, Ohio Colleges of Medicine <i>Title:</i> Caring for Children with Complex Conditions <i>Role:</i> PI <u>FTE: 25%</u> <i>Award Amount:</i> \$100,000</p> <p>16. Academic Pediatric Association Young Investigator Award <i>Title:</i> The Association between Non-Urgent Emergency Department Utilization and the Medical Home <i>Role:</i> PI <u>FTE: 10%</u></p>	<p>2015-2017</p> <p>2016-2017</p> <p>2014-2015</p> <p>2012-2014</p> <p>2012-2014</p> <p>2012-2013</p> <p>2012</p> <p>2011</p> <p>2010-2011</p>
-------------------------------------	---	--

COMPLETED SUPPORT (continued)	<p><i>Award Amount: \$7,000</i></p> <p>17. Ohio Family Health Survey, Ohio College of Medicine 2010-2011 <i>Title: Profile of Ohio Children with Special Health Care Needs</i> <i>Role: PI FTE: 25%</i> <i>Award Amount: \$35,000</i></p> <p>18. Medicaid Ohio (MedTAPP) 2009 <i>Title: Evaluation of New Ohio Medicaid Policy Changes to Inform Future Changes</i> <i>Role: Co-I FTE: 30%</i> <i>Award Amount: \$1,192,768</i></p>
PROFESSIONAL MEMBERSHIPS	<ul style="list-style-type: none"> • Society for Pediatric Research 2015 – present • AcademyHealth 2015 – present • American Society for Health Economists 2012 – 2014
HONORS AND AWARDS	<ul style="list-style-type: none"> • AcademyHealth National Methods and Data Council Appointment 2018—2021 • Society for Pediatric Research Member 2015 • KL2 Career Development Scholar Award 2011 • Marion B. Lyon New Scientist Development Award 2012 • Academic Pediatric Association Young Investigator Award 2011 • Lister Hill Center Health Policy Fellowship Training 2010 • Ruth L. Kirschstein National Research Service Award (NRSA) T32 Pre-Doctoral Training 2008
COMMITTEES AND TASKFORCES	<ul style="list-style-type: none"> • Arkansas Heart Foundation Champions for Health Advisory Committee 2018 • Arkansas Children’s Hospital Antibiotic Stewardship Research 2017—present • Arkansas Department of Health Antibiotic Stewardship 2017—present • University of Arkansas for Medical Sciences / Translational Research Institute KL2 Advisory Committee 2017—present • University of Arkansas for Medical Sciences / University of Arkansas Supercomputer Task Force 2017 • Arkansas Department of Health Core Grant Reviewer 2016—present
EDUCATIONAL AND MENTORING ACTIVITIES	<p><u>Graduate Course Teaching</u></p> <p>Instructor, Advanced Methods for Quality and Health Outcomes Research PhD course, University of Arkansas for Medical Sciences 2014 – 2018</p> <p>Instructor, Public Health Policy and Advocacy graduate course, University of Cincinnati 2011</p> <p>Instructor, Health Services Research Graduate course, University of Cincinnati 2009 – 2010</p>

EDUCATIONAL AND MENTORING ACTIVITIES (continued)	<u>Graduate Thesis Supervision</u>	
	Robert Schuldt , PhD (Health Policy and Management) University of Arkansas for Medical Sciences	2019—present
	Niranjan Kathe , PhD (Pharmaceutical Evaluation and Policy) University of Arkansas for Medical Sciences	2018—present
	Jeral Self , PhD (Global Health Policy and Management) Tulane University	2017—2019
	Anuj Shah , PhD (Pharmaceutical Evaluation and Policy) University of Arkansas for Medical Sciences	2017—2018
	Rose Nevell , Master of Arts (Intellectual/Developmental Disability Psychology) The Ohio State University	2011—2012
	Patrick Brady , Master of Epidemiology University of Cincinnati	2010—2011
	<u>Other Student Mentoring</u>	
	Anand Shewale , PhD (Pharmaceutical Evaluation and Policy) University of Arkansas for Medical Sciences	2016—2016
	Sreesh Reddy , Arkansas Children’s Hospital Research Institute Summer Science Student	2012
	Peter Reed , Arkansas Children’s Hospital Research Institute Summer Science Student	2013
	Olivia Ray , Arkansas Children’s Hospital Research Institute Summer Science Student	2014
	Alexa Robbins , UAMS Medical School Student Research Fellow	2016
PEER REVIEWED PUBLICATIONS	<ol style="list-style-type: none"> 1. Nabaweesi R, Robbins JM, Goudie A, Onukwube J, Bowman SM, Aitken ME. A Cross-Sectional Study of Emergency Department Visits by Children After All-Terrain Vehicle Crashes, Motor Vehicle Crashes, and Sports Activities. <i>Pediatr Emerg Care</i> 2018;34(7):479-483. 2. Rouse H, Goudie A, Rettiganti M, Leath K, Riser Q, Thompson J. Prevalence, Patterns, and Predictors. A Statewide Longitudinal Study of Childhood Obesity. <i>J Sch Health</i>, June 2018 (in press). 3. Fang D, Thomsen MR, Nayga RM, Goudie A. Association of Geographic Spatial Factors in Neighborhoods with Rates of Childhood Obesity. Revision submitted to <i>JAMA Network Open</i>, August 3, 2018. 5. Dynan L, Goudie A, Brady PW. Pediatric Adverse Event Rates associated with Inexperience in Teaching Hospitals: A Multi-level Analysis. <i>J HealthC Qual</i> 2018;40(2):69-78. 6. Collins RT, Chang D, Sandin A, Goudie A, Robbins JM. National In-Hospital Outcomes of Pregnancy in Women with Single Venticle Congenital Heart Disease. <i>Am J Cardiol</i> 2017 Apr 1;119(7):1106-1110. 7. Robbins JM, Onukwube J, Goudie A, Collins RT. How often is congenital heart disease recognized as a significant comorbidity among hospitalized adults with congenital heart disease? <i>Int J Cardiol</i> 2017 May 15;42-48. 8. Adams DJ, Eberly MD, Goudie A, Nylund CM. Rising Vancomycin-Resistant Enterococcus Infections in Hospitalized Children in the United States. <i>Hosp Pediatr</i> 2016 Jul;6(7):404-11 	

PEER REVIEWED
PUBLICATIONS
(continued)

9. **Goudie A**, Dynan L, Brady PW, Fieldston E, Brill R, Walsh KE. Costs of Venous Thromboembolism, Catheter-Associated Urinary Tract Infection, and Pressure Ulcer. *Pediatrics* 2015 Sep;136(3):432-9.
10. Kuo DZ, Melguizo-Castro M, **Goudie A**, Nick TG, Robbins JM, Casey PH. Variation in Health Care Utilization by Medical Complexity. *Matern Child Health J* 2015;19(1):40-48.
11. Kuo DZ, **Goudie A**, Cohen E, Houtrow A, Agrawal R, Carle A, Well N. Inequities in Health Care Needs for Children with Medical Complexity. *Health Affairs* 2014 Dec;33(12):2190-8.
12. **Goudie A**, Dynan L, Brady PW, Rettiganti MR. Attributable Cost and Length of Stay for Central-Line Associated Blood Stream Infections. *Pediatrics* 2014 Jun;133(6):e1525-32.
13. **Goudie A**, Narcisse MR, Hall DE, Kuo DZ. Financial and Psychological Stressors Associated with Caring for Children with Disability. *Fam Syst and Health* 2014 Apr 7 [epub].
14. **Goudie A**, Havercamp S, Jamieson B, Sahr T. Assessing Functional Impairment in Siblings Living With Children With Disability. *Pediatrics* 2013 Aug;132(2):e476-83.
15. Dynan L, **Goudie A**, Smith R, Fairbrother G, Simpson, LA. Differences in Quality of Care Among Non-Safety-Net, Safety-Net, and Children's Hospitals. *Pediatrics* 2013;131(2):304-11.
16. Nylund CM, **Goudie A**, Garza JM, Crouch G, Denson LA. Venous Thrombotic Events in Hospitalized Children and Adolescents with Inflammatory Bowel Disease. *J Pediatr Gastroenterol Nutr* 2013; 56:485-491.
17. Muething SE, **Goudie A**, Schoettker PJ, Donnelly LF, Goodfriend MA, Bracke PM, Brady PW, Wheeler DS, Anderson JM, Kotagal UR. Quality improvement initiative to reduce serious safety events and improve patient safety culture at an academic children's hospital. *Pediatrics* 2012;130(2):e423-31.
18. **Goudie A**, Carle AC. Ohio study shows that insurance coverage is critical for children with special health care needs as they transition to adulthood. *Health Affairs* 2011;30(12):2382-2390.
19. Fairbrother G, Madhavan G, **Goudie A**, Watring J, Sebastian RA, Ranbom L, Simpson LA. Reporting on continuity of coverage for children in Medicaid and CHIP: what states can learn from monitoring continuity. *Acad Pediatr* 2011;11(4):318-25.
20. Lannon C, Peterson LE, **Goudie A**. Informing the use of measures for the care of children with otitis media with effusion. *Pediatrics* 2011;127(6):e1490-7.
21. Nylund CM, **Goudie A**, Garza JM, Fairbrother G, Cohen MB. Clostridium difficile infection in hospitalized children in the United States. *Arch Pediatr Adolesc Med* 2011;165(5):451-7.
22. Kappelman M, Crandall W, Colletti R, **Goudie A**, et al. Short pediatric Crohn's disease activity index for quality improvement and observational research. *Inflamm Bowel Dis* 2011;17(1):112-7.
23. Brady P, Conway P, **Goudie A**. Length of inpatient intravenous antibiotic therapy and treatment failure in infants hospitalized with urinary tract infections. *Pediatrics* 2010;126(2):196-203.
24. Westfall J, Kiefe C, Weissman N, **Goudie A**, Centor R, Williams O, Allison J. Does interhospital transfer improve outcome of acute myocardial infarction? A propensity score analysis from the Cardiovascular Cooperative Project. *BMC Cardiovasc Disord* 2008;8(22).

- PEER REVIEWED PUBLICATIONS (continued)
25. Shikany JM, **Goudie A**, Oberman A. Comparison of low-fat/low-glycemic index diet to a Low-Fat Only in the Treatment of Adults with Hypercholesterolemia. *Nutrition Research* 2005;25:971-81.
- STUDY / POLICY FIRST-AUTHORED REPORTS
1. **Arkansas Center for Health Improvement**. Arkansas Health Care Independence Program (“Private Option”) Section 1115 Demonstration Waiver Final Report. Little Rock, AR: Arkansas Center for Health Improvement, June 2018. 137 Pages, <http://www.achi.net>
 2. **Arkansas Center for Health Improvement**. Assessment of Access to Dental Care for Arkansas Children, August, 2017. 24 Pages, <http://www.achi.net/Docs/523/>
 3. **Arkansas Center for Health Improvement**. Arkansas Health Care Independence Program (“Private Option”) Section 1115 Demonstration Waiver Interim Report. Little Rock, AR: Arkansas Center for Health Improvement, March 2016. 53 Pages, <http://www.achi.net/Content/Documents/ResourceRenderer.ashx?ID=357>
 4. **Goudie A**, Narcisse R, and Hall D. Stressors Associated with Caring for Children with Complex Health Conditions in Ohio. Columbus, OH: Ohio Family Health Survey; June, 2011.
 5. **Goudie A**, Havercamp S, Ranbom L, and Jamieson B. A White Paper on Caring for Children with Disabilities in Ohio: The Impact on Families. Ohio Development Disabilities Council, January, 2011. 28 pages, <http://ddc.ohio.gov/Portals/0/OHFamImpStudyWhitePaper-FINAL.pdf>
 6. **Goudie A**, Fairbrother G, Read D, Simpson L. Children with Special Health Care Needs in Ohio. CPRC Policy Brief: CCHMC; March, 2010. URL Removed
 7. **Goudie A**, Fairbrother G, Simpson L, and Mandel K. Profile of Children with Special Health Care Needs in Ohio. Columbus, OH: Ohio Family Health Survey; June, 2009. 53 pages, <https://grc.osu.edu/sites/default/files/inline-files/Profile%20of%20Children%20with%20Special%20Health%20Care%20Needs%20in%20Ohio%20Report.pdf>
- INVITED ORAL PRESENTATIONS
1. **Goudie A**. Children’s Health Insurance Program: Yesterday, Today, and Tomorrow. PedsPace, Arkansas Children’s Hospital. Little Rock AR, March 2018.
 2. **Goudie A**. Arkansas New Section 1115 Waiver Modifications: Important Research Questions and Methodological Approaches. Urban Institute, Washington DC, November 2017.
 3. **Goudie A**. Arkansas Section 1115 Work Requirement Waiver Modifications: Data Requirements and Methodological Approaches. State and University Partnership Learning Network Annual Meeting, Washington DC, November 2017.
 4. **Goudie A**. Childhood Obesity Research and Collaboration at ACHI. Arkansas Nutrition, Obesity, and Health Research Retreat, Fayetteville AR, October 2017.
 5. **Goudie A**. Section 1115 Demonstration Waiver Evaluation: Arkansas Works Data and Methodology. Washington DC, October 2017.
 6. **Goudie A**, Morris M, Lewis K. Arkansas Center for Health Improvement – Past, Present, Future. USC Roybal Center for Health Policy Microsimulation Quarterly Research Meeting, Los Angeles CA, September 2017.

INVITED ORAL
PRESENTATIONS
(continued)

7. **Goudie A.** ACHI Research on Health Outcomes Associated with Antibiotic Utilization. Antibiotic Resistance/Stewardship Advisory Subcommittee Meeting, Arkansas Department of Health, Little Rock AR, June 2017.
8. **Goudie A.** Arkansas Center for Health Improvement, Health Data Assets and Needs. Arkansas Bioinformatics Consortium Conference, Little Rock AR, April 2017.
9. **Goudie A.** University of Arkansas for Medical Sciences - Project for Adolescent and Child Evaluations (PACE). State-University Partnership Learning Network Annual Meeting, Washington, DC, November 2016.
10. **Goudie A,** Dynan L, Brady PW, Rettiganti M. Assessing Pediatric Central Line Volume-Outcome Effects on Central Line Associated Blood Stream Infections. Presentation at the Translational Science Conference, Washington DC, April 2014.
11. **Goudie A.** Hospital Inpatient Stays for Children: Are They Associated with Gaps in Medicaid Coverage? Presentation to the Ohio Medicaid Bureau of Health Services Research, Columbus, OH, June 2011.
12. **Goudie A.** Latent Class Analysis in Health Services Research. Invited workshop delivered at Dayton Children's Hospital, Dayton, OH, February 2011.
13. **Goudie A,** Havercamp S, Ranbom L, Jamieson B. The Impact on Ohio Families of Caring for Children with Disabilities. Invited presentation to the Ohio State University Government Resource Center Health Policy Seminar. Columbus, OH, November 2010.
14. **Goudie A,** Havercamp S, Ranbom L, Jamieson B. The Impact on Ohio Families of Caring for Children with Disabilities. Invited presentation to the Ohio Center for Autism and Low Incidence (OCALI) Conference, Columbus, OH, November 2010.
15. **Goudie A.** Latent Class Analysis in Health Services Research. Invited presentation to the American Public Health Association Annual Meeting, Denver, CO, November 2010.
16. **Goudie A.** Latent Class Analysis in Health Services Research. Invited presentation to the Child Health Special Interest Group. AcademyHealth Annual Research Meeting, Boston, MA, June 2010.

ORAL
PRESENTATIONS

1. **Goudie A,** Martin B, Kathe N, Li C, Moore G, Lewis K, Thompson J. Higher Rates of Preventive Health Care Among Premium Assistance Commercial, Compared to Medicaid Insured: Findings from the Arkansas Health Care Independence Program "Private Option." AcademyHealth Annual Research Meeting, Seattle WA, June 2018.
2. **Goudie A,** Li J, Nylund C. A Pediatric Risk-Prediction Model for Recurrent Clostridium Difficile Infection. Presentation at the PAS Research Conference, San Diego CA, April 2015.
3. **Goudie A,** Kuo DZ, Robbins JM, Tilford JM. Mental Health Care Use of Siblings in Households with a Child with Disability. Presentation at the PAS 2014 Research Conference, Vancouver BC, May 2014.
4. Dynan L, **Goudie A,** Smith R, Fairbrother G, Simpson LA. Systematic Differences in Inpatient Pediatric Quality of Care between Non-Safety-Net, Safety-Net, and Children's Hospitals. 4th Biennial Conference of the American Society of Health Economists, Minneapolis, MN, June 2012
5. **Goudie A.** The Importance of Insurance Coverage for Children with Special Health Care Needs Transitioning to Adulthood. Presentation at the AcademyHealth Annual Research Meeting, Seattle, WA, June 2011.

