Optum's Response to the Request for Proposals (RFP) issued by State of Arkansas for Independent Assessments and Transformation Support

Table of Contents

Technical Proposal Packet

Proposal Signature Page
Agreement and Compliance Pages
Conflict of Interest Affidavit
Additional Documentation regarding Conflict of Interest Affidavit
Proposed Subcontractors Form
Signed Addenda
E.O. 98-04 Contract Grant and Disclosure Form
Vendor's Equal Opportunity Policy
Voluntary Product Accessibility Template
Technical Proposal Response to the Information for Evaluation section

Attachments

Attachment E1.C1.a – Reference 1 – Connecticut
Attachment E1.C1.b – Reference 2 – Indiana
Attachment E1.C1.c – Reference 3 – MercyCare
Attachment E1.D1 – Dun & Bradstreet Supplier Qualifier Report
Attachment E5.C1 – Draft Deployment Plan
Attachment E5.C2 – End-of-Contract Transition Plan
Attachment E6.A1.a – Resume – Project Director
Attachment E6.A1.b – Resume – Project Manager
Attachment E8.A3 – Draft Project Management Plan

STATE OF ARKANSAS

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

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION					
Company:	**OptumHealth Care Solutions, Inc.**				
Address:	**11000 Optum Circle**				
City:	**Eden Prairie**	State:	**MN**	Zip Code:	**55344**
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☒ Corporation	☐ Public Service Corp ☐ Nonprofit		
Minority Designation: *See Minority Business Policy*	☒ Not Applicable	☐ African American ☐ American Indian	☐ Hispanic American ☐ Asian American	☐ Pacific Islander American ☐ Service Disabled Veteran	
	AR Minority Certification #: ______		Service Disabled Veteran Certification #: ______		

VENDOR CONTACT INFORMATION *Provide contact information to be used for bid solicitation related matters.*			
Contact Person:	**Candice Nardini**	Title:	**VP, Public Sector, Optum**
Phone:	**(515) 822-8733**	Alternate Phone:	**(515) 287-5785**
Email:	**candice.nardini@optum.com**		

CONFIRMATION OF REDACTED COPY

☒ YES, a redacted copy of submission documents is enclosed.

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

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

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

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

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

Authorized Signature: [signature] *Use Ink Only.* **Title:** **VP of Finance, Optum**

Printed/Typed Name: **Paul Miller** **Date:** 12/01/2016

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

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

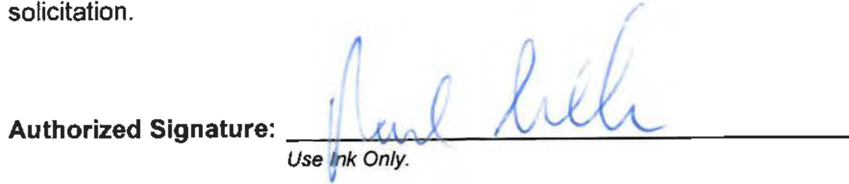
Authorized Signature:
Use Ink Only.

Printed/Typed Name: Paul Miller, VP of Finance, Optum **Date:** 12/01/2016

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

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

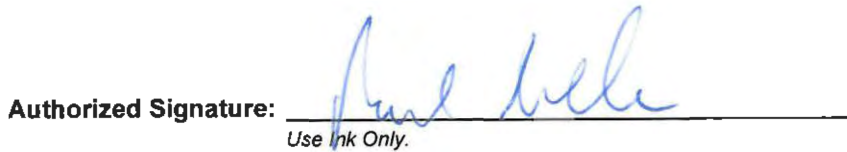
Authorized Signature: 
Use Ink Only.

Printed/Typed Name: Paul Miller, VP of Finance, Optum **Date:** 12/01/2016

SECTIONS 3 - VENDOR AGREEMENT AND COMPLIANCE

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

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



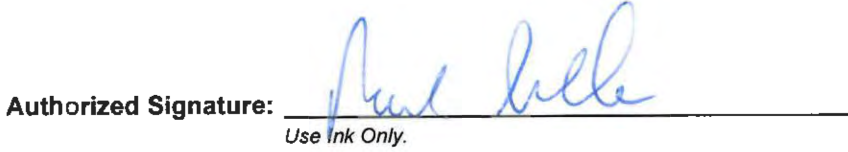
Authorized Signature: ______________________
Use Ink Only.

Printed/Typed Name: Paul Miller, VP of Finance, Optum **Date:** 12/01/2016

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

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

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



Authorized Signature: ______________________
Use Ink Only.

Printed/Typed Name: Paul Miller, VP of Finance, Optum **Date:** 12/01/2016

CONFLICT OF INTEREST AFFIDAVIT

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

1. The selected Contractor
   A. **shall not** be a related organization to any Department of Human Services (DHS) certified or licensed provider organization. In addition, the selected Contractor **must** not employ individuals related to any DHS certified or licensed provider organization or sub-contract with any DHS certified or licensed provider organization or its staff; or
   B. is
      i. related to an entity which the Contractor is not certain mees the State's definition of a certified or licensed provider organization; or
      II. related to an entity which the Contractor believes does not constitute a conflict of interest for the purpose of the contract contemplated by this RFP.

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

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

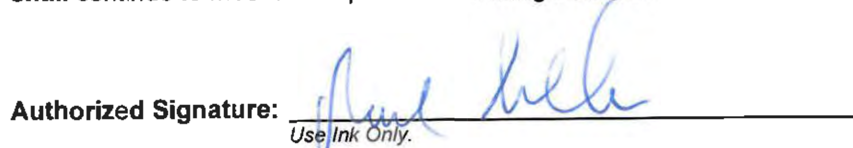
2. The selected Contractor **shall not** be a state agency (including, without limitation, human development centers).

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

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

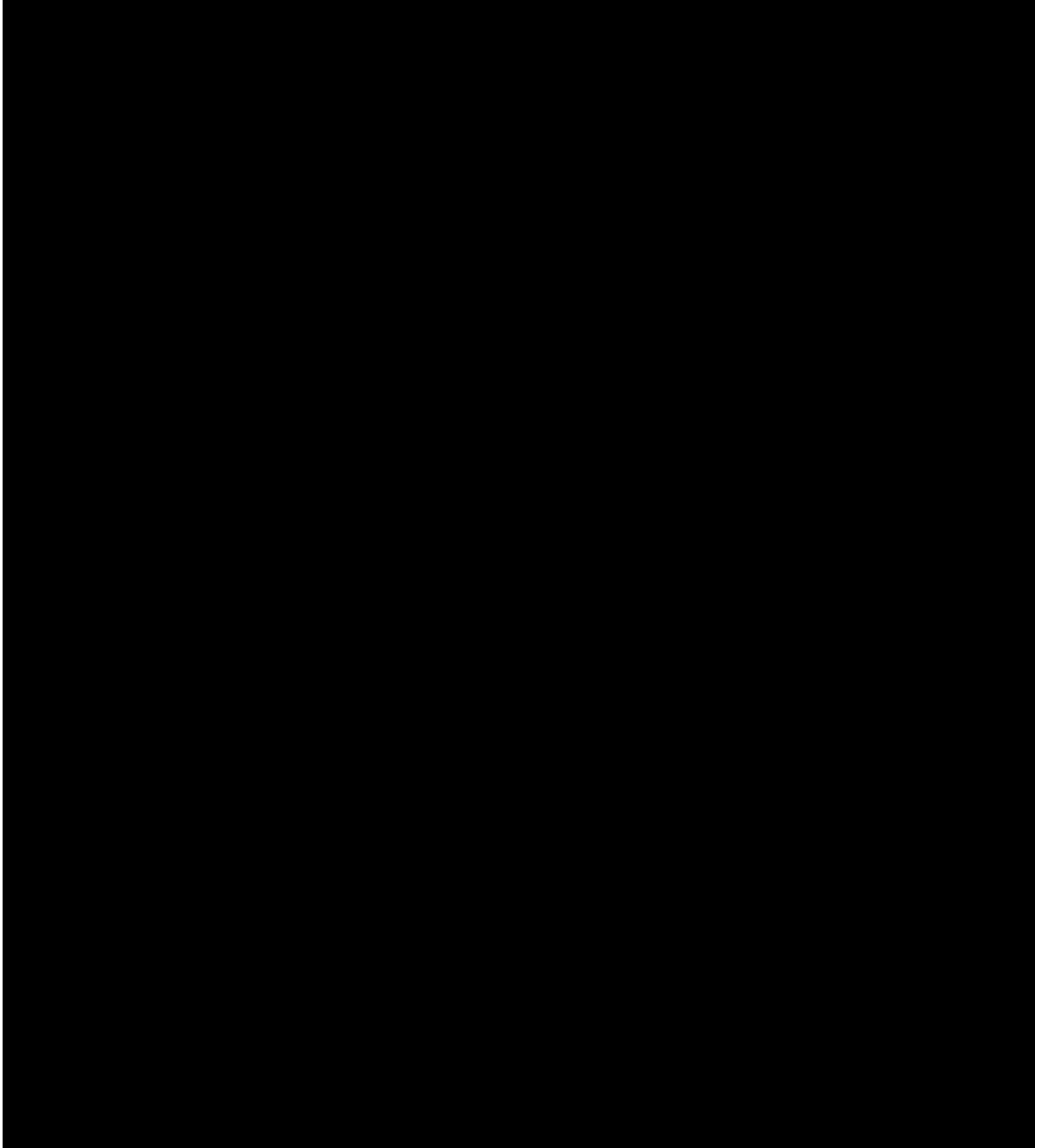
A related organization (includes individuals, partnerships, corporations, etc.) means an organization with which the Contractor is associated or affiliated with, has common ownership, control or common board members, or has control of or is controlled by the organization furnishing the services, facilities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

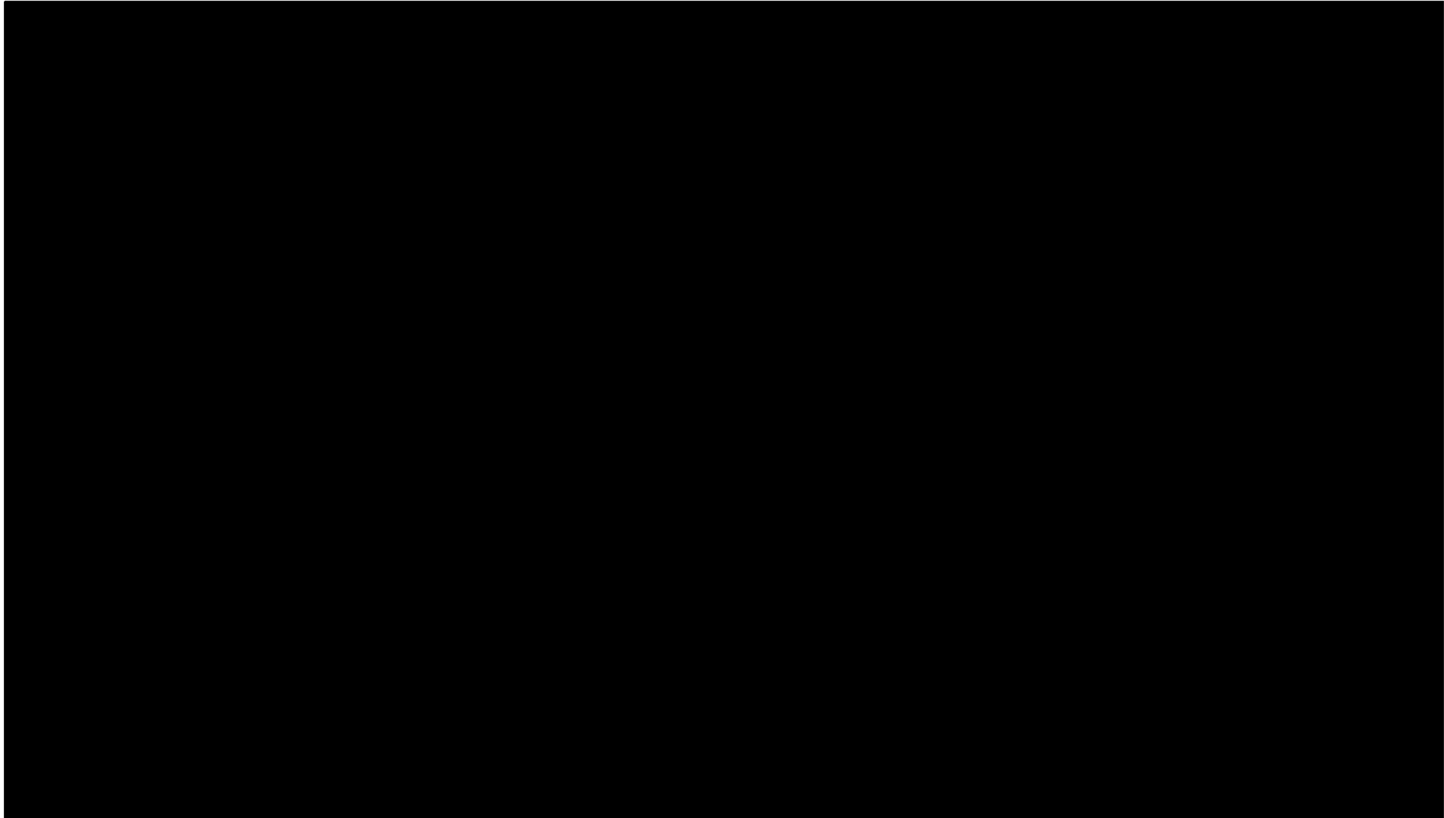
By signature below, the Vendor agrees that it meets the aforementioned requirements to the best of its knowledge, and **shall** continue to meet the requirements through the life of the Contract.

Authorized Signature: 
Use Ink Only.

Printed/Typed Name: Paul Miller, VP of Finance, Optum **Date:** 12/01/2016

Request for Proposal No. SP-17-0036 for Independent Assessment and Transformation Support ("RFP") Conflict of Interest ("COI") Affidavit Additional Documentation





PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

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

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

Authorized Signature:
Use Ink Only.

Printed/Typed Name: Paul Miller, VP of Finance, Optum **Date:** 12/01/2016

STATE OF ARKANSAS

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

ADDENDUM 1

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

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

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

BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

ADDITIONAL SPECIFICATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHANGE OF SPECIFICATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

     i. Preventative

     ii. Intermediate

     iii. Skilled / Institutional Level of Care

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

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

- Delete Section 3.1.F.10.c and replace with the following:
  c. Behavioral health history, current behavioral health conditions, treatment attempted, treatment received, treatment compliance, and response to treatment and recovery history shall be used in conjunction with instrument score in making a Tier Determination recommendation. Any medical records gathered or utilized by the Vendor shall be retained by the Vendor according to the record retention standards in this RFP and shall be made available to DBHS or DBHS' designee.

- Delete Section 3.1.F.10.d and replace with the following:
  d. The final Tier Determination may be made by the DBHS or its designee, which has not yet been determined. .The Vendor shall conduct the assessment, make an initial Tier Determination, and compile the results of the assessment. The vendor shall send DBHS or its designee the entire assessment form with results and the initial tier determination outcome, which may be used by DBHS or its designee for a final Tier Determination.

- Delete Section 3.4.A and replace with the following:
  A. The Vendor shall develop education materials and engage with providers and DHS and Division Staff to support the provider community and State staff during these changes in Assessment Instruments and Developmental Screenings, service delivery, and impacted policies regarding how providers bill for services. DHS will work with the vendor to develop curriculum and subsequent training materials for any change in billing management processes.

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

  E. DHS may seek to include additional Populations, Assessments, and/or Tier Determinations in the Contract scope at a future date. The Vendor is expected to have the capability to support additional populations or Assessment Instruments, as needed. If DHS adds additional populations, assessments, and/or Tier Determinations at a future date, DHS and the vendor will negotiate rates for the additional scope of work at that time.
- Delete Section 2.1.D.3.c and replace with the following:

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

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

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

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

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

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

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

REPLACEMENT DOCUMENTS

- <u>Delete the Technical Proposal Packet and replace with the Revised Technical Proposal Packet</u>

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

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

Company: OptumHealth Care Solutions, Inc.

Signature:

Date: 12/01/2016

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

ADDENDUM 2

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

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

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

BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

CHANGE OF SPECIFICATIONS

- Delete 2.2.C and replace with the following:

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

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

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

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

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

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

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

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

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

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

- On the Submission Requirements page of the Technical Proposal Packet, delete the second bullet which states: *These items will not be scored as part of the bid evaluation; however, failure to provide the required information/documents **shall** result in disqualification of the vendor's bid.* Replace with the following:
  - Financial Capability: This item **shall** be scored per E.1.D below.
  - Conflict Of Interest Affidavit: This item **shall** be reviewed by DHS Legal Counsel for qualification/disqualification of the proposal.
  - Reference Form: These items **shall** be scored per E.1.C below.

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

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

Company: OptumHealth Care Solutions, Inc.

Signature:

Date: 12/01/2016

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: ☐ Yes ☒ No SUBCONTRACTOR NAME:

TAXPAYER ID NAME: OptumHealth Care Solutions, Inc. IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

YOUR LAST NAME: Miller FIRST NAME: Paul M.I.:

ADDRESS: 11000 Optum Circle

CITY: Eden Prairie STATE: MN ZIP CODE: 55344 COUNTRY: USA

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

FOR INDIVIDUALS*

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

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

☐ **None of the above applies**

FOR AN ENTITY (BUSINESS)*

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

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

☒ **None of the above applies**

Contract and Grant Disclosure and Certification Form

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

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

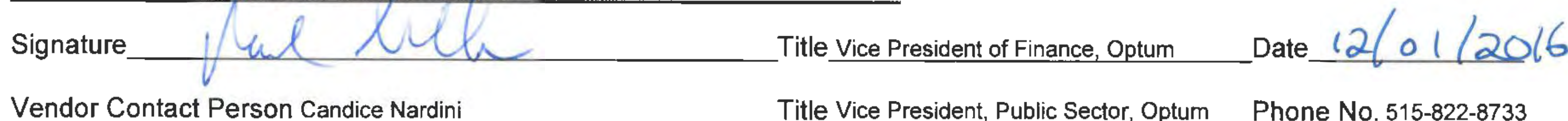
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign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

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

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

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

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



Signature________________ Title Vice President of Finance, Optum Date 12/01/2016

Vendor Contact Person Candice Nardini Title Vice President, Public Sector, Optum Phone No. 515-822-8733

Agency use only

Agency Number______ Agency Name__________________ Agency Contact Person_______________ Contact Phone No.__________ Contract or Grant No._____

STATEMENT OF POLICY

UnitedHealth Group has a commitment to Equal Employment Opportunity (EEO) and to a work environment free of harassment. The policy of UnitedHealth Group is that people will be employed and promoted on the basis of their individual qualifications for the job and it is therefore the company's policy to prohibit discrimination and harassment against any applicant, employee, vendor, contractor, customer, or client on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy, veteran status, genetic information, citizenship status, or any other basis prohibited by federal, state or local laws.

UnitedHealth Group will provide:

1. freedom from abusive, intimidating or offensive behavior on the part of supervisors or other employees. In this regard it should be understood that harassment of any sort will not be tolerated and that term includes derogatory ethnic, racial or sexist remarks;

2. freedom from sexual harassment. This refers to behavior which is not welcome, which is personally offensive and which interferes with the work effectiveness of its victims and their co-workers. A separate communication on this subject further amplifies the Policy and is distributed to all employees;

3. freedom from any form of discrimination or abusive intimidating or abusive behavior on the part of any supervisor or other employee as a result of a person's sexual orientation or gender identity;

4. benefits and services as outlined in Company publications; and

5. UnitedHealth Group is also a federal contractor subject to Executive Order 11246, Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("Section 4212") and Section 503 of the Rehabilitation Act of 1973, as amended ("Section 503"). As such, UnitedHealth Group is committed to taking positive steps to implement the employment-related aspects of the company's equal opportunity policy. Accordingly, it is UnitedHealth Group's policy to take affirmative action to employ, advance in employment, and otherwise treat qualified minorities, women, protected veterans, and individuals with disabilities without regard to their race/ethnicity, sex/sexual orientation/gender identity, veteran status, or physical or mental disability. Under this policy, UnitedHealth Group will provide reasonable accommodation to the known physical or mental limitations of an otherwise qualified employee or applicant for employment, unless the accommodation would impose undue hardship on the operation of the company's business.

The company's affirmative action policy also prohibits employees and applicants from being subjected to harassment, intimidation, threats, coercion, or discrimination because they have engaged in or may engage in (1) filing a complaint; (2) assisting or participating in an investigation, compliance review, hearing, or any other activity related to the administration of Section 503, Section 4212, or any other Federal, state or local

law requiring equal opportunity for disabled persons or covered veterans; (3) opposing any act or practice made unlawful by Section 503 or Section 4212 and their implementing regulations, or any other Federal, state or local law requiring equal opportunity for disabled persons or covered veterans; or (4) exercising any other right protected by Section 503 or Section 4212 or their implementing regulations.

The non-confidential portions of the affirmative action program for individuals with disabilities and protected veterans shall be available for inspection upon request by any employee or applicant for employment by contacting HR direct.

Anyone with a question about UnitedHealth Group's Equal Employment Opportunity Policy should contact HRdirect at 1-800-561-0861. All concerns will be handled in confidence.

If you would like to review the Affirmative Action Plan, or need an accomodation, you may contact HR direct at 1-800-561-0861 between the hours of 7:00am and 7:00pm central time, Monday throught Friday, or write HR direct Employee Relations at MN008-W210, 9900 Bren Road E., Minnetonka, MN 55343.

A person's race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy, veteran status, genetic information, or citizenship status must not affect our estimation of their character if we are to achieve the objectives of our business, our society, and our country. These moral and economic reasons for supporting the Company policy of nondiscrimination are to be of primary concern to all employees.

Rich Hughes, Senior Vice President and Chief Operating Officer, Human Capital

4/23/15

Date

UNITEDHEALTH GROUP® | HRdirect

Equal Employment Opportunities

UnitedHealth Group has a commitment to Equal Employment Opportunity (EEO) and to a work environment free of harassme
This policy describes the details of that commitment in the United States.

Applies to

This policy applies to all employees and contractors in the United States.

Policy

UnitedHealth Group has a commitment to Equal Employment Opportunity (EEO) and to a work environment free of harassme
The policy of UnitedHealth Group is that people will be employed and promoted on the basis of their individual qualifications f
the job and without regard to race, color, creed, public assistance, gender, gender identity and/or expression, religion, sexual
orientation, national origin, ancestry, citizenship status, marital status, age, disabilities, genetic information, or status as a spe
disabled Veteran, Veteran of the Vietnam era, other eligible protected veteran, or any other characteristic protected under fed
state or local laws.

UnitedHealth Group will provide:

- freedom from abusive, intimidating or offensive behavior on the part of supervisors or other employees. In this regard it sho be understood that harassment of any sort will not be tolerated which includes derogatory ethnic, racial or sexist remarks;
- freedom from sexual harassment. This refers to behavior which is not welcome, which is personally offensive and interferes the work effectiveness of its victims and their co-workers. Additional in-formation can be found in the UnitedHealth Group's Sexual and Other Harassment policy.
- freedom from any form of discrimination or intimidating or abusive behavior on the part of any supervisor or other employee result of a person's sexual orientation;

Any employee who is found to be in violation of UnitedHealth Group's Equal Employment Opportunity policy or has been four
have intentionally filed a false claim will be subject to disciplinary action, up to and including termination.

Affirmative Action

UnitedHealth Group is a contractor of the United States government and as such is committed to affirmative action with respe gender, race, covered veteran status, and disability in its employment practices and in the areas of compensation, benefits, transfers, layoffs, returns from layoffs, company supported training, education or training assistance, and social and/or recreational programs. UnitedHealth Group has written Affirmative Action Plans for 1) minorities and women and 2) individua with disabilities, Veterans of the Vietnam era, and special disabled Veterans, and other eligible veterans.

Employees wishing to learn more about the company's affirmative action programs should refer to the Affirmative Action Programs document.

Making a Report or Complaint of Possible Discrimination

UnitedHealth Group's policies prohibit any kind of improper or illegal treatment or discrimination of employees or applicants fc employment. If you believe that you, a co-worker, or any applicant for employment are being treated unfairly because of:

- age
- ancestry
- color
- covered veteran status
- disability
- creed
- genetic information
- gender
- gender identity and/or expression
- marital status
- national origin or ancestry, citizenship status
- race
- religion
- sexual orientation
- status with respect to public assistance

You should report the incident or behavior to at least one of the following:

- United HRdirect at (800) 561-0861 from 7:00 a.m. to 7:00 p.m. CT Monday - Friday
- Your manager or any person in your management hierarchy
- Any other management employee

- A Human Capital Partner
- The Ethics and Compliance Help Center (Secure Site) (you can remain anonymous)
- By phone at (800) 455-4521 (toll free in the U.S. and Guam).
- By accessing the Ethics and Compliance Help Center via Frontier

Note: You do not have to make a complaint or report of discrimination to the person who you believe is violating thi policy, even if that person is your manager or is in your management chain of command.

Anonymous Complaint

You can file an anonymous complaint of possible discrimination by calling the Ethics & Compliance Help Center at 1-800-455 4521.

Protection from Retaliation

Employees who make good faith complaints or reports of discrimination, or who provide information related to any such comp or report, are protected from retaliation. Please refer to the Non-Retaliation policy.

If you experience or witness any behavior that you believe is prohibited retaliation, you should report that concern as outlined the Making a report or complaint of discrimination section.

Confidentiality

Only those people who have a need to know will be told about the complaint or the investigation. Generally, the people who a involved in the investigation will include:

- the person filing the complaint
- the employee accused of discrimination
- others who have knowledge of or observed the complaint
- United HRdirect
- Human Capital Partner
- Corporate Employee Relations

Policy Information

The Equal Employment Opportunity, Affirmative Action Programs and Non-Discrimination Policy is posted:

- in each building
- in employee break rooms

You can get copies of these policies by contacting United HRdirect at (800) 561-0861 from 7:00 a.m. to 7:00 p.m. CT Monday
Friday .

Contact

For more information, contact United HRdirect.

Phone: (800) 561-0861 from 7:00 a.m. to 7:00 p.m. CT Monday - Friday

Fax: (888) 324-4289

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Affirmative Action Programs, US

Affirmative Action Policy Statement

UnitedHealth Group is a contractor of the U.S. government and as such complies with the affirmative action requirements of E 11246, section 503 of the Rehabilitation Act of 1973, as amended (section 503), and the affirmative action provisions of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA).

UnitedHealth Group takes affirmative action to employ, advance in employment and retain in its' workforce, qualified women a minorities. In addition, UnitedHealth Group takes affirmative action to employ, advance in employment, and retain in its' workf qualified individuals with disabilities, Vietnam era veterans and special disabled veterans without discrimination based on thei physical or mental disability, Vietnam era veteran or special disabled veteran status. All employment decisions are based only valid job requirements.

UnitedHealth Group engages in affirmative outreach in its recruiting efforts to make job opportunities available to qualified wo minorities, covered veterans and the disabled. UnitedHealth Group has an approved Affirmative Action Plan on file.

Employees and applicants will not be subjected to harassment, intimidation, threats, coercion, retaliation or discrimination because they have engaged in or may engage in:

- filing a complaint or
- assisting or participating in an investigation, compliance review, hearing or any other activity or right protected by any feder state or local law requiring equal opportunity for disabled persons, Vietnam era veterans or special disabled veterans

UnitedHealth Group will make reasonable accommodation to the known physical or mental limitations of a qualified individual a disability or special disabled veteran employee or applicant unless the accommodation would impose undue hardship on th operation of the business.

If you would like to review the Affirmative Action Plan, or need an accommodation, you may contact United HRdirect at (800) 0861 from 7:00 a.m. to 7:00 p.m. CT Monday – Friday.

Invitation to Self-Identify

If you have a disability, or if you are a special disabled veteran, veteran of the Vietnam era, newly separated veteran or other protected veteran and would like to be considered under any affirmative action program, you may identify yourself by complet Personal Information under Self Service. For new employees, this may be completed after an offer of employment is made, e when the offer letter is extended or on the first day of employment.

Completion of this form is voluntary and refusal to provide information will not subject you to any adverse treatment. The information you provide will be kept confidential and will only be used in ways consistent with federal laws.

Outreach and recruitment of disabled or veterans

UnitedHealth Group reviews its employment practices to make sure that the personnel programs work together with the affirmative action program for the employment and advancement of qualified disabled individuals and veterans. Therefore, th Company undertakes outreach and positive recruitment activities including:

- establishing meaningful contacts with organizations for individuals with disabilities and veterans' service organizations servi Vietnam era or special disabled veterans
- providing information to these organizations on job openings, job descriptions and worker specifications, explanations of the selection process and tours of the facility
- establishing a process for these sources to refer applicants for employment and to follow up on the results of the process
- advising community sources of UnitedHealth Group's affirmative action plan for individuals with disabilities, Vietnam era veterans, and special disabled veterans
- communicating with agencies, educational institutions, organizations, social service agencies and advertising to reach applicants who are disabled or veterans not currently in the workforce
- considering applicants who are disabled or veterans for alternative positions for which they may qualify when the position th apply for is unavailable

Physical and mental qualifications

Any physical or mental requirements that influence the selection of candidates for employment or changes in employment sta such as promotion, demotion or training, must be related to the demands of the specific job and be based on business neces and the need for safe performance of the job.

Medical examinations may be required after an offer of employment has been made, but prior to commitment of employment. information obtained from medical examinations is kept confidential, except in cases where safety concerns necessitate that i disclosed for the benefit of the individual.

Reasonable accommodations

UnitedHealth Group makes reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability or covered veteran unless the accommodation would impose an undue hardship on the operation o business or would compromise the safety of any employee. Refer to the Reasonable Accommodation policy for further information.

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HRdirect > Home > Policies & Practices > Handling Workplace Issues > Sexual and Other Harassment

Sexual and Other Harassment

UnitedHealth Group's policy is to provide a respectful work environment that is free from harassment. Therefore, the compar not tolerate any unwelcome behavior that is directed at a person because of that person's sex or gender, age, race, color, cre religion, public assistance, national origin or ancestry, citizenship status, disability, marital status, sexual orientation, gender identity and/or expression, genetic information, or status as a special disabled Veteran, Veteran of the Vietnam era, other elig protected veteran or any other characteristics protected under federal, state or local law.

Such conduct is prohibited in any form in the workplace, at work-related functions or outside of work if it affects the workplace Employees who violate this policy will be subject to discipline, up to and including termination of employment.

Applies to

This policy applies to and protects all employees, customers, clients and any other persons who do business with or are pres at any of UnitedHealth Group's facilities.

What harassment is

Harassment is any unwelcome, offensive verbal, physical or visual action that interferes with an employee's working conditior performance, or creates a hostile or intimidating work environment.

Some examples of prohibited harassment are:

- graffiti of an offensive nature
- making inappropriate comments that have a racial, ethnic or religious meaning or tone
- telling jokes with racial, ethnic or religious meaning or tone
- using offensive names to refer to a particular group of people (e.g., based on race, religion, sex or gender, etc.), even if someone from the applicable group isn't present
- making offensive verbal comments related to an individual's sex or gender, age, race, color, religion, national origin or ance disability or sexual orientation

If an action is perceived to be unwelcome and offensive, it may be considered harassment, even if someone doesn't intend it be offensive.

What sexual harassment is

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, physical or visua conduct of a sexual nature when submission to such conduct is made a term or condition of an individual's employment, eithe explicitly or implicitly. Sexual harassment also exists where submission to or rejection of such conduct by an individual is use a factor in decisions affecting that individual's employment or where such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile or offensive working environment. Sexual harassment prohibited by this policy exists when such behaviors are based on a person's sex or gender, regardless whether person is a male or a female.

Some examples of prohibited sexual harassment are:

- basing an employment decision like hiring, promotion, retention or compensation on whether an employee or candidate acc sexual advances
- statements or threats that imply a link between an employee's sexual conduct and his or her employment status, advancem potential or salary treatment
- cartoons or graffiti of a sexual nature
- computer or Internet images of a sexual nature
- lewd or suggestive comments about someone's personal life or appearance
- obscene or suggestive e-mail messages
- obscene or suggestive telephone calls
- obscene pictures, posters or calendars
- persistently asking employees for dates
- sexual remarks, innuendoes and jokes
- touching, particularly intimate areas, or making obscene gestures
- unwelcome sexual flirtation, advances or propositions

If an action is perceived to be unwelcome and offensive, it may be considered harassment, even if someone doesn't intend it be offensive.

Making a report or complaint of harassment

Open lines of communication encourage employees to talk to managers so problems can be investigated and resolved. How if you experience or witness any incident or behavior that you believe is harassment, you should report that incident or behav one of the following:

- United HRdirect

Phone: (800) 561-0861 from 7:00 a.m. to 7:00 p.m. CT Monday - Friday

Confidential Fax: (952) 932-7793

Your manager or any person in your management hierarchy

Any other management employee

A Human Capital Partner

The Compliance and Ethics HelpCenter (Secure Site) (you can remain anonymous)

By phone at (800) 455-4521 (toll free in the US, Canada, and Guam) or find your country on the International Toll-free Dia Instructions. Operators are available 24 hours a day, 7 days a week and have access to translators who speak multiple languages.

By accessing the Compliance and Ethics HelpCenter via Frontier

Note: You do not have to make a complaint or report of harassment to the person who you believe is violating this policy, eve that person is your manager or is in your management chain of command.

Protection from retaliation

Employees who make good faith complaints or reports of harassment or other inappropriate behavior, or who provide informa related to any such complaint or report, are protected from retaliation. Please reference the Non-Retaliation Policy.

If you experience or witness any behavior that you believe is prohibited retaliation, you should report that in the same manner making a report or complaint of harassment.

Responding to complaints or reports of harassment or retaliation

UnitedHealth Group will take the following steps to respond to any complaint or report of harassment or retaliation that is mac consistent with this policy:

A thorough investigation of each complaint or report will be conducted.

All complaints or reports of harassment or retaliation will be handled as confidentially as possible

The company will take immediate and appropriate corrective action if and when it determines that harassment or retaliation prohibited by this policy has occurred.

Manager Note: Managers are held accountable for providing an environment free of harassment.