- ORAL PRESENTATIONS (continued)
6. **Goudie A**, Simpson L. Domestic Violence Impacting Children with Special Health Care Needs. Presentation at the AcademyHealth Annual Research Meeting, Boston, MA, June 2010.
 7. **Goudie A**, Simpson L. Obesity Rates by Level of Complexity in Children with Special Health Care Needs. Presentation at the Pediatric Academic Society meeting, Vancouver, BC, May 2010.
- FIRST AUTHOR POSTER PRESENTATIONS
1. **Goudie A**, Lein S, Thompson J. Early Life Infection and NOT Antibiotics is a Predictor of Childhood Obesity. AcademyHealth Annual Research Meeting, Seattle, WA. June 2018.
 2. **Goudie A**, Lein S, Thompson J. Early Life Infection and NOT Antibiotics is a Predictor of Childhood Obesity. Pediatric Academic Societies (PAS) Research Conference, Toronto, ON. April 2018.
 3. **Goudie A**, Money K, Wessel J, Thompson J. Arkansas All Payer Claims Database for Team Research. Collaborative Science, UAMS TRI Requested Presentation, Little Rock, AR, November 2017.
 4. **Goudie A**, Wilson JC, Thompson JW. Employment and Health Profile of Arkansas Medicaid Expansion Premium Assistance Beneficiaries. AcademyHealth Annual Research Meeting, New Orleans, LA, June 2017.
 5. **Goudie A**. Inappropriate Antibiotic Prescribing for Respiratory Tract Infections in Children. Pediatric Academic Societies (PAS) Research Conference, San Francisco CA, May 2017.
 6. **Goudie A**, Li C, Self J, Wilson JC, Thompson JW. Methodological Approach for the Evaluation of the Arkansas Health Care Independence Program. Presented at AcademyHealth Annual Research Meeting, Boston MA, June 2016.
 7. **Goudie A**, Self J, Wilson JC, Thompson JW. Health Care Insurance and Mental Health in a Low Income Population. Presented at AcademyHealth Annual Research Meeting, Boston MA, June 2016.
 8. **Goudie A**, Robbins J. Untreated Functional Impairment among Siblings of Children with Disability. Presented at AcademyHealth Annual Research Meeting, Minneapolis MN, June 2015.
 9. **Goudie A**, Dynan L, Brady PW, Rettiganti M. Assessing Pediatric Central Line Volume-Outcome Effects on Central Line Associated Blood Stream Infections. Poster presentation at the AcademyHealth Annual Research Meeting, San Diego CA, June 2015.
 10. **Goudie A**, Kuo DZ, Robbins JM. Health Care Utilization of Siblings Residing with Children with Disability. Poster presentation at the AcademyHealth Research Meeting, San Diego CA, June 2014
 11. **Goudie A**, Kuo DZ, Robbins JM, Tilford JM. Mental Health Care Use of Siblings in Households with a Child with Disability. Poster presentation at the NIMH Mental Health Services Research Conference, Bethesda MD, April 2014.
 12. **Goudie A**, Dynan L, Brady P, Rettiganti M. Trends in Rate, Risk, Cost, and Length of Stay Associated with Pediatric Inpatient Central-Line Associated Blood Stream Infections, 2006-2010. Poster presentation at the ABI Research Conference, Little Rock AR. October, 2013.

- FIRST AUTHOR
POSTER
PRESENTATIONS
(continued)
13. **Goudie A.** Hospital Characteristics Associated with Clostridium Difficile Infection. Poster presentation at the Translational Science Conference, Washington, DC. April 2013.
 14. **Goudie A,** Havercamp S, Jamieson B, Sahr, T. Functional Impairment Differences between Children Living with and without Siblings with Disability. Poster presentation at the ABI Research Conference, Fayetteville, AR. October 2012.
 15. **Goudie A,** Havercamp S, Jamieson B, Sahr T. Social Interaction and Behavioral Effects on Siblings Living with a Child with Disability. AcademyHealth Annual Research Meeting, Orlando, FL, June 2012.
 16. **Goudie A,** Narcisse MR. Population Heterogeneity in the Perception of Receiving Care in a Medical Home and the Impact on Child Emergency Department Utilization. Poster presentation at the AcademyHealth Annual Research Meeting. Seattle, WA, June 2011.

CONTACT INFORMATION

1401 W. Capital Avenue
Suite 300, Victory Building
Little Rock, AR, 72201
Office (501) 526-2244
Email: mwmotley@achi.net

PROFESSIONAL EXPERIENCE**Director of Analytics, Arkansas Center for Health Improvement (ACHI)**

January 2019 – Present

Little Rock, Arkansas

- Lead day to day management and oversight of ACHI analytic team efforts, in collaboration with ACHI President, CEO, Directors, and executive-level external partners
- Work with ACHI leadership team to define, develop, and execute analytic projects to support relevant health care policy issues and positions.
- Directly supervise multiple staff members and provide guidance on a range of tasks and projects. Hire appropriate staff and conduct employee evaluation activities.
- Lead project tasks, management, budgeting, stakeholder engagement and general oversight for multiple grants and contracts from a range of entities including Arkansas DHS, Arkansas Department of Health, Community Health Centers of Arkansas, Arkansas Employee Benefits Division, Centers for Disease Control and Prevention (CDC)

Previous:**Assistant Director of Health Policy, Arkansas Center for Health Improvement**

March 2016 – December 2018

Little Rock, Arkansas

- Lead project tasks, management, stakeholder engagement and general oversight for multiple grants and contracts from a range of entities including Arkansas DHS, Arkansas Department of Health, Arkansas Employee Benefits Division, Walmart, Harvard University, and The Robert Wood Johnson Foundation.
- Work with Arkansas Center for Health Improvement (ACHI) Leadership team to define, develop, and support relevant health care policy issues and positions.
- Work with a range of public and private stakeholders at the local and national level to develop, implement, and evaluate value-based payment reform efforts.
- Develop presentation materials and give multiple public presentations in a range of settings including state government board and subcommittee meetings, local stakeholder workgroups, national conferences, and other settings.

Interim Director of Health Care System Transformation, Arkansas Center for Health Improvement

October 2015-March 2016

Little Rock, Arkansas

- Lead project tasks, management, stakeholder engagement and general oversight for multiple grants and contracts from a range of entities including Arkansas DHS, Arkansas Employee Benefits Division, Walmart, and Harvard University/ the Robert Wood Johnson Foundation.
- Work with Arkansas Center for Health Improvement (ACHI) Leadership team to define, develop, and support relevant health care policy issues and positions.
- Work with a range of public and private stakeholders at the local and national level to develop, implement, and evaluate value-based payment reform efforts.
- Develop presentation materials and give multiple public presentations in a range of settings including local stakeholder workgroups, national conferences, and other settings.

- Supervise multiple staff members and provide guidance on a range of tasks and projects. Hire appropriate staff and conduct employee evaluation activities

Senior Policy Analyst, Arkansas Center for Health Improvement

April 2012- October 2015

Little Rock, Arkansas

- Participated in a broad range of duties related to design and implementation of Arkansas Healthcare Payment Improvement Initiative (AHCPII) including stakeholder engagement with public and private payers, self-insured employers, providers, and partner organizations
- Worked closely with research and analytic teams to conduct analyses of the ARhealth Networks program in an effort to inform potential carrier entrants into Arkansas's Insurance Marketplace about the historical experience of similar newly-insured populations in the state. I presented findings from the research at a national conference (ARM)
- Lead development of an Employer Advisory Council to educate and recruit the state's largest self-insured employers, including Walmart, for participation in AHCPII
- Worked with partners at the Federal and State level to lead the activities around the development and dissemination of an ongoing evaluation of State Innovation Model award activities in the state
- Project manager for development and dissemination activities for a Statewide Tracking Report capturing AHCPII progress and outcomes across multiple payers
- Led the development and dissemination of an educational video project on AHCPII, including following state guidelines for vendor procurement necessary for the project
- In partnership with Harvard University and Arkansas DMS for analyses related to AHCPII, I co-authored a series of blogs for Health Affairs, and a related article for The American Journal of Accountable Care

Research Assistant, Project Merits III, University of Georgia

2010 – 2011

Athens, Georgia

- Simultaneously managed various projects for a \$3.3 million NIDA-funded grant, focusing on work attitudes, organizational policy implementation, and public health matters. These include survey development and building and managing databases
- Conducted telephone interviews with CEOs and managers of substance abuse treatment centers across the United States to examine smoking cessation programs and policies
- Attended weekly group meetings to provide progress updates and give ongoing recommendations to improve study
- Presented research findings at the APHA National Conference, Washington, D.C. (2011)

Intern, Arkansas Children's Hospital

2011

Little Rock, Arkansas

- Assisted the state trauma system director, Dr. Todd Maxson by developing a cost-analysis model to examine the feasibility of trauma center designation among AR hospitals
- Authored a survey for hospital administrators to better understand their perceptions regarding the feasibility of trauma center designation
- Conduct meetings with upper-level administrators regarding Arkansas' trauma system and hospital trauma center designation

Sales/Educational Tour Manager, Motley's Farm

1999 – 2010

Little Rock, Arkansas

- Maintained accounts with clients in business-to-business sales and posted an approximate 5-10% gross sales increase annually from 2005 to 2010
- Developed advertising campaigns; created and maintained web-based marketing campaigns
- Assisted in managing farm finances; hired and trained seasonal employees
- Worked with area educational administrators to schedule field trips for approximately 10,000 students per year; designed field trip itinerary to emphasize age-specific activities related to agriculture, conservation, and livestock management

Public Relations and Marketing Manager, Slumberland Film Group

2008 – 2009

Little Rock, Arkansas

- Developed regional marketing strategies and advertising campaigns for target demographics
- Wrote and distributed press releases for films
- Secured television, radio, and print publication interviews for actors, writers, and directors
- Submitted films to film festivals and maintain working relationships with organizational directors
 - Winner: Charles B. Pierce Award for Independent Filmmaking (2009)

EDUCATION

Master of Public Health, Health Policy and Management The University of Georgia	Athens, GA Fall 2011
B.A. in Psychology University of Arkansas at Little Rock	Little Rock, AR Fall 2008

PUBLICATIONS, REPORTS and PRESENTATIONS

- Chernew ME, Golden WE, Mathis CH, Fendrick MA, Motley MW, Thompson JW. "The Arkansas Payment Improvement Initiative: Early Perceptions of Multi-Payer Reform in a Fragmented Provider Landscape." *The American Journal of Accountable Care*. June 2015; 34-38. URL: <http://www.ajmc.com/journals/ajac/2015/2015-vol3-n2/the-arkansas-payment-improvement-initiative-early-perceptions-of-multi--payer-reform-in-a-fragmented-provider-landscape>
- Golden WE, Thompson JW, Motley MW, Fendrick MA, Mathis CH, Chernew ME. Web blog post. Health Affairs. (2014, August 25). Arkansas Payment Improvement Initiative: The First Year. Retrieved from <http://healthaffairs.org/blog/2014/08/25/arkansas-payment-improvement-initiative-the-first-year/>
- Thompson JW, Golden WE, Motley MW, Fendrick MA, Mathis CH, Chernew ME. Web blog post. Health Affairs. (2014, October 15). Arkansas Payment Improvement Initiative: Private Carriers Participation in Design and Implementation. Retrieved from <http://healthaffairs.org/blog/2014/10/15/arkansas-payment-improvement-initiative-private-carriers-participation-in-design-and-implementation/>
- Thompson JW, Golden WE, Motley MW, Fendrick MA, Mathis CH, Chernew ME. Web blog post. Health Affairs. (2015, January 7). Arkansas Payment Improvement Initiative: Self-insured

Participation. Retrieved from <http://healthaffairs.org/blog/2015/01/07/arkansas-payment-improvement-initiative-self-insured-participation/>

- Golden WE, Thompson JW, Motley MW, Fendrick MA, Mathis CH, Chernew ME. Web blog post. Health Affairs. (2015, May 19). Arkansas Payment Improvement Initiative: Expanding Episodes to Other Clinical Areas. Retrieved from <http://healthaffairs.org/blog/2015/05/19/arkansas-payment-improvement-initiative-expanding-episodes-to-other-clinical-areas/>
- Statewide Tracking Report for Arkansas’s Healthcare Payment Improvement initiative (AHCPH). Lead author on 3 annual reports, published annually each year from 2015-2017.
- Approximately 25 presentations to Arkansas Employee Benefits Division Board and Quality of Care Subcommittee on analytic and policy support content related to plan quality improvement efforts and guideline concordant care delivery. 2016 to 2019.
- Presentation to National Network of Public Health Institutes on Arkansas’s Patient Centered medical Home (PCMH) Alternative Payment Model.
- Presentation to New Hampshire State Medicaid and DSRIP conference on Arkansas’s Health Care Payment Improvement Initiative, 2017.
- Presentation to National Academy of State Health Policy Annual Conference: Update on Arkansas’s Health Care Payment improvement Initiative. Fall 2016.
- Poster Presentation at American Public Health Association Annual Conference, Summary of Survey Results from NIDA funded research at University of Georgia, on nationwide prevalence of smoking cessation services in addiction treatment facilities. 2011.

PROFESSIONAL DEVELOPMENT

- Completed UAMS Leadership Academy Training in 2018.

APPOINTMENTS, HONORS, AWARDS, AND COMMUNITY ENGAGEMENT

- Arkansas Child Health Advisory Committee – Appointed by Dr. Nate Smith **2018-Present**
- Cystic Fibrosis Foundation – Finest Honoree **2018**
- Rising Star Award - Nominee, National Academy of State Health Policy **2017**
- Dean’s list, University of Georgia **2010 – 2011**
- Completed UALR Honors Composition Courses **2008**
- Chancellor’s List UALR **2007 – 2008**
- Arkansas Chapter Cystic Fibrosis Foundation, Finest Honoree **2018**
 - Raised funds for Foundation by hosting a benefit concert and by collecting donations
- Trust Tree Songwriting Camp for Girls **2017 – 2018**
 - Fundraising support and provided technical support for functions

Miranda Morris

Phone: (501) 472-4067
Email: mirandamorris@gmail.com

PROFESSIONAL EXPERIENCE

Arkansas Center for Health Improvement

October 2016-present

Currently work as Executive Director/Chief Operational Officer at ACHI, the state's leading health policy center and health data hub. Directs staff in the creation of efficient and effective operational plans for projects within the organization's four core business areas: operations, policy, data and research & evaluation. Oversees the smooth integration of new projects and participates in the oversight of existing projects. Provides resource management leadership, builds organizational capacity, and operates as a catalyst for cross-functional learning. Provides support and advising to CEO and President to achieve the mission and vision of ACHI. Currently serving as Interim Co-Executive Manager of the governor's Healthy Active Arkansas initiative.

Office of Continuing Education; Univ of AR for Medical Sciences

Aug 2012-October 2016

Served as **Director of Education and Quality Initiatives** and **Assistant Director of Continuing Education**, and as an instructional designer and project manager to plan and execute continuing professional education activities for the UAMS ACCME and ACPE provider units. This included conducting a thorough needs assessment of the learner and the learning environment, determining appropriate educational methodology that incorporated active learning methods and current educational technology; and analyzing evaluation data to determine effectiveness of the instruction. Provided specialized guidance on intersections between healthcare quality improvement methodologies and continuing education to committees across the campus, including GME and IPE. Successfully developed institutional structure for ABMS MOC Part IV Multi-Specialty Portfolio Program, prepared and submitted application, and secured Portfolio Sponsor Status for the institution. Provided oversight, staff supervision, and strategic planning for the institutional ABMS MOC Part IV Portfolio Program, including liaison relationship with Clinical QI and ANCC Magnet and Nursing QI staff. Developed and led MOC Part II strategic planning and curriculum development. Led planning committee members, for each educational activity managed by the Office of Continuing Education, through the planning and implementation of the activity. Conducted research using peer-reviewed literature, performing as the lead medical writer to develop grant proposals and prepared grant applications for submission. Also assisted with strategic planning relative to the development of technology-based solutions for accreditation management within the department. Ensured accreditation standards were met in order to provide learning activities for an interprofessional healthcare team (primarily ACCME, ACPE, and ANCC).

Winthrop P. Rockefeller Cancer Institute; UAMS

Dec 2010-July 2012

Served as an instructional designer and project manager for patient and professional education in the UAMS Cancer Institute. Led planning committees to develop and execute educationally sound and compliant continuing medical education programs. Provided patient education specific to patient's cancer diagnosis including clarifying medical terminology, availability of financial and community resources and providing appropriate literature. Managed the operations of the Patient Support Pavilion, a support center and education facility for Cancer Institute patients. Coordinated programming for Look Good; Feel Better including developing and delivering presentations at a monthly patient education meeting. Developed Health Education internship program which included writing job descriptions, interviewing, selecting, supervising and evaluating interns.

Pulaski Technical College

Fall 2010-Spring 2011

Taught four sections of Freshman Writing at the Main campus, Kanis campus, and the Baptist Nursing School.

University of Central Arkansas

Fall 2004-Spring 2009

Managed a residential student education program for first year students. Taught General Education classes in Writing, Philosophy and Humanities, including a travel abroad History course throughout Eastern Europe. Directed a Peer Mentor program that included supervising 8-10 student mentors annually; organized faculty development opportunities; coordinated services with Housing and other Student Affairs offices to provide a seamless Living/Learning Community. Conducted institutional research and managed projects to assess successes and obstacles in meeting the Division's retention and GPA goals. Designed, developed and executed academic enrichment activities for students and faculty.

University of Central Arkansas Honors College

Fall 2002-Spring 2004

Developed and taught courses in the Honors College Interdisciplinary Studies Program and the Department of Writing and Speech. Led College Writing courses as well as a variety of courses for the Honors College ranging from Freshman Core 1 to Honors Senior Seminar.

The George Washington University

Fall 2000–Spring 2002

Graduate Teaching Assistant for the Gender Studies Program at the George Washington University. Taught introductory level classes in Women in Western Civilization and Anthropology of Gender. Managed the internship placement program for other graduate students, working with students and worksites to facilitate placements. Also worked as a summer office assistant in the **Office of Academic Planning and Assessment**, calculating and analyzing surveys related to student satisfaction and retention using SPSS.

Institute for Women's Policy Research

Fall 2000–Spring 2002

DC-based public policy think tank intern. Organized policy-related round-table discussions.

EDUCATION

M.A. in Anthropology of Gender (4.0 GPA)	Washington D.C.
The George Washington University	Fall 2000-Spring 2002
B.A. in English (magna cum laude)	Conway, AR
University of Central Arkansas	Fall 1996-Spring 2000

PUBLICATIONS and PRESENTATIONS

- **Obesity in Arkansas and the Healthy Active Arkansas plan.** Invited presentation at International Association for Business Communicators meeting. Faulkner County Affiliate Board of the Arkansas Community Foundation. Spring 2019.
- **Healthy Active Arkansas: A Framework to Improve Nutrition and Physical Health.** Miranda Morris and Marisha Di Carlo. National Network of Public Health Institutions Annual Conference. Spring 2018.
- **Nine Big Ideas for a Healthier Arkansas.** Miranda Morris. Invited presentation at International Association for Business Communicators meeting. Fall 2018.

- **Healthy Active Arkansas: a 10-Year Plan for Arkansas.** Troy Wells, CEO at Baptist Health System; Miranda Morris, ACHI. Panel presentation at Natural Wonders conference on child health. Little Rock, AR. June 2017.
- **Engaging Public Health to Maximize CE/CPD Efforts.** Miranda Morris, MA (UAMS) and Kelley Garner, MPH (Arkansas Dept of Health). Didactic presentation at 2017 national conference of the Alliance for Continuing Education in Health Professions (ACEhp). San Francisco, CA. January 2017.
- **Change Leadership: Using Lean Tools to Manage Change.** Lea Mabry, MEd and Miranda Morris, MA. Didactic presentation at 2017 national conference of the Alliance for Continuing Education in Health Professions (ACEhp). San Francisco, CA. January 2017.
- **Making Quality Work Count: Meeting Multiple Institutional Priorities through Combining QI Reporting and Credentialing.** Chris Cargile, MD; Miranda Morris, MA; Lea Mabry, MEd; Joseph Jimmerson, MNSc; Muhammad Jaffar, MD. Accepted for presentation at the 2017 Institute for Health Improvement (IHI) National Forum. December 2016.
- **Tailoring Quality Improvement Educational Intervention Projects for Community Healthcare Facilities.** Muhammad Jaffar, MD; Miranda Morris, MA; Wendy McCloud, BA; Travis Hill, MEd; Catherine Buzbee, MHA, RNP, OCN; Mark Rowe, MNSc, RNP. Accepted for presentation at the 2017 Institute for Health Improvement (IHI) National Forum. December 2016.
- **Utilizing Lean Tools to Facilitate Faculty and Administrative Support for MOC.** Chris Cargile, MD; Miranda Morris, MA; Lea Mabry, MEd; Muhammad Jaffar, MD. Accepted for presentation at the American Board of Medical Specialties (ABMS) Annual Forum poster session for ABMS MOC Portfolio Program Sponsors. May 2016
- **Medical-legal Partnership: A Novel Interdisciplinary Approach to Geriatric Practice.** P. Mendiratta, UAMS; V. Morris, Center for Ark Legal Services; A. Pritchard, Bowen School of Law; F. Amirnia, UAMS; M. Morris, UAMS; J. Wei, UAMS. Accepted for scientific poster session at 2016 American Geriatrics Society (AGS) Annual Meeting.
- **Infectious Disease Outbreaks and Control Strategies in Geriatric Long-Term Care Facilities.** P. Mendiratta, UAMS; D. Haselow, ADH; M. Morris, UAMS; F. Amirnia, UAMS; N. Khatri, UAMS; L. Hayward, UAMS; A.T. Riggs, UAMS. Submitted for panel session at 2016 American Geriatrics Society (AGS) Annual Meeting.
- **Addressing the Intimidation Factor for MOC: A Beginner's Guide to Maintenance of Certification.** Presentation at the Alliance for Continuing Education in the Health Professions. Fall 2016.
- Invited presentation in a panel discussion on physician maintenance of certification. Medical Specialty Society Section Meeting at the Alliance for Continuing Education in the Health Professions. Fall 2016.
- **Strategies for Integrating Active Learning into Live Interprofessional Continuing Education Programming.** Presentation at the Southern Group on Educational Affairs conference. Spring 2015.
- **Simulation using standardized patients for Foot Examination in Diabetes.** Poster presented at the American Association of Clinical Endocrinologists. Spring 2015. Bayan Mesmar, MD, UAMS; Miranda Morris, UAMS; Terri Cohen DPM, UAMS; and Monica Agarwal, MD, UAMS.
- **Writing about Cancer.** Patient Education Outreach Project. Winthrop P. Rockefeller Cancer Institute. Fall 2012.
- **Sometimes the Numbers Don't Tell the Whole Story: Assessing First-Year Targeted Retention Programs With Both Quantitative and Qualitative Methods.** Presentation at the 27th Annual Conference on The First-Year Experience, San Francisco, CA. Spring 2008.

- **Easing the Transition to University Life: Assessing the University of Central Arkansas' Residential College Program.** Presentation at the Georgia State Univ. Southern Regional Learning Communities Conference. Fall 2005.
- **The mysteries of collaboration between Academics and Housing.** Presentation at the Arkansas College Personnel Association. Fall 2004.
- **Integrating Service Learning in your Course.** Presentation to faculty through UCA Instructional Development Center. Fall 2004.

QUALITY IMPROVEMENT PROJECTS

- **Simulation Outreach to Address Patient Safety (SOAPS) Year 2: Developing Collaborations within the Community.** A QI project to foster communication and collaboration between community hospitals and long-term care facilities. Co-investigator. Project pending funding approval from Blue and You Foundation; proposed funding: \$134,780.
- **ID in the ED: Evaluating and Integrating HIV and HCV Testing and Linkage to Care in the Emergency Department.** Collaborative grant-funded project with Med-IQ. Key Personnel. Novo Nordisk and Sanofi-Aventis. Project pending funding approval; proposed funding: \$550,000.
- **AIR (Acknowledge, Investigate, Resolve) Medical Error Response Training: an inter-professional simulation-based curriculum to improve resident attitudes, comfort, and knowledge towards responding to medical errors.** AR Children's Hospital QI grant. Key Personnel. Funded at \$25,000.
- **Tackling Type 2 Diabetes at the Community Level: A Focused QI Initiative to Overcome Local Challenges to Patient Health.** Collaborative grant-funded project with Med-IQ. Key Personnel. Novo Nordisk and Sanofi-Aventis. Funded at \$390,000.
- **Simulation Outreach to Address Patient Safety (SOAPS).** Co-investigator. Arkansas Blue and You Foundation. Funded at \$110,752.

GRANTS/GIFTS

- 2018 Healthy Active Arkansas Statewide Learning Network. Blue and You Foundation for a Healthier Arkansas. \$135,000.
- 2015 One Health Conference. Arkansas Dept of Health, Preparedness Branch. \$10,000.
- 2015 ICARE Conference. Arkansas Dept of Health, Preparedness Branch. \$30,000.
- 2015 ICARE Conference. Washington Regional Medical Center. \$7,500.
- 2015 ICARE Conference. Arkansas Regional Organ Recovery Agency [ARORA]. \$6,000.
- 2015 Lung Cancer/Tobacco Symposium. Arkansas Biosciences Institute. \$3,500.
- 2015 ICARE Conference. Arkansas Dept of Health, Preparedness Branch. \$30,000.
- 2015 Obesity Symposium. Arkansas Dept of Health, Chronic Disease Branch. \$20,500.
- 2015 Geriatrics and Long-Term Care Update. Blue and You Foundation. \$2,000
- 2015 Geriatrics and Long-Term Care Update. Arkansas Medical Society. \$1,000
- 2014 Geriatrics and Long-Term Care Update. Blue and You Foundation. \$2,500.
- 2014 Diabetes Update. Eli Lilly. \$5,000.
- 2014 Diabetes Update. Arkansas Dept of Health, Chronic Disease Branch. \$20,500.
- 2014 Neurology Update. Questcor Pharmaceuticals. \$2,500.
- 2013 Neurology Update. Eisai Pharmaceuticals. \$5,000.
- 2013 Neurology Update. Sanofi Aventis. \$5,000.
- 2012 Diabetes Update. UAMS/Sturgis Foundation Account. \$1,500.
- 2012 Diabetes Update. Amylin Pharmaceuticals. \$5,000.
- 2012 Diabetes Update. Novo Nordisk. \$5,000.

PROFESSIONAL DEVELOPMENT

- Completed Green Belt certification in Lean Six Sigma for Healthcare. University of Alabama at Birmingham. Spring 2016.
- Completed certificate program in UAMS Lean Leaders course. Spring 2016.
- Completed UAMS Healthcare Leaders course. Fall 2015.
- Completed Quality Improvement for Clinicians course. Semester long course on QI methodologies and their integration into healthcare systems. Spring 2015.
- Completed UAMS Office of Grants and Scientific Publications course on writing NIH grants. Spring 2013.
- Completed UAMS Leadership Essentials Training – 38 hours. Spring 2012.
- Participated in an intensive grant-writing workshop for academic grant programs hosted by Arkansas Dept. of Health and UCA at Lake Hamilton in Hot Springs, Arkansas. Fall 2008.
- Participated in Symposium for Promoting Collaboration among Arkansas' 2-year and 4-year institutions. Spring 2008.
- Participated in a grant-funded pilot program for MDRC involving the importance of improving access to math education for diverse populations. Fall 2007.
- Completed Supplemental Instruction Supervisor training program at UMKC, Kansas City Missouri. Spring 2006.
- Completed IEP seminar on tutoring ESL students in Western writing styles.

COMMUNITY ENGAGEMENT**NATIONAL/REGIONAL**

- Member, Rural Health Community of Practice. National Network of Pulich Health Institutes. 2018-present.
- Invited member of the National Advocacy Committee for the Alliance for Continuing Education in the Health Professions (ACEhp). 2016-present.
- Abstract reviewer and scorer for Quality Improvement, Systems Thinking, and Outcomes/ Assessment abstracts for Alliance for Continuing Education in the Health Professions (ACEhp) Annual Conference. 2014-present.

STATE/LOCAL

- Healthy Active Arkansas initiative. Interim Co-Executive Manager. Spring 2017-present.
- Grade Level Reading Statewide Collaboration. Data Sub-committee member. Spring 2018-present.
- Palliative Care and Quality of Life Interdisciplinary taskforce. Member. Spring 2017-present.
- Statewide ADH Diabetes Advisory Council. Member. Fall 2013-present.
- GME Clinical Learning Environment Review (CLER) Committee. Member. Spring 2016-Fall 2016.
- Graduate Medical Education Quality Improvement Workgroup. Committee member. Spring 2015- Fall 2016.
- Quality Improvement Sub-Committee, Interprofessional Education IPCP Pillar Team. Committee chair. Spring 2015- Fall 2016.
- Committee on Patient and Family Centered Care in the Emergency Department. Committee member. Spring 2015- Fall 2016.
- Interprofessional Education/Interprofessional Collaborative Practice Pillar Team. Committee member. Fall 2014- Fall 2016.
- Event Planning Performance Excellence Project. Committee member. Fall 2014-Fall 2015.
- ICARE [Improving Critical and Acute Care through Regional Education]. Planning Committee. Fall 2014- Fall 2016.
- Continuing Education Consolidation Performance Excellence Project. Spring 2014-Spring 2015.

- Neurology Update. Planning committee. Fall 2012- Fall 2016.
- Diabetes Update. Planning committee. Fall 2012- Fall 2016.
- Diamond Conference. Planning committee. Fall 2012- Fall 2016.
- OneHealth Conference. Planning Committee. Fall 2014- Fall 2016.
- Geriatrics and Long-Term Care Update. Planning committee. Fall 2013- Fall 2016.
- Tobacco and Disease/Lung Cancer Symposium. Planning Committee. Fall 2013- Fall 2016.
- Arkansas Trauma Update. Planning committee. Fall 2012- Fall 2015.

Kanna N. Lewis, Ph.D

Email: klewis@achi.net Cell: (925) 305-7280

Education

Ph.D. in Mathematics, *Top 10 graduates*

August 2014

University of Maryland College Park, *College Park, MD*

B.A. in Mathematics, *Highest Honors Degree*

May 2008

University of California Berkeley, *Berkeley, CA*

Experience

Arkansas Center for Health Improvement

Little Rock, AR

Health Policy Microsimulation Architect

Feb 2015-Present

- A senior analyst on CMS Section 1115 Demonstration Waiver Evaluation. Assisted on development of research design and creation of analyzable datasets, and responsible for implementing propensity score estimation and matching, regression discontinuity, generalized linear models, using SAS and R software.
- First author on data linkage key probabilistic validation model presentation presented at National Association of Health Data Organizations on October 11th, 2018.
- First author on an AcademyHealth ARM methods session poster on application of regression discontinuity and propensity score matching in Section 1115 Demonstration Waiver Evaluation.
- Applied machine learning techniques (CART, conditional inference trees, xgboost, random forest) for variable importance analyses and prediction of (1) high-cost subgroup in severe and persistently medically ill patients (2) obese children and adolescents in association with individual-level factors such as free lunch status and county-level obesigenic environmental factors.
- Performed hospital-level insurance coverage expansion economic impact analyses using HCRIS and BLS data.
- Accumulated extensive working knowledge on healthcare claims, emergency department, birth and death certificate records, voter registries, public school weight/height/BMI records.
- Initiated collaborative efforts with University of South California, Leonard D. Schaeffer Center for Health Policy and Economics and Johns Hopkins University Global Obesity Prevention Center.

US Department of the Treasury, *Office of Debt Management*

Washington, DC

Mathematician

Feb 2015-July 2017

- Solely responsible for term structure models used for simulation, decomposition analysis, and evaluation of key metrics such as inflation expectation, term premia, expected short rate, and various risks.
- Developed, analyzed, and implemented various economic measures and auction analysis models using machine learning techniques such as clustering and ensemble of trees, principal components analysis, time series analysis, bootstrapping, Bayesian statistics.
- Engineered a new U.S. Treasury official yield curve used to price the \$13 trillion U.S. national debt. It is also used as a benchmark for other debt in the market, such as mortgage rates and bank lending rates.
- Performed the core analysis for congressional testimony, new fiscal policy, and the Treasury official blog.
- A main presenter and moderator at a joint annual G7 debt management round-table.
- Prepared presentations to political appointees and senior management team for policy recommendations.
- Promoted to the highest grade Federal Government researcher within one year of starting date.
- Created and maintained ad hoc table/view scripts using SQL to analyze secondary market pulled from BrokerTec data. Wrote numerous Matlab Classes for various projects and shared with the entire team through TFS.

- Maintained working relationships with IMF, Federal Reserve, and high level market participants as well as foreign sovereign managers and academics.

University of Maryland, Department of Mathematics
Research Assistant

College Park, MD
(9 semesters) Aug 2009-Aug 2013

- Published five papers in mathematics and physics journals.
- Developed and analyzed numerical simulations to collect large data using Matlab.
- Analysis and modeling of crystal surfaces at nano- to micro-scale. Ph.D thesis topics include: Evolution of faceted surfaces compatible with its underlying discrete dynamics. Homogenization of crystal surfaces with microscopic anisotropies. Phase-field model of reconstructed stepped surfaces. Relationship between large ordinary differential equation (ODE) systems and partial differential equations (PDEs). Boundary conditions at free boundaries of PDEs derived as continuum limits of ODE systems. Convergence of ODE systems to the subgradient form and the conservation form of PDEs. Viscosity solutions of degenerate parabolic equations.
- A presenter at the annual meeting of American Mathematics Society and at universities such as Univ. of Michigan, Univ. of California Los Angeles, and Univ. of Tokyo.
- Winner of Graduate Dean's Research Fellow Award (Awarded to top 10 graduating Ph.D students throughout the university), Monroe H. Martin Graduate Research Fellowship (Awarded to 1 Ph.D student in math/physics).

Teaching Assistant

(3 semesters)

- Organized student seminars and mentored new graduate students in the math program.
- Taught various undergraduate courses including Introduction to Probability, Introduction to Linear Algebra, Multivariable Calculus.

University of Calgary, Mathematical Modeling in Industry Workshop
Researcher

Calgary, Canada
June 2012

- Developed algorithms to increase the efficiency of optical touch sensing screens for the Corning Corporation.
- After two weeks of work, published in the engineering journal IS&T/SPIE Electronic Imaging and presented the result as the representative of an interdisciplinary team.