Training

Sexual and Other Harassment training is required for all employees and managers and covers:

descriptions of harassment

disciplinary action

reporting procedure

You can find out more about this training from your immediate supervisor or by directly accessing ULearn via United HRdirec

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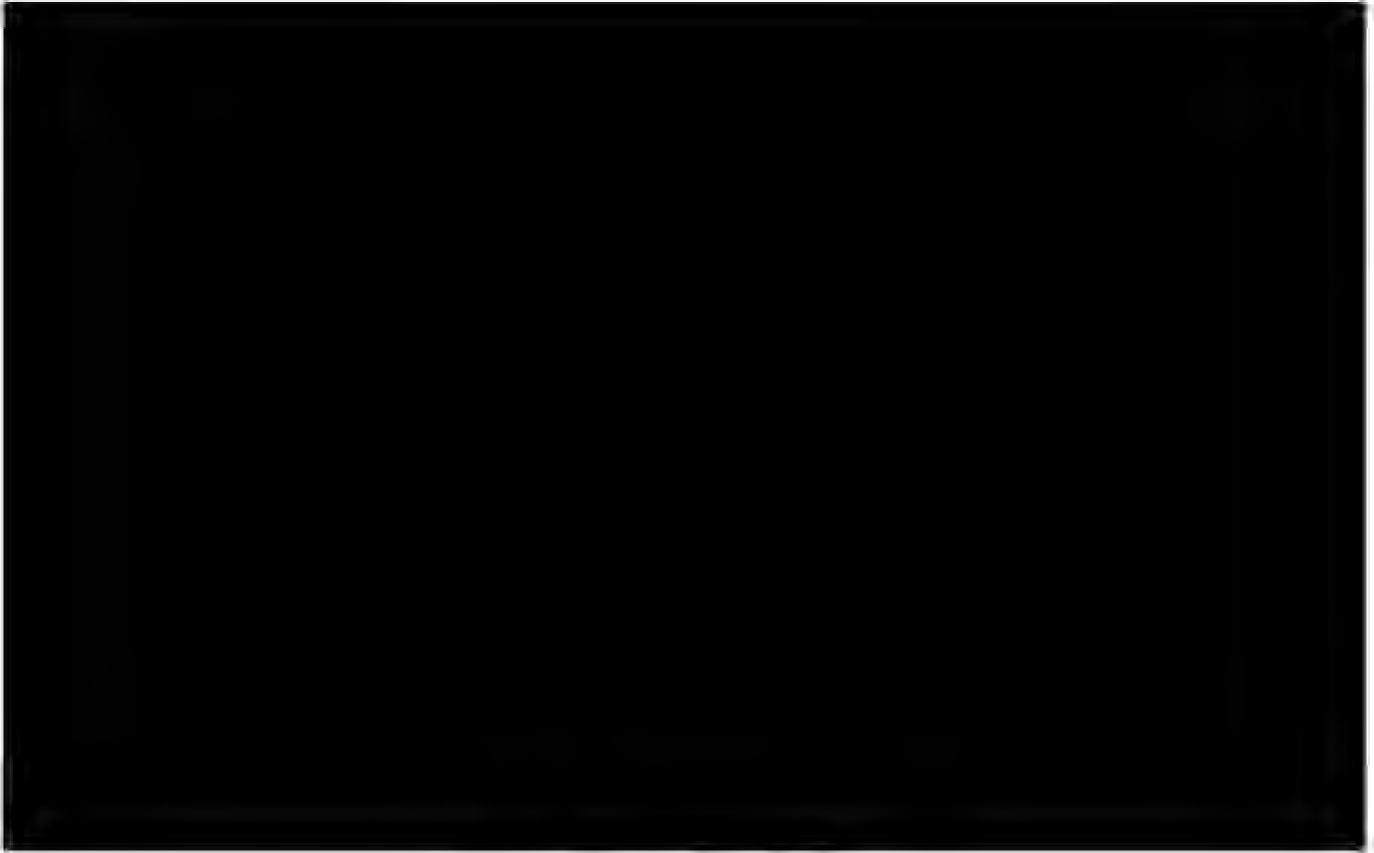
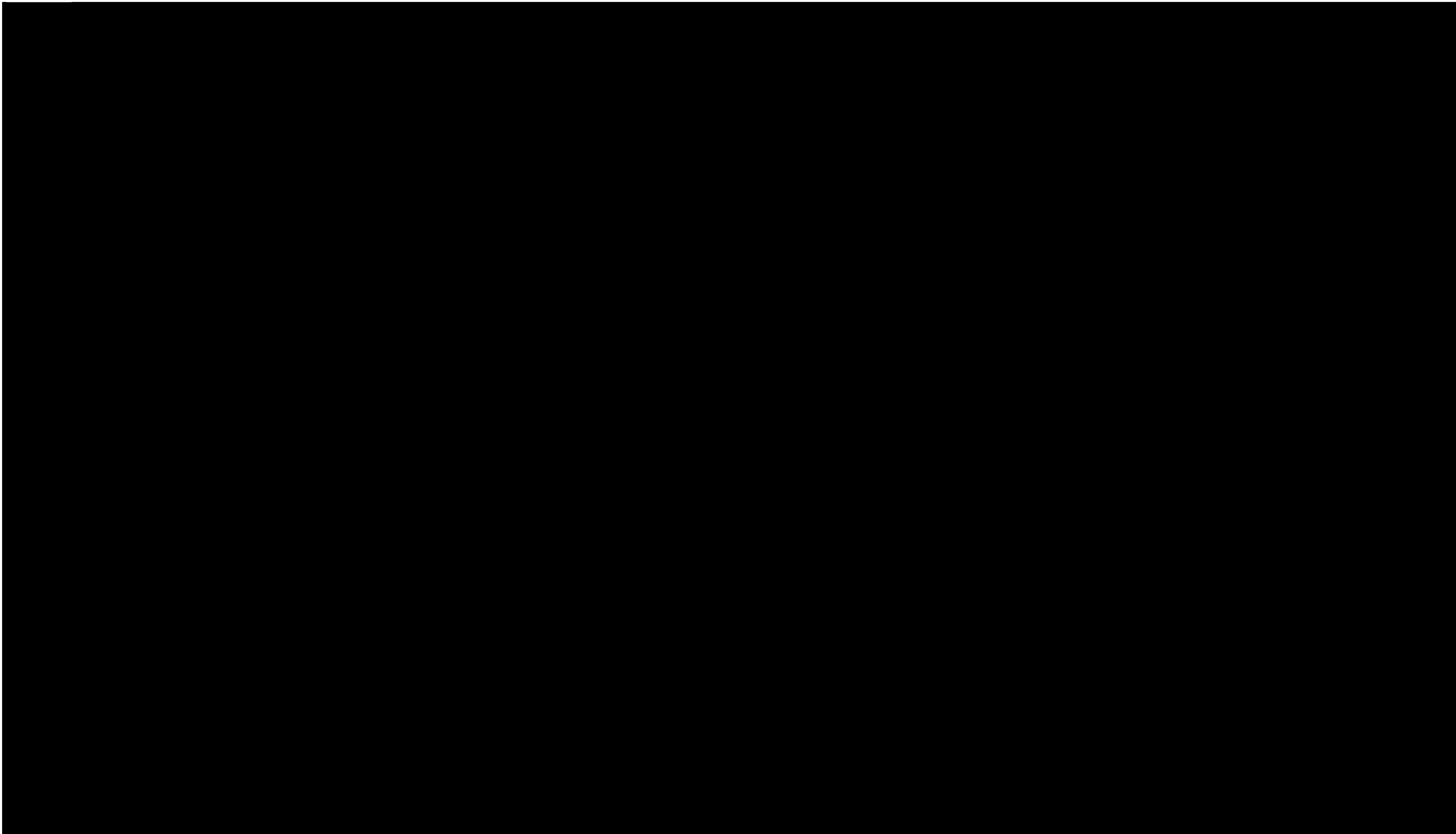
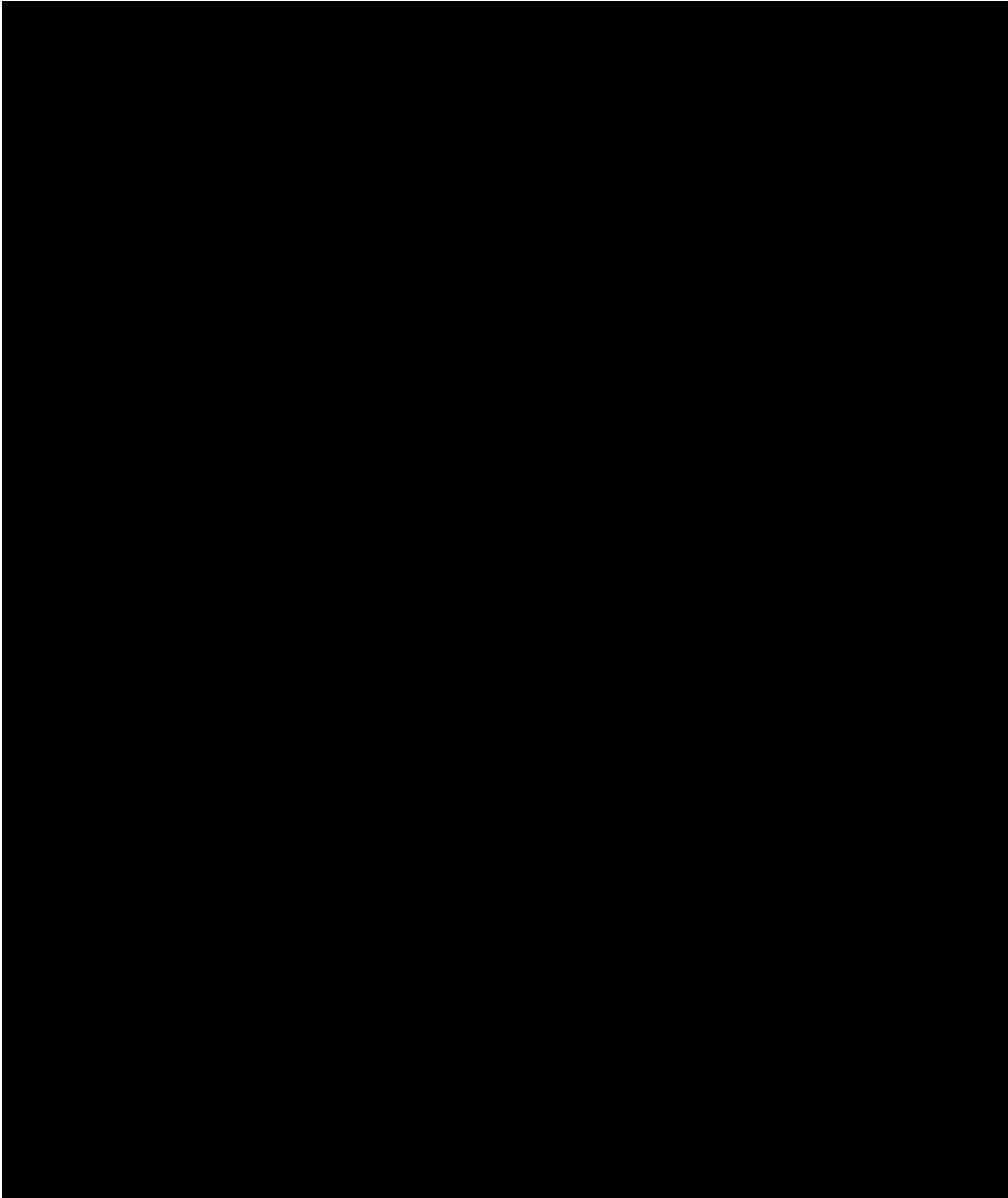
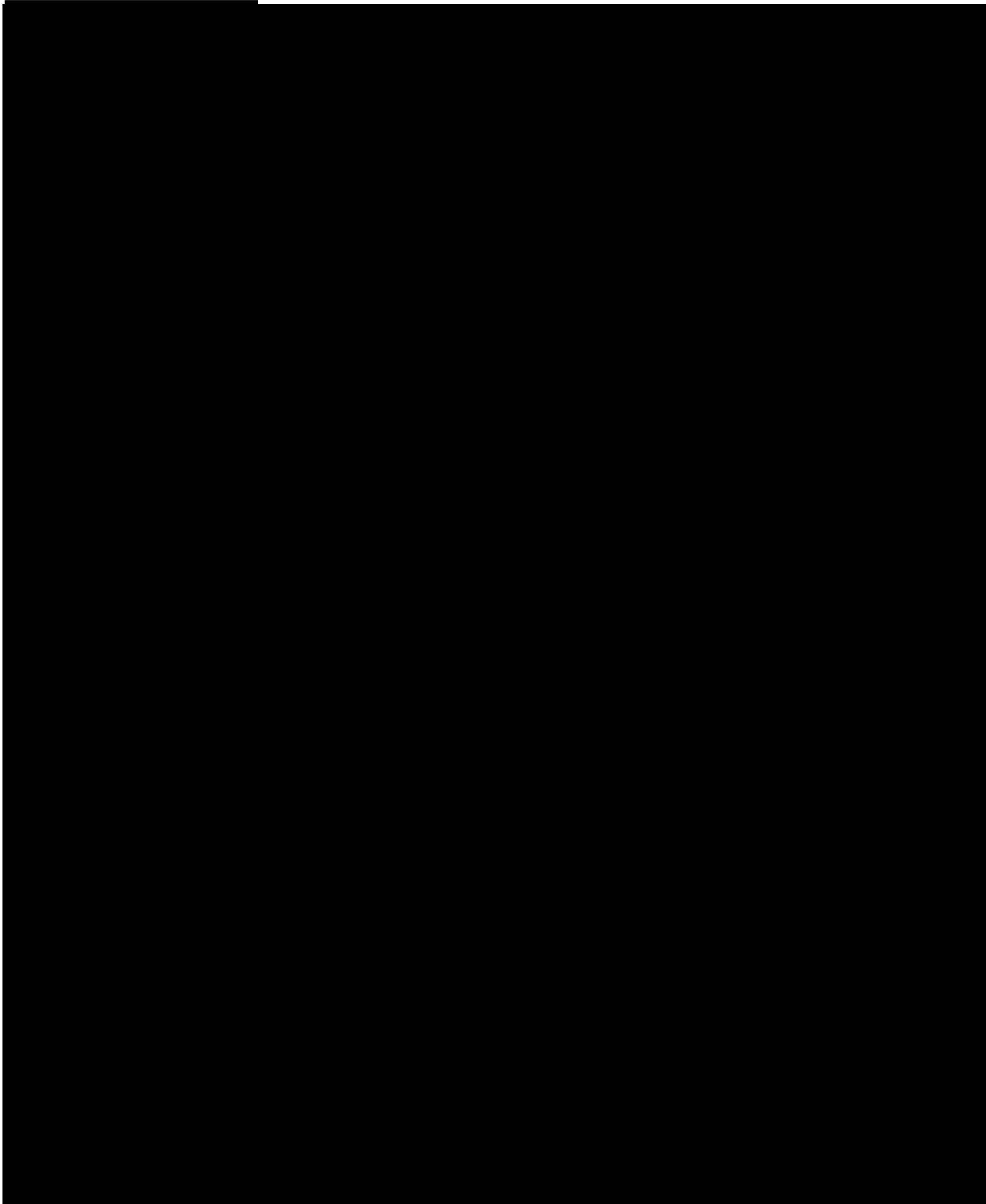
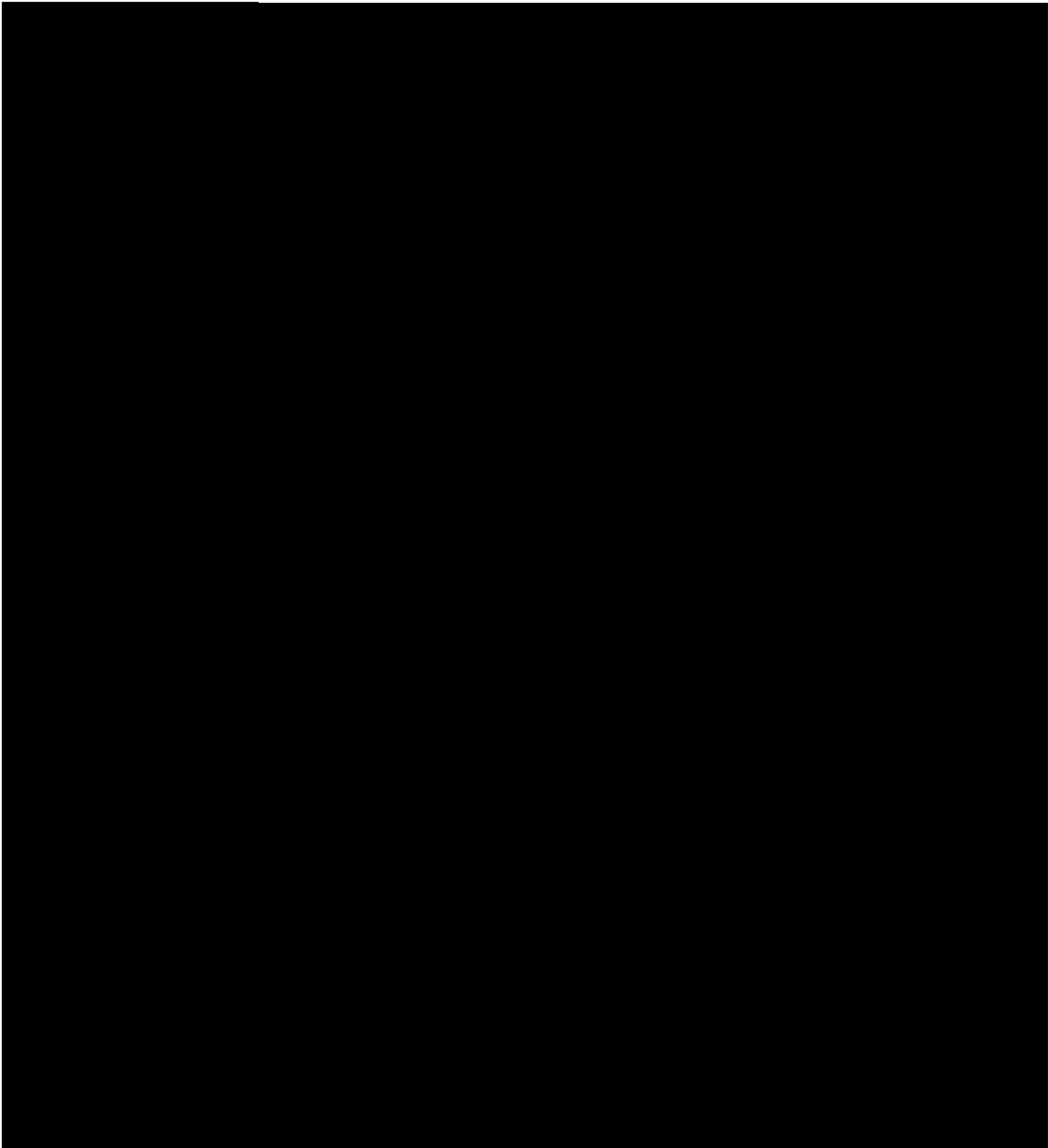


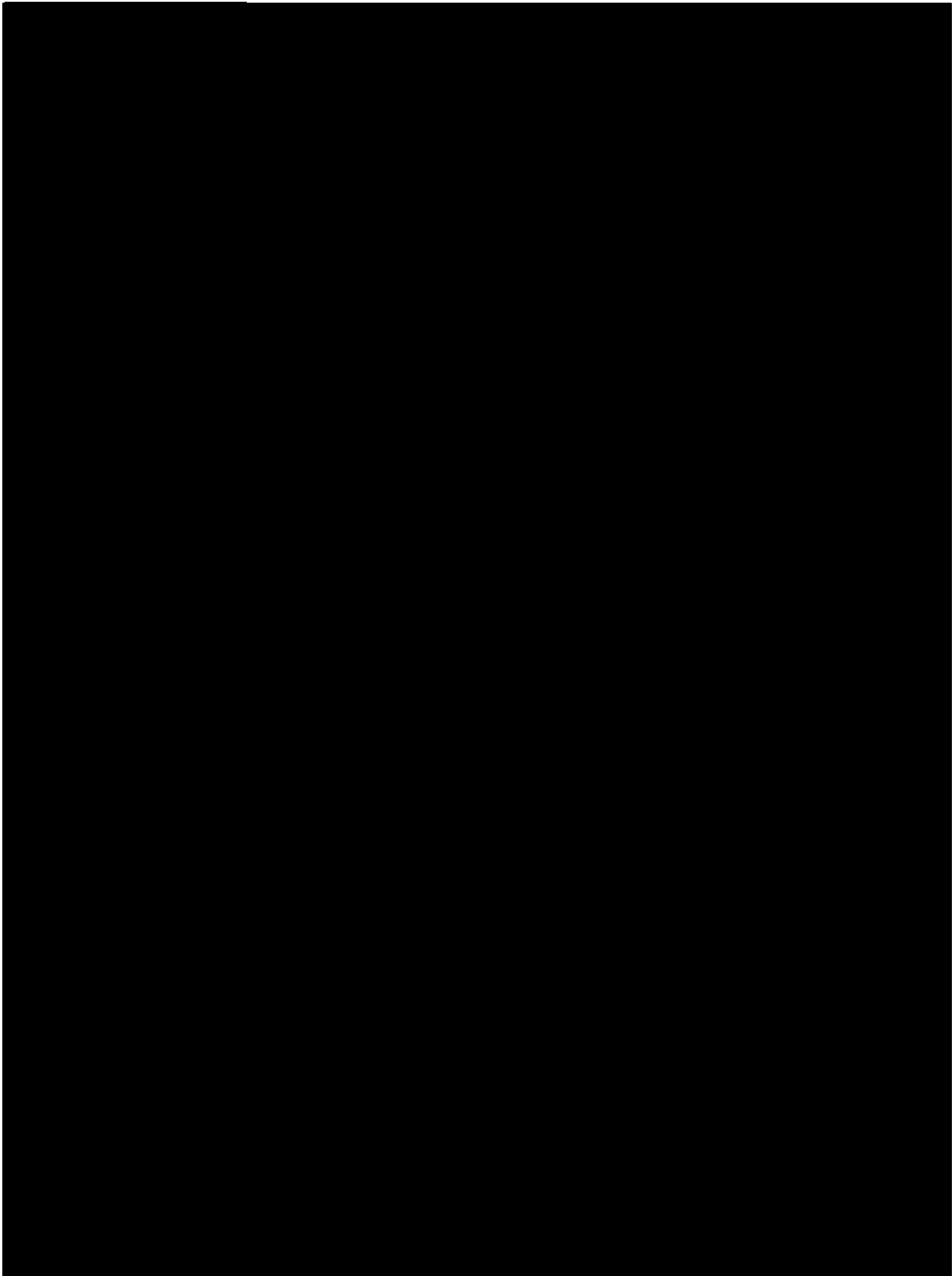


Optum Section 508 Voluntary Product Accessibility Template (VPAT)









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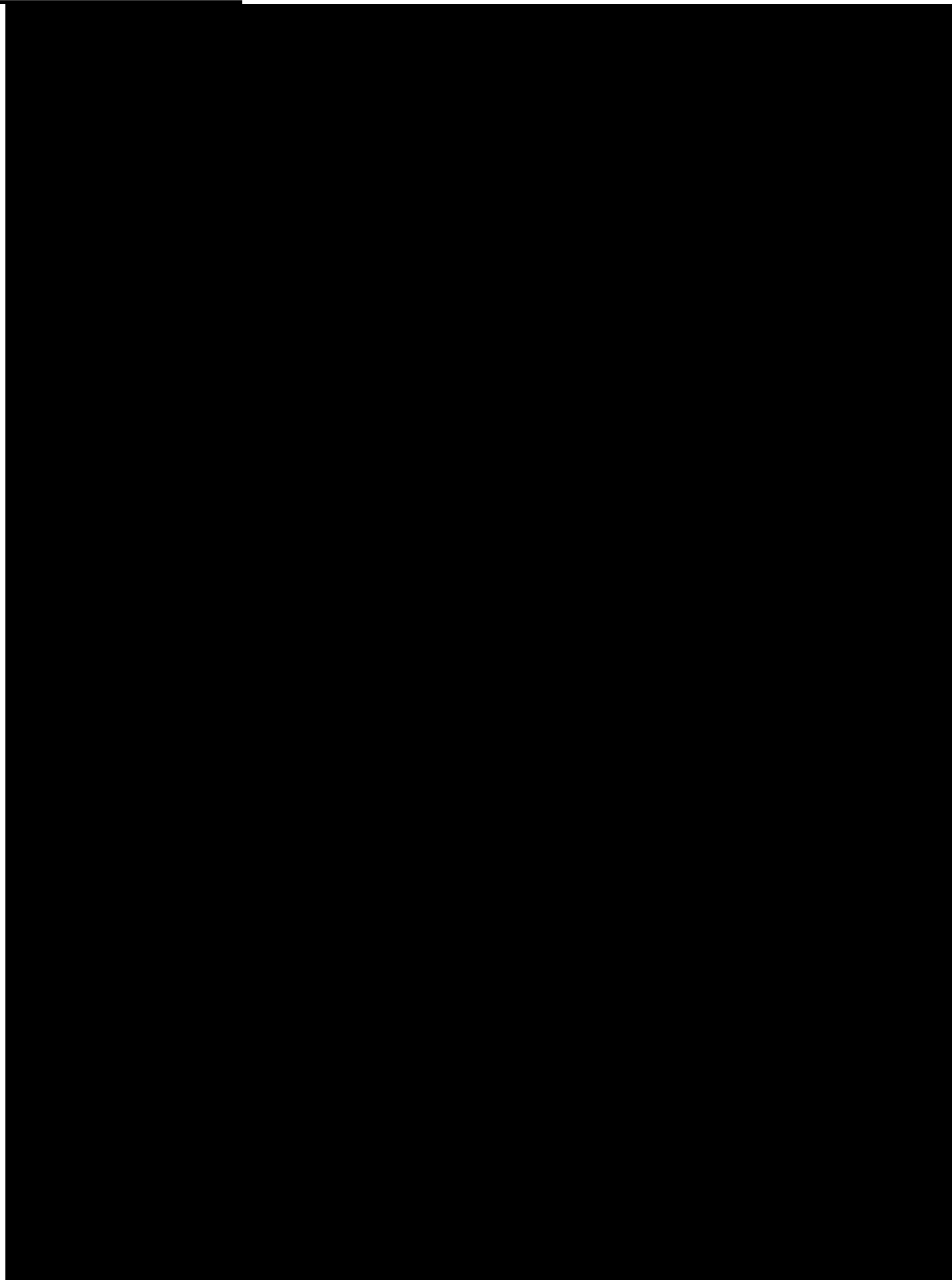


TABLE OF CONTENTS

INTRODUCTION 1
E.1 VENDOR QUALIFICATIONS 4
E.2 ASSESSMENT INSTRUMENTS AND ASSESSMENT OPERATIONS 31
E.3 ASSESSORS AND ASSESSMENT STAFFING 89
E.4 INFORMATION TECHNOLOGY PLATFORM 108
E.5 TRANSFORMATION SUPPORT, TRAINING, & RELATED STAFF 135
E.6 KEY PERSONNEL AND OTHER STAFFING REQUIREMENTS 150
E.7 QUALITY ASSURANCE 160
E.8 PLANNING AND IMPLEMENTATION 163
E.9 REPORTING 171
E.10 PERFORMANCE STANDARDS 176

INTRODUCTION

Arkansas' Vision

Optum brings an understanding of Arkansas' healthcare reform goals, including its Payment Improvement Initiative, which seeks to achieve and be accountable for the Triple Aim by utilizing three primary strategies: innovations in care delivery, strong stakeholder engagement, and a clear road map for the future.

Arkansas seeks to reduce reliance on costly institutional services while building the capacity to serve individuals in need of LTSS in less costly and more preferred home and community-based settings. This includes building a more person-centered system of care that values and desires greater consumer involvement in healthcare decisions.

Arkansas has a goal of implementing a similar strategy and process across the Divisions of DAAS, DBHS, and DDS in order to support the creation of a sustainable, person-centered health care system that: (1) improves the health of the population; (2) enhances the Beneficiary experience of care, including quality, access and reliability; and (3) uses limited resources more efficiently. A foundational premise is to have care delivered in a coordinated, person-centered, and efficient manner which is organized around individuals' comprehensive health needs across providers and over time.

Optum understands the expressed goals and strategic commitments to change, and we also understand what it takes to make that change a reality. Optum is a leader in providing customized health services for more than 30 years. We serve 115 million consumers, 300 health plans, and 38 Medicaid agencies whose services positively impact 74 million members, 4 out of every 5 U.S. hospitals and 67,000 pharmacies. Our 47 state government clients include direct relationships with Medicaid and health and human services agencies. Our capabilities for state government programs are comprehensive and include:

- Whole-person assessment, utilization management, care delivery and network management services to improve health outcomes while reducing costs
- Technology and operations to modernize infrastructure and improve efficiencies
- Providing technical assistance as part of the Money Follows the Person (MFP) program and other long-term transition support initiatives
- Analytic services to effectively manage programs and improve outcomes

Optum has direct experience in the delivery of person-centered care. As part of our service delivery, we have developed a holistic, person-centered, recovery oriented care model that addresses medical, behavioral and social needs. Our care model provides cost-effective, quality care through a comprehensive service delivery system that identifies members who will most benefit from intensive care coordination and coordinates integrated physical health, behavioral health, LTSS and social services as well as services for children. A core component of our person-centered care model is direct member engagement for assessment and in choosing services and supports that allow members to remain as independent as possible and in the least restrictive environment.

In addition to direct experience in delivering services, we bring deep expertise working alongside and for state governmental agencies in the development of their long-range strategic plans to rebalance systems of care and the commensurate program development, payment modeling and analytics, and evaluation necessary to achieve system redesign.

Tool Selection

Optum brings to bear the desired skills, experts, and capacity to support the Department of Human Services in developing and implementing a streamlined, holistic solution for transition to new assessment and screening tools, tiering, and a supportive information technology platform. To achieve this end, Optum is recommending the use of MnCHOICES, a single, comprehensive assessment and support planning tool that can be used for all long-term service and supports (LTSS) needs of all three Divisions: DAAS, DBHS, and DDS, supporting Arkansas' goal of consistency and efficiency in processes. This tool is compatible for use across persons of all ages, abilities, and financial background offering a forward-thinking, person-centered, modular approach to support a streamlined, statewide strategy for determining eligibility for publicly funded LTSS.

The recommended tool and supporting modules and supplements are in the public domain, affording Arkansas the opportunity to invest valuable resources into the delivery of services and supports vs paying expensive licensing and royalty fees that many assessment instruments require. The MnCHOICES assessment serves Arkansas' goals above by providing a common data collection tool across all populations. Individuals in need of LTSS may be born with a disability, may age into the need for supports, or may experience a traumatic event which alters the course of one's life resulting in the need for long-term assistance. The MnCHOICES tool is diverse and robust to support the assessment of, eligibility determination, and support and care planning for any of these circumstances. In addition, the tool was developed with consideration of the federal government's emphasis on the utilization of home-and community-based services and person-centered thinking and planning. The tool promotes choice and integrated community living and includes person-centered thinking and planning and matches services to an individual's strengths, preferences and needs. It also replaces multiple assessments for different programs and populations with a single and simplified tool. A single tool with supporting modules results in reduced paperwork and redundant data entry and assessment as individuals move across programs and services as they age, or as conditions change.

While the scope of this RFP does not include care planning and care plan development, selection of this tool provides Arkansas with a powerful platform in which to use the assessment and tiering data to support the development of person-centered service plans over time that are customized and built to Arkansas' specifications. The tool is built to focus on individuals and not programs and rather than placing individuals in boxes based on their need for assistance, the tool gathers standardized information necessary to determine level of need, and supports individuals in making their own choices across a diversity of state and publicly-funded services. The tool includes built-in algorithms (which would be customized for Arkansas based on the tiering methodology desired) which align individuals with program eligibility. Lastly, the tool aids in statewide quality measurement across programs and populations.

The MnCHOICES tool and modules offer flexibility, consistency, efficiency, and person-centered approaches that support Arkansas' broader goals. Furthermore, the selection of this tool will provide Arkansas with a powerful tool in which to advance statewide efforts toward person-centered thinking and planning as required by CMS HCBS Rules, driving cross population and system-wide outcomes that are derived from a standardized source.

Implementation

Optum has a long history implementing new programs for states that cross the continuum of health and long term services and supports. We understand that local staff are at the heart of any successful program start-up, particularly when systems change is involved. We are committed to hiring Arkansas-based staff that brings intimate and extensive expertise serving the populations who will be impacted by this transformational project. Hiring the most knowledgeable teams of assessors and on the ground supports will be of highest priority to us.

Efforts are already underway to connect and collaborate with potential Arkansas community organizations to ensure we are a true partner to the state. Once identified, Optum brings deep experience in quickly operationalizing and scaling up for significant numbers of new hires in the most efficient manner.

As important as the hiring of staff already familiar with the Arkansas landscape of services and supports, constituents, and state and local leadership, Optum will complete a comprehensive assessment of training needs and methods in order to operationalize a thoughtful, detailed, and appropriately designed training plan and accompanying materials that best supports the styles, preferences, and strengths of the staff who will play a critical role in the successful rollout of this project.

Once the assessment teams are in place, we will conduct outreach to key stakeholder groups to initiate an open and transparent process in partnership with DHS and its three key divisions in order to develop the critical messaging that will launch the project's successful implementation. Regional statewide forums as well as more intimate division and state leadership meetings will be held to provide an overview of the overall project, its intentions, tool choices, expectations, and next steps. This will lay the groundwork for the training that will occur on both the assessment and screening tools, tiering, and new LTMS platform that provides the infrastructure for the resulting tools, processes, trainings, and protocols.

One of Optum's most important roles is to represent the goals, vision, and interests of DHS, DAAS, DDS, and DBHS to best serve its citizens. In partnership and under DHS direction, we are committed to providing a thoughtful and smoothly executed plan that addresses the concerns and hopes of the populations involved, the providers that serve them, and other key stakeholders and advocates that also play a role in the outcome of this statewide effort. We will accomplish this by utilizing the highly qualified and deeply experienced experts both within the Optum enterprise and across the vast experience of the Arkansas staff and supporting organizations that we will harness in order to collaborate together on this exciting opportunity.

E.1 VENDOR QUALIFICATIONS

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

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

Company Overview

The bidding legal entity for business under this RFP is Optum Government Solutions, Inc., a wholly owned subsidiary of UnitedHealth Group, Incorporated. Optum Government Solutions, Inc. will bring to bear the capabilities from across the UnitedHealth Group enterprise, including those of United Behavioral Health (UBH) and our affiliate the Lewin Group, and will hereinafter be referred to as "Optum".

Optum is a distinctly separate business from our affiliate, UnitedHealthcare, although UnitedHealthcare represents an important client through which we deliver a vast array of business, clinical, assessment, and analytical services and for whom we have performed hundreds of complex technology and operational implementations.

UnitedHealth Group has two distinct lines of business that work separately to help improve the healthcare system. Please see the figure below.

By providing market-leading services and comprehensive yet modular capabilities under a single, integrated company, Optum helps customers achieve their objectives by quickly and effectively tailoring solutions to the customer's needs, such as assessment instruments, tier determinations and developmental screens for the State of Arkansas.

Optum is a leader in providing customized health services for more than 30 years. We serve 115 million consumers, 300 health plans, 38 Medicaid agencies whose services positively impact 74 million members, 4 out of every 5 U.S. hospitals and 67,000 pharmacies. Our 47 state government clients include direct relationships with Medicaid and health and human services agencies. This also includes relationships with managed care organizations that are providing Long-Term Services and Supports (LTSS) services to Medicaid and Medicare Beneficiaries. Our capabilities for state government programs are comprehensive and include:

- Whole-person assessment, utilization management, care delivery and network management services to improve health outcomes while reducing costs
- Technology and operations to modernize infrastructure and improve efficiencies
- Technical assistance for Money Follows the Person (MFP) programs and other LTSS initiatives
- Analytic services to effectively manage programs and improve outcomes

Since February 2014, Optum has provided data warehouse and program integrity solutions to the Arkansas Department of Human Services (DHS) via the Arkansas Decision Support System contract. We have implemented these solutions on time and on budget, including:

- Medicaid data intake from Arkansas' legacy Medicaid Management Information System (MMIS)
- New development on Medicaid data intake with Arkansas' new Hewlett-Packard (HP) MMIS
- Standard and ad hoc reporting on that data and MAR federal financial reporting
- Program integrity for both DHS and the Office of Medicaid Inspector General
- Advanced analytics to measure quality and outcomes

Experience

Given the breadth of our experience, we are providing examples of our experience that exceed the RFP requirement of five years of assessment experience and three years of transformation support. A summary table is provided at the end of these project descriptions. We would be pleased to provide any additional information that the state may require.

Ohio Medicare-Medicaid Plans: Assessments and Tier Determinations

In the State of Ohio, we have supported the MyCare Ohio Medicare-Medicaid Plans since July 2014, including the management, support and hosting of the assessment instruments on our technology platform. We provide assessment services, tier determinations, emergency assessments, provider engagement/training, care delivery, care transitions programs, and IT platform to three managed care organizations to maximize the health and fiscal outcomes for LTSS members. Upon member enrollment, our team members conduct a comprehensive medical, behavioral, social, living situation, and caregiver support assessment.

The outcome of the assessment determines the level of support a member needs and the frequency of follow-ups and reassessments. Optum clinicians develop a care plans and ongoing care management for members who need institutional level care. If we determine that a member can move from the nursing facility to the community, we will develop a transition care plan and provide follow-up support in the community. Whenever we are made aware of a change in circumstance (e.g., a community member who has been admitted to the nursing facility after hospital discharge; loss of primary caregiver and/or living situation), we will conduct an emergency assessment and help the member access the support they need to live as independently as possible.

In Ohio, Optum trained over 200 providers in 30 different in-person training sessions. We reinforced this training via recorded webinars and easy-to-understand training guides.

Optum also trained nursing facility staff to recognize early onset of changes in condition, evidence-based clinical care, advanced care planning, frequent monitoring and communication with other stakeholders in care.

To ensure a smooth MyCare Ohio implementation for several health plans simultaneously, Optum trained over 200 providers in 30 different in-person training sessions. We reinforced this training via recorded webinars and easy-to-understand training guides. After implementation, we provided focused refreshers for specific providers based on our robust management dashboards.

Moreover, to improve health outcomes, Optum trained nursing facility staff to recognize early onset of changes in condition, evidence-based clinical care, advanced care planning, frequent monitoring and communication with other stakeholders in care. We also worked with nursing facility staff to deliver preventive primary care, thus averting unnecessary hospitalizations. In addition, we increased nursing facility staff awareness of mental health conditions and increased access to onsite psychiatric nurse specialists and telepsychiatry to help staff manage behavioral conditions effectively. These types of trainings and close collaboration support maximum function, comfort, and quality of life for members at lower cost and provide peace of mind for their families.