Honors/Awards

2013-14	Graduate Dean's Award (Top 10 Graduates throughout the University), University of Maryland
2012	Gold Medal in Teaching Excellence (Top 5 teaching assistants), University of Maryland
2011	Monroe H. Martin Graduate Research Fellowship (1 Ph.D in math/physics), University of Maryland
2011	Graduate Student Summer Research Fellowship, University of Maryland
2008	Highest Honors Degree, University of California, Berkeley
2008	Dorothea Klumpke Roberts Prize (Top 5 Graduates), University of California, Berkeley
2008	Highest Distinction in General Scholarship, University of California, Berkeley
2007-08	International Student Scholarships, University of California, Berkeley
2007	Dean's List, University of California, Berkeley

Other Experience and Professional Memberships

2009-2014 American Mathematical Society

Published Papers

- a. **Arkansas Center for Health Improvement.** Arkansas Health Care Independence Program (“Private Option”) Section 1115 Demonstration Waiver Final Report. Little Rock, AR: Arkansas Center for Health Improvement, June 2018.
- b. **Nakamura, K.,** & Zhang, A. (2015). Technical Note on MC Curve Construction, US Treasury White Paper.
- c. Schneider, J. P., **Nakamura, K.,** & Margetis, D. (2014). Role of chemical potential in relaxation of faceted crystal structure. *Physical Review E - Statistical, Nonlinear, and Soft Matter Physics*, 89(6). <https://doi.org/10.1103/PhysRevE.89.062408>. PMID: 25019795.
- d. Alexander Bläßle, et al. (2013). Optical touch sensing: practical bounds for design and performance. *IS&T/SPIE Electronic Imaging*, Vol. 8657.
- e. **Nakamura, K.,** & Margetis, D. (2013). Phase-field model for reconstructed stepped surface. *Physical Review E - Statistical, Nonlinear, and Soft Matter Physics*, 88(1). PMID: 23944596.
- f. **Nakamura, K.,** & Margetis, D. (2012). Discrete and continuum relaxation dynamics of faceted crystal surface in evaporation models. (SIAM Journal on) *Multiscale Modeling & Simulation*, Vol. 11(1).
- g. Margetis, D., & **Nakamura, K.** (2012). Homogenization of composite vicinal surfaces: Evolution laws in 1+1 dimensions. *Physica D: Nonlinear Phenomena*, 241(14), 1179–1189.
- h. **Nakamura, K.** (2014). Evolution of crystal surfaces: Modeling and analysis, Ph.D Thesis.
- i. Margetis, D., & **Nakamura, K.** (2011). From crystal steps to continuum laws: behavior near large facets in one dimension. *Physica D Nonlinear Phenomena*, 240(13), 1100--1110.

F2. ORGANIZATIONAL CHART—SUBCONTRACTOR

University of Arkansas Center for
Social Research
Proposed Organizational Chart
May 2019

Shaun Thomas,
PhD
Co-Director

Casey Harris, PhD
Co-Director

Dr. Shaun Thomas, Co-Director of the Center for Social Research at the University of Arkansas will have primary responsibility for survey deployment, data collection, and data entry supported by his Co-Director, Dr. Casey Harris.

SHAUN A. THOMAS

Curriculum Vitae

Department of Sociology and Criminology

The University of Arkansas

Phone: 225-772-0767 E-mail: shaun@uark.edu

EDUCATION:

2009 PhD, Sociology, *Louisiana State University*
2006 M.A., Sociology, *Louisiana State University*
2002 B.A., Sociology (Magna Cum Laude), *The University of Akron*

EMPLOYMENT

2018 to Present Co-Director, University of Arkansas Center for Social Research

2017 to Present Associate Professor - Department of Sociology and Criminology,
University of Arkansas – Fayetteville

2015 to 2017 Assistant Professor – Department of Sociology and Criminology,
University of Arkansas – Fayetteville

2014 to 2015 Associate Professor – Department of Criminal Justice, University of
Arkansas at Little Rock

2013 to 2015 Graduate Program Coordinator (MS, MA, and PhD) - Department of
Criminal Justice, University of Arkansas at Little Rock

2009 to 2014 Assistant Professor - Department of Criminal Justice, University of
Arkansas at Little Rock

RESEARCH INTERESTS

Violence; spatial and temporal dynamics of communities; social and physical determinants of violent crime and public health outcomes; institutional isolation; social inequality; juvenile justice / delinquency; civic engagement; and rural and urban studies

FUNDING (* denotes student)

Thomas, Shaun A., Casey Harris, and Grant Drawve. 2019. Legal and Illegal Firearm Availability and Rates of Firearm Homicide, Suicide, and Unintentional Death: A Geo-Spatial Analysis of U.S. Counties and Colorado Neighborhoods. Submitted to National Collaborative on Gun Violence Research. (Requested \$301,477)

- Drawve, Grant, Shaun A. Thomas, and Jyotishka Datta. 2019. Developing a Spatial Child Maltreatment Risk Machine Learning Model for Little Rock, Arkansas. Submitted to Arkansas Division of Children and Family Services (DCFS). (Funded at \$26,851).
- Thomas, Shaun A. 2018. Department of Sociology and Criminology, Faculty Travel Stipend. (*Funded at \$900*)
- Thomas, Shaun A. 2018. Fulbright College of Arts and Sciences, Faculty Travel Stipend. (*Funded at \$1000*)
- Thomas, Shaun A. and Grant Drawve. 2018. Heart Disease and Mortality in Arkansas Communities: Health Promotion Through Environmental Design (HPTED). The University of Arkansas, Department of Sociology and Criminology (Funded at \$20,000)
- Thomas, Shaun A., Grant Drawve, and Jennifer Taylor. 2018. Heart Disease and Mortality in Arkansas Communities: health Promotion Through Environmental Design (HPTED). The University of Arkansas Chancellor's Innovation and Collaboration Fund (Requested \$125,310 – Not Funded)
- Datta, Jyotishka, Grant Drawve, Casey Harris, and Shaun A. Thomas (alphabetical). 2017. "Participant Field Training with Little Rock Police Department." The University of Arkansas Provost's Collaborative Research Grant (*Funded at \$2,000*).
- Thomas, Shaun A. 2017. Fulbright College of Arts and Sciences, Faculty Travel Stipend. (*Funded at \$1000*)
- Thomas, Shaun A. 2017. Requested funding from The University of Arkansas to develop and deliver an online Victimology course (*Funded at \$4,000*)
- Shaun A. Thomas. 2017. "Supplemental funding for NWA Juvenile Justice Improvement Project." Submitted to Department of Sociology and Criminal Justice, The University of Arkansas. (*Funded at \$5,000*)
- Thomas, Johanna M. and Shaun A. Thomas. 2016-2017. "NWA Juvenile Justice Improvement Project." Submitted to The University of Arkansas, Fulbright College of Arts and Sciences. (*Funded at \$13,000*)
- Harris, Casey and Shaun A. Thomas. 2016-2017. "Isolated Youth and Legal Cynicism: Employing a Multi-Level Framework." Submitted to The University of Arkansas, Fulbright College of Arts and Sciences. (*Funded at \$1,000*)
- Thomas, Shaun A. 2016. "Specifying the Impact of the Physical Environment of Crime Rates: Developing an Aggregated Neighborhood Risk Of Crime Measure." Deans Summer Research Stipend. The University of Arkansas, Fulbright College of Arts and Sciences. (*Funded at \$5,000*)

- Thomas, Shaun A. 2016. Fulbright College of Arts and Sciences, Faculty Travel Stipend. *(Funded at \$1000)*
- Thomas, Shaun A. 2016. Awarded funding from The University of Arkansas to develop and deliver an online Police and Society course *(Funded at \$4,000)*
- Thomas, Shaun A. and Johanna M. Thomas. 2015. "Specifying the "floater" effect: Examining predictors and outcomes of institutional isolation among youth." The University of Arkansas Provost's Collaborative Research Grant *(Funded at \$1,500)*
- Thomas, Shaun A. 2015. Fulbright College of Arts and Sciences, Faculty Travel Stipend. *(Funded at \$1000)*
- Thomas, Shaun A., Johanna M. Thomas, Jacob Laan*, and *Rick Dierendfelt*. 2015. "Futures in Automotive Service Technologies through Education and Reentry (F.A.S.T.E.R. Arkansas)." A collaborative project with the Arkansas Department of Corrections (ADC) Submitted to Bureau of Justice Assistance. (Requested \$750,000 – Not Funded)
- Baldwin, Julie, Emily Berthelot, and Shaun Thomas. 2015 "United States Military Veterans Suicide Decedents: A Multi-Level Examination of Risk Factors." Submitted to the Centers for Disease Control and Prevention (CDCP). (Requested \$233,069 – Not Funded)
- Thomas, Shaun A., Grant Drawve, and Jessica Wells*. 2015. "Examining the influence of incident, police organizational, and community level characteristics on the clearance by arrest for violent and non-violent offenses." Submitted to the National Institute of Justice. (Requested \$38,000 – Not Funded)
- Thomas, Shaun A. and Mary Parker. 2014. "Validating Inmate Social History and Agency Classification Systems." Submitted to the Arkansas Department of Correction. *(Funded at \$75,000)*
- Thomas, Shaun A. and Mary Parker. 2014. "Assessing the Role of GIS Mapping Techniques in Managing and Assisting Community Corrections Programs." Submitted to Arkansas Community Correction. *(Funded at \$25,000)*
- Thomas, Shaun A., Emily Berthelot, Timothy C. Brown, and John Miller. 2013. Community Characteristics and Racial Attitudes in Pulaski County Communities. Submitted to the University of Arkansas Institute on Race and Ethnicity. *(Funded at \$2,750)*
- Thomas, Shaun A. 2013. Awarded funding from UALR Graduate School to cover cost of statistical software. *(Funded at \$742.50)*
- Drawve, Grant*, Jeffery Walker and Shaun A. Thomas. 2012. "The Association Between Physical and Social Disorder and Calls for Service in Little Rock Neighborhoods."

Submitted to The Little Rock Metroplan Sustainable Communities Mini-Grant Program.
(Requested \$5,000 – Not Funded)

Thomas, Shaun, Stacy Moak, and Jeffrey Walker. 2011. “A Down Side of Up: Civic Structure, Resource Disadvantage, and Interracial Violence.” Submitted to The American Statistical Association / Bureau of Justice Statistics Small Grants Research Program for Analysis of Crime and Justice Data. (Requested \$30,000 - Not Funded)

Thomas, Shaun. 2011. “A Down Side of Up: Civic Structure, Resource Disadvantage, and Interracial Violence.” Submitted to The University of Arkansas at Little Rock College of Professional Studies Summer Research Grant. (*Funded at \$5,000*)

Thomas, Shaun. 2010. Awarded funding from The University of Arkansas at Little Rock to develop and deliver an online Deviant Behavior course (*Funded at \$2,400*)

Thomas, Shaun. 2010. Awarded funding from The University of Arkansas at Little Rock to develop and deliver an online Victimology course (*Funded at \$2,400*)

Thomas, Shaun. 2008. “Beyond Crime Quantities: A Multilevel Analysis of the Relative Prevalence of Interracial Violence” Submitted to the Louisiana State University Graduate School Dissertation Fellowship Program. (*Funded at \$18,000 + tuition*)

PUBLICATIONS (* denotes student) (28)

Maxwell, December, Johanna Thomas and Shaun A. Thomas. In Press. “Cathartic Ink: A Qualitative Examination of Tattoo Motivations for Survivors of Sexual Trauma.” *Deviant Behavior*.

Dierenfeldt, Rick D., Shaun A. Thomas, Timothy C. Brown, and Jeffery T. Walker. In Press. “Street Culture and Gun Violence: Exploring the Reputation-Victimization Paradox.” *Journal of Interpersonal Violence*.

Thomas, Johanna, Shaun Thomas, Grant Drawve and Judith Rhoades. 2019. “Post Truancy Intervention and the Likelihood of On-time Grade Attainment” *Journal of Education for Students Placed at Risk*.

Thomas, Johanna and Shaun Thomas. 2018. *Understanding Early Childhood Truancy: How studies across the life course can inform evidence-based interventions*. In Jolanta Grotowska-Leder and Paulina Bunio-Mroczek (eds.), *Investing in Children. Innovative Solutions to Improve Children’s Well-Being*, University of Łódź Publishing House, Łódź.

Thomas, Shaun and Grant Drawve. 2018. “Examining Interactive Effects of Characteristics of the Social and Physical Environment.” *Journal of Criminal Justice* 57, 89-98.

- Thomas, Shaun A., Drew Medaris, and Cody Tuttle. 2018. "Southern Culture and Aggravated Assault: Exploring the Generality of the Southern Cultural of Violence." *Sociological Spectrum* 38(2), 103-116.
- Thomas, Shaun, Grant Drawve, and Johanna Thomas. 2018. "Exploring the generality of the influence of institutional isolation among youth on crime." *Deviant Behavior* 39(7), 852-867.
- Thomas, Shaun and Rick Dierenfeldt. 2018. "Assessing (in)equality in the structural covariates of drug-specific markets." *Crime and Delinquency* 64(1), 88-114.
- Thomas, Shaun, Kyle Burgason, Timothy Brown and Emily Berthelot. 2017. "Is it all about race? Intergroup threat and perceptions of racial profiling." *Criminal Justice Studies* 30(4), 401-420.
- Drawve, Grant, Shaun A. Thomas, and Timothy Hart. 2017. "Routine activity theory and the likelihood of arrest: A replication and extension with conjunctive methods." *Journal of Contemporary Criminal Justice* 33(2), 121-132.
- Drawve, Grant, Shaun Thomas, and Jeffrey Walker. 2016. "Bringing the physical environment back into neighborhood research: The utility of RTM for developing an aggregate neighborhood risk of crime (ANROC) measure." *Journal of Criminal Justice* 44(1), 21-29.
- Berthelot, Emily, Timothy C. Brown, Shaun A. Thomas, and Kyle Burgason. 2016. "Racial (In)variance, Disadvantage, and Lethal Violence: A Survival Analysis of Black Homicide Victimization Risk in the United States." *Homicide Studies* 20(2), 103-128.
- Burgason, Kyle*, Shaun A. Thomas, Emily Berthelot, and Chris Burkey*. 2014. "Gats and Gashes: Street Culture and Distinctions in the Nature of Violence between Youth and Adult Offenders" *Deviant Behavior* 35(7), 534-554.
- Thomas, Johanna, Shaun A. Thomas, Kyle Burgason*, and Lillie Wichinski. 2014. "Early Contact with the Criminal Justice System and Intellectual Functioning as Risk Factors for Violent and Chronic Adult Offending." *Western Criminology Review* 15(1), 34-50.
- Burgason, Kyle*, Shaun A. Thomas and Emily Berthelot. 2014. "The Nature of Violence: A Multilevel Analysis of Gun Use and Victim Injury in Violent Interpersonal Encounters." *Journal of Interpersonal Violence* 29(3), 371-393.
- Drawve, Grant*, Shaun A. Thomas, and Jeffrey T. Walker. 2014. "The Likelihood of Arrest: A Routine Activity Theory Approach to NIBRS Data." *American Journal of Criminal Justice* 39(3), 450-470.

- Thomas, Shaun and Edward Shihadeh. 2013. "Institutional Isolation and Crime: The Mediating Effect of Disengaged Youth on Levels of Crime." *Social Science Research* 42(5), 1167-1179.
- Miller, John, John Kuykendall and Shaun A. Thomas. 2013. "Are we in this together? An analysis of the relationship between schools and their communities." *The School Community Journal* 23(2), 137-160.
- Thomas, Shaun A., Stacy C. Moak, Jeffrey T. Walker. 2013. "The Contingent Effect of Race in Juvenile Court Detention Decisions: The Role of Racial versus Symbolic Threat." *Race and Justice* 3(3), 239-265.
- Moak, Stacy C., Shaun A. Thomas, Jeffrey T. Walker and Shaun Gann*. 2012. "Community Context and Disproportionate Minority Contact: An HLM Model." *Journal of Juvenile Justice* 2(1), 73-90.
- Thomas, Shaun A. and Edward S. Shihadeh. 2012. "Institutionally Isolated Youth and Crime Rates: Preliminary Evidence of a Floater Effect." *ACJS Today* 37(1), 4-13.
- Moak, Stacy C., Johanna M. Thomas, Shaun A. Thomas, Jeffery T. Walker, and Thomas Zawisza*. 2012. "Entering the Rabbit Warren: The Trials, Tribulations (and Some Successes) of Integrating Juvenile Justice Data." *ACJS Today* 37(1), 27-32.
- Lee, Matthew R. and Shaun A. Thomas. 2010. "Civic Community, Population Change, and Violent Crime in Rural Communities." *The Journal of Research in Crime and Delinquency* 47(1), 118-147.
- Lee, Mathew R., Shaun A. Thomas and Graham C. Ousey. 2010. "Southern Culture and Homicide: Examining the Cracker Culture / Black Redneck Thesis." *Deviant Behavior* 31(1), 60-96.
- Lee, Matthew R., Timothy C. Hayes, and Shaun A. Thomas. 2008. "Regional Variation in the Effects of Structural Factors on Violence in Nonmetropolitan Areas." *The Social Science Journal* 45(1), 76-94.
- Thomas, Shaun A. 2007 "Lies, Damn Lies and Rumors: An Analysis of Collective Efficacy, Rumors, and Fear in the Wake of Katrina" *Sociological Spectrum* 27(6), 679-703.
- Lee, Matthew R., William B. Bankston, Timothy C. Hayes, and Shaun A. Thomas. 2007. "Re-Visiting the Southern Culture of Violence Thesis." *The Sociological Quarterly* 48(2), 253-275.
- Thomas, Shaun A. 2007. "Community Oriented Policing and Lethal Violence: A Macro Level Analysis." *The International Journal of Crime, Criminal Justice and Law* 2(2), 255-269.

TECHNICAL REPORTS

- 2014 Examining Ten Years of Data from the Racial Attitudes Survey: A Multilevel Analysis of Racial Attitudes, Perceptions, and Stereotypes prepared for the University of Arkansas at Little Rock Institute on Race and Ethnicity
- 2012 Evaluation of Arkadelphia, AR Temporary Assistance for Needy Families program prepared for the Arkansas Department of Workforce Services
- 2012 Evaluation of Batesville, AR Temporary Assistance for Needy Families program prepared for the Arkansas Department of Workforce Services
- 2012 Evaluation of Monticello, AR Temporary Assistance for Needy Families program prepared for the Arkansas Department of Workforce Services.

ACADEMIC AWARDS AND HONORS

- 2017 Inducted as member of Sigma Xi, International Scientific Research Honor Society.
- 2015 Selected to participate in the University of Arkansas Research Camp, sponsored by the Vice Provost for Research and Economic Development
- 2015 Faculty Excellence Award for Research. Awarded by the College of Social Sciences and Communication, University of Arkansas at Little Rock
- 2014 Nominated for the doctoral mentor of the year award presented by the American Society of Criminology
- 2012 Selected as mentor for Donaghey Scholars Program
- 2010 Selected as a mentor for Ronald E. McNair Scholars Program
- 2008 Nominated for the LSU sociology instructor of the year award
- 2007 Awarded the Rudolph Heberle Award for Exceptional Progress and Scholarship for a graduate student in sociology sponsored by the Department of Sociology, Louisiana State University
- 2006 Awarded the Graduate Student “Paper of Distinction” Award sponsored by the Mid-South Sociological Association
- 2006 Awarded the Graduate Student Paper Competition Award sponsored by Alpha Kappa Delta International Honor Society (Third Place)
- 2002 Awarded the Dr. Charles C. Rogler Scholarship sponsored by the Department of Sociology, The University of Akron. \$1,000

WORKS PRESENTED: (* denotes student)

Harris, Casey T., Grant Drawve, Shaun A Thomas, and Jyotishka Datta. 2018. “What Happens at the Edge: Neighborhood Segregation, Permeability, and Crime.” Paper presented at the Annual Meeting of the American Society of Criminology in Atlanta, GA.

Drawve, Grant, Jyotishka Datta, Casey T. Harris, and Shaun A Thomas. 2018. “Working Towards Understanding Local Public Safety Issues and Evaluating Policing Efforts.” Paper presented at the Annual Meeting of the American Society of Criminology in Atlanta, GA.

- Thomas, Johanna and Shaun A. Thomas. 2018. "The Be SMART program: Educating Social Workers on Safe Gun Practices." Paper presented at the Annual Meeting of the Council of Social Work Education in Orlando, FL.
- Thomas, Shaun A., Grant Drawve, Matthew Nobles, and Jeffrey Ward. 2018. "Repeat Crime Patterns and Risk Heterogeneity." Paper presented at the Annual Meeting of the Southern Criminal Justice Association in Pensacola, FL.
- Stanford, Danielle, Jeffrey T Ward, Grant Drawve, Matthew Nobles, and Shaun A Thomas. 2017. "Do Community-level Hotbeds of Repeat/Near Repeat Crime Exist? Visualizing Concordance and Discordance in Spatiotemporal Patterns across Index Crimes." Paper presented at the Annual Meeting of the American Society of Criminology in Philadelphia, PA.
- Drawve, Grant, Shaun A Thomas, Matthew Nobles, and Jeffrey T Ward. 2017. "Exploring the Situational Context of Repeat/Near Repeat Crime Patterns via Conjunctive Analysis of Case Configurations." Paper presented at the Annual Meeting of the American Society of Criminology in Philadelphia, PA.
- Thomas, Shaun A., Grant Drawve, Matthew Nobles, and Jeffrey Ward. 2017. "Boost and Flag: Disentangling Repeat/Near Repeat Crime Patterns from Risk Heterogeneity." Paper presented at the Annual Meeting of the American Society of Criminology in Philadelphia, PA.
- Medaris, Drew, Shaun Thomas, and Cody Tuttle. 2017. "Southern Culture and Assault: Exploring the Generality of Southern Cultural Tolerance of Violence." Paper presented at the Annual Meeting of the Southern Criminal Justice Association in New Orleans, LA.
- Thomas, Johanna, Shaun Thomas, and Grant Drawve. 2017. Case Management and Client Success: Understanding the Role of Risk and Protective Factors through Data Analysis. Paper presented at the Annual meeting of National Association of Social Workers, Arkansas Chapter in Little Rock, AR.
- Thomas, Johanna, Shaun Thomas, and Grant Drawve. 2017. Institutionally Isolated Youth as Predictors of Delinquency and Crime. Paper presented at the Annual Meeting of the Society for Social Work and Research in New Orleans, LA.
- Thomas, Shaun and Grant Drawve. 2016. "Examining additive and interactive effects of characteristics of the social and physical environment." Paper presented at the Annual Meeting of the American Society of Criminology in New Orleans.
- Thomas, Shaun and Rick Dierenfeldt*. 2016. Assessing (in)equality in the structural covariates of drug-specific markets. Invited to present paper at colloquium sponsored by the University of Arkansas chapter of Alpha Kapa Delta.

- Thomas, Shaun A. and Johanna M. Thomas. 2016. "Specifying the "Floater" Effect: Examining Predictors and Outcomes of Institutional Isolation among Youth." Paper presented at the Annual Meeting of the Southern Criminal Justice Association in Savannah, GA.
- Burgason, Kyle, Shaun A. Thomas, Timothy Brown, and Emily Berthelot. 2016. "Examining Perceptions of Racial Profiling from a Symbolic Threat Perspective." Paper presented at the Annual Meeting of the Annual Meeting of the Academy of Criminal Justice Sciences in Denver, CO.
- Thomas, Shaun A. 2015. "Developing an Aggregate Neighborhood Risk of Crime Measure: Exploring the Utility of Risk Terrain Modeling" Invited to present paper at colloquium sponsored by the University of Arkansas Community and Family Institute.
- Thomas, Shaun A., Grant Drawve, and Jessica Wells*. 2015. "Multilevel Analysis of Predictors of Arrest: The Shared Influence of Routine Activities and Social Structure." Paper presented at the Annual Meeting of the American Society of Criminology in Washington DC.
- Thomas, Shaun A. 2015. "A Down Side of Up: Civic Structure, Resource Disadvantage, and Interracial Violence." Paper presented at the Annual Meeting of the American Society of Criminology in Washington DC.
- Thomas, Shaun A. and Grant Drawve. 2015. "Investigating the "Floater" Effect: Institutionally Isolated Youth as a Mechanism Linking Community Resource Disadvantage and Residential Stability to Levels of Crime." Paper presented at the Annual Meeting of the Southern Sociological Society in New Orleans, LA.
- Thomas, Shaun A., Emily R. Berthelot, Timothy C. Brown, and Kyle A. Burgason. 2015 "The Influence of Affluence: A Multilevel examination of Interracial Trust and Social Contact in Arkansas Communities." Paper presented at the Annual Meeting of the Southern Sociological Society in New Orleans, LA.
- Thomas, Shaun A. and Grant Drawve*. 2014. "Linking Contextual Environments, Institutionally Isolated Youth, and Crime." Paper presented at the Annual Meeting of the American Society of Criminology in San Francisco, CA.
- Berthelot, Emily R., Shaun A. Thomas, Timothy C. Brown, and Grant Drawve*. 2014. "Community Crime Rates and American Dream Values: A Multilevel Analysis of the Racial Convergence of Social Values in a Southern City." Paper presented at the Annual Meeting of the American Society of Criminology in San Francisco, CA.
- Dierenfeldt, Rick*, and Shaun A Thomas. 2014. "Shake, Bake, and Roll: A Place Level Analysis of Methamphetamine use and Production." Paper presented at the Annual Meeting of the American Society of Criminology in San Francisco, CA.
- Burgason, Kyle*, Shaun A. Thomas, Emily Berthelot, and Chris Burkey*. 2014. "Gats and

- Gashes: Street Culture and Distinctions in the Nature of Violence between Youth and Adult Offenders." Paper presented at the Annual Meeting of the Academy of Criminal Justice Sciences in Philadelphia, PA.
- Thomas, Johanna, Shaun A. Thomas, Kyle Burgason*, and Lillie Wichinski. 2013. "Low Intellectual Functioning and Early Onset as Risk Factors for Violent and Chronic Adult Offending." Paper presented at the Annual Meeting of the American Society of Criminology in Atlanta, GA.
- Burgason , Kyle* and Shaun A. Thomas. 2013. "Community Disadvantage, Incident Characteristics, and the Nature of Violence: A Multilevel Analysis." Paper presented at the Annual Meeting of the Academy of Criminal Justice Sciences in Dallas, TX.
- Drawve, Grant* and Shaun A. Thomas. 2012. "Routine Activities and the Likelihood of Arrest." Paper presented at the Annual Meeting of the American Society of Criminology in Chicago, IL.
- Thomas, Shaun A., Emily Berthelot, Timothy C. Brown and Matthew R, Lee. 2012. "It's Tricky": Examining the Impact of a Changing Religious Institutional Base on Violent Crime in the South. Paper presented at the 75th anniversary of the Louisiana State University Sociology Department Sciences in Baton Rouge, LA.
- Thomas, Shaun A., Stacy C. Moak, and Jeffrey T. Walker. 2012. Racial Bias in Detention and Community Context: The Role of Racial versus Symbolic Threat. Paper presented at the Annual Meeting of the Academy of Criminal Justice Sciences in New York, NY.
- Thomas, Shaun. 2011. Informal Social Control and At-Risk Youth: Linking Contextual Environments, Institutionally Isolated Youth, and Crime. Paper presented at the Annual Meeting of the American Society of Criminology in Washington, DC.
- Moak, Stacy C., Shaun A. Thomas, and Jeffrey T. Walker. 2011. "Community Context and Disproportionate Minority Contact: An HLM Model." Paper presented at the Annual Meeting of the Academy of Criminal Justice Sciences in Toronto, Canada.
- Thomas, Shaun. 2010. The Influence of Region, County Characteristics, and Situational Factors on Argument Based Assaults. Paper presented at the Annual Meeting of the American Society of Criminology in San Francisco, CA.
- Thomas, Shaun. 2010. The Floater Effect and Lethal Violence: An Analysis of the Impact of Institutionally Disengaged Youth on Homicide Subtypes. Paper presented at the Annual Meeting of the Mid-South Sociological Association in Baton Rouge, LA.
- Thomas, Shaun and Vakeyia Dulaney*. 2010. "(In)variance in the Effect of Institutionally Disengaged Youth on Lethal Violence." Paper presented at the Annual Meeting of the Southwestern Association of Criminal Justice in Little Rock, AR.

- Thomas, Shaun. 2010. "A Multi-Level Analysis of Variation in the Extent of Physical Injury Suffered by Victims of Violent Crime." Paper presented at the Annual Meeting of the Academy of Criminal Justice Sciences in San Diego, CA.
- Thomas, Shaun A. and Timothy C. Hayes. 2009. "Strangers and Non-Strangers in the Midst: A Multilevel Analysis of Violence between Family, Friends, and Strangers." Paper presented at the Annual Meeting of the American Society of Criminology in Philadelphia, PA.
- Thomas, Shaun A. 2009. "Beyond Quantities: A Multilevel Analysis of variation in the Nature of Violent Crime in the U.S." Paper Presented at the Annual Meeting of the Southern Sociological Society in New Orleans, LA.
- Thomas, Shaun A. and Lacie M. Michel. 2009. "Volunteerism in the Wake of Katrina: How did Community Cohesion, Rumors of Crime, and Fear of Victimization Affect Decisions to Volunteer." Paper Presented at the Annual Meeting of the Southern Sociological Society in New Orleans, LA.
- Thomas, Shaun A. 2008. "A Multi-Level Analysis of Racial Inequality and Segregation on Inter-racial and Intra-racial Robbery and Aggravated Assault." Paper presented at the Annual Meeting of the American Society of Criminology in St. Louis, MO.
- Thomas, Johanna M. and Shaun A. Thomas. 2008. "Youth at Risk: A Longitudinal Analysis of the Criminal Trajectories of Juvenile Offenders." Paper presented at the Annual Meeting of the American Society of Criminology in St. Louis, MO.
- Shihadeh, Edward S. and Shaun A. Thomas. 2007. "Institutional Attachment and Violence: The Concentration of Youth Disengagement and Serious Crime." Paper presented at the Annual Meeting of the American Society of Criminology in Atlanta, GA.
- Lee, Matthew R. and Shaun A. Thomas. 2007. "Changes in Civil Society and Rural Crime, 1980-2000." Paper presented at the Annual Meeting of the American Society of Criminology in Atlanta, GA.
- Barranco, Raymond E., Shaun A. Thomas, and Jessica Simpson. 2007. "Does Size Matter Everywhere: Linking Manufacturing Firm Size, Concentrated Disadvantage, and Crime in Metropolitan Areas." Paper presented at the Annual Meeting of the American Society of Criminology in Atlanta, GA.
- Lee, Matthew R., Timothy C. Hayes and Shaun A. Thomas. 2007. "Resource Disadvantage and Homicide: Regional variations in the Rural Context." Paper presented at the Annual Meeting of the American Sociological Association in New York, NY.
- Thomas, Shaun A. 2007. "Lies, Damn Lies, and Rumors: An Analysis of Collective Efficacy, Rumors and Fear in the Wake of Katrina." Invited lecture on the effects of Katrina

presented to representatives from Stanford University and hosted by the Crime and Policy Evaluation Research (CAPER) group, Louisiana State University.

Thomas, Shaun A., Matthew R. Lee, and Timothy C. Brown. 2006. "An Examination of the Macro Level Crime Reducing Capabilities of Community Oriented Policing." Paper presented at the Annual Meeting of Mid-South Sociological Association in Lafayette, LA.

Thomas, Shaun A. 2006. "Lies, Damn Lies, and Rumors: An Analysis of Collective Efficacy, Rumors and Fear in the Wake of Katrina." Paper Presented at the Annual Meeting of Mid-South Sociological Association in Lafayette, LA.

Lee, Matthew R., Shaun A. Thomas, Michael O. Maume, and Graham C. Ousey. 2006. "Structural versus Cultural Sources of Black Homicide in Rural Communities." Paper presented at the Annual Meeting of the American Sociological Association in Montreal, Canada.

Thomas, Shaun A. 2006. "Collective Efficacy, Rumors, and Fear of Crime in Baton Rouge after Hurricane Katrina." Paper presented at the Annual Meeting of the Southern Sociological Society, New Orleans, Louisiana.

Thomas, Shaun A. 2006. "An Analysis of the Efficacy of Community Oriented Policing: Does it Reduce Crime in large Cities?" Paper presented at the Annual Meeting of the Southern Sociological Society, New Orleans, Louisiana.

Lee, Matthew R., William B. Bankston, Timothy C. Hayes and Shaun A. Thomas. 2005. "Re-Visiting the Southern Culture of Violence Thesis." Paper presented at the Annual Meeting of the American Society of Criminology, Toronto, Canada.

Lee, Matthew R., Timothy C. Hayes and Shaun A. Thomas. 2005. "Regional Variation in the Effects of Structural Factors on Violence in Nonmetropolitan Areas." Paper presented at the Theory and Research Workshop, Department of Sociology, Louisiana State University.

Lee, Matthew R., Timothy C. Hayes and Shaun A. Thomas. 2005. "Regional Variation in the Effects of Structural Factors on Violence in Nonmetropolitan Areas." Paper presented at the Annual Meeting of the Southwestern Social Science Association, New Orleans, Louisiana.