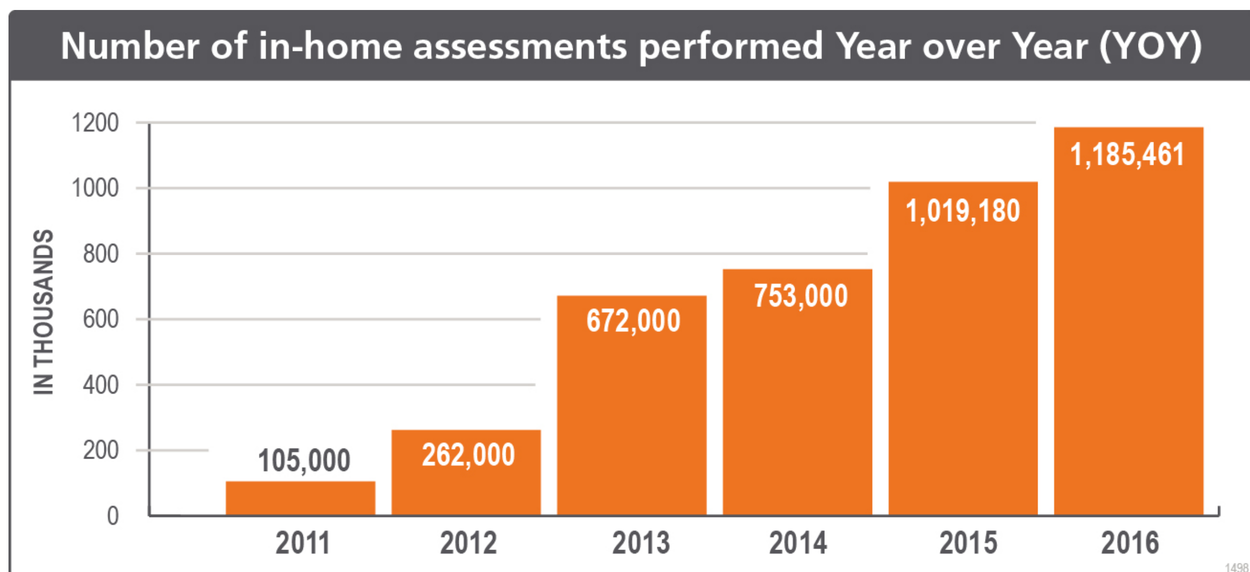
Our work in Ohio directly corresponds to the Scope of Work under this proposal, including: conducting assessments, providing an IT platform and maintaining the system infrastructure to support field-based assessments; the assignment and prioritization of assessments to appropriate assessors based on location and qualification; tracking tier determinations; sharing assessment outcomes with LTSS providers; and developing a training curriculum and providing training to a large number of providers.

In-Home Assessments for Medicare-Medicaid Beneficiaries in 40 States

Since 2011, Optum's Complex Care Management group has provided close to 4 million in-home assessments for Medicare and Medicare-Medicaid Beneficiaries in 40 states, as evidenced in the graphic below. In-home assessments provide the human touch of member engagement, target health education, and close gaps in care to improve the health and quality of life for seniors. A 2015 RAND Corporation study found that Optum's in-home assessments reduce hospitalization and nursing home admissions. During an in-home assessment, a licensed clinician will:

- Review medical, behavioral health, and social history
- Assess living conditions and social determinants of health
- Connect members to social services, financial assistance and nutrition programs
- Perform a wellness checkup and health screenings, such as BMI and blood pressure
- Ask questions about depression and problems with memory or other mental health issues
- Review current medications taken
- Arrange for certain lab tests
- Provide information about existing health conditions
- Provide discussion topics and questions to bring to the member's next PCP appointment
- Send information about the visit to the primary care provider

Optum's experience hiring and training assessors ensures our ability to the services outlined in this Scope of Work. Moreover, we have the operational processes and systems infrastructure to schedule and manage the assessments along with the field-based data collection.



Medicare Institutional Special Needs Plans: Comprehensive Assessments in Nursing Facilities in 27 States

Since 1990, Optum has supported UnitedHealthcare (UHC)'s Medicare Institutional Special Needs Plan (I-SNP), also known as Evercare, in 27 States. For every member we conduct a comprehensive person-centered assessment inclusive of medical, behavioral, pharmacy, and functional status and determine the types and the level of support that each member needs. Based on this assessment, we develop a personalized care plan and coordinate the physical health, behavioral health, pharmacy, and LTSS services for that member. Our objective is to promote the maximum function, comfort, and quality of life through early recognition of change in condition, evidence based care, and frequent monitoring and communication with other care providers. This care coordination and delivery approach has resulted in high member, family, and nursing facility satisfaction and reduced use of higher care. For example, 97 percent of family members report they are satisfied with our program and would recommend it to others. Moreover, Optum has reduced hospital admissions by 69 percent and nursing facility skilled

days by 53 percent, as compared to the average number of hospital admissions and nursing facility skilled days for long-term care members, as reported by the Center for Medicaid & Medicare Services (CMS). These positive outcomes have improved the overall care of Beneficiaries and ensure appropriate utilization of services within both Medicare and Medicaid.

The assessments, personalized care planning and coordination we perform for UHC Community & State and UHC Medicare & Retirement Beneficiaries are directly related to the assessment activities within this Scope of Work.

Ninety-seven percent of family members report they are satisfied with Optum's I-SNP program – which includes in-home assessments – and would recommend it to others. Moreover, Optum has reduced hospital admissions by 69 percent and nursing facility skilled days by 53 percent, as compared to the average number of hospital admissions and nursing facility skilled days for long term care members, as reported by the Center for Medicaid & Medicare Services (CMS).

Person-Centered Care Model

Optum and UHC have been delivering integrated program services since 1998. As part of our service delivery, we have developed a holistic, person-centered, recovery oriented care model that addresses medical, behavioral and social needs. Our care model provides cost-effective, quality care through a comprehensive service delivery system that identifies members who will most benefit from intensive care coordination and coordinates integrated physical health, behavioral health, LTSS and social services as well as services for children. A core component of our person-centered care model is direct member engagement for assessment and in choosing services and supports that allow members to remain as independent as possible and in the least restrictive environment.

We also draw on our nine years of experience managing the Arizona Children's Rehabilitative Services program for 25,000 children with special health care needs. This care model for child health incorporates families' voices and choices into decisions that impact the health and well-being of their children, close collaboration with other child health providers and use of relevant evidence-based guidelines and measurement strategies.

Our care coordination framework for serving the diverse and often complex needs of Medicaid and CHIP Beneficiaries, including those who are LTSS eligible, reflects our core principles and commitments to person-centered care. This framework includes a dedicated and specialized approach to those individuals who are assessed for services.

A community-based Care Coordinator is the core access point for all care coordination programs to address physical health, behavioral health and co-occurring conditions while supporting the LTSS assessment and service planning. This approach enables the development of a trusting relationship between the community-based Care Coordinator and the Beneficiary and ensures that the person-centered service plan goals are honored throughout the delivery of physical and behavioral health care services.

We have significant experience conducting initial health risk screening within specific time frames for new members in our other Medicaid programs. Through our extensive experience operating care coordination programs, we have learned the importance of focusing our efforts on those members who are most at risk and able to benefit from intervention and specialized care coordination programs. An initial health screening and other data analytics assists us in assigning an initial risk score which is provided to the care manager who will conduct further assessments for members in the high-risk level.

Our person-centered care model has produced the following outcomes across 18 markets:

- **An average seven percent reduction in inpatient admissions, with the most successful market experiencing a 42 percent reduction. Related cost savings average $12,400 per avoided admission.**
- **An eight percent to 22 percent decline**

Our innovative person-centered care model is focused on whole-person solutions within the home, community or facility setting. We use multiple data points to customize the approach to best meet a person's goals, objectives and unique needs, including cultural and linguistic preferences. We offer a high-touch, integrated approach, combining physical and behavioral health services, social services and LTSS. Our approach is to meet people where they are on the continuum of services and to keep individuals as independent as possible through a broad range of services and supports. This approach mirrors the approach required in this RFP of meeting Beneficiaries in their local settings and demonstrates our experience in providing assessments.

Our person-centered care model has produced the following outcomes across 18 markets:

- An average seven percent reduction in inpatient admissions, with the most successful market experiencing a 42 percent reduction. Related cost savings average $12,400 per avoided admission.
- An eight percent to 22 percent decline in emergency department visits

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS): Evaluation of Demonstration Grant for Testing Experience and Functional Assessment Tools (TEFT) in Community-Based Long Term Services and Supports

From March 31, 2014 to March 30, 2017, CMS contracted with Optum to serve as the national evaluator of the CMS Testing Experience and Functional Assessment Tools (TEFT) Demonstration program, awarded to nine states in 2014 to test new quality measurement tools and demonstrate person-centered electronic information exchange in Medicaid LTSS waiver programs. The participating states include Arizona, Colorado, Connecticut, Georgia, Kentucky, Louisiana, Maryland, Minnesota, and New Hampshire. Although some states have adjusted their level of participation, each state is participating in one or more of the four TEFT components:

Experience of Care Survey (8 states): States are field testing two rounds of a beneficiary experience survey within multiple LTSS programs for validity and reliability. Developers designed the survey as a cross-disability tool to assess participant experience with services.

Functional Assessment Standardized Items (6 states): States are field testing a modified set of functional assessment measures for use with beneficiaries of LTSS programs. The Functional Assessment Standardized Items (FASI) builds on lessons learned from the Continuity Assessment Record and Evaluation (CARE) tool used in post-acute care settings.

Personal Health Records (6 states): States are demonstrating use of Personal Health Records (PHR) with LTSS beneficiaries. States are implementing systems that give beneficiaries access to personal health and LTSS information to support service delivery decision-making.

Electronic LTSS Plan (6 states): States are participating in the Office of the National Coordinator's Standards & Interoperability Framework Initiative. States are working to identify, evaluate, and harmonize an electronic Long-Term Services and Supports (eLTSS) plan. The goal is to exchange the eLTSS plan electronically across varying LTSS settings, institutional settings, and with beneficiaries and payers to improve coordination.

The purpose of the monitoring and evaluation contract is to help accomplish the above goals by assessing the implementation activities of TEFT states, and the impact and outcomes resulting from the TEFT Demonstration. The evaluation consists of close program monitoring and the provision of feedback, lessons learned, and recommendations to TEFT states. Optum is conducting a rapid-cycle system outcomes evaluation that relies on mapping LTSS systems, structures, health IT capacity and processes, and developing a quantifiable measure of information exchange maturity. To inform the systems mapping assessment, Optum reviews applicable LTSS and health IT laws and regulations for each state and nationally. Annually, Optum conducts site visits to eight states to update the LTSS systems maps and information exchange maturity scores to show progress over the four-years related to TEFT and other systems initiatives. Optum is also conducting a beneficiary outcomes evaluation that relies on the review of each state's TEFT PHR and the fielding of an original, web-based PHR User Survey to understand beneficiaries' experience using a PHR.

Optum is seeking Office of Management and Budget approval to field a survey of LTSS program participants identified as PHR users in each state. Optum also participates in the S&I Framework process to develop an eLTSS plan standard to facilitate data exchange across LTSS and acute care settings.

State-Wide and County-Based Medicaid Behavioral Health Contracts

For over 20 years, Optum has supported state-wide and county-based Medicaid behavioral health systems with customized solutions, services and supports. Optum successfully funded and implemented independent start-up operations for in the following locations:

- San Diego County, California – a county-wide Administrative Service Organization (ASO) that manages the County's behavioral health, inclusive of an access and crisis line, which we implemented in 1997
- Pierce County, Washington – a county-wide Regional Support Network (behavioral health services) that manages Medicaid and non-Medicaid services, which was implemented in 2009
- State of New Mexico –a statewide entity for behavioral health, which we implemented in 2009 and which continued through 2013. In 2013, behavioral health services were integrated with the health plan and we continue to provide services through UnitedHealthcare.

- Salt Lake County, Utah –a county-wide contract which we implemented in 2011 that manages Medicaid and non-Medicaid behavioral health services
- State of Idaho – a state-wide contract for the Idaho Behavioral Health Plan for Medicaid, which went live in 2013

Wyoming: Health Management Services and Utilization Management Services

In July, 2016, Optum began leveraging our QIO-like entity status to provide Health Management Services and Utilization Management Services to the State of Wyoming. The specific functions covered under the contract include: Client Engagement, Client Education and Outreach, Provider Engagement and Support, Total Health Record Coordination, Weight Management, Provider Engagement and Support, Utilization Review, Quality Assurance, Psychiatric Residential Treatment Facility On-Site Compliance Review, and Reporting.

The clinical model in Wyoming is focused on local integration within the community. It focuses on results oriented outcomes and connecting the members to their primary caregivers. It is designed to track reduction in hospital admits and re-admits, follow up with PCP/Behavioral Health visit within seven days of discharge, and reduction in emergency room (ER) visits.

New York Chronic Illness Demonstration Pilot Projects

Optum previously managed one of the Chronic Illness Demonstration Pilot Projects (CIDP) in Queens and Bronx New York through March 2012. While we are no longer participating in this program because of contract term expiration, it provided us with experience with Members with Serious Mental Illness (SMI).

Members in this program were individuals with SMI, all of whom had a history of multiple hospitalizations, substance use disorders, and/or chronic medical conditions. Some of these Members were homeless or living in shelters, necessitating a "feet on the street" approach from our Care Managers.

For this program, we established an Integrated Health Care and Community Provider Network. The key elements of this program included:

- A demonstrated ability to grow and manage a rich and diverse network of locally based service providers, thus improving Member's access to care
- Member-driven and provider-engaged governance and program oversight, which ensured services were focused on Member needs and adherence to practice guidelines
- A recovery oriented, incremental approach to care management, which enabled Members to develop resiliency and achieve recovery in their home communities
- Information technology that supported collaborative care by allowing Members and Providers to share member-directed care goals, key medical-behavioral care opportunities, assessment results, and case notes through an electronic Personal Health Record

The CIDP project included a complete network of local medical, behavioral and psychosocial services for Members enrolled in the program in Queens County and Bronx County, New York. Our initial key CIDP network partners were well-respected local organizations that included, among others, Promoting Specialized Care & Health, Inc. (PSCH, Inc.) and the Bronx-Lebanon Hospital Center.

Following the conclusion of the project, a study was conducted by the Institute for Community Research and Training at the College of Saint Rose, Albany, NY, to assess results from the CIDP. Positive results were reported by both program Members and Providers. In particular, Members were very satisfied with the services provided by their Care Managers.

In addition, Peer Support Specialists observed many positive changes occurring in the lives of CIDP consumers. Among the top positive changes reported were that CIDP Members:

- Obtained assistance from Peer Support Specialists for many needs when they call for help
- Became aware of health changes that are possible and learn how to make these changes
- Felt that they are not alone in the recovery process
- Sought and obtained assistance from Peer Support Specialists on troublesome issues in their lives, even those not involving wellness and recovery.
- In general, these changes were seen as a result of the Member's ability to learn from the shared peer experience and the trusting relationship that had developed between the Peer Support Specialists and Members.

Massachusetts Senior Care Options (SCO)

Optum supports UnitedHealthcare's Senior Care Options (SCO) program, which contracts with the federal government and with MassHealth to deliver and coordinate all Medicare and Medicaid covered benefits for eligible individuals. The program uses a high touch integrated approach combining health and social services and home and community-based services (HCBS) that incorporates behavioral health services. The goal is to keep elders as independent as possible. This covers a broad range of healthcare services, including coordination of members' medical, personal care, housekeeping, non-emergency transportation, vision and dental. The program engages with the Long Term Care Finance Association, LeadingAge Massachusetts, Mass Senior Care Association, and Massachusetts Health Council. Massachusetts SCO has been growing at a substantial pace for several years while also increasing quality metrics (from 3.5 to 4.5 Stars last year). This program accounts for almost 50 percent of the State's SCO program growth in 2015 and 42 percent year-to-date in 2016.

Iowa Medicaid Enterprise (IME)

Optum's work for the Iowa Medicaid Enterprise (IME) serves as an example of one of our most extensive and integrated solutions for preventing and recovering inappropriate Medicaid payments and includes two key capabilities relevant to Arkansas' requested scope of work. Under this engagement, Optum provided education to a wide range of Iowa providers, including personal care providers and providers who were a part of a consumer-directed program. This education involved multiple modalities, including written communication explaining the deficiency and how the provider could correct their record keeping process in the future, as well as in-person participation in onsite educational meetings. Optum also provided input and materials for the annual provider education plan. This project also highlights Optum's ability to routinely exchange data electronically with states, as we routinely received weekly claims file from the State Medicaid Program. Iowa averaged about 3.2 million claims per month.

The following table maps the minimum qualifications in the RFP document and shows how Optum exceeds those requirements. Upon request, we would be pleased to provide more detail regarding the experience referenced in the chart.

Experience Requirements Chart

Minimum Qualifications	Optum's Experience
(at least) Five years cumulative experience working on a similar implementation and administration of Independent Assessment projects for at least three other state Medicaid programs or similar state human services programs. This includes management, support and hosting of Assessment Instruments on the Vendor's information technology platform.	■ Arizona Children's Rehabilitative Services program for 25,000 children with special health care needs since 2007 ■ In-Home Assessments for Medicare-Medicaid Beneficiaries in 40 States since 2011 ■ Medicare Institutional Special Needs Plans conducting Comprehensive Assessments in Nursing Facilities in 27 States ■ Ohio: MyCare Ohio Medicare-Medicaid Plans since July 2014 ■ Person-Centered Care Model since 1998
(at least) Three years cumulative experience working on similar transformation support projects for at least three other state Medicaid programs or similar state human services programs. This experience shall include the development of a curriculum and the training of employees through in-person, electronic and telephonic methods.	■ Connecticut Department of Social Services: Core Standardized Assessment ■ CMS Testing Experience and Functional Assessment Tools (TEFT) Demonstration program Connecticut Department of Social Services: Core Standardized Assessment ■ Illinois Department on Aging: Aging and Disability Resource Centers and Reduction of Avoidable Nursing Facility Placement ■ Indiana Family and Social Services Administration: No Wrong Door (NWD) Consultation and Facilitation ■ Indiana Family and Social Services Administration Division of Aging: HCBS Assessment, Redesign, and Training ■ Optum and UnitedHealthcare supporting the TennCare Medicaid program in Tennessee ■ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS): Evaluation of Demonstration Grant for Testing Experience and Functional Assessment Tools (TEFT) in Community-Based Long Term Services and Supports
Experience providing stakeholder outreach and education, particularly with Medicaid providers, for a project of similar scope.	■ Community-Based Care Transitions Program (CCTP) for the Center for Medicare and Medicaid Innovation (CMMI) at CMS ■ Demonstration Grant for Testing Experience and Functional Assessment Tools (TEFT) in Community – Based LTSS ■ Indiana Family and Social Services Administration Division of Aging: HCBS Assessment, Redesign, and Training ■ Illinois Department on Aging: Aging and Disability Resource Centers and Reduction of Avoidable Nursing Facility Placement ■ Trillium Health Resources College of Direct Supports Coaching and Mentoring Initiative
Experience with the delivery of	■ Arizona Children's Rehabilitative Services program for

Minimum Qualifications	Optum's Experience
assessments and interacting and communicating with the target audience, which includes individuals diagnosed with intellectual disabilities, behavioral/mental health diagnoses, physical disabilities, and aging populations, or other similar experience. Experience shown should be work done by the individuals who will be assigned to this project as well as that of the Vendor's company.	25,000 children with special health care needs since 2007 ■ Illinois Department on Aging: Aging and Disability Resource Centers and Reduction of Avoidable Nursing Facility Placement ■ Indiana Family and Social Services Administration (FSSA) HCBS Assessment, Redesign, and Training ■ Ohio: MyCare Ohio Medicare-Medicaid Plans since July 2014 ■ Optum Complex Care Management group
Experience conducting curriculum development based on a needs assessment	■ Illinois Department on Aging: Aging and Disability Resource Centers and Reduction of Avoidable Nursing Facility Placement ■ Community Health Accreditation Program (CHAP) ■ Connecticut Department of Social Services: Core Standardized Assessment
Experience conducting in-person training sessions for small and large groups	■ Behavioral Health Providers: In-Person Trainings, Provider Quality Forums, On-site Coaching, and Webinars ■ CMS Direct Service Workforce Resource Center: In-Person Trainings, On-site Coaching, Website, Helpline Support, Webinars, Train the Trainer, and National Symposiums ■ Community-Based Care Transitions Program (CCTP) for the Center for Medicare and Medicaid Innovation (CMMI) at CMS ■ Illinois Department on Aging: Aging and Disability Resource Centers and Reduction of Avoidable Nursing Facility Placement ■ Indiana Family and Social Services Administration: No Wrong Door (NWD) Consultation and Facilitation ■ Ohio: MyCare Ohio Medicare-Medicaid Plans since July 2014 ■ Trillium Health Resources College of Direct Supports Coaching and Mentoring Initiative ■ Optum Complex Care Management group ■ State-wide and County-Based Behavioral Health Contracts ■ Wyoming Health Management Services and Utilization Management Services ■ Iowa Medicaid Enterprise (IME)
Experience hosting a helpline and electronic database of training materials	■ AHRQ Knowledge Transfer ■ Ohio: MyCare Ohio Medicare-Medicaid Plans since July 2014 ■ Optum Complex Care Management group ■ State-wide and County-Based Behavioral Health Contracts ■ Wyoming Health Management Services and Utilization Management Services

Minimum Qualifications	Optum's Experience
Experience staffing on-site coaches as necessary	■ College of Direct Supports Provider Network Coaching and Mentoring Initiative for Trillium Health Resources ■ Community-Based Care Transitions Program (CCTP) for the Center for Medicare and Medicaid Innovation (CMMI) at CMS
Ability to ramp up services during intensive period and ramp down after the conclusion of an intensive period	■ Arkansas Decision Support System ■ Illinois Department on Aging: Aging and Disability Resource Centers and Reduction of Avoidable Nursing Facility Placement ■ New York Chronic Illness Demonstration Pilot Projects (CIDP) ■ Optum Complex Care Management group ■ State-wide and County-Based Behavioral Health Contracts ■ Wyoming Health Management Services and Utilization Management Services
Ability to interact and exchange data electronically with the State or the State's designee	■ Arkansas Decision Support System ■ Program Integrity solutions for multiple states ■ Data Analytics and Reporting solutions for multiple states ■ State-wide and County-Based Behavioral Health Contracts ■ Wyoming Health Management Services and Utilization Management Services ■ Massachusetts Senior Care Options (SCO) ■ Iowa Medicaid Enterprise (IME)

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

We have experience working with subcontractors in a variety of government, state and county projects across the country.

In Arkansas, we are in the process of evaluating subcontractor opportunities for this program to help support emergency assessments and unanticipated fluctuations in assessment volume. Specifically, we are engaging non-Medicaid provider organizations that employ staff with the qualifications and experience necessary to conduct independent assessments and screenings: Arkansas Foundation for Medical Care (AFMC) and Pine Bluffs. AFMC has a long history of working with Medicaid members, Medicaid providers, and Arkansas DHS. Pine Bluffs performed 4,000 independent assessments for Arkansas DHS Division of Developmental Disabilities Services (DDS) in the past year. Both organizations have provided letters of support, which are included below.

Upon entering into a subcontractor relationship, with the approval of our state agency partner, we have a rigorous performance monitoring process that maintains subcontractor's compliance with all laws, regulations, requirements and ordinances applicable to Optum's contract with the state. Further, these agreements require that subcontractors comply with Optum and state audits, as may be required by our contract with the State of Arkansas. Some of our subcontractor agreements contain performance guarantees.

To ensure the subcontractors meet the same requirements to which Optum is held, we rely on a variety of quality control measures. We ensure subcontractor compliance by:

- Maintaining written policies and procedures
- Conducting effective training and education, including achieving inter-rater reliability of 85% or greater
- Leveraging our IT platform's robust management dashboards
- Developing effective lines of communication
- Enforcing standards through well-publicized disciplinary guidelines

Following please find the letters of support from the Arkansas Foundation for Medical Care (AFMC) and Pine Bluffs.

November 22, 2016

Lisa Chimento, Chief Product Officer
Optum Government Solutions
3130 Fairview Park Dr., Suite 500
Falls Church, VA 22042

Dear Ms. Chimento,

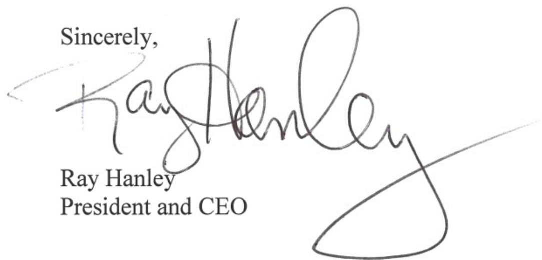
The Arkansas Foundation for Medical Care (AFMC) has a long and successful history of working with Medicaid beneficiaries, Medicaid providers, and the Arkansas Department of Human Services. We pride ourselves in understanding and meeting the needs and resources of Arkansas' health care community.

AFMC and Optum Government Solutions have initiated discussions about AFMC serving as a subcontractor to support the Optum Independent Assessment and Transformation Support services effort should the Arkansas Department of Human Services select Optum as the winning bidder.

AFMC is the Arkansas-based organization best positioned to build the strong local relationships necessary to a successful launch of the program. In particular, AFMC is well-suited to conduct outreach, training and support to providers and families across the state and to be a local partner to staff of the relevant state agencies.

AFMC will continue partnership negotiations with Optum toward a potential subcontract if Optum is selected as the vendor.

Sincerely,



Ray Hanley
President and CEO

1020 W. 4TH ST., SUITE 300 | LITTLE ROCK, AR 72201 | 501-212-8600 | FAX 501-244-2101

Pine Bluff Psychological Associates, PA.
Kenneth Robinson, M.S., L.P.E.

Phone 870-534-2830 | 207 Frankie Lane
Fax 870-534-4365 | White Hall, AR 71602

November 28, 2016

Lisa Chimento
Chief Product Officer
Optum Government Solutions
3130 Fairview Park Dr. Suite 500
Falls Church, VA 22042

Dear Ms. Chimento,

Pine Bluff Psychological Associates (PBPA) is Arkansas' leading firm providing functional and care need assessments for individuals with disabilities. We are currently in year three of the second of two contracts with the Arkansas Department of Human Services, Developmental and Disabilities Division. Based on the monthly totals of assessments completed for this project, beginning in August of this year, we are on track to perform over 4,000 assessments for Medicaid beneficiaries across the State of Arkansas by the end of July, 2017. We feel confident that our experience and expertise is transferrable to other populations such as Behavioral Health and Aging as well.

As President of PBPA, I am pleased to say that our firm looks forward to subcontracting with Optum Government Solutions to provide assessment services in the event that they are the winning bidder on Arkansas Department of Human Services' solicitation for Independent Assessments and Transformation Support. PBPA agrees to negotiate in good faith with Optum to formalize a subcontract agreement, should Optum be selected as the vendor.

We believe that combining our staff members' assessment experience with the person-centered approach and substantial assessment knowledge and technical resources of Optum Government Solutions will ensure that the initiative is well-positioned for a strong launch and ongoing success.

Sincerely,

Kenneth Robinson
President
Pine Bluff Psychological Associates, PA

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

Optum has over 26 years of experience in conducting effective assessments and serving individuals diagnosed with intellectual disabilities, behavioral health diagnoses, physical disabilities, and aging populations and their caregivers or guardians. We conduct these assessments on behalf of states, managed care plans, UnitedHealthcare, and other sponsors. These individuals and their support systems appreciate LTSS programs that are delivered as whole-person social supports rather than merely clinical care, and that help them achieve their goals for where they live, how they live and whether/how they work. By incorporating whole-person support, our work performing independent assessments also helps governments and managed care organizations achieve their goals of improving member experience and achieving savings by preventing avoidable hospitalizations, emergency room visits, and long-term institutionalization.

We are often responsible for conducting assessments and tier determinations and for optimizing members' physical health, behavioral health, pharmacy, and LTSS outcomes. Thus, our assessments, tier determinations, and the subsequent care plans have to be effective. A key component to our success is our ability to effectively engage members, caregivers, and other stakeholders in the member's care. Our delivery teams have many years of first-hand experience serving these distinct populations and have a deep appreciation of their specific needs and preferences. Some of our best practices include:

- Knowing that "how" we communicate is equally as important as "what" we communicate
- Using person-centered language to clearly articulating the benefits of pending changes or enhancements to members, caregivers, and providers in terms that resonate with them
- Providing information in multiple communication modalities to support the various learning styles of our target audience and the demanding work-life schedule of their caregivers/guardians.

Importantly, our delivery team consists of assessment experts who are knowledgeable about national best practices and local subject matter experts who have deep understanding of the local Medicaid populations and providers.

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

Based on review of matters entered into the company's litigation tracking system as of the date of this response, Optum Government Solutions, Inc. does not have any applicable ongoing or resolved litigation to disclose for the past five years in regard to other states' Medicaid programs.

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

In addition to our experience developing curriculum, training staff, and engaging providers. Beneficiaries, families and other stakeholders through our work in Ohio with Medicare-Medicaid plans, and our in-home assessment programs in 40 states, the programs listed below demonstrate Optum's experience with similar transformation projects.

Illinois Department on Aging: Aging and Disability Resource Centers and Reduction of Avoidable Nursing Facility Placement

Since 2014 Optum has supported the Illinois Department on Aging's efforts to improve services provided by Aging and Disability Resource Centers (ADRCs) across the state. This work is part of Illinois' No Wrong Door (NWD) System Planning Grant and Balancing Incentive Program (BIP) Grant. Our work with Illinois includes two main work streams: stakeholder engagement and data analytics. For the stakeholder engagement work, we conducted a series of key informant interviews with state agency staff and facilitated a multi-agency workgroup that oversees the state's NWD System Plan. In addition, Optum designed and conducted a series of focus groups targeting program enrollees, providers, payers, and additional LTSS stakeholders to solicit feedback on NWD System planning efforts.

Optum also completed an environmental scan of best practices and lessons learned in other states related to nursing home diversion and transition, which informed trainings across the state for care providers to incorporate into their processes. Our data analytics work with the state includes the collection and rapid-cycle analysis of data submitted through grantees of a statewide Nursing Home Deflection pilot demonstration funded through BIP dollars. These data were linked to Medicaid claims and assessment data to show trends by specific populations.

In addition, we are assisting the Illinois Department on Aging to reduce avoidable nursing facility placements. A key aspect of this work will be developing and delivering care provider trainings across the state to improve prescreening and nursing home admission processes. These trainings will be based on our assessment of best practices in other states, as well as our evaluation of current Illinois nursing home admission and placement data trends.

Connecticut Department of Social Services: Core Standardized Assessment

Since July, 2013, , Optum has assisted the University of Connecticut Health Center, Center on Aging (UCHC) develop a Core Standardized Assessment (CSA) tool to be used across programs in determining eligibility and service needs in Connecticut, as funded by the Money Follows the Person (MFP) grant from the Connecticut Department of Social Services (DSS). The CSA tool assists the state in evaluating an individual's eligibility for Medicaid funded long-term services and supports, identifies individuals' care needs, and facilitates the development of a plan of care. Under the MFP grant, the state of Connecticut applied for the Balancing Incentive Program (BIP). For this program, Connecticut is required to develop a uniform CSA tool that will capture a core data set for the target population. The state's CSA tool is required to include five domains, which are: activities of daily living, instrumental activities of daily living, medical conditions/diagnoses, cognitive functioning/memory, and behavior concerns.

Optum advised UCHC on national best practices and identified other states' best approaches to CSA. We conducted background research on other states' progress with their CSA tools under the BIP and engaged in conversations with other BIP states on their CSA tool and algorithm. Optum then assisted UCHC in developing CSA instrument questions and modules for special populations.

In addition to the research and development of a CSA tool, Optum helped the state understand the past development of the Connecticut Department of Developmental Services (DDS) Level of Need (LON) tool and algorithm. In 2007, while working at UCHC, Dr. Cindy Gruman, PhD (now a Vice President at Optum), led the development of the DDS LON tool and algorithm. This tool evaluates many assessment areas (e.g., areas of support needs, level of care, problematic sexual behavior, dual diagnosis, or appropriateness of placement). When assessed, an individual receives a LON score from the algorithm and is assigned a certain amount of funding for their care plan needs. Dr. Gruman provided expert feedback on the development of this tool to help Medicaid waiver managers better understand how the CSA algorithm will be developed.

Optum developed algorithms for a comprehensive LON assessment in each Medicaid waiver that included risk analysis and a risk model based on various client characteristics (including functional, medical, and behavioral indicators) to inform individual service budgets. We also assisted the state with pilot testing their chosen CSA tool with the various Medicaid waiver populations (e.g., acquired brain injury, developmental disabilities, and older adults). The results of the pilot tests were used to drive the algorithm development. Optum also advised Connecticut Medicaid officials and waiver managers about the algorithm and risk model and assisted them in implementing it.

Finally, Optum advised the state on adapting the CSA tool, so it can be operated within the DSS web-based IT environment. The current Connecticut DDS LON tool operates in a web-based IT environment.

Indiana Family and Social Services Administration Division of Aging: HCBS Assessment, Redesign, and Training

Beginning in April, 2016, Indiana's Family and Social Services Administration (FSSA) Division of Aging (DA) contracted with Optum to assess and redesign its Home and Community-Based Services (HCBS). Optum is preparing a comprehensive assessment report that examines the current Aged and Disabled (A&D) waiver for adults, the Traumatic Brain Injury (TBI) waiver, the state-funded CHOICE program, and Medicaid State Plan HCBS. This assessment will inform our recommendations for improving Indiana's HCBS services and options for the redesign of waiver programs and state plan services. Additional components of our contract with FSSA are directly related to Arkansas's vendor requirements. These elements include the development and implementation of a stakeholder engagement strategy – including an online survey, key informant interviews, and in-person and web-based listening sessions with Beneficiaries, HCBS providers, Assisted Living providers and case managers – and training, coaching and mentoring 400 Indiana case managers and providers in person-centered thinking. We will also support four trainer candidates to attain Person-Centered Thinking Certification. Training modalities include in-person training as well as telephone and electronic training methods.

Indiana Family and Social Services Administration: Research and Assessment Services for Nursing Home Transitions

From August 3, 2015 to September 1, 2016, the Indiana Family and Social Services Administration (FSSA) contracted with Optum for an analysis of barriers that prevent individuals with Intellectual Disabilities/Developmental Disabilities (ID/DD) moving from nursing facilities into community-based settings. The project delivered recommendations for community-level and state-level changes to allow for a more seamless transition process for individuals and families. A second phase of the contract explored the role of Intermediate Care facilities for Individuals with Intellectual Disabilities (ICF/IID) within the continuum of LTSS in Indiana. Activities under these contracts included significant outreach to and qualitative research with individuals, families, providers and other key stakeholders. This work included focus groups, key informant interviews, development and fielding of two feedback surveys targeted to providers and individuals/families, and listening sessions with providers, individuals, families and advocates.

Indiana's ability to transform its nursing home transition work reflects effective LTSS stakeholder engagement, which is directly related to the experience requirements outlined in this Scope of Work.

Indiana Family and Social Services Administration: No Wrong Door (NWD) Consultation and Facilitation

From August 1, 2015 to April 30, 2016, Indiana contracted with Optum to support its No Wrong Door (NWD) System and the following goals:

- Work with Area Agencies on Aging (AAA) to build community partnerships through formal Memorandums of Understanding (MOUs) or other collaboration initiatives
- Expand the State's resource database to include additional community resources and capture unmet community need for future planning
- Improve the consistency of the community experience for individuals including expansion of the knowledge base and skills of Aging and Disability Resource Centers (ADRCs) (NWD vision and functions)

Optum trained interagency and AAA staff on the NWD vision, researched other state NWD systems to inform Indiana NWD development, developed consistent protocols and other innovative strategies to improve the consumer experience, and consulted on NWD governance and administration across functions. This included information, referral, and assistance; person-centered counseling; streamlined access; and quality. We leveraged other federal and state opportunities (e.g., Money Follows the Person, HCBS rule on settings and person-centered planning) to advance system growth and efficiencies.

The development of the NWD system and the training of interagency and AAA staff are directly related to the experience requirements outlined in this Scope of Work.

CMS Direct Service Workforce Resource Center: In-Person Trainings, On-site Coaching, Website, Helpline Support, Webinars, Train the Trainer, and National Symposiums

Since 2005, Optum has operated the National Direct Service Workforce (DSW) Resource Center to provide technical assistance (TA) to states and other organizations seeking to improve the recruitment and retention of individuals who provide hands-on long term supports and services for people with disabilities in home and community-based settings.

In the first three years of operation, 15 State Medicaid Agencies were awarded intensive individualized TA through a competitive application process to support their efforts to develop and maintain a qualified and stable LTSS workforce. This award entitled each state to 300-500 hours of expert consultation including development of tools and resources, telephone consultation and onsite assistance. Since 2008, the Resource Center has focused on providing intensive TA on workforce development to the CMS Money Follows the Person Demonstration grantees, who are working on building the infrastructure their states need to meet the needs of individuals transitioning out of nursing facilities and other institutional settings.

Optum delivers the Resource Center's general technical assistance and training through a toll-free telephone line, newsletters and quarterly webinars/teleconferences. In-person events have included a National Symposium on Strengthening the HCBS Direct Service Workforce in Baltimore, Maryland, which attracted more than 300 participants in May 2008, and a September, 2010 Leadership Summit on Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce for 100 invited leaders in the fields of family caregivers support programs and workforce development.