CONSULTING and RESEARCH EXPERIENCE:

2006-18 Associate Research Fellow, The Crime And Policy Evaluation Research Group (CAPER), Louisiana State University

2012 Statistical and Data Analysis Consultant, Evaluation of Arkansas Temporary Assistance for Needy Families Program

- 2008 Statistical and Data Analysis Consultant, The School of Social Work at Louisiana State University
- 2004-08 Graduate Research Assistant. "CAREER: Institutional Structures, Civic Engagement, and Crime in Nonmetropolitan America." National Science Foundation Early Career Development Program grant number: SES 0237968. PI: Matthew R. Lee.
- 2008 Interviewer, Reconstituting Community: The Contribution of Social Capital and Social Organization to Disaster Recovery. Funded by the National Science Foundation. PI: Fredrick Weil.
- 2007 Interviewer, Culture and Violence in Rural America. Funded by the Office of Research and Economic Development Faculty Research Grant Program, Louisiana State University. PI: Matthew R. Lee
- 2007 Data Collection, Optinet Resources, LLC and the Army Corps of Engineers structure inventory of New Orleans and Baton Rouge flood plains
- 2006 Interviewer, The Social Fabric Under Stress. Funded by National Science Foundation award number: 0554572. PI's: Fredrick Weil, Edward Shihadeh, and Matthew R. Lee. Department of Sociology, Louisiana State University
- 2005 Interviewer, Advanced Research Methods graduate seminar.

PROFESSIONAL SERVICE

Department

- 2019 Member Diversity and Inclusion Committee
- 2018-20 Chair of Undergraduate Criminology committee
- 2018-19 Member of Governance Document Committee
- 2018-19 Member Chairs Advisory Committee
- 2018-19 New Faculty Mentor – Brandon Crawford
- 2018-19 New Faculty Mentor – Brittany Hearne
- 2018 Outside reader for Comprehensive Exam Committee
- 2017 Member of Faculty Search Committee -Tenure Track Position
- 2017 Chair of the Comprehensive Exam Committee
- 2016-18 Chair of the Promotion and Tenure Expectations Task Force
- 2015-19 Member of Graduate Program Committee
- 2016 Member of Faculty Search Committee - Visiting Assistant Professor Position
- 2013-15 Graduate Program Coordinator: PhD, MA, and MS
- 2011-13 Member of the Doctoral Program Comprehensive Exam Committee
- 2010-13 Member of the Doctoral program Admissions Committee
- 2013 Chair of the committee to nominate Dr. Stacy C. Moak for the University Faculty Excellence in Teaching award, which she won.
- 2009-12 Advisor to the Criminal Justice Society (Undergraduate and Graduate students)
- 2012 Member of Faculty Search Committee -Tenure Track Position
- 2011 Chair of Faculty Search Committee - 3 Tenure Track Positions
- 2006-07 President of Graduate Student Sociological Association

- 2006-07 Graduate Student Member (non-voting) of Faculty Search Committee
- 2007-08 Member of the Social Activities Committee for the Graduate Student Association

College

- 2018-20 Member of Planning and Fiscal Committee
- 2014-15 Member of Research, Scholarly Activity, and Creative Works Committee
- 2013-14 Member of Governance Committee
- 2011-12 Consultant to Dr. Lillie Wichenski for The University District Engaged Scholars Program
- 2011-12 Mentor for Criminal Justice Students Selected for The University District Engaged Scholars Program
- 2011 Applied for Faculty Advisor Position with The University District Engaged Scholars Program
- 2010-11 Member of the Assessment Committee

University

- 2019 Member of Committee developing degree program in Healthcare Analytics
- 2013-15 College Representative on Graduate Council
- 2011-15 Reviewer for Undergraduate Research Expo
- 2011-15 Reviewer for Graduate Research Expo
- 2010-15 Member of the Chancellor's Committee on Race and Ethnicity
- 2014 Member of search committee for the Dean of the Graduate School
- 2012 Mentor for the Donaghey Scholars Program (Vakeyia Dulaney)
- 2010 Mentor for the Ronald E. McNair Scholars Program (Vakeyia Dulaney)
- 2007-08 Mentor and Tutor for student-athletes

Profession

- 2019-20 Chair of the Outstanding Doctoral Student Award Committee for the Southern Criminal Justice Association
- 2017- Editorial Board Member for the American Journal of Criminal Justice, Official Journal of the Southern Criminal Justice Association
- 2017-19 Member of the program committee for the Division of Communities and Place, American Society of Criminology,
- 2016-17 Chair of the Outstanding Doctoral Student Award Committee for the Southern Criminal Justice Association
- 2008-17 Ad Hoc Reviewer for Criminology, Journal of Quantitative Criminology, Journal of Research in Crime and Delinquency, Justice Quarterly, Journal of Criminal Justice, Deviant Behavior, Journal of Interpersonal Violence, Crime and Delinquency, Race and Justice, and Social Science Research
- 2015 Member of the program committee (Communities and Crime) for the 2015 Annual meeting of the American Society of Criminology in Washington, DC
- 2012 Session Chair for the Annual Meeting of the Academy of Criminal Justice Sciences Annual Meeting in New York, NY

- 2011 Chair of the Local Arrangements Committee for the Annual Meeting of Mid-South Sociological Association (MSSA) in Little Rock, AR
- 2010 Faculty Advisor for a Quiz Bowl Team at the Annual Meeting of the Southwestern Association of Criminal Justice in Little Rock, AR
- 2010 Volunteer for the Annual Meeting of the Southwestern Association of Criminal Justice in Little Rock, AR
- 2010 Member of the Awards Nominations Committee for The Academy of Criminal Justice Sciences

Community

- 2017 Presenter for community Science Café on criminology and policing sponsored by Sigma Xi, the Scientific Research Honor Society.
- 2009-15 Volunteer for Rob Williams Golf Tournament, Little Rock, AR
- 2012-15 Collaborated with colleagues, criminal justice officials, and community leaders to examine racial disparities in the sentencing of homicide offenders in Arkansas
- 2011-12 Contributor / statistical consultant for the Little Rock, AR Promise Neighborhoods Grant Application
- 2012 Appeared as an criminology / criminal justice expert CBS affiliate KTHV 11 (Little Rock) on the day of the Sandy Hook Elementary School shooting
- 2006-07 Volunteer with the Society of St. Vincent de Paul, Baton Rouge, LA

PROFESSIONAL ASSOCIATION MEMBERSHIPS:

- 2015- Current Southern Criminal Justice Association
- 2009- Current Academy of Criminal Justice Sciences (ACJS)
- 2005- Current American Society of Criminology (ASC)
- 2005- Current Southern Sociological Society (SSS)
- 2009- 2014 Southwestern Association of Criminal Justice (SWACJ)
- 2005- 2013 Mid-South Sociological Association (MSSA)
- 2005- 2010 American Sociological Association (ASA)

HONOR SOCIETY MEMBERSHIPS:

- Sigma Xi International Scientific Research Honor Society.
- Alpha Kappa Delta International Honor Society
- Phi Kappa Phi Honor Society
- Phi Sigma Alpha Scholastic Honorary Society
- Golden Key International Honor Society

- Painter-Davis, Noah and Casey T. Harris. 2019. "Race/Ethnicity and Measures of Violence at the Macro-Level: Is Disadvantage Invariant Across Race-Specific Arrest, Victimization, and Offending?" Forthcoming at *Race and Justice*.
- Allison, Kayla* and Casey T. Harris. 2018. "Predicting Bias Homicide by Victim Groups: A County-Level Analysis." *Social Science Research* 74: 108-119.
- Feldmeyer, Ben, Steffensmeier, Darrell, and Harris, Casey T. and Shahin Tasharrofi*. 2018. "Immigration and Violent Crime in California, 1980-2012: Contextualization by Temporal Period and Race/Ethnicity." *Migration Letters* 15(2): 197-214.
- Harris, Casey T., Barranco, Raymond E., and Ben Feldmeyer. 2018. "Religious Contexts and Violence In Emerging and Traditional Immigrant Destinations" *Religions* 9(4): 1-16.
- Barranco, Raymond, Harris, Casey T., and Ben Feldmeyer. 2017. "Revisiting Violence in New Destinations: Exploring the Drop in Latino Homicide Victimization in Emerging Immigrant Communities, 2000-2010." *Sociological Spectrum* 37(6): 371-389.
- Harris, Casey T. and Jeffery T. Ulmer. 2017. "Mighty Like A River: The Black Protestant Church and Violence In Black Communities." *The Sociological Quarterly* 58(2): 295-314.
- Klein*, Brent, Grunewald*, Kayla, and Casey T. Harris. 2017. "Immigration and Violence in Rural Versus Urban Counties, 1990-2010." *The Sociological Quarterly* 58(2): 229-253.
- Painter-Davis, Noah and Casey T. Harris. 2016. "Structural Disadvantage and Latino Violent Offending: Assessing the Latino Paradox in Context of Established versus Emerging Latino Destinations." *Race and Justice* 6(4): 350-369.
- Feldmeyer, Ben, Casey T. Harris, and Daniel Lai*. 2016. "Does Language Use Impact Violence? Assessing the Effects of Linguistic Context on Violent Crime Rates." *Sociological Forum* 31(2): 267-290.
- Steffensmeier, Darrell, Casey T. Harris, and Noah Painter-Davis. 2015. "Gender and Arrests for Larceny, Fraud, and Forgery, and Embezzlement: Conventional or Occupational Property Crime Offenders?" *Journal of Criminal Justice* 43(3): 205-217.
- Harris, Casey T., Handley*, Megan, Bradley, Mindy, and Steven Worden. 2015. "Religion, Age, and Crime at the Macro-Level: Do Religious Traditions Differentially Impact Juvenile and Adult Violence?" *Sociological Spectrum* 35(4): 372-391.
- Harris, Casey T. and Ben Feldmeyer. 2015. "A Shot of Morality? Hispanic Immigration, Religious Contextual Characteristics, and Violence." *Sociological Spectrum* 35(3): 229-253.
- * Won the *Outstanding Article Award*, *Sociological Spectrum* (2015). *
- Feldmeyer, Ben, Casey T. Harris, and Jennifer Scroggins*. 2015. "Enclaves of Opportunity or "Ghettos of Last Resort?" Assessing the Effects of Immigrant Segregation on Violent Crime Rates." *Social Science Research* 52(1): 1-17.
- Harris, Casey T., Jeff Gruenewald, and Noah Painter-Davis. 2015. "Hispanic Immigration and Black Violence at the Community-Level: Examining the Conditioning Effect Victim Race/Ethnicity." *Sociological Forum* 30(1): 62-82.
- Ulmer, Jeffery T. and Casey T. Harris. 2013. "Race and the Religious Contexts of Violence: An Exploration of the Link Between Religion and White, Black, and Latino Violent Crime." *The Sociological Quarterly* 54(4): 610-646.
- Harris, Casey T. and Ben Feldmeyer. 2013. "Latino Immigration and White, Black, and Latino Violent Crime: A Comparison of Traditional and Non-Traditional Immigrant Destinations." *Social Science Research* 42(1): 202-216.

- Light*, Michael and Casey T. Harris. 2012. "Race, Space, and Violence: Exploring Spatial Dependence in Structural Covariates of White and Black Violent Crime in U.S. Counties." *Journal of Quantitative Criminology* 28(4): 559-586.
- Ulmer, Jeffery T., Casey T. Harris, and Darrell Steffensmeier. 2012. "Racial and Ethnic Disparities in Structural Disadvantage and Crime: White, Black, and Hispanic Comparisons." *Social Science Quarterly* 93(3): 799-819.
- Steffensmeier, Darrell, Ben Feldmeyer, and Casey T. Harris, and Jeffery T. Ulmer. 2011. "Reassessing Trends in Black Violent Crime, 1980-2008: Sorting Out the 'Hispanic' Effect in UCR Arrests, NCVS Offenders Estimates, and U.S. Prisoner Counts." *Criminology* 49(1): 197-251.
- * Nominated for *Outstanding Article Award*, American Society of Criminology (2013). *
- Steffensmeier, Darrell, Jeffery T. Ulmer, Ben Feldmeyer, and Casey T. Harris. 2010. "Scope and Conceptual Issues in Testing the Race-Crime Invariance Thesis: Black, White, and Hispanic Comparisons." *Criminology* 48(4): 1133-1169.
- * Won the *Outstanding Article Award*, American Society of Criminology (2012). *
- Harris, Casey T., Darrell Steffensmeier, Jeffery T. Ulmer, and Noah Painter-Davis. 2009. "Are Blacks and Hispanics Disproportionately Incarcerated Relative to Their Arrests? Racial and Ethnic Disproportionality Between Arrest and Incarceration." *Race and Social Problems* 1(4): 187-199.

BOOK CHAPTERS

- Feldmeyer, Ben, Shafer, Jillian, and Casey T. Harris. 2014. "Immigration and Immigrant Segregation Effects on Macro-Level Violence for Total, White, Black, and Latino Populations." *Issues in Criminology and Criminal Justice*, Seoul, South Korea: Korean National Policing University Press (translation available).

REPORTS

- Harris, Casey T. and Patricia Herzog. 2017. "The Sociality of Spatiality: Arkansas Department of Parks and Tourism Surveys, 2017." *Arkansas Department of Parks and Tourism*.
- Barranco, Raymond E. and Casey T. Harris. 2017. "Religious Contexts and Serious Violence Among Latinos and Asians, 2010." *National Institute of Justice*.
- Harris, Casey T. and Noah Painter-Davis. 2017. "The Prevalence and Nature of Intra- and Inter-group Violence In an Era of Social and Demographic Change." *National Institute of Justice*.
- Steffensmeier, Darrell, Jeffery T. Ulmer, Ben Feldmeyer, and Casey T. Harris. 2010. "Structural Correlates of Homicide: Black, White, and Hispanic Comparisons." *Proceedings of the Homicide Research Working Group*.

MANUSCRIPTS UNDER REVIEW

- Barranco, Ryamond and Casey T. Harris. "Latino Settlement in New Destinations and Latino Suicide Deaths."

- Tuttle, Cody and Casey T. Harris. "Making the Lead: How Article and Community Characteristics Impact Front-Page Coverage of the Immigration-Crime Debate." Revise and resubmit at *Sociological Spectrum*.
- Harris, Casey T., Tuttle, Cody, and Jeff Gruenewald. "Immigration and Crime in the Local News: Are Contextual Characteristics Associated With Coverage and Framing?" Under review at *The Sociological Quarterly*.
- Harris, Casey T., Jeff Gruenewald, and Cody Tuttle. "A Politician, Criminologist, and Police Officer Walk Into A Newsroom: Immigration and Crime Claims Makers In Local News, 2008-2012." Under review at *Criminology*.

MANUSCRIPTS IN PROGRESS

- Harris, Casey T., Drawve, Grant, Thomas, Shaun, and Jyotishka Datta. "What Happens at the Edge: Neighborhood Permeability and Crime."
- Harris, Casey T., Noah Painter-Davis, and Ben Feldmeyer. "Race, Ethnicity, and Threat: A Comparison Of the 'Threat of Crime' Hypothesis For Blacks and Hispanics."
- Steffensmeier, Darrell, Casey T. Harris, and Ben Feldmeyer. "A Broader Look at Race/Ethnicity and Crime at the Macro-Level: An Examination of Whites, Blacks, Latinos, Native Americans, and Asians."
- Feldmeyer, Ben and Casey T. Harris. "Immigrant Segregation, Race/Ethnicity, and Violence: Exploring the 'Enclave Effect' on Black, White, and Latino Rates of Violence."
- Bridges, Ana and Casey T. Harris. "Google Searches for Pornography and Reported Rates of Sexual Assault: A State by Time Analysis."
- Lu, Yunmei, Harris, Casey T., and Darrell Steffensmeier. "Crime Trends in California, 1990-2015: Age, Period, and Cohort Effects."