Building on the Summit, Optum developed a set of core competencies for Direct Service Worker training across various population groups. This project took place in multiple phases including: an environmental scan of existing competency-based trainings and competency sets; a survey of national leaders in the field; an in-person summit of national leaders; and an additional survey to gather feedback on a revised competency set. It culminated in focus groups with stakeholders in four different states, Washington, Iowa, New York, and Texas. These focus groups included workers, administrators and supervisors, and users of supports and their families. We disseminated the final competency set via webinars and online, and it has been used as the groundwork for training by some organizations.

Optum and UnitedHealthcare supporting behavioral health integration in the TennCare Medicaid

Optum and UnitedHealthcare have more than 21 years of experience integrating behavioral health with the full array of Medicaid-covered services— using our common operating mission, shared systems and staff, strategic policies and practices, whole health screening and integrated care planning, collaborative networks and quality initiatives—to drive seamless service delivery. In Tennessee, this integrated approach helped drive significant statewide reductions in acute care (16 percent in fiscal year 2012-2013), helped more members remain in the community and achieved a savings of $3.6 million (fiscal year 2010-2011).

More specifically, in Tennessee, we have developed a range of programs that support a full range of integrated care management and services delivery for TennCare members.

- **Member-focused care though integrated case management**. A single Care Manager is responsible for coordinating the full range of care, ensuring each member receives the appropriate physical and behavioral health services for their specific needs without the confusion of multiple points of contact. The Care Manager is supported by an interdisciplinary clinical team that provides specialized physical and behavioral expertise.
- **A single data system**. UnitedHealthcare and Optum use a single health information systems platform for all physical and behavioral health clinical data. This allows the medical, behavioral and long -term care clinicians involved in the member's care to access the information they needs to successfully coordinate treatment. The single platform also supports integrated claims management.
- **Whole-health screening protocols**. UnitedHealthcare's Health Risk Assessment (HRA) includes screening questions for depression and substance use in addition to traditional physical health conditions. HRA results would trigger more in-depth screenings and referrals for behavioral, physical, and long-term care needs as appropriate. All assessment results are recorded in the integrated data system for all involved clinical staff to review as needed.
- **24/7 integrated call center**. Members and providers have access to a toll-free line for immediate help for routine, urgent and emergent physical and/or behavioral health issues, as well as crisis intervention services.
- **Interdisciplinary clinical rounds**. UnitedHealthcare and Optum clinical staff meet weekly to address complex and more intensive member cases, as well as continuously develop new strategies to share best practices and coordinate care transitions.
- **Further expansion of TennCare integrated health services.** Continuing their effective partnerships with the state, Optum and UnitedHealthcare are implementing new integrated care initiatives to equip Tennessee community mental health agencies, accountable care communities, and patient-centered medical homes with the data and expertise needed to increase care coordination for the people they serve. These initiatives are designed to address the complex needs of members and improve the quality of care while reducing unnecessary service use and overall health care costs.
- **Integrated medical home model.** In partnership with Mental Health Cooperative (a nationally recognized community mental health agency), Optum and UnitedHealthcare are developing an integrated medical home model to serve members in behavioral health treatment with significant medical comorbidities. The program aims to decrease the use of emergency services for routine physical health care, as well empower members who are otherwise not engaged in existing Medical Home treatment.

B.2. Describe your company's experience developing and conducting educational trainings to support provider and stakeholder communities and State staff through program transformations.

Optum's experts understand providers' perspectives and excel at change management. We provide road maps for changes, with easy-to-understand processes and tools that make doing the right thing the easiest thing to do. We use in-person and web-based trainings to obtain feedback from providers and stakeholders (e.g., families/caregivers, advocates, and state staff) and to proactively address concerns that they may have. There are significant differences amongst the

different types of LTSS providers. For example, personal care providers operate very differently from behavioral health providers, which operate very differently from day habilitation providers. Thus, we also tailor our communications to the different provider types.

Specifically, describe your experience in the following areas:

a. In-person regional trainings

Optum has expertise conducting in-person trainings with a high degree of interaction, formal presentations, large group processing, and small group breakouts. Our training approach consists of a collaborative exchange of ideas, identifying best practices, tracking progress in meeting goals, and promoting continuous quality improvement. Examples include:

- Optum has developed on-site opportunities to gauge performance, respond to state and grantee-specific needs with greater depth or more intense assistance, and provide facilitation of meetings or partnership development, and/or present information from an expert to a wider audience.
- Optum developed and implemented an Action Learning Collaborative to support organizations participating in the Community-Based Care Transitions Program (CCTP) for the Center for Medicare and Medicaid Innovation (CMMI) at CMS. CCTP sought to improve the transition from hospital to community for Medicare beneficiaries and to reduce the number of avoidable readmissions. The Optum Team designed and ran a data-driven Action Learning Collaborative to facilitate the rapid identification, spread and adoption of best practices in care transitions among 100 CCTP communities. A key feature of the CCTP Learning Collaborative was a series of high-energy and high-impact virtual and in-person events where sites learned from each other and Optum Team faculty about effective strategies to improve care transitions and reduce unnecessary readmissions. These trainings drew on the Optum Team's work identifying top performers, understanding their best practices, and synthesizing these best practices into a change package for use by all communities in the Collaborative.
- Behavioral Health Providers: In-Person Trainings, Provider Quality Forums, On-site Coaching, and Webinars
  - In most of our public sector contracts, Optum is responsible for provider education and training. We recognize the importance of meeting with providers to discuss what the differences illustrated in provider profile data really mean. For example, we monitor for trends showing varying practice philosophies, geographic access concerns, other networks' adequacy issues, and any need for training on appropriate evidence-based practices.
  - Once a cause is identified, we complete associated data analysis and engage state agency partners, then engage provider leaders for additional support. We address training through our provider portal and manual, through individual meetings between Medical Directors and network providers or other methods as requested. For example, in Florida, we have been focusing education efforts on Psychosocial Rehabilitation and Targeted Case Management while in Louisiana, the needs have been around Psychosocial Rehabilitation and Community and Psychiatric Support

Services and Treatment. In Iowa, providers began receiving individualized education on Home Habilitation Services.

- Specific examples of best practices identified and shared with additional providers include the following:
  - Upon review of in-home provider rates of engagement with members post-discharge for New York Medicaid, Optum identified one provider who was much more successful than the others. Upon investigation, the provider's practice of meeting with members at the facility to make a connection prior to discharge was identified as a best practice, which has now been included in Optum's training to other New York Medicaid in-home providers and those in other markets to increase member engagement.
  - During a Washington state, Pierce County agency provider review, Optum noted a best practice of collecting patient outcome measures; the agency collects satisfaction data and screening and diagnostic progress for members at every appointment. This agency was invited to present their practice at the Pierce County Quality Management Committee to teach other network agencies. As a result, Optum Pierce is now investigating making the practice a requirement across all agencies.

b. On-site coaching

Optum has developed on-site opportunities to gauge performance, respond to provider-specific needs with greater depth or more intense assistance, provide facilitation of meetings or partnership development, and/or present information from an expert to a wider audience.

For example, Optum is using evidence-based principles of adult learning to design and implement the College of Direct Supports Coaching and Mentoring Initiative for Trillium Health Resources. The curriculum is targeted at coaches and mentors for people with developmental disabilities, substance use disorders, and mental health disorders.

Using the national DirectCourse curriculum, Optum is implementing a training and coaching program for all unlicensed staff in 12 provider agencies in Trillium's network. This work will extend to coaching and mentoring supervisors. In addition, Optum is working with agency leadership to develop internal systems change practices that support career ladders for direct support professionals and to make all of these changes sustainable.

c. Website development and operations

Optum has extensive experience in developing and managing secured, user friendly, self-service provider portals on behalf of Medicaid, Medicare, and commercial programs. We offer an extensive range of web-based solutions that have been tested to rigorous security standards and for Section 508 compliance. We have developed and we currently operate a number of commercial and mission critical government websites. We implemented online resource libraries, online reporting (data collection) systems, and the ability to export data in many formats, including Microsoft Word documents, Adobe pdf format, Excel files, and comma-separated values files, while providing website users with consistent availability, security, performance, and enabling user experience.

Our Internet provider portals house easy-to-use, downloadable provider manual materials, training documents and web-based training modules, organized in a user-friendly format. When providers log into the secured provider portal, they will be alerted to required trainings that need to be completed. When a provider completes a web-based training module, the system will record the date and time the training was completed. The provider can leave feedback about the training or submit questions directly through the portal. Our system can send automatic, monthly reminders to targeted providers to remind them to complete open training items and inform them of upcoming live, web-based or in-person training sessions.

In addition to the learning management systems described above, optumhealtheducation.com provides access to training and education, and covers topics such as behavioral health, child welfare, disease management and wellness. The site also offers on-demand webcasts and information about upcoming conferences. In 2015, OptumHealth Education hosted 238 hours of accredited continuing medical education and was accessed by 18,860 users. To date in 2016, we have provided behavioral health continuing education units to over 3,000 providers.

d. Helpline Support

In San Diego County, the Optum Support Desk is a key part of the county training network, which includes Optum, County Quality Management (QM), Mental Health Management Information Systems (MHMIS) and the Optum Training Department. We are the point of contact for users experiencing issues or with inquiries regarding the application and provide support to over 3,500 external administrative and clinical staff using the electronic health record (EHR). This support includes navigating the application, providing an understanding of the relationship of the data within the EHR, and opening lines of communication between the County, Organizational Providers, and the CCBH help desk, and the County IT Vendor, Cerner. We train Optum staff on every aspect of the EHR, provide them with the knowledge required to troubleshoot system issues and provide assistance to users requesting our helpline support.

e. Live webinars

Optum is highly experienced at facilitating virtual meetings using webinars and teleconferences to communicate with providers and stakeholders. Virtual meetings are an effective tool for making use of national content and implementation experts (both within and external to project staff) to deliver relevant and timely information. Optum has conducted hundreds of such calls and webinars and has developed a set of logistical best practices and facilitation techniques that encourage maximum participant discussion.

Optum conducts live webinars on a regular basis for a wide range of CMS initiatives, including the CMS Direct Service Workforce Resource Center, CMS Health Care Innovation Awards, CMS Strong Start for Mothers and Newborns, and the Community Based Care Transitions Program. These virtual training endeavors regularly earn strong reviews from participants, such as:

Feedback we have received from training participants includes:

> ***"I am very impressed with the format and substance of the virtual learning event! Thank you for the opportunity to participate."***
>
> ***"I enjoyed the day and our team is energized and can't wait to improve."***
>
> ***"Thanks to the learning session we learned some valuable pieces of information we can use to improve our work."***

Our other webinar experiences include:

- AHRQ Knowledge Transfer

  Optum managed a five and a half year knowledge transfer program for AHRQ's Office of Communications and Knowledge Transfer. This initiative focused on increasing the rates of application and use of research findings in health care policy and practice by AHRQ stakeholders. This effort was designed to rapidly synthesize and enable exchange of evidence-based and practical health care knowledge to diverse target audiences. Under this contract, Optum assisted a variety of AHRQ's priority stakeholders, including state policymakers, employers, hospitals, and other providers, with implementing AHRQ tools and research to improve the quality and safety of health care. Through our hospital-focused knowledge transfer strategy, AHRQ helped more than 50 hospitals in 11 States to implement AHRQ tools to assess performance in patient safety, improve teamwork and coordination, reduce emergency department wait times, and reduce the incidence of hospital-acquired venous thromboembolisms.

  Optum also assisted AHRQ with helping 17 State Medicaid agencies design and implement care management programs for Medicaid consumers with chronic illnesses. We also assisted AHRQ with developing evidence-based tools to facilitate the adoption of AHRQ research, including an Excel-based diabetes cost calculator, an educational DVD on best practices in hospital design, and an implementation guide for State Medicaid agencies developing care management programs.

As noted above, we also have the OptumHealth Education (https://www.optumhealtheducation.com/) website. OptumHealth Education is a full-service provider of continuing medical education jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurse Credentialing Center (ANCC). OptumHealth Education provides training via webinars, which are recorded and can be accessed on demand for ease of convenience.

f. Train the trainer

With over 30 years of training experience, Optum has a strong, refined process for assessing training needs, developing training collateral, and facilitating training events with proven success. Our trainings span diverse stakeholders and modalities, including in-person/instructor-led training, webinars, computer-based modules, and guidance/instruction manuals. Train-the-trainer components are an important element of this effort.

For example, through a train-the-trainer approach, Optum assisted Community Health Accreditation Program (CHAP) train CHAP staff on new site visit protocols and software functionality. Optum produced comprehensive training materials and learning activities for a four-day conference on CHAP Cares, a new protocol and software for accreditation site visits. This was particularly challenging because it's hard to get adult learners to embrace new protocol questions and new software functionality at the same time.

In our behavioral health programs, Optum has performed train the trainer trainings in the following areas to educate non-behavioral health providers and laypersons on mental illness and signs of suicidal ideations:

- Wellness Recovery Action Plans (WRAPs)
- Mental Health First Aid - is a new concept to help non-clinical staff, family members, consumers and the public better understand and assess individuals with mental health issues they come in contact with
- Question, Persuade and Refer (QPR) - an emergency mental health intervention that teaches lay and professional gatekeepers to recognize and respond effectively to someone exhibiting suicide warning signs and behaviors. The training teaches professionals and others to detect, assess and manage suicide risk for a range of ages in a variety of professional settings

B.3. Describe your company's experience conducting outreach and marketing strategies

Optum has significant experience conducting outreach and marketing strategies for our customers. One strategy we often employ is outreach to stakeholders through provider and member forums. Through these forums, we gain insights that help us tailor our outreach and member education programs to the specific needs of the members and the local communities we will serve. Through our interface with stakeholders, additional communications channels are opened that support successful member engagement, particularly people who are difficult to reach.

In addition, we work closely with several types of community based programs to encourage peer-to-peer outreach. Peers share their lived experience and personal learning. They also provide peer navigation, connecting members to community resources while modeling their own self-management of chronic illnesses and mental health conditions. Peers encourage members to make personal-decisions for healthy lifestyle changes and support recovery from substance use disorders.

A specific example of local outreach efforts is demonstrated by our work in San Diego County. Our local outreach events include:

- Participation in Check Your Mood (formerly Depression Screening Week)
- The Out of Darkness Walk
- Save-A-Life Community Walk
- NAMI Walk
- Unity Day: A Deaf Awareness Day
- Meeting of the Minds Conference
- Recovery Happens Walk
- The Jewish Family Services Resource Fair

C.1. References: Include your sealed reference letters here. Note: Vendors shall provide three (3) references for the primary Vendor and one (1) reference for each Subcontractor the Vendor is proposing.

We are providing the following vendor references as requested. They are in sealed envelopes, as instructed; one original and five copies for each reference program.

Dawn Lambert
Director, Money Follows the Person (MFP) Demonstration
Department of Social Services Medical Care Administration
State of Connecticut
25 Sigourney Street
Hartford, CT 06106-5033
Phone: 860/424-4897

Debbie Pierson
Deputy Director
Division of Aging
Indiana Family and Social Services Administration
Office: (317) 232-0604
Mobile: (317) 694-9781

Noe Barrera
Director, Medicare Products
Mercy Care Advantage
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040
Phone: 602 453 8010 T
Mobile: 480 213 4198

We do not have any subcontractors at this time.

D. 1 The Dun & Bradstreet Supplier Qualifier Report (SQR) will be evaluated using the following point breakdown:

SQR Risk Score	Points Assigned
1	5
2	4
3	3
4	2
5	1

Optum has submitted our Dun & Bradstreet Supplier Qualifier Report, which is enclosed as Attachment E1.D1.

E.2 ASSESSMENT INSTRUMENTS AND ASSESSMENT OPERATIONS

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

Based on review of Arkansas' goals, the outlined Request for Proposal (RFP) requirements and long-term, person-centered program opportunities, Optum proposes a consistent, streamlined assessment approach for DAAS, DBHS and DDS utilizing the MnCHOICES assessment and the Battelle Developmental Inventory™, 2nd Edition Normative Update screening tool for DDS. This approach fulfills the Arkansas goal of implementing a similar strategy and process across the three Divisions in order to support the creation of a sustainable, person-centered health care system that:

1) Improves the health of the population
2) Enhances the Beneficiary experience of care, including quality, access and reliability
3) Uses limited resources more efficiently

A single tool with supporting modules results in reduced paperwork and redundant data entry and assessment as individuals move across programs and services as they age, or as conditions change.

The table below outlines the tool and supplemental forms by Division.

Division of Aging and Adult Services	Division of Behavioral Health Services	Division of Developmental Disabilities Services
INSTRUMENT: MnCHOICES	***INSTRUMENT:*** MnCHOICES Supplemental Form for Individuals under age 18	***INSTRUMENT:*** MnCHOICES Supplemental Form for Individuals under age 18 ***DEVELOPMENTAL SCREENING TOOL:*** Battelle Developmental Inventory™, 2nd Edition Normative Update

Assessment Tool Recommendation

Optum recommends the use of MnCHOICES, a single, comprehensive assessment and support planning tool that is designed to be used across all individuals in need of LTSS of all ages, abilities, and financial backgrounds. It offers a forward-thinking, person-centered, modular approach to support a streamlined, statewide strategy for determining eligibility for publicly funded LTSS. With over 148,515 assessments completed statewide in calendar year 2014 and more than 155,000 assessments to be completed this year, Minnesota has gained tremendous knowledge in both experiences in its use as well as valuable data to drive quality improvement and cost considerations.

The MnCHOICES tool and supporting modules and supplements are in the public domain, affording Arkansas the opportunity to invest valuable resources into the delivery of services and supports, instead of paying expensive licensing and royalty fees for another assessment. This

recommend assessment tool serves Arkansas' goals by providing a common data collection and service planning tool across all populations. Individuals in need of LTSS may be born with a disability, may age into the need for supports, or may experience a traumatic event which alters the course of one's life resulting in the need for long-term assistance. The MnCHOICES tool is diverse and robust enough to support the assessment of, eligibility determination, and support and care planning for any of these circumstances. In addition, the tool emphasizes home-and community-based services The tool promotes choice and integrated community living and includes person-centered thinking and planning, matching services to an individual's strengths, preferences and needs. It also replaces multiple assessments for different programs and populations with a single and simplified tool.

MnCHOICES Exceeds Minimum Criteria

While the scope of this RFP does not include care planning and care plan development, by selecting this tool, Arkansas would be able to use the assessment and tiering data to support the development of person-centered service plans over time. The tool is built to focus on individuals and not programs. Rather than placing individuals in boxes based on their need for assistance, the tool gathers standardized information necessary to determine level of need, and supports individuals in making their own choices across a diversity of state and publicly-funded services. The tool includes built-in algorithms (which would be customized for Arkansas based on the tiering methodology desired) which align individuals with program eligibility. Lastly, the tool aids in statewide quality measurement across programs and populations.

The MnCHOICES Edge

Optum reviewed the MnCHOICES assessment tool and supporting modules in the context of Arkansas' expressed goals and needs for three populations types and across three state Divisions' needs, including:

- Using limited resources more efficiently
- Delivering coordinated, person-centered care
- Utilizing a centralized assessment and screening solution across multiple Divisions.

We evaluated the merits of possible instruments against these broad system goals, and also reviewed all tools against the mandatory categories listed in the RFP, and compared the tools' minimum track records, ability to support tiers and numerical scores, and capacity to support the estimated volume of assessments to be completed in Year 1.

We examined many other tools, including the entire suite of InterRAI tools (e.g. InterRAI-HC, InterRAI Community Health Assessment or CHA, InterRAI Child and Youth Mental Health, InterRAI Child and Youth Developmental Disability, InterRAI Community Mental Health), the Supports Intensity Scale (SIS) for individuals with intellectual or developmental disabilities (I/DD), and the Inventory for Client and Agency Planning or ICAP for individuals with I/DD.

We eliminated several tools from consideration, because they did not meet the required minimum number of state or local governments using the tool or the number of administrations on the specific population. More importantly, these tools are not as strong as MnCHOICES. While many of these tools offer robust measurement, comprehensive assessment and screening

power, Arkansas would need to adopt multiple tools to meet each Division's needs. Utilizing multiple tools would not further the State's interest in greater consistency, coordination, and cost-effectiveness.

The MnCHOICES assessment offers flexibility, consistency, efficiency, and person-centered approaches that support Arkansas' broader goals. Furthermore, MnCHOICES will provide Arkansas with a powerful tool with which to advance statewide efforts toward person-centered thinking and planning as required by CMS HCBS Rules, driving cross population and system-wide outcomes that are derived from a standardized source.

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

• All proposed instruments must be administered by trained and qualified assessors in accordance with the requirements of RFP section 3.3

The MnCHOICES tool outlines clear minimum staffing requirements and Arkansas' requirements specified in this RFP meet or exceed these requirements.

The MnCHOICES instrument requires assessors to have:

- A bachelor's degree in social work, nursing with a public health nursing certificate, or other closely related field with at least one year of home and community-based experience, or
- A registered nurse with at least two years of home and community-based experience who has received training and certification specific to assessment and consultation for long-term care services in the state.

Minnesota Training Curriculum

Minnesota has a fully developed training curriculum that Optum will customize, as appropriate, to address Arkansas-related programs and training curriculum and to support Arkansas assessors/screeners. Training components include:

- Foundations:
  - Overview of the tool
  - Basics information of the available waivers and programs (to be customized for Arkansas programs)
- Principles:
  - Introduction to Certified Assessor Training
  - Principles and Practice: The Person-Centered Approach and test
  - Intake, Assessment and Support Plan Development Process and test
  - Effective Communication Skills and test
  - Assessment interview Skills and test
  - Assessment interview Outcomes and test
  - Summary: Putting It All Together
- Application:
  - Training and hands-on experience to learn how to access and become proficient in using the assessment tool

- Access and Navigation, Content and Practice
- Tests
  - To ensure assessor candidates pass with at least 80 percent proficiency

Upon passing the test, the candidate will receive a certificate acknowledging completion of credential requirements and fulfillment of training requirements

• The proposed instruments must yield a result that assists the Vendor and the State in determining a Tier for each individual assessed.

The MnCHOICES tool is currently used by the Minnesota Department of Human Services to identify case-mix categories and levels of service need for all of its LTSS waiver and state-funded programs. The tool is uniform, applying program-driven eligibility criteria to determine service eligibility for publicly funded programs and services. Using the State's eligibility criteria across programs, the tool is rule-based and able to couple data elements within the tool via algorithms to result in eligibility determination as well as case-mix to support levels of service intensity.

As noted above, MnCHOICES supports managing and determining program eligibility and support planning for a wide range of waiver and state-funded programs:

- Alternative Care Program: for elders and their caregivers
- Behavioral Health Populations
- Brain Injury Waiver: for individuals with acquired or traumatic brain injury
- Community Alternative Care Waiver: for children and adults under age 65 with chronic illnesses including behavioral and mental health needs who otherwise would need hospital level care
- Community Alternatives for Disabled Individuals Waiver: for children and adults under age 65 with chronic illnesses including behavioral and mental health needs who otherwise would need nursing facility level of care
- Consumer Support Grant: a consumer-directed option for individuals served by any of the MN waivers and state-funded programs
- Developmental Disability Waiver: for children and adults with developmental disabilities or related conditions who meet level of care for ICF/DD
- Elderly Waiver: for individuals age 65 and over who meet nursing facility level of care
- Essential Community Supports for Seniors: for individuals age 65 and over who do not meet Medicaid financial eligibility but require assistance with specific services to remain independent in the community
- Family Support Grant: for families with children with certified disabilities providing cash assistance to maintain non-institutional independent living
- Moving Home Minnesota: for individuals as part of the Money Follows the Person Program
- Personal Care Assistance: for individuals of all ages who require assistance with independent living as ordered by a physician

- Case management for people with developmental disabilities
- Semi-Independent Living Services: for individuals age 18 and over with a developmental disability to support functioning in the community

• Vendors may propose the same instrument for more than one Division, so long as that instrument meets each Division's respective requirements listed in this RFP.

Optum recommends the use of a single, comprehensive assessment tool across populations to promote maximum efficiencies. The MnCHOICES tool meets each Division's respective requirements listed in this RFP as outlined in the table below. There are also additional domains and questions included in the tool that are above and beyond the minimum requirements. For example, this assessment tool embeds the OBRA Level 1 and Level 2 Screening for both developmental disabilities and mental illness within the tool. A Self-Direction Domain assesses an individual's interest in participating in self-directed services such as Person Care Attendants/PCA services, as well as any other self-directed programs offered by the state.

The following crosswalk outlines how MnCHOICES meets and exceeds the requirements for each division.

The table below provides a crosswalk of the ***Division of Aging and Adult Services*** *mandatory criteria to the MnCHOICES solution.*

DAAS Mandatory Criteria	MnCHOICES Solution

Subjective and objective data from the Beneficiary and his/her medical history data	■ Does the person have someone who helps make decisions about health care, money or other issues who does NOT have legal or official authority? If yes,
	  ■ Informal decision-making support
	  ■ Responsible party
	  ■ Other
	  ■ Documents who and contact info
	■ Does the person have someone who signs documents or makes decisions about health care, finances or other issues who HAS legal or official authority?
	■ Includes a decision-making authority table to document legal paperwork and who maintains it for commitment (DD/MH), conservator, guardian ad litem, health directive agent, POA, private guardian, public guardian, representative payee, trustee for supplemental/special needs, tribal guardianship, other
	■ Documents healthcare directives

Beneficiary's **capacities** to perform tasks and **willingness** to perform such tasks	The MnCHOICES tool assesses capacity. All tools reviewed, including MnCHOICES, did not address willingness. Optum is fully prepared and able to develop custom questions and answers in the respective assessments to measure willingness.
Individual Areas:	
Medical history, current medical conditions, or conditions observed by the assessor or self-reported by the individual being assessed	The **Sensory & Communication Domain** assesses and collects information about the individual's vision and hearing, sensory functioning, ability to communicate, and identifies referrals for unmet needs. **Vision** ■ Does the person have any problems with their vision? (extensive checklist) ■ Describe your vision without the use of an assistive device ■ Does the person use any assistive devices to help with their vision? (extensive checklist) ■ Describe your vision with the use of your assistive devices ■ How often does the person use their assistive devices? ■ Does the person use their assistive device(s) as prescribed/recommended? ■ Is the person able to maintain and/or use their assistive device(s) on their own? ■ Does the assistive device(s) meet the person's vision needs? ■ Can the person find their way in unfamiliar environments independently? ■ Is the person currently receiving any training?

DAAS Mandatory Criteria	MnCHOICES Solution
	■ Would they like to receive orientation and mobility training? ■ Has your vision become worse in the last 3 months, or since your last assessment? **Hearing** ■ Does the person have any hearing loss? ■ Describe your hearing without the use of an assistive device. ■ Does the person use any assistive device(s) to help with their hearing? ■ What type of device(s)? (extensive checklist) ■ Describe your hearing with the use of your assistive devices ■ How often does the person use their assistive devices? ■ Does the person use their assistive device(s) as prescribed/recommended? ■ Is the person able to maintain and/or use their assistive device(s) on their own? ■ Does the assistive device(s) meet the person's hearing needs? ■ Has the person's hearing become worse in the last 3 months, or since their last assessment? **Functional Communication** ■ Does the person have difficulty communicating with and/or making their wants and needs knowns to others? ■ Describe the nature of the difficulty (extensive list) ■ What is the primary cause of the difficulties you identified? ■ Expressive communication skills (extensive list) ■ Receptive communication skills (extensive list) ■ Does the person currently receive speech and language therapy? ■ Does the person need or would they like to receive speech and language therapy services? ■ Does the person use some form of sign language to communicate? ■ What type of sign language do you use? ■ Does the person use visual language, other than sign language to communicate? ■ What type? ■ Does the person use facilitated communication? ■ Does the person use any type of augmentative communication device? ■ What type of device(s)? (extensive checklist) ■ Does the person need any of the following to use the device? ■ Does the assistive device meet the person's communication needs?

DAAS Mandatory Criteria	MnCHOICES Solution
	■ Do the device(s) currently need any of the following? ■ Has the person's ability to make their wants and needs known or to understand what others are saying to them become worse in the last 3 months? **Sensory Integration** ■ Does the person have a Sensory Integration Disorder Diagnosis? ■ Does the person have a Hypersensitivity Diagnosis-are they overly sensitive to sensory stimulation (touch, taste, smell, movement, hearing, vision)? ■ Does the person use assistive devices or other interventions to help with sensory integration? (extensive checklist) ■ Does the person experience any of the following issues related to sensory input? (extensive checklist) Documents supports and referrals needed. The **Memory & Cognition Domain** identifies issues with dementia, developmental disabilities, brain injury or other conditions and identifies for assessment, treatment and services. It includes the use of screening tools to help identify the need for referrals for additional assessment and treatment. **Functional Memory and Cognition** ■ Does the person have a problem with cognitive functioning due to developmental disabilities or a related condition, which manifested itself during the developmental period (birth through age 21), by report or by review of the psychological testing results? ■ Does the person have a documented diagnosis of brain injury or related neurological condition that is not congenital? Documents type and diagnosis. ■ The person has an assessed need for one or more of the following (lists specialized services, rates) ■ Modified Rancho Los Amigos Level of Cognitive Functioning Scale Is the person demonstrating problems with cognitive functioning in the home, school or work environment? (extensive checklist) Mental Status Examination Orientation-Memory-Concentration Test (Katzman et al, 1983). Includes scoring and interpretation. ■ What type of support does the person need in the home for assistance with activities that require remembering, decision-making or judgment? ■ What type of support does the person need to help with remembering, decision-making or judgment when away from home?

DAAS Mandatory Criteria	MnCHOICES Solution
	The **Instrumental Activities of Daily Living Domain (IADL)** identifies the need for support with medication management, meal preparation, transportation, housework, telephone use, shopping and managing finances. The identified need could be due to capacity vs performance because of a lack of knowledge or skills, or presence of disease symptoms. ■ The following questions address each IADL listed above. ■ Scale (independent to dependent) ■ How does the person control their diabetes? (medication management only) ■ Challenges with IADL (extensive checklist specific to each IADL) ■ Strengths (extensive checklist specific to each IADL) ■ Preferences ■ Support instructions-what helps most when assisting the person with IADL? ■ Is training/skill building needed to increase independence? ■ Does the person have or need any adaptive equipment to assist with IADL? (extensive checklist specific to each IADL) The **Activities of Daily Living (ADL) Domain** identifies the need for support in completing basic daily activities including eating, bathing, dressing, personal hygiene/grooming, toileting, mobility, positioning and transfers. It assists in identifying the level of need for oversight/cueing/supervision and physical assistance, challenges and strengths, need for training and equipment needs. The following questions are covered for each ADL. ■ Does the person have any difficulties with the specific ADL or require support with the specific ADL? ■ Cueing and supervision? ■ Physical assistance? ■ Does the physical assistance constitute “significantly” increased direct hands on assistance and interventions? ■ In regard to the ability to manage ADL by self, this person (for 18 and over) (scale of independent to dependent) ■ In regard to the ability to manage ADL, this child (for 17 and younger) (scale of independent to dependent) ■ Strengths (extensive checklist specific to each ADL) ■ Preferences ■ Support instructions-what helps most when assisting the person with ADL? ■ Is training/skill building needed to increase independence? ■ Does the person have or need any adaptive equipment to assist with ADL? (extensive checklist specific to each ADL listing type, uses, needs)

DAAS Mandatory Criteria	MnCHOICES Solution
	The **Health Domain** addresses questions related to current providers including primary care and specialists, recent visits and reasons, self-report health concerns, including detailed list of diagnoses, a pain screening, medical treatments and therapies including whether currently receiving or needs, hospital and nursing home stays, and nutritional risk screen.

Behavioral	The **Psychosocial Domain** gathers information related to psychological and social factors including behavior and emotions and addictions and identifies potential referrals for additional assessment and treatment. The following specific areas are addressed, with the subsequent questions asked if positive, documenting specific problem behaviors within each.
	■ Aggression Towards Others, Physical
	■ Aggression Towards Others/Verbal/Gestural
	■ Socially Unacceptable Behavior
	■ Property Destruction
	■ Wandering/Elopement
	■ Legal Involvement
	■ PICA (Ingestion of non-nutritive substances)
	■ Difficulties Regulating Emotions
	■ Susceptibility to Victimization
	■ Withdrawal
	■ Agitation
	■ Impulsivity
	■ Intrusiveness
	■ Injury to Others
	■ Anxiety
	■ Psychotic Behaviors
	■ Manic Behaviors
	    ■ Does it impact the person's functioning?
	    ■ Does it prevent the person from doing things they want to do?
	    ■ Documents extensive list of types of dangerous behaviors
	    ■ Intervention: support and/or services provided by staff and/or caregiver
	    ■ Frequency of intervention needed
	    ■ Is an intervention in place?
	■ Depression Screen (ages 19-64)

DAAS Mandatory Criteria	MnCHOICES Solution

	■ PHQ-9 displays if depression screen positive and includes scoring and interpretation.
	■ Geriatric Depression Scale (age 65+) including scoring and interpretation.
	■ Suicide Screen
	  ■ Have you thought about hurting yourself or taking your life in the last 30 days?
	  ■ Do you have a plan?
	  ■ Do you have the means or some way to carry out your plan?
	  ■ Do you have a time planned that you will do this?
	■ Alcohol/Substance Abuse/Tobacco/Gambling
	■ Alcohol Screen including CAGE questionnaire.
	■ Substance Abuse including CAGE questionnaire.
	■ Tobacco Use Screen
	■ Gambling using the Lie-Bet Screening Instrument

Home living activities	The **Housing & Environment Domain** gathers information about the adequacy and safety of the person's current living arrangement and assesses for the need for assistance in making changes and/or modifications. ■ Does the person have access to a private space within the home when desired? ■ Documents what is important to the person and identifies any needed referrals and goals.
Community activities	Within the **Quality of Life Domain** there are a number of questions that address these criteria: ■ Keeping in touch table asks about activities such as talking to friends, relatives or others on the phone, movies or other activities with family and friends, playing cards, board games, video games with friends, inviting a friend over, going to a friend or family's house to visit, going other places with families or friends (e.g. shopping), confiding in someone about things ■ Traditions and rituals: asks about family background, customs and traditions that may impact service expectations and delivery, religious/spiritual activities and preferences
Strengths and resources	Within the **Quality of Life Domain** there are a number of questions that address these criteria: ■ What are some of the things you feel you are good at doing? ■ What are some things that you have done that you feel proud of? ■ Family life: tell me about your family, where did you grow up, did/do you have brothers and sisters? ■ Supports: family, friends, and others: is there someone who helps you—at home or in the community? If yes, documents who and relationship. Documents primary caregiver. Who are some people you enjoy spending time with?
Employment	The **Employment, Volunteering & Training Domain** is to learn about work, volunteer and education/training experiences and interests, identifies potential barriers, and shares resources to support goals and interests.

<table>
<tr><th>DAAS Mandatory Criteria</th><th>MnCHOICES Solution</th></tr>
<tr><td></td><td>Employment questions target individuals age 13-64.
Has your school team discussed plans to begin exploring your work, volunteer or post-secondary educational options?
Do you know referral to Vocational Rehabilitation is an option, even while they attend high school?
Describe planning efforts such as employment goals included on IEP, involvement in VR courses, etc.
Is the person currently employed?
Has the person ever worked?
Is the person interested in exploring work as an opportunity?
If person is employed…
Is the person satisfied with the number of hours they work?
Type of employment (long list of options)
Is the person satisfied with the level of community integration their job provides?
Is the person satisfied with their earnings and benefits?
Is the person satisfied with their current career path?
What type of job would they like to have?
Would they like to look for another job?
Barriers:
What does the person feel are the barriers or problems in them getting a job, volunteering or enrolling in an education or training program? (multiple options)
If the person could get help with these barriers, would they be interested in working, volunteering or training program?
There are a number of questions addressing volunteering as well as education and training needs/interests/preferences.</td></tr>
<tr><td>Health & Safety Assessment</td><td>The Housing & Environment Domain gathers information about the adequacy and safety of the person’s current living arrangement and assesses for the need for assistance in making changes and/or modifications.
Documents type of housing and whether owned or controlled by a provider
Asks whether the person needs assistance finding a new place to live and whether there are special considerations such as accessibility, location, near public transportation, pets or service animals, other
If the person has a physical disability, home has been adapted sufficiently to allow the person access to main areas of the home, bathroom, and bedroom?
Does the person have access to a telephone or other means of calling for help and assistance?
Has the person been evicted from his/her home, in the past?</td></tr>
</table>

DAAS Mandatory Criteria	MnCHOICES Solution

	■ Are there any concerns with the safety, accessibility, or sanitary conditions? If yes, a long list of areas of concerns documents all that applies.
	
	The **Safety & Self-Preservation Domain** is designed to assess the person's ability in identifying and responding to potential or existing safety issues and to determine the level of support and supervision needed to reasonably assure the person's health and safety in the community.
	
	Personal Safety shows only for those ages 18 and over.
	■ Are there limits that have been placed on your decision-making (e.g. for financial, health, or safety reasons)?
	■ How would you get help during an emergency?
	■ How do you know when you need to make a doctor's appointment?
	■ When would you call 911?
	■ Does the person need help in getting medical services that they're not getting now?
	■ Describe any medical services the person is not getting.
	■ Do the people that come into the home treat you with respect?
	■ What feels unsafe? Can we do anything about that?
	■ Does the person feel safe in their home?
	■ What feels unsafe? Can we do anything about that?
	■ Does the person feel safe in his/her community?
	■ What feels unsafe? Can we do anything about that?
	■ Does anyone every do mean things to the person, such as yell?
	    ■ What happened? Did you report it? How was it resolved?
	■ Does anyone take things or money, when the person doesn't want them to?
	    ■ What happened? Did you report it? How was it resolved?
	■ Has anyone ever hit the person or hurt their body?
	    ■ What happened? Did you report it? How was it resolved?
	■ Does anyone or has anyone ever touched the person in a way that makes them feel uncomfortable?
	    ■ What happened? Did you report it? How was it resolved?
	■ Is there anyone in particular the person is afraid of?
	    ■ What happened? Did you report it? How was it resolved?
	■ If there were any problems involving a caregiver yelling at you or mistreating you, what would you do?
	■ Have you had to go without necessities like going to the doctor, food, medication or adequate heat because you didn't have enough money?

DAAS Mandatory Criteria	MnCHOICES Solution
	Self-Preservation ▪ Does the person require a 24-hour plan of care that includes a back-up plan that reasonably assures their health and safety in the community? ▪ Which of the following items does the 24-hour plan require? ▪ What level of supervision and instruction is required for leisure and recreation? ▪ Does the person have the judgment and physical ability to cope, make appropriate decisions and take action in a changing environment or a potentially harmful situation? ▪ This person is at risk of self-neglect? If yes, many options listed. ▪ This person is at risk of neglect, abuse or exploitation by another person?
Social Functioning	There are numerous domains including Quality of Life, Volunteering, and Psychosocial that measure in this specific topic area.
Caregiver (natural supports) Areas:	**The Caregiver Domain is designed to assess the capacity of an informal caregiver to provide care and support to the individual and to identify resources to assist in the caregiving role.**
▪ Physical/behavioral (health)	▪ How would you describe your own health? ▪ Do your own problems ever get in the way of providing care?
▪ Involvement	▪ What kind of help do you give this individual? ▪ In an average week, how many hours do you provide care for this individual? ▪ Do you or family have concerns about the individual's memory, thinking or ability to make decisions? Are you very concerned or somewhat concerned?
▪ Social resources	▪ Unpaid individuals who provide care and/or assistance to the person including documenting who, relationship, role and type of care provided ▪ Are you currently employed? ▪ Do you have anyone to help you with caregiving? ▪ Can you depend on this person to help you when you need it? ▪ Are you currently receiving any caregiver supports (e.g. respite, training or education, caregiver coaching or counseling or support groups?) ▪ Are you willing to be contacted by a community organization that can give you more information or assistance with caregiving?

DAAS Mandatory Criteria	MnCHOICES Solution
■ Family stress	■ How would you rate your level of stress related to caring for this individual? ■ Do you have difficulty getting a good night's sleep, 3 or more times a week? ■ Are there any issues/obstacles that make it more difficult to provide support to the individual? (long list of options)
■ Safety	■ Are there any safety concerns that you have about this individual or their home environment?
Current Risk assessment review:	**Documents Caregiver Referral Needs and Goals. To support all below, documents assessed needs and support plan implications.**
■ Safety Plan, if available ■ Behavior Plan ■ Physical Plan ■ Medical Plan	MnCHOICES provides the opportunity for the assessor to address support plan needs at the end of every domain section.

*The table below provides a crosswalk of the **Division of Behavioral Health Services** mandatory criteria to the MnCHOICES solution.*

DBHS Mandatory Criteria	MnCHOICES Solution
Functional strengths and needs of the Beneficiary related to a behavioral health condition	■ All domain areas support this required section.
Result of the instrument must provide a numerical score to assist the State or its designee in a Tier Determination for the Beneficiary	The MnCHOICES tool is fully capable of resulting in a numerical score to assist in a tier determination. It is currently being used for this purpose in Minnesota.
Individual Areas:	
Behavioral and emotional needs	The **Psychosocial Domain** gathers information related to psychological and social factors including behavior and emotions and addictions and identifies potential referrals for additional assessment and treatment. The following specific areas are addressed, with the subsequent questions asked if positive, documenting specific

DBHS Mandatory Criteria	MnCHOICES Solution

	problem behaviors within each.
	
	■ Aggression Towards Others, Physical
	■ Aggression Towards Others/Verbal/Gestural
	■ Socially Unacceptable Behavior
	■ Property Destruction
	■ Wandering/Elopement
	■ Legal Involvement
	■ PICA (Ingestion of non-nutritive substances)
	■ Difficulties Regulating Emotions
	■ Susceptibility to Victimization
	■ Withdrawal
	■ Agitation
	■ Impulsivity
	■ Intrusiveness
	■ Injury to Others
	■ Anxiety
	■ Psychotic Behaviors
	■ Manic Behaviors
	    ■ Does it impact the person’s functioning?
	    ■ Does it prevent the person from doing things they want to do?
	    ■ Documents extensive list of types of dangerous behaviors
	    ■ Intervention: support and/or services provided by staff and/or caregiver
	    ■ Frequency of intervention needed
	    ■ Is an intervention in place?
	■ Depression Screen (ages 19-64)
	■ PHQ-9 displays if depression screen positive and includes scoring and interpretation.
	■ Pediatric Symptom Checklist (PSC-17) (ages 4-18) including scoring and interpretation.
	■ Geriatric Depression Scale (age 65+) including scoring and interpretation.
	■ Suicide Screen
	    ■ Have you thought about hurting yourself or taking your life in the last 30 days?
	    ■ Do you have a plan?

DBHS Mandatory Criteria	MnCHOICES Solution
	■ Do you have the means or some way to carry out your plan? ■ Do you have a time planned that you will do this? ■ Alcohol/Substance Abuse/Tobacco/Gambling ■ Alcohol Screen including CAGE questionnaire. ■ Substance Abuse including CAGE questionnaire. ■ Tobacco Use Screen ■ Gambling using the Lie-Bet Screening Instrument
Home functioning	The **Housing & Environment Domain** gathers information about the adequacy and safety of the person's current living arrangement and assesses for the need for assistance in making changes and/or modifications. ■ Does the person have access to a private space within the home when desired? Documents what is important to the person and identifies any needed referrals and goals.
Community functioning	Within the **Quality of Life Domain** there are a number of questions that address these criteria: ■ Keeping in touch table asks about activities such as talking to friends, relatives or others on the phone, movies or other activities with family and friends, playing cards, board games, video games with friends, inviting a friend over, going to a friend or family's house to visit, going other places with families or friends (e.g. shopping), confiding in someone about things Traditions and rituals: asks about family background, customs and traditions that may impact service expectations and delivery, religious/spiritual activities and preferences
Strengths and resources	Within the **Quality of Life Domain** there are a number of questions that address these criteria: ■ What are some of the things you feel you are good at doing? ■ What are some things that you have done that you feel proud of? ■ Family life: tell me about your family, where did you grow up, did/do you have brothers and sisters? Supports: family, friends, and others: is there someone who helps you—at home or in the community? If yes, documents who and relationship. Documents primary caregiver. Who are some people you enjoy spending time with?
Employment	The **Employment, Volunteering & Training Domain** is to learn about work, volunteer and education/training experiences and interests, identifies potential barriers, and shares resources to support goals and interests. Employment questions target individuals age 13-64. ■ Has your school team discussed plans to begin exploring your work, volunteer or post-secondary

DBHS Mandatory Criteria	MnCHOICES Solution

	educational options?
	■ Do you know referral to Vocational Rehabilitation is an option, even while they attend high school?
	■ Describe planning efforts such as employment goals included on IEP, involvement in VR courses, etc.
	■ Is the person currently employed?
	■ Has the person ever worked?
	■ Is the person interested in exploring work as an opportunity?
	■ If person is employed…
	    ■ Is the person satisfied with the number of hours they work?
	    ■ Type of employment (long list of options)
	■ Is the person satisfied with the level of community integration their job provides?
	■ Is the person satisfied with their earnings and benefits?
	■ Is the person satisfied with their current career path?
	■ What type of job would they like to have?
	■ Would they like to look for another job?
	■ Barriers:
	    ■ What does the person feel are the barriers or problems in them getting a job, volunteering or enrolling in an education or training program? (multiple options)
	    ■ If the person could get help with these barriers, would they be interested in working, volunteering or training program?
	There are a number of questions addressing volunteering as well as education and training needs/interests/preferences.

Health & Safety Assessment	Personal Safety (only shows for ages 0-17). ■ Has your child had to go without necessities like going to the doctor, food, medication or adequate heat because you didn't have enough money?
Social Functioning	There are numerous domains including Quality of Life, Volunteering, and Psychosocial that measure in this specific topic area.
Medical conditions that relate or impact behavioral health condition	The **Sensory & Communication Domain** assesses and collects information about the individual's vision and hearing, sensory functioning, ability to communicate, and identifies referrals for unmet needs. **Vision** ■ Does the person have any problems with their vision? (extensive checklist) ■ Describe your vision without the use of an assistive device

DBHS Mandatory Criteria	MnCHOICES Solution
	■ Does the person use any assistive devices to help with their vision? (extensive checklist) ■ Describe your vision with the use of your assistive devices ■ How often does the person use their assistive devices? ■ Does the person use their assistive device(s) as prescribed/recommended? ■ Is the person able to maintain and/or use their assistive device(s) on their own? ■ Does the assistive device(s) meet the person's vision needs? ■ Can the person find their way in unfamiliar environments independently? ■ Is the person currently receiving any training? ■ Would they like to receive orientation and mobility training? ■ Has your vision become worse in the last 3 months, or since your last assessment? **Hearing** ■ Does the person have any hearing loss? ■ Describe your hearing without the use of an assistive device. ■ Does the person use any assistive device(s) to help with their hearing? ■ What type of device(s)? (extensive checklist) ■ Describe your hearing with the use of your assistive devices ■ How often does the person use their assistive devices? ■ Does the person use their assistive device(s) as prescribed/recommended? ■ Is the person able to maintain and/or use their assistive device(s) on their own? ■ Does the assistive device(s) meet the person's hearing needs? ■ Has the person's hearing become worse in the last 3 months, or since their last assessment? **Functional Communication** ■ Does the person have difficulty communicating with and/or making their wants and needs knowns to others? ■ Describe the nature of the difficulty (extensive list) ■ What is the primary cause of the difficulties you identified? ■ Expressive communication skills (extensive list) ■ Receptive communication skills (extensive list) ■ Does the person currently receive speech and language therapy? ■ Does the person need or would they like to receive speech and language therapy services? ■ Does the person use some form of sign language to communicate? ■ What type of sign language do you use? ■ Does the person use visual language, other than sign language to communicate?

DBHS Mandatory Criteria	MnCHOICES Solution
	■ What type? ■ Does the person use facilitated communication? ■ Does the person use any type of augmentative communication device? ■ What type of device(s)? (extensive checklist) ■ Does the person need any of the following to use the device? ■ Does the assistive device meet the person's communication needs? ■ Do the device(s) currently need any of the following? ■ Has the person's ability to make their wants and needs known or to understand what others are saying to them become worse in the last 3 months? **Sensory Integration** ■ Does the person have a Sensory Integration Disorder Diagnosis? ■ Does the person have a Hypersensitivity Diagnosis-are they overly sensitive to sensory stimulation (touch, taste, smell, movement, hearing, vision)? ■ Does the person use assistive devices or other interventions to help with sensory integration? (extensive checklist) ■ Does the person experience any of the following issues related to sensory input? (extensive checklist) Documents supports and referrals needed. The **Memory & Cognition Domain** identifies issues with dementia, developmental disabilities, brain injury or other conditions and identifies for assessment, treatment and services. It includes the use of screening tools to help identify the need for referrals for additional assessment and treatment. **Functional Memory and Cognition** ■ Does the person have a problem with cognitive functioning due to developmental disabilities or a related condition, which manifested itself during the developmental period (birth through age 21), by report or by review of the psychological testing results? ■ Does the person have a documented diagnosis of brain injury or related neurological condition that is not congenital? Documents type and diagnosis. ■ The person has an assessed need for one or more of the following (lists specialized services, rates) ■ Modified Rancho Los Amigos Level of Cognitive Functioning Scale Is the person demonstrating problems with cognitive functioning in the home, school or work environment? (extensive checklist) Mental Status Examination

DBHS Mandatory Criteria	MnCHOICES Solution

	Orientation-Memory-Concentration Test (Katzman et al, 1983). Includes scoring and interpretation.
	■ What type of support does the person need in the home for assistance with activities that require remembering, decision-making or judgment?
	■ What type of support does the person need to help with remembering, decision-making or judgment when away from home?
	The **Instrumental Activities of Daily Living Domain** identifies the need for support with medication management, meal preparation, transportation, housework, telephone use, shopping and managing finances. The identified need could be due to capacity vs performance because of a lack of knowledge or skills, or presence of disease symptoms.
	The following IADLs are included, and the questions listed below are covered for each IADL.
	■ Medication Management
	■ Meals
	■ Transportation
	■ Housework
	■ Telephone Use
	■ Shopping
	■ Finances (age 6 and up)
	  ■ Scale (independent to dependent)
	  ■ How does the person control their diabetes? (medication management only)
	  ■ Challenges with IADL (extensive checklist specific to each IADL)
	  ■ Strengths (extensive checklist specific to each IADL)
	  ■ Preferences
	  ■ Support instructions-what helps most when assisting the person with IADL?
	  ■ Is training/skill building needed to increase independence?
	  ■ Does the person have or need any adaptive equipment to assist with IADL? (extensive checklist specific to each IADL)
	The **Activities of Daily Living Domain** identifies the need for support in completing basic daily activities including eating, bathing, dressing, personal hygiene/grooming, toileting, mobility, positioning and transfers. It assists in identifying the level of need for oversight/cueing/supervision and physical assistance, challenges and strengths, need for training and equipment needs.
	The following ADLs are included, and the questions listed below are covered for each ADL.
	■ Eating

<table>
<tr><th>DBHS Mandatory Criteria</th><th>MnCHOICES Solution</th></tr>
<tr><td></td><td>

Bathing
Dressing
Personal Hygiene/Grooming
Toilet Use/Continence Support
Mobility-Walking and Wheeling
Positioning
Transfers

Does the person have any difficulties with specific ADL or require support with specific ADL?
Cueing and supervision?
Physical assistance?
Does the physical assistance constitute “significantly” increased direct hands on assistance and interventions?
In regard to the ability to manage ADL by self, this person (for 18 and over) (scale of independent to dependent)
In regard to the ability to manage ADL, this child (for 17 and younger) (scale of independent to dependent)
Strengths (extensive checklist specific to each ADL)
Preferences
Support instructions-what helps most when assisting the person with ADL?
Is training/skill building needed to increase independence?
Does the person have or need any adaptive equipment to assist with ADL? (extensive checklist specific to each ADL listing type, uses, needs)

The Health Domain addresses questions related to current providers including primary care and specialists, recent visits and reasons, self-report health concerns, including detailed list of diagnoses, a pain screening, medical treatments and therapies including whether currently receiving or needs, hospital and nursing home stays, and nutritional risk screen.
</td></tr>
<tr><td>Engagement</td><td>
Within the Quality of Life Domain there are a number of questions that address these criteria:

Keeping in touch table asks about activities such as talking to friends, relatives or others on the phone, movies or other activities with family and friends, playing cards, board games, video games with friends, inviting a friend over, going to a friend or family’s house to visit, going other places with families or friends (e.g. shopping), confiding in someone about things

Traditions and rituals: asks about family background, customs and traditions that may impact service
</td></tr>
</table>

DBHS Mandatory Criteria	MnCHOICES Solution
	expectations and delivery, religious/spiritual activities and preferences
Co-morbidities	The **Health Domain** addresses questions related to current providers including primary care and specialists, recent visits and reasons, self-report health concerns, including detailed list of diagnoses, a pain screening, medical treatments and therapies including whether currently receiving or needs, hospital and nursing home stays, and nutritional risk screen. The **Psychosocial Domain** gathers information related to psychological and social factors including behavior and emotions and addictions and identifies potential referrals for additional assessment and treatment. The following specific areas are addressed, with the subsequent questions asked if positive, documenting specific problem behaviors within each.
Caregiver (natural supports) Areas for Children/Youth:	**The Caregiver Domain** is designed to assess the capacity of an informal caregiver to provide care and support to the individual and to identify resources to assist in the caregiving role.
Physical/behavioral (health)	■ How would you describe your own health? ■ Do your own problems ever get in the way of providing care?
Involvement	■ What kind of help do you give this individual? ■ In an average week, how many hours do you provide care for this individual? ■ Do you or family have concerns about the individual's memory, thinking or ability to make decisions? Are you very concerned or somewhat concerned?
Social resources	■ Unpaid individuals who provide care and/or assistance to the person including documenting who, relationship, role and type of care provided ■ Are you currently employed? ■ Do you have anyone to help you with caregiving? ■ Can you depend on this person to help you when you need it? ■ Are you currently receiving any caregiver supports (e.g. respite, training or education, caregiver coaching or counseling or support groups?) ■ Are you willing to be contacted by a community organization that can give you more information or assistance with caregiving?
Family stress	■ How would you rate your level of stress related to caring for this individual? ■ Do you have difficulty getting a good night's sleep, 3 or more times a week? ■ Are there any issues/obstacles that make it more difficult to provide support to the individual? (long list of options)

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<table>
<tr><th>DBHS Mandatory Criteria</th><th>MnCHOICES Solution</th></tr>
<tr><td>Safety</td><td>Are there any safety concerns that you have about this individual or their home environment?</td></tr>
<tr><td>Adult Recovery Environment</td><td>The Psychosocial Domain covers the areas of Stress and Support.</td></tr>
<tr><td>Behavioral Health History
Current behavioral health conditions
Treatment attempted
Treatment received
Treatment compliance
Response to treatment
Recovery history</td><td>The Psychosocial Domain gathers information related to psychological and social factors including behavior and emotions and addictions and identifies potential referrals for additional assessment and treatment. The following specific areas are addressed, with the subsequent questions asked if positive, documenting specific problem behaviors within each.
Aggression Towards Others, Physical
Aggression Towards Others/Verbal/Gestural
Socially Unacceptable Behavior
Property Destruction
Wandering/Elopement
Legal Involvement
PICA (Ingestion of non-nutritive substances)
Difficulties Regulating Emotions
Susceptibility to Victimization
Withdrawal
Agitation
Impulsivity
Intrusiveness
Injury to Others
Anxiety
Psychotic Behaviors
Manic Behaviors</td></tr>
<tr><td>Current Risk Assessment Review:</td><td></td></tr>
<tr><td>Crisis Plan, if available
Risk Behaviors
Risk Factors</td><td>MnCHOICES provides the opportunity for the assessor to address support plan needs at the end of every domain section.</td></tr>
</table>

The table below provides a crosswalk of the ***Division of Developmental Disability Services*** *mandatory criteria to the MnCHOICES solution.*

DDS Mandatory Criteria	MnCHOICES Solution
Individual Areas:	

Medical history, current medical conditions, or conditions observed by the assessor or self-reported by the individual being assessed	■ Are there any concerns about the child's communication, learning, or social skills? (for under age 5). If yes:
	  ■ Has an assessment been completed?
	  ■ Does the child qualify for any services?
	■ Documents type of decision making authority including child protection orders, commitment, conservator, emancipated minor, health directive agent, guardian ad litem, POA, private guardian, public guardian, representative payee, trustee for supplemental/special needs, tribal guardianship, other
	
	The **Sensory & Communication Domain** assesses and collects information about the individual's vision and hearing, sensory functioning, ability to communicate, and identifies referrals for unmet needs.
	
	Vision
	■ Does the person have any problems with their vision? (extensive checklist)
	■ Describe your vision without the use of an assistive device
	■ Does the person use any assistive devices to help with their vision? (extensive checklist)
	■ Describe your vision with the use of your assistive devices
	■ How often does the person use their assistive devices?
	■ Does the person use their assistive device(s) as prescribed/recommended?
	■ Is the person able to maintain and/or use their assistive device(s) on their own?
	■ Does the assistive device(s) meet the person's vision needs?
	■ Can the person find their way in unfamiliar environments independently?
	■ Is the person currently receiving any training?
	■ Would they like to receive orientation and mobility training?
	■ Has your vision become worse in the last 3 months, or since your last assessment?
	
	Hearing
	■ Does the person have any hearing loss?
	■ Describe your hearing without the use of an assistive device.
	■ Does the person use any assistive device(s) to help with their hearing?
	■ What type of device(s)? (extensive checklist)
	■ Describe your hearing with the use of your assistive devices
	■ How often does the person use their assistive devices?

DDS Mandatory Criteria	MnCHOICES Solution
	■ Does the person use their assistive device(s) as prescribed/recommended? ■ Is the person able to maintain and/or use their assistive device(s) on their own? ■ Does the assistive device(s) meet the person's hearing needs? ■ Has the person's hearing become worse in the last 3 months, or since their last assessment? **Functional Communication** ■ Does the person have difficulty communicating with and/or making their wants and needs knowns to others? ■ Describe the nature of the difficulty (extensive list) ■ What is the primary cause of the difficulties you identified? ■ Expressive communication skills (extensive list) ■ Receptive communication skills (extensive list) ■ Does the person currently receive speech and language therapy? ■ Does the person need or would they like to receive speech and language therapy services? ■ Does the person use some form of sign language to communicate? ■ What type of sign language do you use? ■ Does the person use visual language, other than sign language to communicate? ■ What type? ■ Does the person use facilitated communication? ■ Does the person use any type of augmentative communication device? ■ What type of device(s)? (extensive checklist) ■ Does the person need any of the following to use the device? ■ Does the assistive device meet the person's communication needs? ■ Do the device(s) currently need any of the following? ■ Has the person's ability to make their wants and needs known or to understand what others are saying to them become worse in the last 3 months? **Sensory Integration** ■ Does the person have a Sensory Integration Disorder Diagnosis? ■ Does the person have a Hypersensitivity Diagnosis-are they overly sensitive to sensory stimulation (touch, taste, smell, movement, hearing, vision)? ■ Does the person use assistive devices or other interventions to help with sensory integration? (extensive checklist) ■ Does the person experience any of the following issues related to sensory input? (extensive checklist) Documents supports and referrals needed.

DDS Mandatory Criteria	MnCHOICES Solution
	The **Memory & Cognition Domain** identifies issues with dementia, developmental disabilities, brain injury or other conditions and identifies for assessment, treatment and services. It includes the use of screening tools to help identify the need for referrals for additional assessment and treatment. **Functional Memory and Cognition** ■ Does the person have a problem with cognitive functioning due to developmental disabilities or a related condition, which manifested itself during the developmental period (birth through age 21), by report or by review of the psychological testing results? ■ Does the person have a documented diagnosis of brain injury or related neurological condition that is not congenital? Documents type and diagnosis. ■ The person has an assessed need for one or more of the following (lists specialized services, rates) ■ Modified Rancho Los Amigos Level of Cognitive Functioning Scale Is the person demonstrating problems with cognitive functioning in the home, school or work environment? (extensive checklist) Mental Status Examination Orientation-Memory-Concentration Test (Katzman et al, 1983). Includes scoring and interpretation. ■ What type of support does the person need in the home for assistance with activities that require remembering, decision-making or judgment? ■ What type of support does the person need to help with remembering, decision-making or judgment when away from home? The **Instrumental Activities of Daily Living Domain** identifies the need for support with medication management, meal preparation, transportation, housework, telephone use, shopping and managing finances. The identified need could be due to capacity vs performance because of a lack of knowledge or skills, or presence of disease symptoms. The following IADLs are included, and the questions listed below are covered for each IADL. ■ Medication Management ■ Meals ■ Transportation ■ Housework ■ Telephone Use ■ Shopping ■ Finances (age 6 and up) ■ Scale (independent to dependent)

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DDS Mandatory Criteria	MnCHOICES Solution
	■ How does the person control their diabetes? (medication management only) ■ Challenges with IADL (extensive checklist specific to each IADL) ■ Strengths (extensive checklist specific to each IADL) ■ Preferences ■ Support instructions-what helps most when assisting the person with IADL? ■ Is training/skill building needed to increase independence? ■ Does the person have or need any adaptive equipment to assist with IADL? (extensive checklist specific to each IADL) The **Activities of Daily Living Domain** identifies the need for support in completing basic daily activities including eating, bathing, dressing, personal hygiene/grooming, toileting, mobility, positioning and transfers. It assists in identifying the level of need for oversight/cueing/supervision and physical assistance, challenges and strengths, need for training and equipment needs. It should be noted that there is a specialized set of questions geared toward children up to age 18 that is used. The following ADLs are included, and the questions listed below are covered for each ADL. ■ Eating ■ Bathing ■ Dressing ■ Personal Hygiene/Grooming ■ Toilet Use/Continence Support ■ Mobility-Walking and Wheeling ■ Positioning ■ Transfers ■ Does the person have any difficulties with specific ADL or require support with specific ADL? ■ Cueing and supervision? ■ Physical assistance? ■ Does the physical assistance constitute “significantly” increased direct hands on assistance and interventions? ■ In regard to the ability to manage ADL by self, this person (for 18 and over) (scale of independent to dependent) ■ In regard to the ability to manage ADL, this child (for 17 and younger) (scale of independent to dependent) ■ Strengths (extensive checklist specific to each ADL) ■ Preferences

<table>
<tr><th>DDS Mandatory Criteria</th><th>MnCHOICES Solution</th></tr>
<tr><td></td><td>

Support instructions-what helps most when assisting the person with ADL?
Is training/skill building needed to increase independence?
Does the person have or need any adaptive equipment to assist with ADL? (extensive checklist specific to each ADL listing type, uses, needs)

The Health Domain addresses questions related to current providers including primary care and specialists, recent visits and reasons, self-report health concerns, including detailed list of diagnoses, a pain screening, medical treatments and therapies including whether currently receiving or needs, hospital and nursing home stays, and nutritional risk screen.
</td></tr>
<tr><td>Behavioral</td><td>
The Psychosocial Domain gathers information related to psychological and social factors including behavior and emotions and addictions and identifies potential referrals for additional assessment and treatment. The following specific areas are addressed, with the subsequent questions asked if positive, documenting specific problem behaviors within each.

Aggression Towards Others, Physical
Aggression Towards Others/Verbal/Gestural
Socially Unacceptable Behavior
Property Destruction
Wandering/Elopement
Legal Involvement
PICA (Ingestion of non-nutritive substances)
Difficulties Regulating Emotions
Susceptibility to Victimization
Withdrawal
Agitation
Impulsivity
Intrusiveness
Injury to Others
Anxiety
Psychotic Behaviors
Manic Behaviors

Does it impact the person's functioning?
Does it prevent the person from doing things they want to do?
Documents extensive list of types of dangerous behaviors
Intervention: support and/or services provided by staff and/or caregiver

</td></tr>
</table>

<table>
<tr><th>DDS Mandatory Criteria</th><th>MnCHOICES Solution</th></tr>
<tr><td></td><td>
Frequency of intervention needed
Is an intervention in place?
Depression Screen (ages 19-64)
PHQ-9 displays if depression screen positive and includes scoring and interpretation.
Pediatric Symptom Checklist (PSC-17) (ages 4-18) including scoring and interpretation.
Suicide Screen
Have you thought about hurting yourself or taking your life in the last 30 days?
Do you have a plan?
Do you have the means or some way to carry out your plan?
Do you have a time planned that you will do this?
Alcohol/Substance Abuse/Tobacco/Gambling
Alcohol Screen including CAGE questionnaire.
Substance Abuse including CAGE questionnaire.
Tobacco Use Screen
Gambling using the Lie-Bet Screening Instrument
</td></tr>
<tr><td>Home living activities</td><td>The Housing & Environment Domain gathers information about the adequacy and safety of the person’s current living arrangement and assesses for the need for assistance in making changes and/or modifications.
Does the person have access to a private space within the home when desired?
Documents what is important to the person and identifies any needed referrals and goals.</td></tr>
<tr><td>Community activities</td><td>Within the Quality of Life Domain there are a number of questions that address these criteria:
Keeping in touch table asks about activities such as talking to friends, relatives or others on the phone, movies or other activities with family and friends, playing cards, board games, video games with friends, inviting a friend over, going to a friend or family’s house to visit, going other places with families or friends (e.g. shopping), confiding in someone about things
Traditions and rituals: asks about family background, customs and traditions that may impact service expectations and delivery, religious/spiritual activities and preferences</td></tr>
<tr><td>Employment</td><td>The Employment, Volunteering & Training Domain is to learn about work, volunteer and education/training experiences and interests, identifies potential barriers, and shares resources to support goals and interests.

Employment questions target individuals age 13-64.
Has your school team discussed plans to begin exploring your work, volunteer or post-secondary educational options?</td></tr>
</table>

DDS Mandatory Criteria	MnCHOICES Solution

	■ Do you know referral to Vocational Rehabilitation is an option, even while they attend high school?
	■ Describe planning efforts such as employment goals included on IEP, involvement in VR courses, etc.
	■ Is the person currently employed?
	■ Has the person ever worked?
	■ Is the person interested in exploring work as an opportunity?
	■ If person is employed…
	    ■ Is the person satisfied with the number of hours they work?
	    ■ Type of employment (long list of options)
	■ Is the person satisfied with the level of community integration their job provides?
	■ Is the person satisfied with their earnings and benefits?
	■ Is the person satisfied with their current career path?
	■ What type of job would they like to have?
	■ Would they like to look for another job?
	■ Barriers:
	    ■ What does the person feel are the barriers or problems in them getting a job, volunteering or enrolling in an education or training program? (multiple options)
	    ■ If the person could get help with these barriers, would they be interested in working, volunteering or training program?
	There are a number of questions addressing volunteering as well as education and training needs/interests/preferences.

Health & Safety Assessment	Personal Safety (only shows for ages 0-17). Has your child had to go without necessities like going to the doctor, food, medication or adequate heat because you didn't have enough money?
Social Functioning	There are numerous domains including Quality of Life, Volunteering, and Psychosocial that measure in this specific topic area.
Caregiver (natural supports) Areas:	**The Caregiver Domain** is designed to assess the capacity of an informal caregiver to provide care and support to the individual and to identify resources to assist in the caregiving role.
Physical/behavioral (health)	■ How would you describe your own health? ■ Do your own problems ever get in the way of providing care?
Involvement	■ What kind of help do you give this individual? ■ In an average week, how many hours do you provide care for this individual?

DDS Mandatory Criteria	MnCHOICES Solution
	■ Do you or family have concerns about the individual's memory, thinking or ability to make decisions? Are you very concerned or somewhat concerned?
Social resources	■ Unpaid individuals who provide care and/or assistance to the person including documenting who, relationship, role and type of care provided ■ Are you currently employed? ■ Do you have anyone to help you with caregiving? ■ Can you depend on this person to help you when you need it? ■ Are you currently receiving any caregiver supports (e.g. respite, training or education, caregiver coaching or counseling or support groups?) ■ Are you willing to be contacted by a community organization that can give you more information or assistance with caregiving?
Family stress	■ How would you rate your level of stress related to caring for this individual? ■ Do you have difficulty getting a good night's sleep, 3 or more times a week? ■ Are there any issues/obstacles that make it more difficult to provide support to the individual? (long list of options)
Safety	■ Are there any safety concerns that you have about this individual or their home environment?
Current Risk assessment review:	
■ Safety Plan, if available ■ Behavior Plan ■ Physical Plan ■ Medical Plan	■ MnCHOICES provides the opportunity for the assessor to address support plan needs at the end of every domain section.

• The proposed Developmental Screen must yield a result that assists a physician in determining whether an individual has or is at risk of a developmental delay or disability.

The proposed Developmental Screen, as described in A.3. below, is designed to be used as a preliminary screening tool to aid physicians and other professionals in determining whether an individual has or is at risk of having a developmental delay or disability and to support making referrals and prescriptions for I/DD services, specifically CHMS and DDTCS services.

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

Arkansas requires the implementation of a developmental screening tool to be used as a preliminary screening tool to aid physicians in determining whether an individual has or is at risk of having a developmental delay or disability and to support making referrals and prescriptions for I/DD services, specifically CHMS and DDTCS services. Optum recommends the implementation of the Battelle Developmental Inventory-2 (BDI-2)[1], a validated tool based on application to over 2,500 children. It is a standardized, individually-administered assessment used to measure developmental skills in children from birth to age seven years of age, screening on personal-social, adaptive, motor, communication, cognitive, and developmental results on a pass/fail scoring system. Results from these five domain areas are used to determine the need for referral for further evaluation. The screening tool is particularly effective in identifying strengths in developmental skills and opportunities for learning, assessing children considered to be at risk in any developmental area, assisting in the development of Individual Support Plans and Individual Education Plans (IEPs), and monitoring progress toward long and short term goals.

The tool also meets all federal requirements of the Individuals with Disabilities Education Act (IDEA) and aligns with all three Office of Special Education Programs (OSEP) early childhood outcomes and Head Start Child Outcomes.

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

Arkansas has a goal of implementing a similar strategy and process across the Divisions of DAAS, DBHS, and DDS in order to support the creation of a sustainable, person-centered health care system that: (1) improves the health of the population; (2) enhances the Beneficiary experience of care, including quality, access and reliability; and (3) uses limited resources more efficiently. A foundational premise is to have care delivered in a coordinated, person-centered, and efficient manner which is organized around individuals' comprehensive health needs across providers and over time.

Single, Comprehensive Assessment

Optum recommends MnCHOICES, a single, comprehensive assessment and support planning tool that can be used for all long-term service and supports (LTSS) needs of all three Divisions: DAAS, DBHS, and DDS, supporting Arkansas' goal of consistency and efficiency in processes.

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[1] Technical Assistance and Training System. (2009). TATS eUpdate Evaluation and Assessment of Young Children. Overview of the Battelle Developmental Inventory-2.

MnCHOICES is compatible for use across persons of all ages, abilities, and financial background offering a forward-thinking, person-centered, modular approach to support a streamlined, statewide strategy for determining eligibility for publicly funded LTSS.

Public Domain

The MnCHOICES tool and supporting modules and supplements are in the public domain, affording Arkansas the opportunity to invest valuable resources into the delivery of services and supports, instead of paying expensive licensing and royalty fees for another assessment instruments. This assessment tool serves Arkansas' goals by providing a common data collection tool across all populations. Individuals in need of LTSS may be born with a disability, may age into the need for supports, or may experience a traumatic event which alters the course of one's life resulting in the need for long-term assistance. The tool is diverse and robust enough to support the assessment of, eligibility determination, and support and care planning for any of these circumstances. In addition, the tool emphasizes home and community-based services and person-centered thinking and planning. The tool promotes choice and integrated community living and includes person-centered thinking and planning and matches services to an individual's strengths, preferences and needs. It also replaces multiple assessments for different programs and populations with a single and simplified tool. A single tool with supporting modules results in reduced paperwork and redundant data entry and assessment as individuals move across programs and services as they age, or as conditions change.

Level of Need

While the scope of this RFP does not include care planning and care plan development, by selecting this tool, Arkansas would be able to use the assessment and tiering data to support the development of person-centered care plans and support plans over time. The tool is built to focus on individuals and not programs. Rather than placing individuals in boxes based on their need for assistance, the tool gathers standardized information necessary to determine level of need, and supports individuals in making their own choices across a diversity of state and publicly-funded services. The tool has built-in algorithms (which would be customized for Arkansas based on the tiering methodology desired) which align individuals with program eligibility. The individual is in the driver's seat to choose among a variety of programs and services available based on their assessment results. Lastly, the tool aids in statewide quality measurement across programs and populations.

Meets Requirements for All Three Divisions

Optum reviewed the MnCHOICES assessment tool and supporting modules in the context of Arkansas' expressed goals and needs for three population types and across three state Division's needs, including:

- Using limited resources more efficiently
- Delivering coordinated, person-centered care
- Utilizing a centralized assessment and screening solution across multiple Divisions.

We evaluated the merits of possible instruments against these broad system goals, and also reviewed all tools against the mandatory categories listed in the RFP, and compared the tools' minimum track records, ability to support tiers and numerical scores, and capacity to support the estimated volume of assessments to be completed in Year 1.

We examined many other tools, including the entire suite of InterRAI tools (e.g. InterRAI-HC, InterRAI Community Health Assessment or CHA, InterRAI Child and Youth Mental Health, InterRAI Child and Youth Developmental Disability, InterRAI Community Mental Health), the Supports Intensity Scale (SIS) for individuals with intellectual or developmental disabilities (I/DD), and the Inventory for Client and Agency Planning or ICAP for individuals with I/DD.

We eliminated several tools from consideration, because they did not meet the required minimum number of state or local governments using the tool or the number of administrations on the specific population. More importantly, these tools are not as strong as MnCHOICES. While many of these tools offer robust measurement, comprehensive assessment and screening power, Arkansas would need to adopt multiple tools to meet each Division's needs. Utilizing multiple tools would not further the State's interest in greater consistency, coordination, and cost-effectiveness.