FUNDING ACTIVITY

Current Total Awarded (External Only): \$270,218

- | | |
|------|--|
| 2019 | Mutimer, Alice and Casey T. Harris. "From Near and Far: Examining the Effect of Immigration on Community Rates of Crime by Region of Origin." Honors College Research Grant. \$2,500 . Awarded. |
| 2019 | Thomas, Shaun, Harris, Casey T., and Grant Drawve. "Legal and Illegal Firearm Availability and Rates of Firearm Homicide, Suicide, and Unintentional Death: A Geo-Spatial Analysis of U.S. Counties and Colorado Neighborhoods." National Collaborative on Gun Violence Research \$301,477 . Under review. |
| 2017 | Datta, Jyotishka, Grant Drawve, Casey Harris, & Shaun Thomas (*alphabetical). November 2017. "Participant Field Training with Little Rock Police Department." Provost's Collaborative Research Grant \$2,000 . Awarded. |
| 2017 | Herzog, Patricia Casey T. Harris, Mindy Bradley, Lauren Sabon, and Anna Zajiceck. "The Sociality of Spatiality: A Social Research Investigation of Arkansas Parks and Tourism." Arkansas Statewide Comprehensive Outdoor Recreation Plan, <i>Arkansas Department of Parks and Tourism</i> . \$92,520 . Awarded. |
| 2017 | Herzog, Patricia, Harris, Casey T., Aloia, Lindsey, and Kevin Brady. "Addressing Technology and Skills Gaps in Adulthood Transitions: An NSF Workshop to |

- Understand Challenges and Opportunities at the Human-Technology Frontier.” *National Science Foundation*. Amount: \$49,974. **Awarded.**
- 2017 Drawve, Grant, Harris, Casey T., and Patricia Herzog. “Research in Teaching: Integrating Data Literacy Into Social Science Curriculum.” *University of Arkansas, Teaching and Faculty Support Center*. Amount: \$5,000. **Awarded.**
- 2017 Herzog, Patricia Snell, Casey T. Harris, Lindsey S. Aloia, April M. Rand, Kevin P. Brady, and Kenda Shea Grover. “Addressing Technology and Skills Gaps in Adulthood Transitions: How Emerging Leaders Are Shaping the Future of Work and Education at the Human-Technology Frontier” *University of Arkansas, Office of the Provost*, 2016-2017. Amount: \$2,000. **Awarded.**
- 2016 Co-Investigator (with PIs Patricia Herzog, Shauna Morimoto, and Jared Peifer). “Emerging Leaders Study – Intervening in the Social Science of Life-Course Generosity.” *Indiana University-Purdue University Indianapolis*, The Science and Imagination of Living Generously Initiative. Amount: \$45,066. **Awarded.**
- 2016 Primary Investigator (with Co-PIs Patricia Herzog, Brandon Jackson, and Lindsey Aiola). “Service Learning Materials and Equipment Grant.” *University of Arkansas Service Learning Initiative*. Amount: \$1,500. **Awarded.**
- 2016 Primary Investigator (with Co-PIs Patricia Herzog and Shauna Morimoto). “The Science of College – Perspectives in Analytics.” *University of Arkansas Honor’s College*. Amount: \$7,700. **Awarded.**
- 2015 Primary Investigator (with Co-PI Noah Painter-Davis). “The Prevalence and Nature of Intra- and Inter-group Violence In an Era of Social and Demographic Change.” *National Institute of Justice*. Amount: \$39,895. **Awarded.**
- 2015 Primary Investigator (with Co-PI Dr. Raymond Barranco). “Structural, Cultural, and Demographic Correlates of Serious Violence in Asian Communities.” *National Institute of Justice*. Amount: \$37,763. **Awarded.**
- 2015 Robert C. and Sandra Connor Endowed Faculty Fellowship. *University of Arkansas, Fulbright College of Arts and Science*. Amount: \$2,000. **Awarded.**
- 2012 Primary Investigator (with Co-PI Dr. Jeff Gruenewald). “Latino Immigration and White, Black, and Latino Inter-Racial Violence: A Community-Level Assessment.” *Fulbright College Expanded Summer Research Stipend Proposal, University of Arkansas*. Amount: \$7500. **Awarded.**
- 2008 Mary O’Neill Marsh Enhancement Fund in Crime, Law, and Justice. *The Pennsylvania State University, Department of Sociology and Crime, Law, and Justice*. \$1500. **Awarded.**

AWARDS AND HONORS

- 2017 Sigma Xi Research Honor Society Member
- 2016 Nolan Award for Outstanding Graduate Mentorship
- 2015 Sociological Spectrum Outstanding Article Award (“A Shot of Morality? Hispanic Immigration, Religious Contextual Characteristics, and Violence”) – 1st Place
- 2015 Robert C. and Sandra Connor Endowed Faculty Fellowship (research award), University of Arkansas
- 2015 Fulbright College Master Researcher Award Finalist

- 2013 American Society of Criminology's *Outstanding Article Award* ("Reassessing Trends in Black Violent Crime, 1980-2008: Sorting Out the 'Hispanic' Effect in UCR Arrests, NCVS Offenders Estimates, and U.S. Prisoner Counts") – Nominated
- 2012 American Society of Criminology's *Outstanding Article Award* ("Scope and Conceptual Issues in Testing the Race-Crime Invariance Thesis: Black, White, and Hispanic Comparisons") – 1st Place
- 2010 American Society of Criminology's *Gene Carte Student Paper Competition* – 2nd Place
- 2010 American Sociological Association *Student Paper Award* (Crime, Law, and Deviance Section) – 1st Place
- 2010 Department of Sociology and Crime, Law, and Justice *Student Paper Award* – Best Working Paper (The Pennsylvania State University) – 1st Place

COURSES TAUGHT (Undergraduate unless otherwise noted)

SOCI 3303/3301: Social Data & Analysis, University of Arkansas

* Both traditional and online

SOCI 3043: Stratification and Crime

UNIV 1001H: University Perspectives (Honors)

SOCI 5423 (Graduate): Research in Criminology

CMJS 5473 (Graduate): Crime and Community, University of Arkansas

CMJS 5413 (Graduate): Seminar in Crime Theory, University of Arkansas

CMJS 3023: Criminology, University of Arkansas

CMJS 4043: Juvenile Delinquency and Juvenile Justice, University of Arkansas.

CLJ 012: Introduction to Criminal Justice, The Pennsylvania State University.

CLJ 430: American Correctional Systems, The Pennsylvania State University.

CLJ 441: Delinquency and Juvenile Justice, The Pennsylvania State University.

LA 495: Internship Advisor. The Pennsylvania State University.

SOC 207: Research Methods, The Pennsylvania State University.

INVITED PRESENTATIONS

- 2019 "Reproducibility and Replicability in the Social Sciences: Challenges for Twenty-First Century Research." *Vice-Chancellor's Research Symposium* (Fayetteville, AR)
- 2018 "Data Literacy in Practice: Working With and Understanding Real Data." *University of Arkansas's Teaching and Faculty Support Center, Winter Teaching Symposium* (Fayetteville, AR)
- 2014 "Enclaves of Opportunity or Ghettos of Last Resort?" *Community and Family Institute* series, University of Arkansas (Fayetteville, AR)
- 2010 "Immigrant Isolation and Violence: An Assessment of the Spatial Distribution of Immigration and Its Effects on Violent Arrest Rates." *Southern Demographic Association Annual Meeting* (Knoxville, TN)

GENERAL PRESENTATIONS (Last 3 years)

- 2019 “Understanding the Social Science Effect: An Intervention in Life-Course Generosity.” *American Sociological Society* Annual Meeting (New York City, NY).
- 2018 “What Happens at the Edge: Neighborhood Segregation, Permeability, and Crime.” *American Society of Criminology* Annual Meeting (Atlanta, GA)
- 2018 “Researcher-Practitioner Partnerships: Working Towards Understanding Local Public Safety Issues and Evaluating Policing Efforts.” *American Society of Criminology* Annual Meeting (Atlanta, GA)
- 2017 “A Politician, Criminologist, and Police Officer Walk Into A Newsroom: Regional Differences in Claims-Makers Within Immigration and Crime Articles.” *American Society of Criminology* Annual Meeting (Philadelphia, PA)
- 2017 “Intra- and Inter-Group Violence in an Era of Social and Demographic Change.” *American Society of Criminology* Annual Meeting (Philadelphia, PA)
- 2016 “Mighty Like A River: The Black Protestant Church and Violence In Black Communities.” *American Society of Criminology* Annual Meeting (New Orleans, LA)
- 2016 “Assessing the Structural Covariates of Race-Specific Crime Across Measures of Offending, Arrest, and Victimization.” *American Society of Criminology* Annual Meeting (New Orleans, LA)
- 2016 “Framing the Immigration-Crime Nexus in Major U.S. Newspapers: A Study of Claimsmakers.” *American Society of Criminology* Annual Meeting (New Orleans, LA)
- 2016 “Where We Get Our News: Examining County-Level Correlates of the Media Framing of Immigration and Crime.” *American Society of Criminology* Annual Meeting (New Orleans, LA)
- 2016 “Explaining the Geographic Distribution of White Supremacist Activities, 2013-2015.” *American Society of Criminology* Annual Meeting (New Orleans, LA)

STUDENT MENTORSHIP

Undergraduate Honor’s Theses:

Directed: Alice Mutimer

Served: Megan Handley, Joshua Menhart

Master’s Theses

Directed: Andy Brooks, Cody Tuttle, Drew Medaris, Sam Thomas, Megan Keeling (co-directed), Kayla Allison

Served: Kayla Knight, Garrett Smith, DeAndre Beadle, Caitlin Curry

PROFESSIONAL SERVICE (with Level)

- 2019 Academic Programs, Chair *
- 2018 University of Arkansas Interdisciplinary Program in Data Science, steering committee (University)
- 2018 Academic Programs Committee, Vice Chair * (College)

2018	Governance Committee (Department)
2018	Search Committee (Department)
2017-present	American Society of Criminology, Division of Place, Publications Committee (National)
2016-2018	Promotion and Tenure Advisory Committee
2015-present	<i>Sociological Spectrum</i> editorial board, Mid-South Sociological Association (Regional)
2015, 2018-2019	Dean's Cabinet (College)
2015	Search Committee (Department)
2015-2016	American Society of Criminology Program Committee (National)
2015-2018	Chair's Advisory Committee (Department)
2014-2017	Ph.D. Curriculum Development Committee, Chair * (Department)
2014-2016	Interdisciplinary Committee on Statistics and Analytics (University)
2015	Fiscal and Planning Committee (College), Vice Chair
2014	Search Committee, Chair * (Department)
2014	Fiscal and Planning Committee (College)
2012	Search Committee (Department)
2012-2018	Undergraduate Criminal Justice Committee (Department) * Chair 2016-2018
2012-2017	Graduate Committee (Department) * Chair 2015-2016
2012	Department Website Visibility (Department)
2012	Graduate Orientation Faculty Cohort Leader (College)
2011	Search Committee (Department)

Select Reviewer (Previous 5 Years):

American Sociological Review, Social Forces, City and Community, Criminology, Sociological Perspectives, Social Problems, Journal of Criminal Justice, Justice Quarterly, Journal of Quantitative Criminology, The Sociological Quarterly, Journal of Research in Crime and Delinquency, Sociological Spectrum, Social Science Research, Social Currents

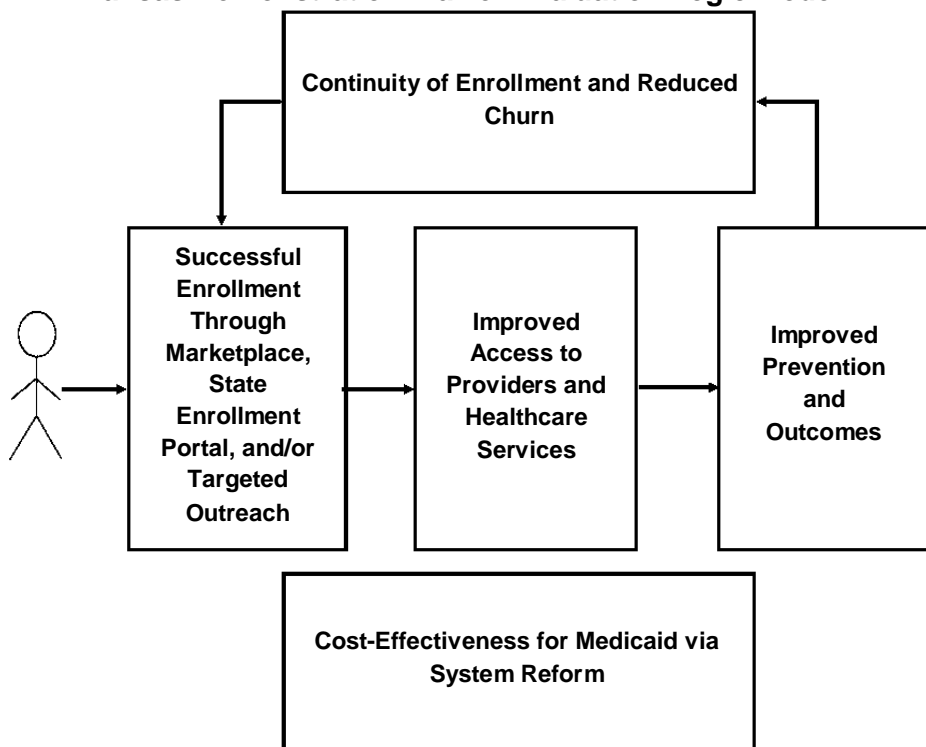
2.3 SCOPE OF WORK

A. Overview of Program

The Evaluation Plan for the Arkansas Health Care Independence Program Demonstration Waiver to CMS in 2014 and Arkansas Works (AW) in 2017 (IFB Attachments G and H) were developed by ACHI and reviewed and approved by both Arkansas DHS and CMS. The fundamental tenant of the waiver was based upon the premise that Arkansas could not meet the equal access provision of the Medicaid statute requiring state Medicaid provider payments to be “consistent with efficiency, economy, and quality of care and ... sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area” given an anticipated tenfold increase in the number of non-disabled adults to be covered (42 U.S.C. § 1396a(a)(30)(A)). Successful use of premium assistance through the qualified health plans offered on the Marketplace explicitly met the equal access provision. However, an assessment of the program’s impact and cost-effectiveness of the new strategy was the basis for the required evaluation.

The HCIP programmatic goals and objectives included successful enrollment, enhanced access to quality health care, improved quality of care and outcomes, and enhanced continuity of coverage and care at times of re-enrollment and income fluctuation. These goals and objectives were to be achieved within a cost-effective framework for the Medicaid program compared with what would have occurred if the state had provided coverage for the same expansion group in Arkansas Medicaid’s traditional delivery system.

Arkansas Demonstration Waiver Evaluation Logic Model



ACHI developed the evaluation logic model above and, alongside DHS, negotiated hypotheses with CMS that were ultimately included in the Special Terms and Conditions (STCs) referenced in this IFB.

B. Hypotheses for Evaluation

ACHI understands the evaluation hypotheses and affirms it is capable and has the expertise to test the hypotheses according to the Evaluation Plan. Additionally, ACHI affirms that it is capable and has the expertise to assess all of the measures for each of the hypotheses.

As described in the Vendor Experience section, ACHI operationalized research design strategies and acquired necessary enrollment, claims, survey, and qualitative data to implement testing of evaluation hypotheses. These included the stated hypotheses and associated measures for each of the following: 1) access to care; 2) improved outcomes; 3) continuity of care; and 4) lowered costs to the state compared to alternative expansion strategies. Importantly, for the purposes of this evaluation, cost to the state must necessarily include the actual claims costs for medical, pharmacy, non-clinical (e.g., non-emergency transportation) claims but also administrative costs within the QHP and non-claims supplemental payments within the Medicaid program.

Each of the stated hypotheses and their measures were operationalized within an appropriate design strategy and utilized necessary data elements to inform results. Results have previously been described in the project narrative of Vendor Experience and are available in their entirety in the CMS Final Arkansas 1115 Evaluation Report available at <https://achi.net/library/private-option-final-report/>.

C. Metrics and Data Available

ACHI understands the metrics and data available for the evaluation and affirms that it is capable and has the expertise to utilize the stated metrics for each hypothesis to be evaluated.

ACHI has intricate familiarity with Arkansas Medicaid and QHP data inclusive of enrollment, medical claims, pharmacy claims, and provider licensing and network participation data. ACHI is the legislatively authorized administrator of the state's All-Payer Claims Database and supports utilization of the data by the Arkansas Insurance Department for network adequacy, actuarial assessment of premiums, and capitalization requirements. ACHI has a long track record of enrollment, provider, and claims (medical, pharmacy, hospital) analyses for projects over its 20-year history.

ACHI uniquely understands the non-claims hospital supplemental payment structure that represents approximately 50 percent of Medicaid payments to hospitals (Disproportionate Share Hospital (DSH) payments, Inpatient and Outpatient Upper Payment Limit (UPL) payments) necessary to project accurately Medicaid costs.

ACHI has conducted qualitative assessments of enrollee, provider, and system experiences in health insurance coverage and delivery of healthcare services. In addition, ACHI has conducted secret shopper assessments for prior components of the HCIP/AW 1115 Waiver Evaluation included as reports to DHS and CMS.

Finally, ACHI has extensive experience in the design, deployment, and analyses of consumer surveys. The research design of the evaluation plan require use of the Consumer Assessment of Health Plans Survey (CAHPS) with modifications including the addition of the SF-12(v2) Health Status Survey for both mental and physical health, select information on experience with plan and provider continuity, and comparisons between Medicaid and QHP experiences.

Historical experience with two rounds of survey deployment in this evaluation suggests a required 20,000 sample for two comparison arms (High Needs Medicaid vs. QHP, and General Population Medicaid vs. QHP) to yield 6,000 completed surveys (25–30 percent response rate) enabling statistically appropriate comparisons between groups. Assessment for non-response biases is required and has been executed to assure validity. As proposed ACHI will establish design requirements, perform statistically valid sampling techniques, and analyze results while survey deployment, data collection, and entry will be performed by the University of Arkansas Center for Social Research.

As delineated in the evaluation plan and restated in the IFB, ACHI will execute metrics inclusive of those from the Health Plan Employer Data and Information Set (v.2016 inclusive of ICD-10 codes and subsequent versions as appropriate), CAHPS survey with supplemental questions, provider network adequacy assessments inclusive of geomapping to beneficiaries, and information from qualitative focus groups, key stakeholders, provider practices, and “secret shopper” assessments of clinic visit availability. Finally, secondary data sources including both state and national sources (such as the U.S. Census Bureau and American Community Survey) will be employed to optimize understanding and interpretation of results.

D. Design Approaches

ACHI affirms that it understands the design approaches and has the capability and expertise to utilize various evaluation design approaches for all metrics and data gathered, and each hypothesis to be evaluated, inclusive of those listed in the IFB.