The MnCHOICES assessment offer flexibility, consistency, efficiency, and person-centered approaches that support Arkansas' broader goals. Furthermore, MnCHOICES will provide Arkansas with a powerful tool with which to advance statewide efforts toward person-centered thinking and planning as required by CMS HCBS Rules, driving cross population and system-wide outcomes that are derived from a standardized source.

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

The MnCHOICES tool, coupled with Optum's Long Term Managed Services (LTMS) platform, exceeds the state's requirements for assessment, screening, tiering, and eligibility determination. In combination, Optum's proposed solution has the capacity to support Arkansas in the development and promulgation of required manuals and other publicly-available documents that explain the resulting DHS processes and policies. Optum affirms that it will not claim as proprietary any information gathered through the assessment and screening processes and necessary for the adjudication of a member's rights or due process.

Currently, Minnesota has publicly published numerous provider manuals and MnCHOICES user manuals outlining in great detail how the tool is to be used and the resulting policies and procedures across various Divisions and providers. Optum will collaborate with DHS and its three Divisions to identify the most relevant and important manuals and business processes and policies that clearly articulate and describe the new tool(s), platform, and conforming solution and customize for Arkansas.

As stated, Optum brings the full capability to embed, manage and administer any additional assessment instrument or developmental screen identified by Arkansas as necessary for the efficient and effective operation of its programs and services across DAAS, DBHS, and DDS. Furthermore, the information technology platform within which the instruments reside has full capabilities to customize and automate all tier determination requirements based upon Arkansas needs.

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

We recommend the MnCHOICES assessment tool and supplements and modules for all individuals in need of LTSS, as outlined in the tables in A.2., above.

The Minnesota Department of Human Services began development of the MnCHOICES assessment in 2004 as a statewide effort to consolidate its LTSS tools used for programs and services serving individuals with LTSS needs of all ages and disabilities. The state sought to design a single, comprehensive, modular and automated assessment tool that would assist in program eligibility and nursing facility level of care for any publicly-funded LTSS program serving individuals with brain injury, I/DD, physical disabilities, elders, or individuals with a serious mental health diagnosis. The tool also supports the development of a care plan or action plan. Those who developed the tool focused on ensuring that the resulting tool would be person-centered, result in individually-driven decisions and services, and consider all available supports including the role of informal supports and caregivers.

The tool, as developed, is built upon the health and functional components of the Washington CARE tool. Over the course of several years and large statewide stakeholder engagement including assessors, advocates, consumers, subject matter experts and managed care plan representatives, Minnesota refined the tool and alpha and beta tested it in certain counties before implementing it statewide in 2012.

Minnesota developed the assessment tool and commensurate modules and supplements with federal funds, which means they are in the public domain. Several features of the MnCHOICES tool make it attractive, including the fact that it is modular in nature, addressing different component areas depending on the individual's needs (e.g. ADLs, health, communication, etc.).

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

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

The MnCHOICES tool and modules are designed to collect both subjective and objective data from both the Beneficiary and any informants. There is a section to collect Personal Information about the Beneficiary as well as an Informant Section to collect information if the person is not the source of information (e.g. caregiver, family member, hospital staff, other, etc.). The tool also asks and documents who was present at all or parts of the assessment or provided any additional information included in the assessment including the Beneficiary, caregiver, interviewers or others.

The tool asks if the person is able to participate in the interview/assessment and if the assessor indicates the individual is NOT able to participate, the mental status examination must be used to determine whether use of an informant is necessary. For more specific information, please see the requirements crosswalk table in E.2, A.2.

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

The MnCHOICES tool and supplements/modules comprehensively assess an individual's ability to perform ADLs and IADLs, including eight functional areas in Instrumental

Activities of Daily Living (telephone use, shopping, preparing meals, housekeeping, laundry, medication use, managing finances, transportation, and also asks about employment). It also asks a full battery of questions about ADLs covering the following: dressing, grooming, bathing, toileting, eating, bed mobility, transferring, and walking. The assessor scores based on observation of ability to perform activities and the intent is to measure capacity to perform the activities. Scores rank value from independent to dependent.

While the scoring methodology does not measure for willingness to perform tasks, Optum will work with architects of MnCHOICES and Arkansas DHS to build in metrics that will customize the measurement of willingness as an addition to the existing methodology.

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

The MnCHOICES tool, modules, and supplements are comprehensive in nature and include use of a caregiver screening. Equally important, the tool was developed to foster person-centeredness and consumer-direction. Please see requirements crosswalk table in E.2, A.2.

The following areas are covered in the core assessment:

- Who is completing the assessment and any legal representative assisting
- Assessment of capacity to participate in the interview
- Legal representative, guardian, conservator
- Individual Areas:
  - My Health: current physician(s) and other providers/specialists, recent healthcare provided
  - My Health Concerns: identification of health history and medical problems/history, health goals, pain screening, diagnoses and ICD codes
  - Medical treatments and therapies
  - Medication Use: knowledge of administration
  - My Emotional & Mental Health: including mental illness diagnosis, mental health history and services and counseling, emotional assessment and memory assessment
  - Mental Status Evaluation: using the Orientation-Memory-Concentration Test (Katzman et al, 1983)
  - Alcohol/Tobacco/Substance Use
  - Housing type, program license if residing in a licensed facility
  - My Everyday Life: assessment of IADLs
  - Special equipment/assistive devices
  - Hospital and Nursing Home Utilization

- Nutrition screen
- Taking Care of Myself: assessment of ADLs including additional categories of wheeling assessment, communication, hearing, vision, orientation, behavior, self-preservation in event of emergency, special treatments, clinical monitoring, special nursing, neuromuscular, assessment for ventilator dependency
- OBRA Level 1 and II assessment

- Caregiver (natural supports) Areas:
  - Relationships and Community Connections: including a person-centered interview ("What I Want My Life to Be Like") describing life goals, important to and important for, preferred daily schedule and activities, interest in community activities, living situation, who like to spend time with/relationships, religious preferences
  - People Who Help Me: assessment of informal supports and caregiving
  - My Future Plans: Life goals and supports necessary to get there
  - Caregiver Assessment: including how much help providing, type of assistance provided, capacity to provide, screening for risk of loss of caregiving, caregiver health and risk
- Current Risk Assessment Review:
- My Safety: including self-preservation, home and neighborhood, falls, safety of home and emergency planning, abuse and neglect screen.

• Proposed instruments must meet DAAS Minimum Track Record Requirement defined in RFP.

The MnCHOICES tool is currently being used statewide across Minnesota. In CY12-13 there were a total of 86,783 LTCC specific administrations including new assessments and reassessments. In CY 14-15 there were a total of 98,625 LTCC specific administrations including new assessments and reassessments.

The MnCHOICES assessment tool is currently used by 90 local county government lead agencies.

• Proposed instruments must be capable of handling DAAS Year 1 Volume Estimates for each population.

The MnCHOICES instrument is perfectly suited to support the DAAS Year 1 Volume estimates of 20,651. In CY2015, there were over 28,198 new assessments and 24,651 reassessments completed.

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

Our integrated LTMS platform and call center functionality optimizes our ability to prioritize and schedule the estimated 20,651 assessments expected in Year 1 from ARChoices in Homecare (9,159), Living Choices Assisted Living (1,208), PACE (182), Personal Care (9,236),

Independent Choices (866), as well as any additional referrals received. We will have the ability to take the calendar dates received from the state and apply specific rule logic to ensure the Beneficiary and the assessor are notified and scheduled to conduct the assessment. Our system has the proven capacity to manage large state populations and multiple tools.

Optum will establish prioritization and distribute assessment assignments as follows:

1) Honor any existing assessment appointments scheduled with the individual in order to provide seamless transition and eliminate disruption to the individual
2) Expedite assessments for individuals receiving critical services
3) Rank order the remaining assessments needed based on day of last assessment and required re-assessment date
4) Collaborate with DAAS on special populations or needs that require expedition

Once the prioritization schedule has been established, we will load the information into the LTMS platform and call center for efficient automation of notifications, outreach and scheduling.

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

Our integrated LTMS and call center system functionality optimizes our ability to monitor and guarantee reassessments occur on an annual basis. Our system has an efficient, built-in business logic that will create automatic tasks and alerts for our call center staff and assessors to begin outreach and scheduling when the individual is 10 months into their assessment schedule to ensure the assessment is completed by the 12th month. Additionally, we will collaborate with DAAS to establish any other order of priority for reassessments.

Our system has the capability to automatically call each individual, as well as auto-schedule the assessment appointment. The system will generate an auto-notification to the individual that will describe the process and identify the specifics of the assessment appointment, as well as contact information should the appointment need to be changed for a date, time or location more convenient. The system can be front loaded at the time the Beneficiary is entered into the system and altered as changes in care plans arise.

Assessors will be flagged prior to the due dates of scheduled assessments to provide ample time to complete the assessments in the required timeframes. All written materials will be sent in a format approved by DHS and DAAS.

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

Emergency assessments and/or change in condition assessments are critical to the safety of beneficiaries. Through our LTMS system, Optum has the ability to apply an approved set of logic rules that will target emergency assessments. Every emergency assessment will be completed within a seven day timeframe and communicated to an assessor through our LTMS system. LTMS will provide instant alerts indicating the need for an emergency assessment to be completed.

In anticipation of the approximately 100 emergency assessments per year, Optum will:

1) Allow the state and providers 24/7 access into the LTMS system to document any changes in Beneficiary status in real time

2) Load and track emergency assessments as high status/high priority at the top of the queue to contact the member to ensure the seven calendar days are met
3) Integrate the emergency queue with immediate provider notification to include email and text alerts which will continue every day until the assessment is completed and logged into the system
4) Attempt to hire local assessors who can serve multiple populations and provide cross training on different tools to broaden their scope
5) Use contracted assessors as needed should the volume require additional assessors in order to meet required deadlines

Monitor key metrics of timeliness and quality through direct oversight of the team as well as through our Quality Improvement (QI) Program.

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

Optum will meet all DAAS requirements in the Assessment Schedule Protocols utilizing our automation features in our LTMS system. We are committed to working closely with DAAS to ensure a seamless transition to LTMS, as well as establishing an order and priority for initial assessments. We have experience receiving ongoing information of new Beneficiaries that can easily be placed in our LTMS system, guaranteeing the assessment timeframes requirements will be upheld.

Based on this experience, Optum's protocol is as follows:

- The Beneficiary information from DAAS or its designee will be loaded into the LTMS system.
- Each assessment will be scheduled based upon the order and date of each initial assessment as provided in the referral information from DAAS, unless otherwise indicated and prioritized.
- Optum will collaborate with DAAS to establish and deploy any alterations to the chronological order of the scheduling for prioritization.
- All existing appointments for the individual will be honored in order to provide seamless transition and minimize disruption.
- The LTMS system and call center functionality will be utilized to contact individuals, as well as track, schedule and send reminders and notifications.
- All additional individuals or groups referred by DAAS will be loaded into the queue in the order of which DAAS identifies as priority, and will be completed as identified but not later than 10 calendar days from referral.
- Optum will geographically match the local assessors to the Beneficiary in order to maximize efficiencies and decrease travel time and cost.
- Completed assessments and information packets designed in collaboration with DAAS will be sent to the Beneficiary, along with information on how to file an appeal.

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

Our assessment and reassessment strategies will be directed by our regular and on-going Demand and Capacity Planning process. With a member-centered focus and an integrated assessment repository, we have the ability to generate reassessment needs, feed them into the process and react timely to any fluctuations in coming weeks and months through staff management and scheduling, staff augmentation, including hiring and training both part-time staff and contracting with individuals and/or agencies as needed. Our Demand and Capacity Process enables us to accurately examine and manage the need, timing, resources and gaps as well as account for predicted and unpredicted events.

We will prioritize all reassessments based upon their initial assessment schedule and begin outreach 10 months into the cycle to ensure completion within the year. Additionally, we will work with DAAS to prioritize any reassessments that must be accomplished first. Each individual shall be notified in advance of their upcoming reassessments. Our LTMS system has rules embedded to release mailings to Beneficiaries two months before the reassessment is due. All our notifications will be sent in a format approved by DAAS.

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

Our integrated LTMS and call center system optimizes our ability to notify, outreach and schedule with individuals. All referral information received from DAAS will be loaded into the call center system upon receipt in order to begin outreach immediately and meet all required prioritization and timeframes. Our system will auto-schedule the individual for an appointment and will generate an auto-notification to the individual that will describe the process and identify the specifics of the assessment appointment, as well as contact information should the appointment need to be changed for a date, time or location more convenient. All our notifications will be sent in a format approved by DAAS.

Each individual shall receive no less than three outreach attempts by phone on three separate days using our automation feature for initial contact. The times of day of the outreach shall also be staggered in order to maximize success of reaching the individual. Our call automation also ties to live operators should a member require additional assistance with re-scheduling or clarifications in messages received. Should contact attempts prove unsuccessful, we will notify DAAS and seek additional contact information from the local county office or other authorized, applicable agencies that may have knowledge of the individual.

For new or corrected contacted information, Optum will again make three attempts to contact the individual. If the new information leads to enable us to make a contact, or if an individual contacts the vendor no earlier than four days after the initial referral, Optum will administer the assessment within five calendar days for a total of fifteen calendar days from the date of referral to the administration of the assessment.

All attempts shall be documented, including the phone number tried and date and time of the attempts. Optum will maintain historical records of the outreach attempts in accordance with federal and state record-retention requirements.

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

Optum will support the state and comply with all the requirements of the Arkansas appeals process for Beneficiaries who challenge eligibility assessment findings and reductions or denials of services. We will submit all applicable documents and records to the authorized requesting agency upon request. DAAS and other authorized agencies will have the ability to access our system through a portal with applicable, HIPAA-compliant permission levels, enabling immediate review of much of the information that could be needed in the case. We will identify an Arkansas-licensed, knowledgeable clinician to consult with DHS and DAAS to represent and defend the state and any Optum decision in person at all appeals and any other legal proceeding, in a manner that is consistent with any statute, regulation, and contractual provisions that relate to the decision. We will comply with and timely implement the decision, and with any directive to reverse the decision at any stage during the process.

Additionally, we will track the numbers and outcomes of appeals through our Quality Improvement (QI) Program to identify outliers and trends and to implement improvements in training, monitoring or supervision as needed.

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

The assessment chosen by Optum for utilization in Arkansas supports a scoring system that translates directly into a recommended Tier determination. Upon award, Optum will review this process in collaboration with DAAS and make any adjustments requested. Once the process is defined, the calculating logic shall be built into the Optum system to automatically assign a Tier recommendation to each individual based on the score of the assessments. Validation checks of the results will be conducted by the assessors and supervisors, regular auditing and oversight from our Quality Improvement (QI) Program.

Optum will provide DAAS with access into the system through a designated portal, in which assessments, results and Tiers can be reviewed at any time. Optum will also comply with any reporting requirements set forth by DAAS concerning the process or results.

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

Optum recommends the MnCHOICES assessment tool and supplements and modules for all Beneficiaries who have behavioral health needs, both children and adults, as described in detail in our response to E.1, A.4.

The Minnesota Department of Human Services began development of the MnCHOICES assessment in 2004 as a statewide effort to consolidate its LTSS tools used for programs and services serving individuals with LTSS needs of all ages and disabilities. The goal was to design a single, comprehensive, modular and automated assessment tool that would assist in program eligibility and nursing facility level of care for any publicly-funded LTSS program serving individuals with brain injury, I/DD, physical disabilities, elders, or individuals with a serious

mental health diagnosis. The tool was also designed to support the development of a care plan or action plan. Those who developed the tool focused on ensuring that the resulting tool would be person-centered, result in individually-driven decisions and services, and consider all available supports including the role of informal supports and caregivers.

The tool, as developed, is built upon the health and functional components of the Washington CARE tool. Over the course of several years and large statewide stakeholder engagement including assessors, advocates, consumers, subject matter experts and managed care plan representatives, the tool was refined and alpha and beta tested in certain counties before it went statewide in 2012.

The assessment tool and commensurate modules and supplements are in the public domain as they were developed using federal funds. There are several features of the MnCHOICES tool that make it attractive including the fact that it is modular in nature, addressing different component areas depending on the individual's needs (e.g. ADLs, health, communication, etc.). Some sections are required of all populations.

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

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

The MnCHOICES tool, modules, and supplements are comprehensive in nature and include use of a caregiver screening. As important, the tool was developed to foster person-centeredness and consumer-direction. This person-centeredness and consumer-directed focus was one of the key contributing factors in Optum's recommendation for Arkansas to utilize this assessment instrument. The following risk areas are covered in the core MnCHOICES assessment (For more detail please refer to the requirements crosswalk table in E.2, A.2.):

- Legal representative, guardian, conservator
- Who is completing the assessment and any legal representative assisting
- Assessment of capacity to participate in the interview
- Alcohol/Tobacco/Substance Use, including frequency of use
- My Emotional & Mental Health: including mental illness diagnosis, mental health history and services and counseling, emotional assessment and memory assessment
- Mental Status Evaluation: using the Orientation-Memory-Concentration Test (Katzman et al, 1983)
- Housing type, program license if residing in a licensed facility
- My Everyday Life: assessment of IADLs
- Relationships and Community Connections: including a person-centered interview ("What I Want My Life to Be Like") describing life goals, important to and important for, preferred daily schedule and activities, interest in community activities, living situation, who like to spend time with/relationships, religious preferences
- People Who Help Me: assessment of informal supports and caregiving
- My Future Plans: Life goals and supports necessary to get there

- My Health: current physician(s) and other providers/specialists, recent healthcare provided
- My Health Concerns: identification of health history and medical problems/history, health goals, pain screening, diagnoses and ICD codes
- Medication Use: knowledge of administration
- Special equipment/assistive devices
- Medical treatments and therapies
- Hospital and Nursing Home Utilization
- Nutrition screen
- Taking Care of Myself: assessment of ADLs including additional categories of wheeling assessment, communication, hearing, vision, orientation, behavior, self-preservation in event of emergency, special treatments, clinical monitoring, special nursing, neuromuscular, assessment for ventilator dependency
- OBRA Level 1 and II assessment
- My Safety: including self-preservation, home and neighborhood, falls, safety of home and emergency planning, abuse and neglect screen,
- Caregiver Assessment: including how much help providing, type of assistance provided, capacity to provide, screening for risk of loss of caregiving, caregiver health and risk

• Proposed instruments must meet DBHS Minimum Track Record Requirement in Section 3.1(F)(2).

The number of administrations is not available specifically for the behavioral health population in terms of the numbers of administrations of the recommended MnCHOICES assessment tool. However, this assessment tool and modules/supplements are currently used by 90 local county government lead agencies, meeting the minimum track record criteria of use by at least three state government or local government agencies.

• Proposed instruments must be capable of handling DBHS Year 1 Volume Estimates for each population

The MnCHOICES instrument is perfectly suited to support the DBHS Year 1 Volume estimates of 30,000 – 35,000 assessments. In CY2015, there were over 38,650 new assessments across LTSS, DD, and PCA services which include serving individuals with behavioral health needs and over 70,967 reassessments completed.

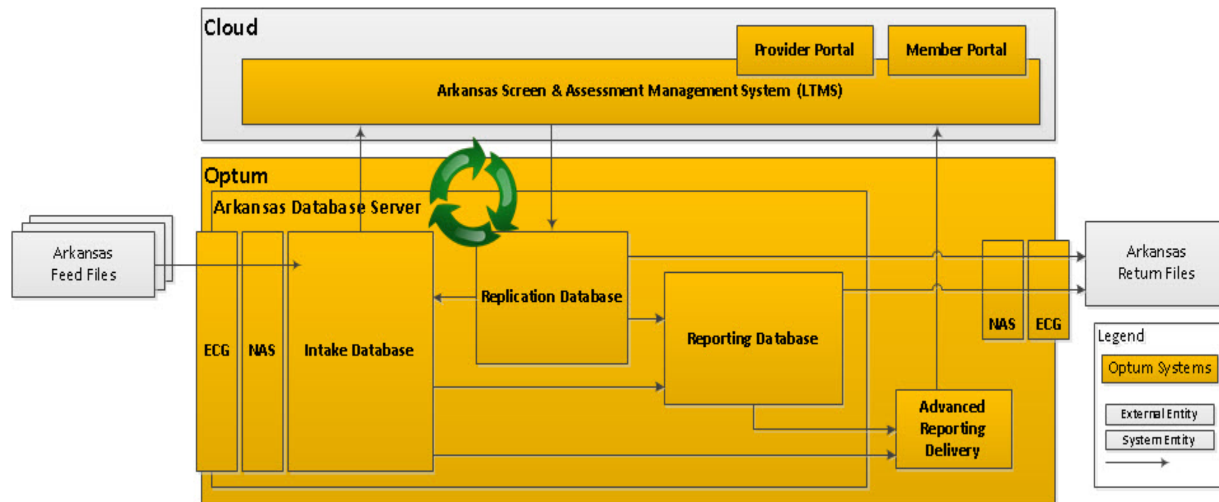
• Proposed instruments must identify functional strengths and needs of Beneficiary related to a behavioral health condition. The results of proposed instruments must provide a numerical score.

The MnCHOICES assessment tool is currently used statewide to calculate case-mix and propose service categories based on need. Arkansas customized tiering will be used to create similar methodology resulting in a numerical score based on the combination of functional strengths and needs of beneficiaries specifically related to a behavioral health condition.

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

Optum has developed best practices in file and data management based upon our significant experience nationally with integration projects. We intend to interact and exchange data electronically with the DHS designee using our External Customer Gateway (secure FTP) to connect our organizations. We will apply file and data management processes to assure that the data transfer processes are complete, timely and accurate and that the appropriate oversight, security and handling of the files and data are addressing requirements. All referrals from DHS and designees will be incorporated into our LTMS system which houses our automation components for scheduling, notifications and mailings in order to maximize efficiency, consistency, quality and timeliness.

The following graphic illustrates our proposed system for Arkansas:



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

Optum's integrated LTMS and call center functionality optimizes our ability to prioritize and schedule the estimated 30,000 – 35,000 DBHS assessments for children (70 percent) and adults (30 percent) and any additional referrals received. Our system has the capacity to manage large state populations and multiple tools. We will have the ability to take the calendar dates received from the state and apply specific rule logic to ensure the Beneficiary and the assessor are notified and scheduled to conduct the assessment. Beneficiaries will be assessed in the order prescribed by the agency.

Optum will establish prioritization and distribute assessment assignments as follows:

1) Honor any existing assessment appointments scheduled with the individual in order to provide seamless transition and eliminate disruption to the individual
2) Expedite assessments for individuals receiving critical services

3) Rank order the remaining assessments needed based on day of last assessment and required re-assessment date
4) Collaborate with DBHS on special populations or needs that require expedition

Once the prioritization schedule has been established, we will load the information into the LTMS platform and call center for efficient automation of notifications, outreach and scheduling.

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

Our integrated LTMS and call center system functionality optimizes our ability to monitor and guarantee reassessments occur on an annual basis. Our system has an efficient, built-in business logic that will create automatic tasks and alerts for our call center staff and assessors to begin outreach and scheduling when the individual is 10 months into their assessment schedule to ensure the assessment is completed by the 12th month. Additionally, we will collaborate with DBHS to establish any other order of priority for reassessments.

Our system has the capability to automatically call each individual, as well as to auto-schedule the assessment appointment. The system will generate an auto-notification to the individual that will describe the process and identify the specifics of the assessment appointment, as well as contact information should the appointment need to be changed for a date, time or location more convenient. The system can be front loaded at the time the Beneficiary is entered into the system and altered as changes in care plans arise.

Assessors will be flagged prior to the due dates of scheduled assessments to provide ample time to complete the assessments in the required timeframes. All written materials will be sent in a format approved by DHS and DBHS.

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

Emergency assessments and or change in condition assessments are critical to the safety of beneficiaries. Through our LTMS system, Optum has the ability to apply an approved set of logic rules that will target emergency assessments. This logic will include beneficiaries who are being discharged from psychiatric hospital admissions or from an acute crisis unit. Every emergency assessment will be completed within a seven day timeframe and communicated to an assessor through our LTMS system. LTMS will provide instant alerts indicating the need for an emergency assessment to be completed.

In anticipation of the approximately 20-30 emergency and priority population assessments per month, Optum will:

1) Allow the state and providers 24/7 access into the LTMS system to document any changes in Beneficiary status in real time
2) Load and track emergency assessments as high status/high priority at the top of the queue to contact the member in order to ensure the seven calendar days are met
3) Integrate the emergency queue with immediate provider notification to include email and text alerts which will continue every day until the assessment is completed and logged into the system
4) Attempt to hire assessors within regions who can serve multiple populations and provide cross training on different tools to broaden their scope

5) Have specific assessors assigned to the state hospital, psychiatric hospitals and acute crisis units
6) Have specific assessors specializing in children/youth in custody with Division of Children and Family Services (DCFS) and the Department of Youth Services (DYS)
7) Use contracted assessors as needed should the volume require additional assessors in order to meet required deadlines

Monitor key metrics of timeliness and quality through direct oversight of the team as well as through our Quality Improvement (QI) Program.

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

Optum will meet all DBHS requirements in the Assessment Schedule Protocols utilizing the automation features in our LTMS system. We are committed to working closely with DBHS to ensure a seamless transition to LTMS, as well as establishing an order and priority for initial assessments. We have experience receiving ongoing information of new beneficiaries or groups of beneficiaries that can easily be placed into our LTMS system, guaranteeing that an assessment will be scheduled and conducted within 14 days, unless the need for the assessment is an emergency, at which point the emergency protocol will be followed. All additional individuals or groups referred by DBHS shall be loaded into the queue in the order of which DBHS identifies as priority.

Based on this experience, Optum's protocol is described below:

- The Beneficiary information from DBHS or its designee will be loaded into the LTMS system.
- Each assessment will be scheduled based upon the order and date of each initial assessment as provided in the referral information from DBHS, unless otherwise indicated and prioritized.
- Optum will collaborate with DBHS to establish and deploy any alterations to the chronological order of the scheduling for prioritization.
- All existing appointments for the individual will be honored in order to provide seamless transition and minimize disruption.
- The LTMS and call center functionality will be utilized to contact individuals, as well as track, schedule and send reminders and notifications.
- All additional individuals or groups referred by DBHS will be loaded into the queue in the order of which DBHS identifies as priority, and will be completed as identified but no later than within 14 calendar days from referral.
- We will geographically match the local assessors to the Beneficiary in order to maximize efficiencies and decrease travel time and cost.

Completed assessments and information packets designed in collaboration with DBHS shall be sent to the Beneficiary, along with information on how to file an appeal.

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

Our assessment and reassessment strategies will be directed by our regular and on-going Demand and Capacity Planning process. With a member-centered focus and an integrated assessment repository, we have the ability to generate reassessment needs, feed them into the process and react timely to any fluctuations in coming weeks and months through staff management and scheduling, staff augmentation, including hiring and training both part-time staff and contracting with individuals and/or agencies as needed. Our Demand and Capacity Process enables us to accurately examine and manage the need, timing, resources and gaps as well as account for predicted and unpredicted events.

We will prioritize all reassessments based upon their initial assessment schedule and begin outreach 10 months into the cycle to ensure completion within the year. Additionally, we will work with DBHS to prioritize any reassessments that must be accomplished first. Optum will send an advanced notice of the upcoming assessments to the Beneficiary prior to their upcoming reassessments. Our LTMS system has rules embedded to release mailings to beneficiaries two months before the reassessment is due. All our notifications shall be sent in a format approved by DBHS.

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

Our integrated LTMS and call center system optimizes our ability to notify, outreach and schedule with individuals. All referral information received from DBHS will be loaded into the call center system upon receipt in order to begin outreach immediately and meet all required prioritization and timeframes. Our system will auto-schedule the individual for an appointment and will generate an auto-notification to the individual that will describe the process and identify the specifics of the assessment appointment, as well as contact information should the appointment need to be changed for a date, time or location more convenient. All our notifications will be sent in a format approved by DBHS.

Each individual will receive no less than three outreach attempts by phone on three separate days using our automation feature for initial contact. The times of day of the outreach shall also be staggered in order to maximize success of reaching the individual. Our call automation also ties to live operators should a member require additional assistance with re-scheduling or clarifications in messages received.

Following three unsuccessful attempts, we will notify DBHS and seek additional contact information from the local county office or other authorized, applicable agencies that may have knowledge of the individual. All attempts shall be documented, including the phone number tried and date and time of the attempts.

For new or corrected contacted information, Optum will again make three attempts to contact the individual. If the new information leads to enables us to make a contact, or if an individual contacts the vendor no earlier than four days after the initial referral, Optum will administer the assessment within five calendar days for a total of fifteen calendar days from the date of referral to the administration of the assessment.

All attempts shall be documented, including the phone number tried and date and time of the attempts. Optum will maintain historical records of the outreach attempts in accordance with federal and state record-retention requirements.

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

Optum will support the state and comply with all the requirements of the Arkansas appeals process for Beneficiaries who challenge eligibility assessment findings and reductions or denials of services. We will submit all applicable documents and records to the authorized requesting agency upon request. DBHS and other authorized agencies will have the ability to access our system through a portal with applicable, HIPAA-compliant permission levels, enabling immediate review of much of the information that could be needed in the case. We will identify an Arkansas-licensed, knowledgeable clinician to consult with DHS and DBHS to represent and defend the state and any Optum decision in person at all appeals and any other legal proceeding, in a manner that is consistent with any statute, regulation, and contractual provisions that relate to the decision. We will comply with and timely implement the decision, and with any directive to reverse the decision at any stage during the process.

Additionally, we will track the numbers and outcomes of appeals through our Quality Improvement (QI) Program to identify outliers and trends and to implement improvements in training, monitoring or supervision as needed.

C.11.Tier Determinations – please describe your company's plan to conduct the assessment and propose a recommended Tier Determination to DBHS and the DHS

All assessments/screenings will be conducted by qualified assessors scheduled for days, times and locations convenient to the Beneficiary and their guardian, including evenings and weekend hours. Each assessor will have a laptop or tablet to utilize for conducting the assessments/screenings in the field. Our assessment/screening tools will be accessible on the laptop or tablet and can be utilized regardless of internet availability/connectivity. Any assessment/screening conducted while offline will upload automatically once connectivity is restored.

The assessments instrument recommended by Optum for utilization in Arkansas supports a scoring system that translates directly into a recommended Tier determination. Upon award, Optum will review this process in collaboration with DBHS and make any adjustments requested. Once the process is defined, the calculating logic will be built into the Optum system to automatically assign a Tier recommendation to each individual based on the score of the assessments. Validation checks of the results will be conducted by the assessors and supervisors, regular auditing and oversight from our Quality Improvement (QI) Program.

Optum will provide DBHS and the DHS with access into the system through designated portals, in which assessments, results and Tiers can be reviewed at any time. Optum will also comply with any reporting requirements set forth by DBHS and the DHS concerning the process or results.

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

The MnCHOICES assessment tool and Supplemental Form for Assessment of Children under 18 are recommended to be used for all individuals with intellectual and/or developmental disabilities, both children and adults.

The Minnesota Department of Human Services began development of this assessment tool in 2004 as a statewide effort to consolidate its LTSS tools used for programs and services serving individuals with LTSS needs of all ages and disabilities. The goal was to design a single, comprehensive, modular and automated assessment tool that would assist in program eligibility and nursing facility level of care for any publicly-funded LTSS program serving individuals with brain injury, I/DD, physical disabilities, elders, or individuals with a serious mental health diagnosis. The tool was also designed to support the development of a care plan or action plan. Those who developed the tool focused on ensuring that the resulting tool would be person-centered, result in individually-driven decisions and services, and consider all available supports including the role of informal supports and caregivers.

The tool, as developed, is built upon the health and functional components of the Washington CARE tool. Over the course of several years and large statewide stakeholder engagement including assessors, advocates, consumers, subject matter experts and managed care plan representatives, the tool was refined and alpha and beta tested in certain counties before it went statewide in 2012.

The assessment tool and commensurate modules and supplements are in the public domain as they were developed using federal funds. There are several features of this tool that make it attractive including the fact that it is modular in nature, addressing different component areas depending on the individual's needs (e.g. ADLs, health, communication, etc.). Some sections are required of all populations. The supplement form for children under 18 is a good example. This form substitutes the ADL/IADL questions to be more age-appropriate for the respective population.

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

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

The MnCHOICES tool and supplemental form for children under 18 is comprehensive in nature and includes use of a caregiver screening. The tool was developed to foster person-centeredness and consumer-direction. The following risk areas are covered in the core assessment:

- Legal representative, guardian, conservator
- Who is completing the assessment and any legal representative assisting
- Assessment of capacity to participate in the interview
- Individual Areas:
- Medication Use: knowledge of administration
- Special equipment/assistive devices

- Medical treatments and therapies
- Housing type, program license if residing in a licensed facility
- My Everyday Life: assessment of IADLs
- My Future Plans: Life goals and supports necessary to get there
- My Health: current physician(s) and other providers/specialists, recent healthcare provided
- My Health Concerns: identification of health history and medical problems/history, health goals, pain screening, diagnoses and ICD codes
- Alcohol/Tobacco/Substance Use
- Hospital and Nursing Home Utilization
- Nutrition screen
- Taking Care of Myself: assessment of ADLs including additional categories of wheeling assessment, communication, hearing, vision, orientation, behavior, self-preservation in event of emergency, special treatments, clinical monitoring, special nursing, neuromuscular, assessment for ventilator dependency
- My Emotional & Mental Health: including mental illness diagnosis, mental health history and services and counseling, emotional assessment and memory assessment
- OBRA Level 1 and II assessment
- Mental Status Evaluation: using the Orientation-Memory-Concentration Test (Katzman et al, 1983)
- Caregiver (Natural Supports) Areas:
- Relationships and Community Connections: including a person-centered interview ("What I Want My Life to Be Like") describing life goals, important to and important for, preferred daily schedule and activities, interest in community activities, living situation, who like to spend time with/relationships, religious preferences
- People Who Help Me: assessment of informal supports and caregiving
- Caregiver Assessment: including how much help providing, type of assistance provided, capacity to provide, screening for risk of loss of caregiving, caregiver health and risk
- Current Risk Assessment Review:
    - My Safety: including self-preservation, home and neighborhood, falls, safety of home and emergency planning, abuse and neglect screen.

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

The MnCHOICES tool is currently being used statewide across Minnesota. In CY12-13 there were a total of 70,863 DD specific administrations including new assessments and reassessments. This does not include DD and PCA related assessments or combinations of assessments for persons with I/DD. In CY 14-15 there were a total of 63,794 DD specific administrations including new assessments and reassessments. This does not include DD and PCA related assessments or combinations of assessments for persons with I/DD. Data is not available by age.

The MnCHOICES assessment tool is currently used by 90 local county government lead agencies.

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

The MnCHOICES instrument is perfectly suited to support the DDS Year 1 Volume estimates of 5,500 assessments and 5,000 developmental screenings. In CY2015, there were over 38,650 new assessments across LTSS, DD, and PCA services which include serving individuals with behavioral health needs and over 70,967 reassessments completed.

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

Optum recommends the implementation of the Battelle Developmental Inventory-2 (BDI-2). The BDI-2 is a validated tool based on application to over 2,500 children[2]. It is a standardized, individually-administered assessment used to measure developmental skills in children from birth to age seven years of age, screening on personal-social, adaptive, motor, communication, cognitive, and developmental results on a pass/fail scoring system. Results from these five domain areas are used determine the need for referral for further evaluation. The screening tool is particularly effective in identifying strengths in developmental skills and opportunities for learning, assessing children considered to be at risk in any developmental area, assisting in the development of Individual Support Plans and Individual Education Plans (IEPs), and monitoring progress toward long and short term goals.

The tool also meets all federal requirements of the Individuals with Disabilities Education Act (IDEA) and aligns with all three Office of Special Education Programs (OSEP) early childhood outcomes and Head Start Child Outcomes.

Optum will utilize its trained and certified assessors to administer the BDI-2 on all prospective and current CHMS and DDTCS populations. Upon completion, a copy of the BDI-2 screen and resulting documentation will be shared with the individual's primary care physician to aid in the identification of individuals at risk of a developmental delay or disability that should be referred on for further evaluation. For current program participants, a copy of the BDI-2 will also be shared with the appropriate CHMS or DDTCS provider. A copy will also be shared with the child's parent(s) or legal guardian.

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

Optum will support Primary Care Physicians (PCPs) in submitting referrals and receiving results in the manner that best fits their individual current practice. We have an ability to receive referrals through four different avenues.

The PCP's office can:

1) Directly access and enter referrals in their Provider/Partner Portal on the Optum system
2) Phone in the referral to our support center staff who will manually enter the information on their behalf

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[2] Technical Assistance and Training System. (2009). TATS eUpdate Evaluation and Assessment of Young Children. Overview of the Battelle Developmental Inventory-2.

3) Email the referral

4) Fax the referral

Screenings would then follow the standard workflow process based on priority and need so that appropriate outreach and scheduling is performed to meet the time requirements.

Upon completion, transmission of results will be delivered in the preferred manner of the PCP and DDS to include:

1) Paper based delivery

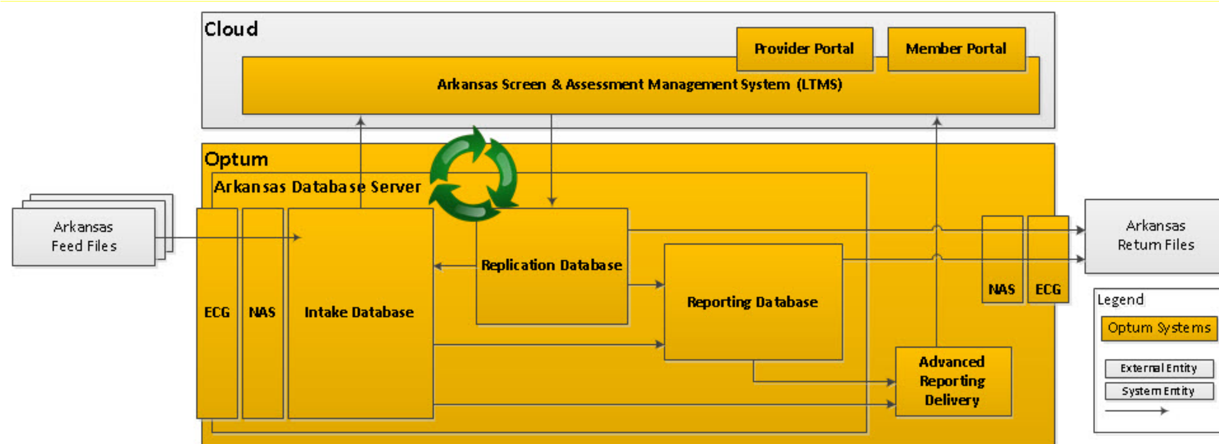
2) Portal based access with notification email

3) Fax based delivery

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

Optum has developed best practices in file and data management based upon our significant experience nationally with integration projects. We intend to interact and exchange data electronically with the DHS designee using our External Customer Gateway (secure FTP) to connect our organizations. We will apply file and data management processes to assure that the data transfer processes are complete, timely and accurate and that the appropriate oversight, security and handling of the files and data are addressing requirements. All referrals from DDS will be incorporated into our LTMS system which houses our automation components for scheduling, notifications and mailings in order to maximize efficiency, consistency, quality and timeliness.

Please see the following graphic, which illustrates how we will exchange data electronically with DDS:



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

Optum's integrated LTMS and call center functionality optimizes our ability to prioritize and schedule the assessments and developmental screenings. Our system has the capacity to manage large state populations and multiple tools. We have the ability to take the calendar dates received

from the state and apply specific rule logic to ensure the Beneficiary and the assessor are notified and scheduled to conduct the assessment. Beneficiaries will be assessed in the order prescribed by the agency.

Optum will establish prioritization as follows:

1) Honor any existing assessment appointments scheduled with the individual in order to provide seamless transition and eliminate disruption to the individual
2) Expedite assessments for individuals receiving critical services
3) Rank order the remaining assessments needed based on day of last assessment and required re-assessment date
4) Collaborate with DDS on special populations or needs that require expedition

Once the prioritization schedule has been established, we will load the information into the LTMS and call center for efficient automation of notifications, outreach and scheduling.

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

Our integrated LTMS and call center system functionality optimizes our ability to monitor and guarantee reassessments occur on a three year cycle. Our system has an efficient, built-in business logic that will create automatic tasks and alerts for our call center staff and assessors to begin outreach and scheduling when the individual is two months away from their three year reassessment due date. We believe a staggered approach based on member priority/needs to conducting the reassessments would be the most beneficial and guarantee most efficiency for the state. There would be a rolling data source that was fed to the state to allow for changes, navigating unforeseen issues and not overwhelming the system. We will address the members with the highest needs first and then move to the next tier of members for scheduling. Additionally, we will collaborate with DDS to establish any other order of priority for reassessments.

Our system has the capability to automatically call each individual, as well as auto-schedule the reassessment appointment. The system will generate an auto-notification to the individual that will describe the process and identify the specifics of the reassessment appointment, as well as contact information should the appointment need to be changed for a date, time or location more convenient. The system can be front loaded at the time the Beneficiary is entered into the system and altered as changes in care plans arise.

Assessors will be flagged prior to the due dates of scheduled reassessments to provide ample time to complete them in the required timeframes. All written materials will be sent in a format approved by DHS and DDS.

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

Emergency assessments and or change in condition assessments are critical to the safety of beneficiaries. Optum understands that an assessment needs to be completed in 24 hours and will

have rules set up to ensure a notice goes out immediately to the assessor via our LTMS system. It will be communicated through the portal and can reach out to an on-call assessor to ensure the 24 timeframe is being met appropriately. The clock will be automatically reset on the reassessment calendar following the completion of the emergency assessment.

In anticipation of the approximately 300 emergency assessments per year, Optum will:

1) Allow the state and providers 24/7 access into the LTMS system to document any changes in Beneficiary status in real time
2) Load and track emergency assessments as high status/high priority at the top of the queue to contact the member in order to ensure the twenty-four hour timeframe is met
3) Employ our Acute Provider Intervention (API) protocols to include automated methods for moving emergency requests into the appropriate scheduling queues
    a. The scheduler identifies an appropriate provider to perform the emergency assessment
    b. Notification is sent to the provider through email and text of the emergency assessment need and continues until the assessment is completed and logged into the system
    c. All emergency assessments will be listed first in the system on their home page in their "My Work" section
4) Attempt to hire local assessors within regions who can serve multiple populations and provide cross training on different tools to broaden their scope
5) Use contracted assessors as needed should the volume require additional assessors in order to meet required deadlines
6) Monitor key metrics of timeliness and quality through direct oversight of the team as well as through our Quality Improvement (QI) Program

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

Optum will meet all DDS requirements in the Assessment Schedule Protocols utilizing our automation features in our LTMS system. We are committed to working closely with DDS to ensure a seamless transition to LTMS, as well as establishing an order and priority for initial assessments. We have experience receiving ongoing information of new beneficiaries or groups of beneficiaries that can easily be placed into our LTMS system, guaranteeing that assessments will be scheduled and conducted within the required timeframes.

Based on this experience, Optum's protocol is described below:

- The Beneficiary information from DDS or its designee will be loaded into the LTMS system.
- Each assessment will be scheduled based upon the order and date of each initial assessment as provided in the referral information from DDS, unless otherwise indicated and prioritized.
- Optum will collaborate with DDS to establish and deploy any alterations to the chronological order of the scheduling for prioritization.
- All existing appointments for the individual will be honored in order to provide seamless transition and minimize disruption.
- Upon notification, Optum will load the date for each Home and Community Based Waiver Beneficiary's plan of care meeting into the electronic system in order to ensure the assessments and reassessments are completed in advance.

- The LTMS and call center functionality will be utilized to contact individuals, as well as track, schedule and send reminders and notifications.
- All additional individuals or groups referred by DDS will be loaded into the queue in the order of which DDS identifies as priority.
- We will geographically match the local assessors to the Beneficiary in order to maximize efficiencies and decrease travel time and cost.
- Completed assessments and information packets designed in collaboration with DDS shall be sent to the individual or guardian, along with information on how to file an appeal.

All screening referral information will be loaded into the Optum LTMS and call center to ensure completion and notification for DDS, DHS, the referring physician and the parent/guardian within fourteen (14) days of referral.

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

Our assessment and reassessment strategies will be directed by our regular and on-going Demand and Capacity Planning process. With a member-centered focus and an integrated assessment repository, we have the ability to generate reassessment needs, feed them into the process and react timely to any fluctuations in coming weeks and months through staff management and scheduling, staff augmentation, including hiring and training both part-time staff and contracting with individuals and/or agencies as needed. Our Demand and Capacity Process enables us to accurately examine and manage the need, timing, resources and gaps as well as account for predicted and unpredicted events.

Optum supports a staggered approach to reassessments, but will work with DDS to determine the optimal schedule. We will prioritize all reassessments based upon their initial assessment schedule and begin outreach two months prior to their three year due date. Additionally, we will work with DDS to prioritize any reassessments that must be accomplished first.

Optum will send an advanced notice of the upcoming assessments to the Beneficiary prior to their upcoming reassessments. Our LTMS system has rules embedded to release mailings to beneficiaries two months before the reassessment is due. All our notifications shall be sent in a format approved by DDS.

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

Our integrated LTMS and call center system optimizes our ability to notify, outreach and schedule with individuals. All referral information received from DDS will be available to the assessors upon receipt in order to begin outreach immediately and meet all required prioritization and timeframes. Our system will auto-schedule the individual for an appointment and will generate an auto-notification to the individual that will describe the process and identify the specifics of the assessment appointment, as well as contact information should the appointment need to be changed for a date, time or location more convenient. All our notifications shall be sent in a format approved by DDS.

Utilizing our call center functionality, each individual shall receive no less than three attempts by phone on three separate days using our automation feature for initial contact. The times of day of the outreach shall also be staggered in order to maximize success of reaching the individual. Our call automation ties to live operators should a member require additional assistance with re-scheduling or clarifications in messages received.

The Optum LTMS is also integrated with a print vendor for notification and outreach campaigns through paper/mail-based means. For Home and Community Based Waiver Beneficiaries, the system shall auto-generate and send a notification letter no less than thirty (30) days prior to the scheduled assessment. All language and contents of written notices will be approved by DHS prior to Optum's use.

Following three unsuccessful attempts, we will notify DDS and seek additional contact information from the local county office or other authorized, applicable agencies that may have knowledge of the individual.

For new or corrected contacted information, Optum will again make three attempts to contact the individual. If the new information leads to enables us to make a contact, or if an individual contacts the vendor no earlier than four days after the initial referral, Optum will administer the assessment within five calendar days for a total of fifteen calendar days from the date of referral to the administration of the assessment.

All attempts shall be documented, including the phone number tried and date and time of the attempts. Optum will maintain historical records of the outreach attempts in accordance with federal and state record-retention requirements.

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

Optum will support the state and comply with all the requirements of the Arkansas appeals process for Beneficiaries who challenge eligibility assessment findings and reductions or denials of services. We will submit all applicable documents and records to the authorized requesting agency upon request. DDS and other authorized agencies will have the ability to access our system through a portal with applicable, HIPAA-compliant permission levels, enabling immediate review of much of the information that could be needed in the case. We will identify an Arkansas-licensed, knowledgeable clinician to consult with DDS and DHS to represent and defend the state and any Optum decision in person at all appeals and any other legal proceeding, in a manner that is consistent with any statute, regulation, and contractual provisions that relate to the decision. We will comply with and timely implement the decision, and with any directive to reverse the decision at any stage during the process.

Additionally, we will track the numbers and outcomes of appeals through our Quality Improvement (QI) Program to identify outliers and trends and to implement improvements in training, monitoring or supervision as needed.

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

Qualified assessors will conduct all assessments/screenings, which we will schedule for days, times and locations convenient to the Beneficiary and their guardian, including evenings and weekend hours. All assessors will have a laptop or tablet to utilize for conducting the assessments/screenings in the field. Our assessment/screening tools will be accessible on the laptop or tablet and can be utilized regardless of internet availability/connectivity. Any assessment/screening conducted while offline will upload automatically once connectivity is restored.

The assessments chosen by Optum for utilization in Arkansas result in a scoring system that translates directly into a recommended Tier determination. Upon award, Optum will review this process in collaboration with DDS and make any adjustments requested in the process. Once the process is defined, the calculating logic shall be built into the Optum system to automatically assign a Tier recommendation to each individual based on the score of the assessments. Validation checks of the results will be conducted by the assessors and supervisors, regular auditing and oversight from our Quality Improvement (QI) Program.

Optum will provide DDS and the DHS with access into the system through designated portals, in which assessments, results and Tiers can be reviewed at any time. Optum will also comply with any reporting requirements set forth by DDS and the DHS concerning the process or results.

E.3 ASSESSORS AND ASSESSMENT STAFFING

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

Optum assessor training will include an initial and comprehensive orientation, as well as training specific to the Assessment instruments and Developmental Screening tool utilized for this contract. Each assessor will have an individualized, documented training plan based on the types of assessments/screening he/she will be administering. The training plan will include post training testing for each assessment/screening tool with a requirement to score 80 percent or better to pass.

Optum has a clear understanding of and decades of experience studying, evaluating, and supporting adult learning styles. As part of the onboarding of newly hired staff, we will tailor our training to meet their learning needs. Much of this will be derived from the provider training assessment that will be completed to clearly understand the depth and diversity of existing training knowledge, gaps, preferences, and special accommodations. We know that delivery modalities impact long-term learning and as a result we will be developing a training program that includes multiple modalities to support as many different learning styles as possible. The five key modalities include:

- Auditory: providing lecture style lessons for staff to learn by listening as well as observing
- Oral: pairing newly hired staff with seasoned staff to mirror role-playing and walk through scenarios
- Visual: providing opportunities for newly hired staff to observe others in role plays using proper and improper techniques.
- Active: providing hands-on opportunities to learn the LTMS platform in a computer lab environment
- Written: supporting reading of materials

The training curriculum is staged to support the core areas of learning and knowledge development across the following areas. Some of these courses may be concurrent.

Course	Method(s) and Timing	Content
Foundations	Pre in person training Online available through LTMS platform In person training reinforcement	■ Overview of the tool and overall project: high level vision, tool selection and deep overview of the tool and accompanying screens, modules, and supplements ■ Basics information of the available waivers and programs (to be customized for Arkansas programs).
Principles	Online available through LTMS platform Some content may be delivered pre in person training Delivery via lecture as well as active role playing	■ Introduction to Assessor Training ■ Principles and Practice: The Person-Centered Approach ■ Intake, Assessment and Support Plan Development Process ■ Effective Communication Skills

Course	Method(s) and Timing	Content
		■ Assessment interview Skills ■ Assessment interview Outcomes ■ Summary: Putting It All Together
Application	Delivery in computer lab environment to learn LTMS platform and step by step process of conducting all assessments, screens, tiering	■ Training and hands-on experience to learn how to access and become proficient in using the assessment tool in both the LTMS Platform as well as offline ■ Access and Navigation, Content and Practice
Tests	Online using LTMS platform Modular based on principles and curricula sections	■ To ensure assessor candidates pass with at least 80 percent proficiency
Reinforcement	Online and via in person training sessions	■ To provide opportunities for reinforcement of learned skills ■ Provide peer to peer mentoring ■ Understand best practices and areas for improvement

Upon passing the test, the candidate will receive a certificate acknowledging completion of credential requirements and fulfillment of training requirements

In addition to initial training, supervisors will audit assigned assessors on an ongoing basis to ensure consistency in administering the tools.

As described in further detail below, our recruitment, interviewing and hiring processes shall meet the assessor requirements specified in Section 3.2 of the RFP.

A.2. Describe your company's plan to ensure any required Clinical Staff obtain/maintain appropriate State of Arkansas licensure.

Prior to hiring, our human resources department will verify that candidates have the appropriate State of Arkansas licensure for the position based on the qualification requirements outlined in the position job description. On an ongoing basis, the human resources department tracks and monitors all clinical staff license expirations. Prior to license expiration, human resource staff will send email alerts to clinical staff regarding the impending license expiration and the requirement to renew the license for continued employment.

In addition, Optum will provide opportunities for continuing education to all clinical staff to assist in meeting licensure continuing education requirements. These training opportunities will be on a variety of topics offered throughout the year via classroom style training, webinars and online training courses. Staff will have access to ***OptumHealth Education***, which is an accredited provider of continuing medical education/education units (CMEs/ CEUs) and is dedicated to improving care and health outcomes through the education of health care professionals. The ***OptumHealth Education*** web site offers over 100 hours of on-demand CME/CEU accredited education.

Staff will also have online access to training specific to the MnCHOICES tool. Minnesota has a fully developed training curriculum available in the public domain that will be customized, as

appropriate, to address Arkansas-related programs. However, training content related to the administration of the tool and all modules and supplements will remain the same. The following areas are included in the Minnesota training curriculum:

- Foundations
  - Overview of the tool
  - Basics of the available waivers and programs (to be customized for Arkansas programs)
- Principles
  - Introduction to Certified Assessor Training (MnCAT)
  - Principles and Practice: The Person-Centered Approach and test
  - Intake, Assessment and Support Plan Development Process and test
  - Effective Communication Skills and test
  - Assessor interview Skills and test
  - Assessor interview Outcomes and test
  - Summary: Putting It All Together
- Application
  - Training and hands-on experience to learn how to access and become proficient in using the tool
  - Access and Navigation, Content and Practice
- Tests
  - To ensure assessor candidate pass with at least 80 percent proficiency

Upon passing, the candidate will receive a certificate acknowledging completion of credential requirements and fulfillment of training requirements

A.3. Describe how you will ensure each required Clinical Staff person meets the additional requirements set forth in RFP Section 3.2 (E).

Optum shall ensure that each required Clinical Staff person meets the additional requirements set forth in RFP Section 3.2 E. Prior to hiring, our human resources department will verify candidates have the appropriate State of Arkansas licensure for the position based on the qualification requirements outlined in the position job description. Copies of these licenses will be provided to the State upon request. Through the interview process, we will assess candidates' capability to provide clinical consultation and supervision of assessors.

We will make clinical expertise available to assessors during operating hours and at a minimum 8:00am – 6:00pm on weekdays. This clinical expertise will be provided by a licensed supervisor. In addition, a board eligible or board certified physician will be available to provide clinical and medical consultation to assessors and a physician board certified in psychiatry will be available for consultation by assessors for matters related to DBHS assessments and Tier Determinations.

A.4. Describe how you will ensure that each Assessor meets the requirements of RFP section 3.2 (F)

Our Arkansas Project Director and Program Manager will work closely with the Optum Human Resources department to ensure that all assessors meet the experience and education qualification requirements outlined in RFP Section 3.2 (F) and maintain appropriate State of

Arkansas licensure. In particular, they will ensure that we recruit clinicians who meet the language needs of the populations we are serving. Optum is experienced at meeting language needs; currently we employ assessors fluent in over 10 languages.

On an ongoing basis, the human resources department tracks and monitors all clinical staff license expirations. Prior to a license expiration, human resource staff will send email alerts to clinical staff regarding the impending license expiration and the requirement to renew the license for continued employment.

Through our ongoing supervision processes, including desk audits as described in Section E.7, we will ensure that all assessors demonstrate the knowledge, skills and ability to appropriately assess and screen Beneficiaries.

A.5. Describe how you will ensure each Beneficiary receives culturally competent and linguistically appropriate services from your company.

Our approach to meeting guidelines for culturally and linguistically appropriate services (CLAS) is threefold:

1) **Governance, Leadership and Workforce**

   Optum will:

   - Provide effective, equitable, understandable, and respectful quality assessment services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of the populations being served.
   - Hire, support and develop assessors from the communities served, including persons with disabilities and bilingual, bicultural Hispanic/Latino staff. A rigorous language proficiency exam is required, and a minimum passing score must be achieved prior to taking calls in a non-English language.
   - Incorporate in our training curriculum brief HHS-approved modules for nurses from www.thinkculturalhealth.org on cultural competency, plain language/health literacy, and person-centeredness; and offer regular coaching to support staff in providing culturally and linguistically appropriate services.

2) **Communication and Language Assistance**

   In compliance with Section 1557 of the Affordable Care Act, Optum will:

   - Post or verify the posting of notices of nondiscrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services, in at least the top 15 languages spoken in Arkansas (Spanish, Vietnamese, Marshallese, Chinese, Laotian, Tagalog, Arabic, German, French, Hmong, Korean, Portuguese, Japanese, Hindi, and Gujarati).
   - Train and coach schedulers to ask standard pre-screening questions to assess clients' and caregivers' communication needs, so that all needed communication supports are mobilized for each appointment.

- Schedule communication supports to ensure their availability during appointments, including: bilingual/bicultural staff; certified in-person, telephonic or video interpreters, including sign language interpreters; assistive listening devices; augmentative and alternative audio communication devices; and magnification devices for persons with low vision.

3) **Engagement, Continuous Improvement, and Accountability**

Optum will:

- Collect accurate demographic data on Beneficiaries, and use it to monitor and continuously improve our work within the populations served
- Administer a brief satisfaction survey after completing assessments
- Report annually on our provision of culturally and linguistically appropriate services, including data, successes, challenges and solutions.
- Monitor complaints and grievances filed by Beneficiaries to determine if cultural competency or other similar issues are identified and linked to a particular employee. If we identify a trend, we will implement an appropriate corrective action plan with that employee.

A.6. Describe your company's plan for ensuring that persons conducting the assessment/screens are not related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual, empowered to make financial or health-related decision of behalf of the individual, and would not benefit financially from the provision of assessed needs.

Optum takes seriously the requirement that the individuals we hire to perform assessments and screens under this vendor contract avoid all real or perceived conflicts of interest in the performance of their jobs. Embedded in the Home and Community Based Services (HCBS) Final Rule published in March 2014 are the provisions related to conflict of interest detailed in the RFP question. At a minimum, we will not hire assessors who are employees of case management organizations serving any of Arkansas' LTSS populations, or who simultaneously function as case managers for any of the programs subject to the assessments they are performing. In addition, they will not be providers of services that are covered by the programs operated by DAAS, DBHS, and DDS. We will screen potential assessors to affirm they do not have financial interests resulting from the task of assessment and include provisions in employment contracts to ensure these issues are understood. We will also establish policies for recusal from assessment when the assessor may be related to the Beneficiary or otherwise financially responsible for the Beneficiary. Optum's LTMS will have attestation functionality for assessors to attest to this independence as part of the LTMS scheduling process.

A.7. Describe your company's plan to maintain the capacity to provide clinical consultation to assessors during the assessment/screening process.

Clinical expertise will be available to assessors during operating hours and at a minimum from 8:00am to 6:00pm on weekdays. This clinical expertise will be provided by a licensed supervisor. In addition, a board eligible or board certified physician will be available to provide clinical and medical consultation to assessors and a physician board certified in psychiatry will be available for consultation by assessors for matters related to DBHS assessments and Tier Determinations

DAAS

B.1. Describe your plan for hiring a sufficient number of qualified registered nurses who will administer all DAAS assessments to complete the requirements of this RFP beginning at Go-live.

Optum is one of the largest employers of registered nurses in the United States. We have experience recruiting sufficient numbers of staff to meet contract requirements. For this program, we will work closely with DAAS to identify nurses currently employed to complete assessments. These nurses will be given first right of refusal to work for Optum to complete assessments. If we identify the need for additional nurses, we will initiate recruitment in the community.

To hire staff, we will use a number of strategies, including:

- Recruiting through statewide and local newspapers and other media
- Collaborating with local organizations
- Requesting referrals from all stakeholders
- Posting job descriptions and enabling the submission of resumes through our local website
- Retaining a search firm for difficult-to-fill positions

In addition to recruiting in Arkansas, we also will post job opportunities on our company's recruitment site so qualified individuals from within Optum, as well as external applicants interested in moving to Arkansas, will be able to apply for these positions.

B.2. Describe your company's proposed plan to offer right of first refusal for employment to all currently employed DAAS-registered nurses before seeking to hire staff elsewhere for the completion of assessments. If your company has participated in a similar hiring process previously, please describe how you conducted it.

As described above, Optum will give first right of refusal for employment to all currently employed DAAS-registered nurses before recruiting other nurses to compete assessments.

Optum recognizes the importance of hiring staff who understand the community and have experience delivering services in the community. In all our programs, we strive to recruit and hire individuals employed by the incumbent organization. We have conducted job fairs onsite for incumbent employees, before and after work hour interviews, and weekend recruitment activities so we do not interfere with ongoing incumbent operations. We work closely with the organization to develop an employee transition plan including start date that supports the needs of both entities as well as the individual employee.

B.3. Describe any additional staffing requirements based on the assessment tool you are proposing for DAAS and how your company will ensure these requirements are met.

MnCHOICES can be implemented using the staffing required specified by Arkansas in this RFP. No additional staffing requirements are necessary to successfully use this assessment tool.

B.4. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

Optum's process for managing the assessment process from referral through Tier Determination is described below. As discussed in Section E.4, this process is effectively and efficiently supported throughout by Optum's LTMS IT platform LTMS tracks that status of referrals, assessments and Tier Determination, providing scheduling support, assessor and supervisor notifications and Tier Determination documents.

- **Receive Referrals**

  Electronically - Upon receipt of a referral file, automated processes would load this data into the LTMS system for further processing including scheduling.

  Call Center - Upon receipt of a referral into our centralized referral line, staff will triage the referral and assign to an appropriately qualified, geographically located assessor. Notification to the assessor of this assignment can be made in a variety of ways including email, text or by the assessor review of their schedule in the LTMS system logging into the system.

- **Conduct Assessments**

  All assessors will have a laptop or tablet to utilize for conducting assessments/screenings in the field. Our assessment/screening tools will be accessible on the laptop or tablet and can be utilized regardless of internet availability/connectivity. Any assessment/screening conducted while offline will upload automatically once connectivity is restored.

- **Using Assessment Results**

  The assessments chosen by Optum for utilization in Arkansas result in a scoring system that translates directly into a recommended Tier determination. Upon award, Optum will review this process in collaboration with DAAS and make any adjustments requested in the process. Once the process is defined, the calculating logic shall be built into the Optum LTMS to automatically assign a Tier to each individual based on the score of the assessments. Validation checks of the results will be conducted by the assessors and supervisors, regular auditing and oversight from our Quality Improvement (QI) Program.

B.5. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

Due to the unique nature of staff interaction with Beneficiaries in the field, Optum has developed extensive policies, procedures and training for staff. The purpose of these procedures/trainings is to ensure a positive, supportive interaction for both the Beneficiary and the staff member. In addition to the breadth of Optum policies and procedures as well as training materials, a rich set of information exists both within the MnCHOICES tool and the accompanying MnCHOICES materials that will also be leveraged during training of staff who will have contact with Beneficiaries in the field.

Policies and Procedures

Optum's policies and procedures are comprehensive. Following are a few of the policies critical to performing services in the field.

- ***Beneficiary Communication*** (via written, oral and alternative communication devices)
  - Person-centered
  - Cultural competency
  - Interpreter services
  - Beneficiary communication scripting
- ***Privacy*** policies and procedures address:
  - Following HIPAA requirements
  - Meeting with Beneficiaries in alternative locations, such as their homes
  - Document control (electronic and hardcopy)
- ***Safety*** policies and procedures exist pertaining to:
  - Abuse and Neglect
  - Beneficiary relationship code of conduct
  - Safety training
  - Scope of practice training
  - Flu and Hep B immunization
  - Tuberculosis testing

A sampling of the above policies is provided below:

Category	Topic	Notes
Beneficiary Communication	**Interpreter Services**	To ensure proper translation, Assessors are to use our contracted vendor Language Line for interpreter services. Using Family Members, Friends or staff from a facility is not appropriate
Beneficiary Communication	**Scripting for Assessors**	Assessors will obtain a valid authorization from Beneficiary prior to using or disclosing PHI to a 3rd party. A generic script can be used by all assessors for face to face visits and\or telephonic outreach.
Privacy	**Alternative Location Guidelines**	The assessor must follow the HIPAA requirements to have appropriate administrative, technical and physical safeguards in place to protect the privacy of PHI. If an assessor is meeting with a Beneficiary in an alternate location, they must: ■ Make reasonable efforts to not be overheard (i.e., use a low speaking voice; sit away from other individuals and physically move locations if other individuals sit down next to them). ■ Reasonably limit the information shared (i.e., it would not be good for the assessor to engage in a detailed discussion involving diagnosis or treatment information). ■ Ensure that any devices and/or paper on which notes are being taken are not visible to others.

Category	Topic	Notes
		■ If visit is scheduled in a physician office, then only conduct visit if private room is available. Do not conduct Beneficiary visit(s) in the waiting area.
Privacy	**Documentation Control**	Beneficiary information is to be protected at all times. **Laptop** If possible, record any visit notes on laptop in the appropriate clinical software program (ICUE, Community Care, etc.). Laptops are not to be brought into a patient's room if they are in isolation. Ask hospital staff to use facility lockers or keep in locked and secure place. Do not leave with Facility RN at RN station or in trunk of your car. **Paper Notes** If absolutely necessary, the assessor can record visit notes on paper, but the following guidelines must be followed: Document minimal amount of information to complete HIPPA verification, any written notes made on paper must remain with the assessor at all times and all written notes **MUST be SHREDDED at the end of each day.** **Email and Text Messaging** Email communication, face time, skype and text messages are not approved communication methods with Beneficiaries. All communication with Beneficiary by assessor should be per telephone or in person. All Beneficiary information on cell phone should be deleted on daily basis.
Safety	**Abuse and Neglect**	Assessors should review the job aid. This job aid provides a consistent process for engaging with a consumer when there is suspected or alleged abuse and/or neglect (physical/mental) of a child or vulnerable adult.
Safety	**Code of Conduct**	Assessors are to comply with the UnitedHealth Group, Incorporated Code of Conduct policy.
Safety	**Tuberculosis Testing (TB)**	TB testing is required upon hire and annually for assessors, managers and supervisors who have any face to face visit with a Beneficiary in a facility, home or physician's office. This includes those managers and supervisors who do ride-a-longs with staff to conduct audits.

Training

The following table highlights Optum's training modules to support staff providing services to Beneficiaries in the field:

Training	Description
Abuse/Neglect Training	
Elder Abuse and Neglect	A self-paced eLearning module addressing Elder Abuse, Neglect & Exploitation.

Training	Description
Domestic Violence	An overview of Domestic Violence for all Clinical Team members that work with Beneficiaries.
Behavioral Health	
De-Escalation Orientation, Myths and Facts	Coping With a Beneficiary Experiencing Mania or Hallucinations
Coping Skills, Compassion, Fatigue and Trauma	Compassion Fatigue and Trauma: Managing Difficult Interchanges and Events, Coping with Trauma, Avoiding Burn Out, While Building Resilience
Depression and Anxiety	Behavioral Health Overview Session Four: Depression and Anxiety
Suicide Prevention	Behavioral Health: CHW Suicide Prevention
Substance Use Disorder	Behavioral Health Overview: Substance Use Disorder
Engagement & Activation	Promoting Recovery And Wellness
Safety Training	
Defensive Driving for Owned or Leased Vehicles	Defensive driving training provides information on UnitedHealth Groups Motor Vehicle Policy and strategies to reduce risk of driving related incidents by anticipating dangerous situations and recognizing adverse conditions
Optum - Introduction to Personal Safety	Personal Safety Training for all assessors. Includes a 5 minute video from the FBI regarding called Run, Hide or Fight.
Optum – Field Safety and Compliance 2016-2017	Includes three modules that include Business Basics, Occupational Health, and Personal and Field Safety

DBHS

C.1. Describe your plan for hiring a sufficient number of qualified staff or registered nurses who will administer all DBHS assessments to complete the requirements of this RFP beginning at Go-live.

We have experience recruiting sufficient numbers of staff to meet contract requirements. Upon award, we will initiate recruitment in the community for qualified staff or registered nurses who will administer all DBHS assessments. Staff will have a four-year Bachelor's degree with one year of behavioral health experience or be a registered nurse with one year of behavioral health experience. To hire staff, we will use a number of strategies, including:

- Recruiting through statewide and local newspapers and other media
- Collaborating with local organizations
- Requesting referrals from all stakeholders
- Posting job descriptions and enabling the submission of resumes through our local website
- Retaining a search firm for difficult-to-fill positions

In addition to recruiting in Arkansas, we also will post job opportunities on our company's recruitment site so qualified individuals from within Optum, as well as external applicants interested in moving to Arkansas, will be able to apply for these positions.

C.2. Describe any additional staffing requirements based on the assessment tool you are proposing for DBHS and how your company will ensure these requirements are met.

MnCHOICES can be implemented using the staffing required specified by Arkansas in this RFP. There are no additional staffing requirements necessary for successful use of the MnCHOICES assessment instrument.

C.3. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

Optum's process for managing the assessment process from referral through Tier Determination is described below. As discussed in Section E.4, this process is effectively and efficiently supported throughout by Optum's LTMS IT platform. LTMS tracks that status of referrals, assessments and Tier Determination, providing scheduling support, assessor and supervisor notifications and Tier Determination documents.

Receive Referrals

Upon receipt of a referral into our centralized referral line, staff will triage the referral and assign to an appropriately qualified, geographically located assessor. This assignment can be made in a variety of ways including email, text or by the assessor logging into the system.

Conduct Assessments

All assessors will have a laptop or tablet to utilize for conducting assessments/screenings in the field. Our assessment/screening tools will be accessible on the laptop or tablet and can be utilized regardless of internet availability/connectivity. Any assessment/screening conducted while offline will upload automatically once connectivity is restored. The Beneficiary and his/her guardian, as applicable will be informed of the Tier Determination result and receive a copy of the completed assessment.

Using Assessment Results

The assessment chosen by Optum for utilization in Arkansas results in a scoring system that translates directly into a recommended Tier determination. Upon award, Optum will review this process in collaboration with DBHS and make any adjustments requested in the process. Once the process is defined, the calculating logic shall be built into the Optum system to automatically assign a Tier to each individual based on the assessment score. Validation checks of the results will be conducted by the assessors and supervisors, regular auditing and oversight from our Quality Improvement (QI) Program.

C.4 Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

Due to the unique nature of staff interaction with Beneficiaries in the field, Optum has developed extensive policies, procedures and training for staff. The purpose of these procedures/trainings is to ensure a positive, supportive interaction for both the Beneficiary and the staff member. In addition to the breadth of Optum policies and procedures as well as training materials, a rich set of information exists both within the MnCHOICES tool and the accompanying materials that will also be leveraged during training of staff who will have contact with Beneficiaries in the field.

Policies and Procedures

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A sampling of the above policies is provided below:

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Safety	**Code of Conduct**	Assessors are to comply with the UnitedHealth Group, Incorporated Code of Conduct policy.
Safety	**Tuberculosis Testing (TB)**	TB testing is required upon hire and annually for assessors, managers and supervisors who have any face to face visit with a Beneficiary in a facility, home or physician's office. This includes those managers and supervisors who do ride-a-longs with staff to conduct audits.

Training

The following table highlights Optum's training modules to support staff providing services to Beneficiaries in the field:

Training	Description
Abuse/Neglect Training	
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Domestic Violence	An overview of Domestic Violence for all Clinical Team members that work with Beneficiaries.

Training	Description
Behavioral Health	
De-Escalation Orientation, Myths and Facts	Coping With a Beneficiary Experiencing Mania or Hallucinations
Coping Skills, Compassion, Fatigue and Trauma	Compassion Fatigue and Trauma: Managing Difficult Interchanges and Events, Coping with Trauma, Avoiding Burn Out, While Building Resilience
Depression and Anxiety	Behavioral Health Overview Session Four: Depression and Anxiety
Suicide Prevention	Behavioral Health: CHW Suicide Prevention
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Engagement & Activation	Promoting Recovery And Wellness
Safety Training	
Defensive Driving for Owned or Leased Vehicles	Defensive driving training provides information on UnitedHealth Groups Motor Vehicle Policy and strategies to reduce risk of driving related incidents by anticipating dangerous situations and recognizing adverse conditions
Optum - Introduction to Personal Safety	Personal Safety Training for all assessors. Includes a 5 minute video from the FBI regarding called Run, Hide or Fight.
Optum – Field Safety and Compliance 2016-2017	Includes three modules that include Business Basics, Occupational Health, and Personal and Field Safety

DDS

D.1. Describe how your company will utilize the most highly qualified standard of assessor/screener as defined by the instrument/screen or suite of instruments being used describe your plan for hiring a sufficient number of qualified assessors to complete the requirements of this RFP beginning at Go-live.

We have experience recruiting highly qualified, sufficient numbers of staff to meet contract requirements. Upon award, we will initiate recruitment in the community for qualified assessors who will administer all assessments/screens. To hire staff, we will use a number of strategies, including:

- Recruiting through statewide and local newspapers and other media
- Subcontracting with local organizations, such as existing entities and individuals who are currently completing assessments
- Requesting referrals from all stakeholders
- Posting job descriptions and enabling the submission of resumes through our local website
- Retaining a search firm for difficult-to-fill positions

In addition to recruiting in Arkansas, we also will post job opportunities on our company's recruitment site so qualified individuals from within Optum, as well as external applicants interested in moving to Arkansas, will be able to apply for these positions.

D.2. Describe your company's plan to ensure that all assessors have at least two (2) years' experience with the developmental/intellectually disabled population and meet any additional requirements of a Qualified Developmental Disability Professional (QDDP).

Optum will develop job descriptions that clearly detail all licensure, certification, qualification, experience and QDDP requirements. Our Project Director and Program Manager will oversee the

recruitment and hiring processes to ensure that potential employee qualifications will be reviewed against these job descriptions to determine compliance. Applicants who do not demonstrate the necessary qualifications will not be considered for an assessor position.