ACHI, with input from the previous National Advisory Committee, assigned metrics to hypotheses and identified required data sources as delineated in Tables 1 and 2 in the IFB. In addition to continuation and serial observation of previously deployed performance metrics, this extension of the evaluation will enable more indicators due to longer observation periods of enrollment and thus system exposure (e.g., mortality). ACHI will secure access to the data necessary to fully explore metrics associated with the

hypotheses as described for enrollment, clinical access, quality of care and outcomes, continuity of coverage, and cost-effectiveness.

The appropriate research design for each comparison will be employed with optimal use of quasi-experimental techniques (e.g, regression discontinuity) where available, propensity score weighting utilizing stabilized inverse probability of treatment weighting for matching, and pre-post comparisons when necessary. Provider participation, geographic location, and visit volume will be utilized to compare network adequacy. Qualitative data collection inclusive of interviews, targeted surveys, and additional assessments will be employed to optimize understanding and interpretations.

E. Timeframes and Reporting

ACHI affirms that it can and will evaluate the period from January 1, 2019, through the end of the current Waiver approval period of December 31, 2021. ACHI also affirms that it can and will collaborate with DHS to determine timelines and milestones for ACHI to meet under the contract, as well as execute required reporting — including interim and final reporting as required by the STCs and DHS, which ACHI will include in the timelines and milestones developed by ACHI and DHS.

ACHI has designed and executed the scope of work delineated in the IFB (Attachments G and H) through December 31, 2018 (end of Demonstration Year 5). Building upon the developed research design, experience in execution and reporting, and anticipated requirements we propose a streamlined and dedicated team to meet the requirements of all aspects in the Scope of Work (Section 2.3) and satisfy both DHS and CMS reporting requirements.

Proposed Project Timeline

	DY 4 (2017)				DY 5 (2018)				DY 6 (2019)				DY 7 (2020)				DY8 (2021)				2022				2023							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Reports:																																
Enrollment				U				U				U				U				U												
Reenrollment				U				U				U				U				U												
Retention				U				U				U				U				U												
Implementation Update			U				U				U				U				U													
Interim Report											U																					
Final Draft Report						U																U								U		
Final Summary Report							R																									
Data Collection & Analysis:																																
Enrollment		x		x		x		x		x		x		x		x		x		x												
Carrier Claims		x		x		x		x		x		x		x		x		x		x												
CAHPS						x		x																								
Qualitative				x																												
Provider Practice Surveys			x			x				x																						
Geomapping									x	x																						

U=Non-Required Report
R=Required Report
X=Data Collection

Year 1 Contract Assessment Period 1/1/19-6/30/20	Year 2 Assessment Period	Year 3 Assessment Period	Year 3 Assessment Period
---	---------------------------------	---------------------------------	---------------------------------

As required, this proposal is for state fiscal year 2020 but includes assessment of waiver experience from January 1, 2019 (DY6 Q1) through June 30, 2020 (DY7 Q2) with options to extend through the end of the current Waiver approval (December 31, 2021). We anticipate continuing longitudinal assessments of previously established cohorts (QHP and Medicaid) and new evaluations of programmatic performance consistent with the hypotheses described above and delineated within the IFB.

Evaluations of clinical access, health outcomes, continuity of care, and program costs will be performed in accordance with the research design and established scope utilizing data and metrics described in the Scope of Work, Section 2.3 C. During the contract period under review, these activities will include:

- Biannual collection and analyses of enrollment and Medicaid/QHP claims data (DY6&7);
- Geomapping of network adequacy including primary care and specialty access (DY6);
- Fielding of a Consumer Assessment of Health Plan Survey (CAHPS) in DY7Q2; and
- Qualitative assessments of program experience in DY7.

ACHI will perform data collection and analyses of enrollment, claims, qualitative, and geo-mapping of metrics described in the scope of work. For the CAHPS assessment, ACHI will establish design requirements, perform statistically valid sampling techniques, and analyze results. Survey deployment, data collection, and data entry will be performed by the Center for Social Research at the University of Arkansas. From power calculations based upon historic response rates a sample of approximately 20,000 individuals will be required to yield approximately 6,000 completed questionnaires.

Required reporting during the contract period under review as reflected on the timeline will include:

- 1) ARWorks Interim Evaluation report inclusive of an implementation update reflecting program experience and analytic results through midpoint of DY6; and
- 2) Enrollment, Reenrollment, and Retention Report in DY6 Q4 reflecting programmatic experience on continuity of coverage and clinical provider utilization.

ACHI will collaborate with DHS and accommodate desired changes in timelines and milestones to optimize results and DHS value of the evaluation within the scope of work. All reporting, including interim and final reporting as required by the STCs of the Waiver and any additional reporting to meet DHS requirements shall be included in timelines and milestones with active management and commitment to achieve performance expectations.

2.4 Data, Communication, and Data Maintenance and Retention

A. Data and Communications

ACHI affirms that our team will be able to send/receive data securely and communicate with the persons, entities, and systems listed in the IFB to fully evaluate the Arkansas Works program, including beneficiaries, providers, QHP insurance carriers, DHS, AID, CMS, and Arkansas Medicaid MMIS. ACHI has considerable experience in sending/receiving data from state agencies, insurers, and providers and houses the Arkansas All-Payer Claims Database (APCD).

ACHI affirms that it will work with DHS and its vendors to establish necessary protocols to obtain and send data as needed, including but not limited to utilization of the DHS-provided Secure File Transfer Protocol (SFTP) to transfer data. ACHI currently transmits data using the DHS-provided SFTP.

ACHI affirms that it has established and will conduct all communications and data transfers in a secure and Health Insurance Portability and Accountability Act (HIPAA)-compliant manner. This is a requirement of multiple data use agreements with various state agencies under which ACHI receives protected health information (PHI), as well as ACHI privacy and security protocols.

B. Data Maintenance and Retention

1. Data Security and Breaches:

- a. ACHI affirms that all data in its database for the evaluation will be secure and comply with applicable state and federal laws, including HIPAA.
- b. ACHI affirms that it will notify DHS immediately of any compliance violations or breach, incident, issue, complaint, sanction or occurrence related to PHI, Personal Identifying Information (PII), HIPAA transactions and code sets, or similar matters as identified by ACHI or DHS.
- c. ACHI affirms its understanding that a data breach, privacy violation or failure to immediately report a data breach or privacy violation shall be grounds for imposition of sanctions or remedies, including but not limited to cause for termination of the contract.

2. Data Retention and Disposal:

- a. ACHI affirms that it will comply with all applicable laws regarding retention of records, data, and information relating to this contract.
- b. ACHI affirms that documentation related to all processes set out in the IFB will be maintained by ACHI in accordance with the Arkansas Records Retention Policy.
- c. ACHI affirms that it will work with DHS to transfer all the evaluation data contained in its database including without limitation, but not limited to, electronic versions of messaging in any form, communications, reports, and any underlying data at any time upon DHS request or at the end of the evaluation contract.
- d. ACHI affirms and understands that all evaluation data received and developed by ACHI shall be owned by DHS; ACHI shall not utilize evaluation data for any purposes other than those specified in this IFB. ACHI understands and affirms that use of DHS data by ACHI in any manner not consistent with this IFB and the activities thereunder shall be grounds for imposition of sanctions or remedies, including but not limited to cause for termination of the contract.
- e. ACHI affirms and understands that after ACHI has complied with any evaluation data transfers requested by DHS, ACHI shall comply with HIPAA requirements regarding data destruction, which shall be done at the cost of ACHI. ACHI affirms that it will insure that subcontractors follow all data retention and disposal requirements and certify to DHS that data destruction has been completed pursuant to HIPAA requirements within five (5) days after data destruction is complete.
- f. ACHI affirms that it will complete, file, retain, and make available upon request all program records in a secure, HIPAA-compliant manner.

3. Business Continuity and Recovery Plan:
 - a. ACHI affirms that it has in place a Business Continuity and Recovery Plan to deal with unexpected events that may affect its ability to perform any or all functions under this contract. ACHI will submit it to DHS within sixty (60) days of the contract start date.
 - b. ACHI affirms that it will perform, at a minimum, a complete back-up of all internal evaluation data at least every three (3) business days, and understands that data must be able to be recovered within three (3) business days.
4. ACHI affirms that, if ACHI is not awarded a subsequent procurement for these services, it shall transition data to the next selected vendor and to DHS, within ten (10) calendar days after a request from DHS. ACHI will develop a Transition Plan to provide for this situation.

2.5 Staffing and Office Location

A. Overview

1. ACHI affirms that within thirty (30) days of the contract start date, it will submit to DHS for approval a final organizational chart showing all proposed staffing positions and will include education and work experience of key leadership team members. ACHI affirms and understands that the organizational chart, as approved by DHS, will be considered as the minimum number of personnel necessary to perform the services specified in the IFB.
2. ACHI affirms that it will maintain at least the same number of personnel set forth in its organizational chart submitted with its bid proposal, but understands that it may propose changes thereto with prior approval and input from DHS. In addition, ACHI affirms that it will notify DHS of any changes to key personnel and leadership associated with this contract within three (3) business days.
3. ACHI affirms that it will have staff available at all required meetings with DHS.

B. Leadership and Support Staff

1. ACHI affirms that it will provide and has included in this proposal staffing for:
 - a. One (1) Full-Time Equivalent (FTE) Project Manager (PM) with a master's degree or higher in population/public health, medical anthropology, statistics/statistical analysis or related field and at least three (3) years' experience in Medicaid Waiver evaluation projects;
 - b. A designated individual to serve as the dedicated Arkansas Works Evaluation Contract Manager (CM) for DHS who holds a senior management position within ACHI and is authorized to represent ACHI in all matters pertaining to the evaluation contract with DHS; and
 - c. Sufficient evaluation and administrative staff to assist the PM and other personnel with performing tasks as needed.
2. ACHI affirms and understands that the PM will be responsible for:

- a. Coordination of all evaluation activities with the designated DHS contact throughout the design, development and finalization of all reports and other deliverables;
- b. Participation in weekly meetings, or otherwise as requested by DHS, either via phone, video conference or on-site at DHS in order to maintain communication with the designated contact to discuss progress, barriers, and any other related issues relevant to the evaluation activities;
- c. Designation of appropriate staff to meet with DHS and program staff to provide clarification or direction in relation to evaluation activities;
- d. Facilitation of meetings including providing an agenda, minute taking, and creation and distribution of informational materials;
- e. Facilitation and preparation of oral presentation of evaluation findings, recommendations, corrective action plans, and technical assistance to DHS and/or program staff;
- f. Ensuring all final reports and other deliverables are timely, well written, accurate, and complete according to the schedule determined by ACHI and DHS pursuant to Section 2.3(E);
- g. Assisting DHS in responding to any questions from CMS or other stakeholders about any report or deliverables;
- h. Preparing and delivering ACHI's activity reports to DHS, including any due dates, milestones and project status updates using DHS-approved style and frequency for reporting.

C. Office Requirements

1. ACHI affirms that its offices are and will be open from 8 a.m. to 5 p.m. Central Standard Time, Monday through Friday. ACHI currently has and will continue to have an automated method of receiving messages and information from CMS, DHS, beneficiaries, providers, and others after business hours, on holidays and during all other office closures.
2. ACHI affirms and understands that all computers, equipment, and other resources necessary to fulfill the terms of this contract will be at its own expense and will be properly maintained to minimize any negative impact on performance of duties.

D. Privacy Training and Compliance

1. ACHI affirms that all of its employees, agents, and subcontractors will receive training and comply with the provisions of all applicable security and privacy laws, including HIPAA, HITECH, and PIPA. ACHI employees currently receive annual training on privacy and security laws, and ACHI employs a privacy officer who is included as staff for this project.
2. ACHI affirms and understands that training and compliance must include, at minimum, the HIPAA Privacy and Security rules, compliance and enforcement, sanctions/remedies, recognizing and reporting a breach, mitigation strategies following a breach or incident, and safeguarding PHI and PII in any form, including in verbal, documentary and electronic forms.

2.6 Damages Assessed By CMS

ACHI affirms and understands that any damages assessed by CMS due to the negligence or fault of ACHI will be the responsibility of ACHI.

2.7 Performance Standards

A. ACHI is familiar with and understands the state law requiring that all contracts for services include Performance Standards for measuring the overall quality of services provided.

ACHI affirms and understands Performance Standards in Attachment C to the IFB including the following:

1. ACHI affirms that acceptable performance for Service Criteria A, B, C, D, G, H, and I is defined as one hundred percent (100%) compliance with all service criteria and standards for acceptable performance throughout the contract term as determined by the Division of Medical Services (DMS). ACHI affirms that acceptable performance for Service Criteria E and F is defined as ninety-five percent (95%) compliance.
2. ACHI affirms that no later than five (5) days after the contract start date, ACHI shall provide to DHS for prior approval all methods to be utilized for communication with necessary persons and entities and that ACHI will submit any updated lists with additional communication methods to DHS for prior approval.
3. ACHI affirms that within fifteen (15) days of the contract start date, ACHI and DHS will begin work to ensure ACHI's access to all necessary systems for interface, communications, and data retrieval purposes.
 - a. ACHI affirms that ACHI and DHS may enter into a business associate agreement prior to the contract start date.
 - b. As noted in section 2.4, ACHI affirms that all evaluation data obtained by ACHI will be maintained in a secure, HIPAA-complaint manner.
 - c. As noted in section 2.4, ACHI affirms that any evaluation data obtained by ACHI shall be the property of DHS, and ACHI shall not utilize any evaluation data obtained under this contract for any purpose other than explicitly allowed under this IFB. ACHI affirms and understands that use of DMS data by ACHI in any manner not consistent with this IFB and the activities thereunder shall be grounds for imposition of sanctions and/or remedies, including but not limited to cause for termination of the contract.
4. ACHI affirms and understands that with regard to notification of data breaches, the term "immediately" shall mean upon discovery of the breach, even though DMS expects ACHI to perform a thorough review of the extent of the breach (duration, amount/content of data, source of the breach).

- a. ACHI affirms and understands that after ACHI performs a review of the breach, ACHI will update its notification to DMS, including steps taken or to be taken to i) mitigate any current damage and ii) prevent a future breach under the same circumstances.
 - b. ACHI affirms and understands that a data breach or privacy violation, or failure to immediately report a data breach or privacy violation, shall be grounds for imposition of sanctions and/or remedies, including but not limited to cause for termination of the contract.
5. ACHI affirms that it will submit to DHS its Business Continuity and Recovery Plan within thirty (30) days of the contract start date.
6. ACHI affirms that it will maintain staffing and office location/hours as noted in section 2.5 of the IFB.
7. ACHI understands and affirms that damages for insufficient performance for Service Criteria A, B, C, D, E, and F are the following:
 - a. 1st Incident: A Corrective Action Plan acceptable to DHS shall be due to DHS within ten (10) business days of the request.
 - b. 2nd incident: A fifty percent (50%) penalty will be assessed in the following months' payment to the provider for each thirty (30) day period that ACHI is not in full compliance with all requirements of the contract. The fifty percent (50%) penalty will be calculated from the total payment for the identified month in which the deficiency took place.
 - c. 3rd incident: DHS reserves the right to impose additional penalties, including withholding payment on future invoices until ACHI is in full compliance, maintaining a below standard Performance Report in the vendor file and may opt for contract termination.
8. ACHI understands and affirms that damages for insufficient performance for Service Standards G and I are the following:
 - a. DHS may issue a below standard Performance Report maintained in the vendor file.
 - b. Final payment may be withheld from ACHI until all elements of the transition are satisfied as determined by DHS.
9. ACHI understands and affirms that damages for insufficient performance for Service Standard H is that ACHI will be fined one thousand dollars (\$1,000) per day for each day past five (5) days for each actual, apparent, or potential conflict of interest it fails to disclose, ten thousand dollars (\$10,000) for the first failure to comply with the mitigation plan developed by ACHI and approved by DHS, and twice the amount of the immediately preceding violation fine for each subsequent violation.

B. ACHI understands that the state may be open to negotiations of Performance Standards.

C. ACHI understands and affirms that the state will have the right to modify, add, or delete Performance Standards throughout the term of the contract, should the State determine it is in its best interest to do so, and that any changes or additions will be made in good faith following acceptable industry standards, and may include the input of ACHI so as to establish standards that are reasonably achievable.

D. ACHI understands and affirms that all changes made to the Performance Standards shall become an official part of the contract.

E. ACHI understands and affirms that Performance Standards shall continue throughout the term of the contract.

F. ACHI understands and affirms that failure to meet the minimum Performance Standards as specified may result in the assessment of damages or termination of the contract.

G. ACHI understands and affirms that in the event a Performance Standard is not met, ACHI will have the opportunity to defend, respond to, or cure to as determined by the State, the insufficiency. ACHI also understands that the State may waive damages if it determines there were extenuating factors beyond the control of ACHI that hindered the performance of services or it is in the best interest of the State. ACHI understands that in these instances, the State shall have final determination of the performance acceptability.

ACHI understands and affirms that should any compensation be owed to the agency due to the assessment of damages, ACHI will follow the direction of the agency regarding the required compensation process.