D.3. Describe the respective requirements for assessors/screeners that each instrument/screen you are proposing in this RFP mandates.

While Minnesota Statute 256B.0911 Long-Term Care Consultation Services requires that assessors in Minnesota be certified per statute requirements, this certification process in Minnesota is an additional requirement in support of the state's systems change efforts. Arkansas is not required to adhere to this approach. The MnCHOICES tool outlines clear minimum staffing requirements and Arkansas' requirements specified in this RFP meet or exceed these requirements. The instrument requires assessors to have a bachelor's degree in social work, nursing with a public health nursing certificate, or other closely related field with at least one year of home and community-based experience, or a registered nurse with at least two years of home and community-based experience who has received training and certification specific to assessment and consultation for long-term care services in the state. As shown below, Minnesota has a fully developed training curriculum that will be customized, as appropriate, to address Arkansas-related programs and training curriculum and to support Arkansas assessors.
Foundations:

- Overview of the tool
- Basics of the available waivers and programs (will be customized to Arkansas)
- Principles:
- Introduction to Certified Assessor Training Principles and Practice: The Person-Centered Approach and test
- Intake, Assessment and Support Plan Development Process and test
- Effective Communication Skills and test
- Assessor interview Skills and test
- Assessor interview Outcomes and test
- Summary: Putting It All Together
- Application:
- Training and hands-on experience to learn how to access and become proficient in using the tool
- Access and Navigation, Content and Practice
- Tests
- To ensure assessor candidate passes test with at least 80 percent proficiency
- Upon successfully passing, the candidate will receive a certificate acknowledging successful fulfillment of training requirements

If Arkansas chooses to adopt the specific assessment tools offered by Optum as an *alternative* recommendation in Section E.4, Question B7, the following requirements will be met, as outlined by the instrument developer, or as outlined by Arkansas requirements.

- **DAAS InterRAI-HC tool:** Registered nurses will administer the tool and will be required to complete comprehensive InterRAI training.

- **DBHS InterRAI-HC tool and MH supplements:** Assessors will have a bachelor's degree with at least on year of mental health experience or be a registered nurse with one year of mental health experience.
- **DDS Supports Intensity Scale (SIS) –C and –A version for children and adults:** Assessors will have at least two years' experience with individuals with intellectual and/or developmental disabilities.
- **DD Screening Tool:** The Battelle Developmental Inventory-2 will include assessors who have at least two years' experience with individuals with intellectual and/or developmental disabilities.

D.4. Describe your company's plan to provide documentation of assessor/screener qualifications to DDS.

Optum will provide documentation of assessor/screener qualifications to DDS in the format designated by DDS. This could include copies of assessor/screener resumes, licenses and any certifications required to demonstrate that staff meet the qualifications and experience.

D.5. Describe your company's process to ensure that all relevant training and/or certification required for use of instrument/screen be maintained throughout the life of this contract.

Optum will develop a specific training/certification requirement plan and checklist for each instrument/screen used for this contract. Staff conducting assessments/screenings will be continuously monitored by our human resources staff to ensure compliance with all training/certification requirements throughout the life of the contract.

D.6. Describe any additional staffing requirements based on the assessment instrument(s)/screening tool(s) you are proposing for DDS.

The MnCHOICES assessment does not require additional staffing requirements beyond those specified in the RFP.

D.7. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

Optum's process for managing the assessment process from referral through Tier Determination is described below. As discussed in Section E.4, this process is effectively and efficiently supported throughout by Optum's LTMS IT platform. LTMS tracks that status of referrals, assessments and Tier Determination, providing scheduling support, assessor and supervisor notifications and Tier Determination documents.

Receive Referrals

Upon receipt of a referral into our centralized referral line, staff will triage the referral and assign to an appropriately qualified, geographically located assessor. This assignment can be made in a variety of ways including email, text or by the assessor logging into the system.

Conduct Assessments

All assessors will have a laptop or tablet to utilize for conducting assessments/screenings in the field. Our assessment/screening tools will be accessible on the laptop or tablet and can be utilized regardless of internet availability/connectivity. Any assessment/screening conducted while

offline will upload automatically once connectivity is restored. The Beneficiary and his/her guardian, as applicable will be informed of the Tier Determination result and receive a copy of the completed assessment.

Using Assessment Results

The assessments chosen by Optum for utilization in Arkansas result in a scoring system that translates directly into a recommended Tier determination. Upon award, Optum will review this process in collaboration with DDS and make any adjustments requested in the process. Once the process is defined, the calculating logic shall be built into the Optum system to automatically assign a Tier to each individual based on the score of the assessments. Validation checks of the results will be conducted by the assessors and supervisors, regular auditing and oversight from our Quality Improvement (QI) Program.

D.8. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

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Privacy	**Documentation Control**	Beneficiary information is to be protected at all times. **Laptop** If possible, record any visit notes on laptop in the appropriate clinical software program (ICUE, Community Care, etc.). Laptops are not to be brought into a patient's room if they are in isolation. Ask hospital staff to use facility lockers or keep in locked and secure place. Do not leave with Facility RN at RN station or in trunk of your car. **Paper Notes** If absolutely necessary, the assessor can record visit notes on paper, but the following guidelines must be followed: Document minimal amount of information to complete HIPPA verification, any written notes made on paper must remain with the assessor at all times and all written notes **MUST be SHREDDED at the end of each day.**

Category	Topic	Notes
		Email and Text Messaging Email communication, face time, skype and text messages are not approved communication methods with Beneficiaries. All communication with Beneficiary by assessor should be per telephone or in person. All Beneficiary information on cell phone should be deleted on daily basis.
Safety	**Abuse and Neglect**	Assessors should review the job aid. This job aid provides a consistent process for engaging with a consumer when there is suspected or alleged abuse and/or neglect (physical/mental) of a child or vulnerable adult.
Safety	**Code of Conduct**	Assessors are to comply with the UnitedHealth Group, Incorporated Code of Conduct policy.
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Training

The following table highlights Optum's training modules to support staff providing services to Beneficiaries in the field:

Training	Description
Abuse/Neglect Training	
Elder Abuse and Neglect	A self-paced eLearning module addressing Elder Abuse, Neglect & Exploitation. (C&S Developed)
Domestic Violence	An overview of Domestic Violence for all Clinical Team members that work with Beneficiaries.
Behavioral Health	
De-Escalation Orientation, Myths and Facts	Coping With a Beneficiary Experiencing Mania or Hallucinations
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Depression and Anxiety	Behavioral Health Overview Session Four: Depression and Anxiety
Suicide Prevention	Behavioral Health: CHW Suicide Prevention
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Optum - Introduction to Personal Safety	Personal Safety Training for all assessors. Includes a 5 minute video from the FBI regarding called Run, Hide or Fight.
Optum – Field Safety and Compliance 2016-2017	Includes three modules that include Business Basics, Occupational Health, and Personal and Field Safety

E.4 INFORMATION TECHNOLOGY PLATFORM

A.1. Describe your company's IT Platform and your plan for implementing and operating an IT platform capable of the management and administration of the Independent Assessment Instruments, Developmental Screens, and Tier Determinations in accordance with the requirements set forth in RFP.

Optum has created a cloud based system to support multiple clients and populations including Medicare and Medicaid populations. We call this system the Long Term Services and Supports Management System (LTMS)

An Arkansas specific instance of this technology would be deployed and configured to meet the specific needs of the Arkansas populations (DAAS, DBHS, DDS)

The LTMS system is a modular but integrated system that provides industry leading Outreach management tools (CRM), Scheduling Capabilities, Provider Management Capabilities, Reporting Capabilities and Content management capabilities all within a single platform. Advanced workflow engines can be configured to optimize your workforce and assign tasks to the most appropriate resources and provide additional screening, review and systematic audits.

Key Capabilities

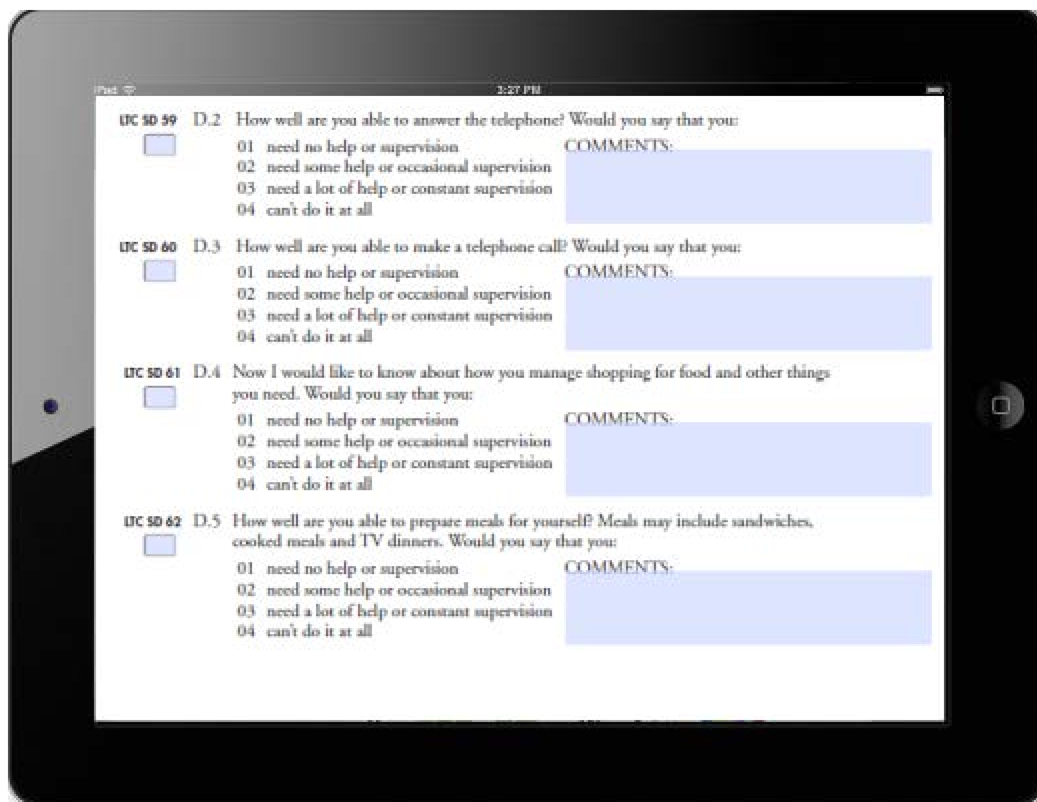
- Automated & Manual receipt of referrals
- Automated scheduling
- Integrated Demand and Capacity planning
- Manual scheduling (input or over-ride)
- Geo mapping capabilities for scheduling optimization.
- Integrated Outreach capabilities
- Integrated Assessment Tools (online data entry)
- Automatic tier recommendation
- Advanced workflow capabilities
- Enables work force optimization
- Final Tier determination capabilities
- Restricted access based on Role
- Date/Time/User name tied to each determination.
- Automated communication of final assessment outcome
- State, Beneficiary and Provider (if required)
- Integration with Print capabilities
- Advanced reporting and dashboard capabilities.
- Individual/Member centric user interface
- Individual profile available to assessor
- Past Medical history available to assessor
- Transparent assessment/screening outcomes.

The LTMS system is also centered on the individual Beneficiary. Knowing that the individuals in the population may change over time, we take strides to manage the individual over time regardless of specific memberships. This greatly enhances the member experience.

These capabilities are then complemented by Optum Integration technologies that allow us to further automate and optimize file and data management operations. Data management goes beyond simple ETL routines and applies industry best practices to ensure the quality of data entering Optum systems. Any data related issues are quickly identified and addressed in a timely and transparent manner.

A current implementation of our LTMS platform manages health care programs for 36 states. This current version also includes assessments similar to the ones proposed for Arkansas. As the successful bidder, we will instantiate a new production LTMS environment for Arkansas.

Following please find an illustration of how an assessment displays on a tablet:



A.2. Provide a comprehensive list of any additional Assessment Instruments/Developmental Screens that the Vendor is capable of managing and administering within the IT Platform, per the requirements of the remainder of Section 3. However, the focus of the Vendor's proposal in RFP Section 3.1 shall be on the Assessment Instruments/Developmental Screens the Vendor proposes for adoption by the three Divisions, respectively.

As described above in Sections E.2 A.1 and A.2, Optum has proposed using a single assessment tool, MnCHOICES, across populations because of the strong person-centered nature of this tool. However, a combination of the InterRAI and Support Intensity Scale (SIS) were also strongly considered as assessment tool recommendations. Our discussion of additional assessment instruments and developmental screens that Optum is capable of managing and administering on

LTMS begins with a focus on the InterRAI and SIS assessment tools. This discussion is followed by an overview of a range of assessments and screens that Optum routinely manages and administers. Optum has over twenty years of experience with assessment tools, spanning many populations and is capable of managing and administering a number of assessment tools and development screens.

A Combination of the InterRAI and Support Intensity Scale

The InterRAI and Support Intensity Scale (SIS) together could be used as a package of assessment tools for aging, behavioral health and development disability assessments. Optum offers Arkansas the ability to administer and manage these tools.

DAAS

Optum is fully capable of managing and administering the full suite of InterRAI assessment instruments. Specifically for DAAS, the InterRAI-Home Care (HC) tool for the ARChoices in Homecare waiver, the Living Choices Assisted Living waiver, PACE and personal care services benefit is an option. The InterRAI-HC is currently in use in the State of Arkansas supporting assessment of DAAS waiver beneficiaries. Arkansas was one of the early adopters of the HC tool, and has used this tool for many years. Currently, 26 states use the HC to evaluate the needs of older adults and people with disabilities.

States generally use the InterRAI-HC for the frail elderly or persons with disabilities who are seeking or receiving formal health care and supportive services. Although the system can be used on admission to a home and community-based program or at a hospital prior to discharge, its power is augmented by reassessment at a standard interval, which informs quality measures and valuation of outcomes of services using select measures and scales available in the HC. Multiple trials in several countries have established good inter-rater reliability of HC items. The HC was developed as a community-based analogue to the Minimum Data Set (MDS), which is the mandated assessment tool for all Medicare- and Medicaid-certified nursing facilities.

Assessors complete the InterRAI-HC using multiple sources of information about the beneficiary including self-report, caregiver input, assessor observation of the beneficiary in the home environment, physicians and other medical providers, as well as medical records, where available. The beneficiary, whenever possible, is the primary source of information during the completion of the assessment.

Key metrics in the InterRAI-HC capture both actual performance of tasks and capacity to perform those tasks. The HC captures functional status based on eight instrumental activities of daily living (IADLs: meal preparation, ordinary housework, managing finances, phone use, stairs, shopping, and transportation) and ten activities of daily living (ADLs: bathing, personal hygiene, dressing upper and lower body, walking, locomotion, toilet transferring, toileting, bed mobility, and eating). IADLs are evaluated by both measuring actual performance of each task over the prior three days either through direct observation of performance or through discussion with the beneficiary and capacity to perform the task, which requires a subjective determination by the assessor. An individual may not currently perform a task, which may be due to a lack of skills or experience but could perform that task with proper training or cueing. ADLs are evaluated based on performance over the prior three days as well. The assessor will determine based on discussion with the beneficiary, informal caregivers, and formal caregivers what level of support an individual required to perform the tasks.

The InterRAI-HC is a comprehensive assessment tool that captures the array of individual needs including medical history and current clinical needs, behavioral needs, home living activities (e.g., ADLs and IADLs), cognitive function, home environment, social functioning and engagement, and health and safety issues, caregiver considerations, and risk areas as identified in the RFP. The InterRAI-HC does not currently include assessment items related to employment however, a limited set of items could be added to the assessment that capture support needs around employment. The assessment also evaluates the capacity of informal caregivers to provide support and determine their level of involvement in the care of the beneficiary. The tool is also designed to engage the caregiver(s) in discussion about their ability to continue serving in the caregiving role and explore the role of their own physical and behavioral health, stress level, and other factors related to caregiving capacity.

The InterRAI-HC includes scales and indices that can be used to summarize a number of items under several constructs to evaluate a beneficiary's current clinical status. The table below describes several of the scales and indices that may be of interest to the state.

Scales and Indices Available in the InterRAI-HC

Scale/Index	Description
ADL Hierarchy Scale[3]	The ADL Hierarchy Scale groups ADLs according to the stage of the disablement process in which they occur. For example, early loss ADLs (e.g., dressing) are assigned lower scores than late loss ADLs (e.g., eating). The ADL Hierarchy ranges from 0 (no impairment) to 6 (total dependence).
Cognitive Performance Scale 2 (CPS2)[4]	The CPS combines information on memory impairment, level of consciousness, and executive function, with scores ranging from 0 (intact) to 6 (very severe impairment). The CPS has been shown to be highly correlated with the MMSE in a number of validation studies. The CPS2 is updated from the original CPS and is highly sensitive to detecting changes in early levels of cognitive decline.
Depression Rating Scale (DRS)[5]	The DRS can be used as a clinical screen for depression and evaluation of the DRS demonstrates high sensitivity and specificity.
CAGE	CAGE can be used as a screener for substance use disorders.
Changes in Health, End-Stage Disease, Signs, and Symptoms Scale (CHESS)	The CHESS scale can identify those are risk of serious decline. It is a six-point scale from 0=not at all unstable to 5=highly unstable. Higher scores are predictive of mortality and other outcomes including hospitalization and caregiver stress.

Another key functionality of the InterRAI-HC is the production of Clinical Assessment Protocols (CAPs). CAPs are made up of a limited set of assessment items that, in combination, identify areas of risk for the beneficiary and can support care plan development. CAPs can systematically identify problem areas that may be an appropriate focus of the care plan but does not dictate the care planning process.

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[3] Morris JN, Fries BE, Morris SA (1999). Scaling ADLs within the MDS. *Journals of Gerontology: Medical Sciences*, 54(11):M546-M553.
[4] Morris JN, Howard EP, Steel K, Perlman C, Fries BE, Garms-Homolova V, Henrard JC, Hirdes JP, Ljunggren G, Gray LC and Szczerbinska K: Updating the Cognitive Performance Scale. *J Geriatr Psychiatry Neurol.* 2016.
[5] Burrows A, Morris JN, Simon S, Hirdes JP, Phillips C (2000). Development of a Minimum Data Set-based Depression Rating Scale for Use in Nursing Homes. *Age and Ageing*, 29(2): 165-172.

Adult Population:

- InterRAI Home Care Assessment (HC)
- inter RAI Community Health Assessment Mental Health Supplement (HCA-MH)

Child Population

- InterRAI Home Care Assessment (HC)
- InterRAI Pediatric Home Care Assessment (PEDS-HC)
- InterRAI Child and Youth Mental Health and Adolescent Supplement (ChYMH)

Adult Population:

- The InterRAI Home Care Assessment (HC) is a user-friendly, person-centered tool that assesses an individual's daily functioning, quality of life, needs and strengths as well as their community and caregiver supports. It is also designed to capture both chronic needs and acute care incidents, which make it well suited to evaluate both chronical behavioral health conditions and acute crises. The InterRAI Community Health Assessment Mental Health Supplement (CHA-MH) drills down into mental health diagnoses, symptoms, treatment history, substance abuse and dependence and life experiences (e.g. trauma, recovery). When used in tandem, these tools capture all of the primary areas and the related subareas required by the state and DBHS.
- Behavioral health encompasses a wide variety of conditions that can significantly affect morbidity, mortality and daily functioning. Many of these conditions can go undetected and under treated without a comprehensive and sensitive assessment tool. The combination of InterRAI tools outlined above not only explicitly addresses the required fields in the RFR, but is also designed to identify unseen and undiagnosed conditions that can be successfully treated and managed with appropriate care. Furthermore, a number of criteria are assessed by both tools from different perspectives, allowing for more opportunity to capture subtle issues.
- The table below explicitly states the criteria outlined in the RFP and details which tool captures each.

Child Population:

- The InterRAI Home Care Assessment (HC) is a user-friendly, person-centered assessment that assesses an individual's daily functioning, quality of life, needs and strengths as well as their community and caregiver supports. The InterRAI Pediatric Home Care Assessment (PEDS-HC) is a standardized assessment for children with special health care challenges and their caregivers with an emphasis on community and clinical supports. The InterRAI Child and Youth Mental Health (ChYMH) and Adolescent Supplement tool assesses psychiatric, social, environmental and medical issues for children and youth. Furthermore, the adolescent supplement is intended for children with mental health, intellectual and developmental issues that engage or are exposed to in higher risk behaviors typical of adolescents, such as substance abuse, sexual activity and trauma. When used together, these tools capture all of the five (5) primary areas and the related subareas required by the state and DBHS and are specific to the needs of a pediatric and adolescent population.

- Child and adolescent behavior health populations present particular challenges in identifying root causes and treatment needs. This set of assessment tools is fine tuned to the unique presentations of behavioral health challenges of each age group. While the Home Care assessment provides a solid foundation, the addition of the PEDS-HC and ChYMH enable the assessment of challenges unique to the child and adolescent behavioral health populations.

	Adult	Child
Individual Areas		
Behavioral and Emotional Needs	HB/MH	PEDS-HC /ChYMH
Home Functioning	HC	HC
Strengths and Resources	HC	HC/ PEDS-HC
Employment	HC	HC
Health & Safety Assessment	HC	ChYMH
Social Functioning	HC	HC/PEDS-HC /ChYMH
Conditions that Impact BH Condition	HC	HC/ PEDS-HC
Engagement	HC	HC
Co-morbidities	HC/MH	HC
Caregiver Areas for Children/Youth		
Physical Behavioral (Health)	HC	HC/ PEDS-HC
Involvement	HC	HC/ PEDS-HC
Social Resources	HC	HC/ PEDS-HC /ChYMH
Family Stress	HC	HC/ PEDS-HC /ChYMH
Safety	HC	HC/ PEDS-HC /ChYMH
Adult Recovery Environment		
Stress	HC/MH	PEDS-HC ChYMH
Support	HC	HC/ PEDS-HC
Behavioral Health History		
Current Behavioral Health Conditions	MH	ChYMH
Treatment Attempted	MH	ChYMH
Treatment Received	MH	ChYMH
Treatment Compliance	MH	ChYMH
Response to Treatment	MH	ChYMH
Recovery History	MH	ChYMH
Current Risk Assessment Review		
Crisis Plan, if available	MH	ChYMH
Risk Behaviors	CH/MH	ChYMH
Risk Factors	CH/MH	ChYMH

The InterRAI is a structured assessment tool that produces numerical scores, which makes them ideally suited to categorizing Beneficiaries into a set of Tiers.

DDS

The SIS is a validated and normed tool developed and owned by the American Association on Intellectual and Developmental Disabilities (AAIDD). Optum brings the full capabilities to administer and manage implementation of the SIS-A tool, which is designed for use with adults (16 and over) with developmental disabilities and the SIS-C tool, designed for children with intellectual and developmental disabilities, between the ages of 5 to 16. AAIDD charges an annual license fee to states for each assessor designated to conduct the assessment. There is also a fee for each assessment completed. AAIDD also requires training and certification on the SIS through their training program to use the tool at an additional cost. HSRI, Inc. is the owner of a proprietary algorithm to determine service levels for resource allocation using the SIS. The SIS is novel in that it assesses the frequency and level of support needed by the individual, rather than documenting performance deficits or behaviors that lead to the needs for supports. The SIS uses a structured interview to assess support needs over several topical areas of interest to DDS. At the individual level, both the SIS-A and the SIS-C capture information about exceptional medical and behavioral support needs, home living activities (e.g., ADLs/IADLs), community living activities (e.g., transportation, social engagement, participation in community activities), health and safety activities, and social activities. In addition, the SIS-A and SIS-C include assessment around protection and self-advocacy. The SIS-A also has assessment items around "lifelong learning" as well as employment. The SIS-C includes assessment items related to school participation activities and school learning activities. The SIS is a reliable tool for measuring individual support needs in personal, work-related, and social activities.

ii. Caregiver (natural supports) areas

- Physical/behavioral (health)
- Involvement
- Social resources
- Family stress
- Safety

The SIS is currently in use in 22 states and meets the DDS minimum track record requirement in the RFP.

DDS will require the vendor to administer reassessments for the DDS home and community based waiver population every three years. Many other states that employ the SIS follow a similar time schedule. If this tool was considered for implementation, it is our recommendation that reassessments be staggered throughout the three-year period rather than conduct all reassessments in Year 3 of operation. While staffing requirements can vary over time, the SIS license must be paid for all assessors who use the tool and the costs overall to the state of using the SIS may be minimized by having fewer total assessors working consistently with the tool over time.

OPTUM™

Overview of Capabilities to Administer and Manage Other Assessment Instruments

Optum's focus is to support clients, whether their needs involve active treatment for behavioral health issues or they require a continuum of services such as peer support, housing, crisis intervention, or access to specialized and culturally appropriate treatment, such as faith-based interventions or gender-specific services. We support clients in their recovery by offering the right treatment and support services at the right time coupled with a person-centered approach, using the concepts of recovery, resiliency, increased community tenure/integration, improved outcomes, screening and prevention to help achieve the most favorable outcomes. Our broad experience incorporates the use of evidence-based, standardized tools such as Pfizer's Patient Health Questionnaires (PHQ-2 and PHQ-9), Optum SF™ Health Surveys, wellness assessments and experience with state-specific assessments

- The Optum SF™ Health Surveys capture practical, reliable and valid information about functional health and well-being from the client's point of view. These are considered generic health surveys because they can be used across age, disease and treatment group, and are appropriate for a wide variety of applications.
- Our wellness assessments, one for adults and one for children/adolescents are validated instruments designed to simplify client access to care and reduces administrative requirements for both the client and provider. It promotes outcomes-informed, member-centered treatment; using standardized outcomes measures to integrate the client's voice into treatment planning. The Global Distress index is the core scale in the Wellness Assessment. For adults, it is a composite of symptom severity, functional impairment and perceived well-being. For youths, it is based on functioning and symptom severity. Adult and child scores are compiled and indexed based on reported distress and impairment in social, interpersonal and emotional spheres.
- Within our Medicaid programs, we use a health risk assessment (HRA) that is a comprehensive screening of medical, behavioral, social, and environmental issues and includes the Children with Special Health Care Needs (CSHCN) Screener, and the Child Stress Disorders Checklist – Screening Form. Additional screening tools are available to our staff conducting the HRAs and our care managers, should they identify the need to address other and symptoms being experienced by a child. These instruments include the CRAFFT for substance use, Child Mania Rating Scale – Parent Version and the Vanderbilt ADHD Diagnostic Parent Rating Scale.
- Our Medicare Health Risk Assessments (HRAs) are tools that meet the initial and annual assessment requirement for CMS. These medical health risk assessments are customized to the needs of older adults, and potentially identify an individual's health conditions, including chronic conditions, medications, general health, utilization, mental health and the need for psychosocial services or help at home. We also use the Cornell Scale for Depression in Dementia (CSDD), which was developed to assess signs and symptoms of major depression in clients with dementia. Due to unreliable reports provided by these clients, the CSDD uses a comprehensive interviewing approach that derives information from the client and the informant.
- We use the Health Risk Screening Tool (HRST) as our HRA tool, which has been specifically designed to identify the needs of individuals with I/DD. The HRST detects health destabilization early and prevent preventable illness, health related events and even death for

individuals with I/DD by examining 22 areas related to functional status (e.g., eating), behavior (e.g., aggression), physiological conditions (e.g., seizures), frequency of services (e.g., ER visits) and safety (e.g., falls). We also use other types of assessments or evaluations as needed and appropriate for administering to the client, such as the PHQ-9 and/or GAD-7.

We often incorporate state-specific assessments or screening protocols. Some states have adopted standardized instruments. Many have adapted standard tools or developed their own. We incorporate the state's required instruments and processes into our policies and procedures and, to the extent possible, into our care management screens and IT systems. For example, in Texas, we utilize several state-specific assessments for the Texas STAR+Plus program, which is the State's LTC program. These state-specific assessments include a risk stratification, LTC clinical assessment, health risk assessment for placement, pediatric/adolescent assessment, disease management assessment and readmission risk assessment to name a few. We have also created unique HRAs in TN and IA.

A.3. Describe how your IT Platform will meet all requirements in time for the July 1, 2017 Go-Live date.

Optum's cloud based LTMS system already has many of the features required by the July 1st implementation date. Further configuration and development on the system to satisfy the requirements of the Arkansas engagement will be managed through our Agile development team.

The Agile development team would extend the LTMS platform to include the required assessments and screens for Arkansas including report customization to meet the needs of the program.

Our experienced project management team will manage this effort through industry best practices and approaches. An integrated project plan is available for review with this RFP response.

Project Methodology and Approach

The key to any successful implementation is the execution of organized project management processes the effectively control project activities, adheres to project quality, and achieves project cost and schedule objectives.

Optum's unified approach to these project management processes begins with incorporating industry recognized project management tools to support all project activities effectively and efficiently. Optum's suite of Commercial-off-the-shelf (COTS) project management tools are fully integrated into our project management methodology and services. These COTS tools support our project management disciplines and compliment the overall expertise of the Optum project team. Throughout the life of the project, our project management team will utilize information generated from these tools to consolidate and report on project status metrics and update management plans required for a project success.

Starting with the projects initiation phase through the projects closure phase, Optum requires that the established and agreed upon project policies, processes, and procedures are supported and adhered to by the project staff. Compliance with these policies, processes, and procedures are monitored by the project management team throughout the life of the project.

The Project Management Plan (PMP) chronicles Optum's methodology and approach for all key aspects of project management effort required for the Arkansas Independent Assessment and Transformation project. The Project Management Plan, in addition to the seven required sub-plans as shown in section 3.2 of this document, define and document the methods and processes to support management of all aspects of the planning, implementation, and closure phase.

Starting with the planning phase, Optum's project team will provide twelve deliverables in total. Seven deliverables are considered sub-plans to the PMP and five are outside the PMP and are considered standalone plans. Initially, each deliverable will be independent of the PMP. Approval of those plans by the State, that are considered sub-plans to the PMP, will be incorporated into the PMP at that time and will replace any previous approach and methodologies outlined. Throughout the implementation and closure phase, any update to a sub-plan results in a published update to the PMP in its entirety. A sub-plan will no longer be considered a separate deliverable. Optum's project management team is responsible for updates to the PMP as sub-plans are updated and approved.

Optum's electronic document storage and retrieval repository (SharePoint) supports project requirements in providing the State, its partners, and all internal and external stakeholders access to project documentation and deliverables. The portal ensures that project stakeholders are continually informed of current and future progress of the project and further supports a collaborative effort among all teams.

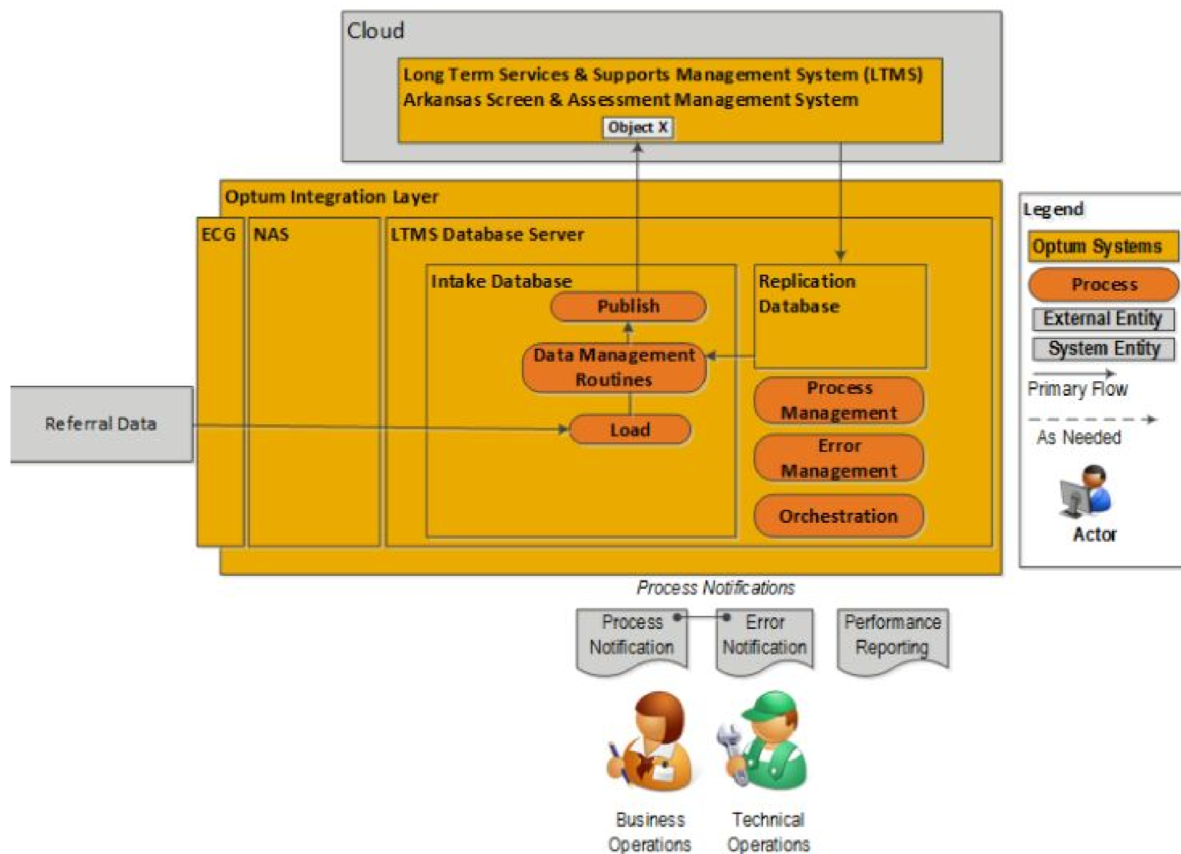
A.4. Vendors may propose a phased approach for the IT Platform for the following items in the order listed: 1) technology development with assessment entry, reporting and data integration 2) disconnected assessment data entry, and 3) access for multiple operating systems. If proposing a phased approach, describe your company's recommended phased timeline and approach.

1) Assessment entry, reporting and data integration
   a. Assessment and reporting will not require a phased approach
   b. Data integration should not require a phased approach but would be dependent on interaction and agreements with Arkansas State representatives.
2) Disconnected assessment data entry
   a. Disconnected assessment data entry should not require a phased implementation approach. We have experience with deployed similar assessments in a disconnected fashion. Enhanced functionality for the assessment (if required) would require a phased implementation approach.
3) Access for multiple operations systems
   a. Access for multiple operations systems should not require a phased implementation approach when utilizing the Optum Integration Layer.

B.1. Describe your company's plan to develop and implement referral Intake as a part of the IT Platform that fulfills the requirements in RFP Section 3.3 (B).

Optum will leverage our existing integration layer associated with this platform to implement referral intake, as illustrated in the following diagram.

GOAL: Provide mature, resilient, transparent data management processes
- Constraints: Source files and systems. Destination Systems



The Integration layer establishes the required connections between a client and the Optum LTMS system. This layer performs data management and integrity functions to deliver quality data to the LTMS platform. Data processing through this layer can be configured as required. Past experience includes monthly, daily, hourly and ad-hoc execution.

The integration layer would be responsible for creating a unique individual based on the member data provided and performing an eligibility check. The integration layer would also relay the individual's demographic information and create the required "assessment" or "screen" record for each individual/member. This layer would also associate the contact information within the individuals 'care team'. The 'care team' on the LTMS platform contains the relationships outlined in the RFP (known family members, guardians, and/or caregivers)

Once an individual's data and referral are loaded to the LTMS platform, workflow would determine preliminary scheduling. The assessment schedule records are then made available for the provider and scheduler's for further review and approval. The provider's acceptance of the appointment would include a conflict of interest statement so we are aware of any conflicts prior the assessment being performed.

Dedicated administrative staff could also receive email referrals. If the referrals are delivered in an agreed upon format, administrative staff can 'drop' the file into the integration layer and have the process pick this file up for immediate processing. If the referral is not in a standard format,

the administrative staff would be able to enter the information directly into the LTMS system and trigger appropriate workflow to create a scheduled appointment for the individuals entered.

Once referral appointments are verified and confirmed, we would be able to run processes to generate Assessment or re-assessment notices as required. We would also use integrated call center functionality to perform assessment confirmations as required by this RFP (min. 3 calls on 3 separate days)

The LTMS system would service as the 'calendaring database' for all beneficiaries and this would be accessible to DHS staff. Reports/dashboards could be used for review or DHS can access a specific individual's record to review their assessment or re-assessment schedule.

B.2. Describe your system's ability to accept batched referrals.

Optum will leverage our existing integration layer associated with this platform to implement batched referrals. See previous response for additional information.

This is a common practice for other implementations as clients often send daily batches of data to use for interpretation. Often a client chooses to send a complete refresh of member data and we determine the delta with the integration layer and provide add, change and term records to the LTMS system.

B.3. Describe your system's ability to receive paper or secure emails from the State and upload them to the system.

Optum has the ability to receive paper or secure emails from the State.

Depending on the format of the data supplied, Optum would follow the appropriate path for uploading the information to the LTMS system.

If the State were to send paper referrals to Optum, we would receive them in the mail at our office based in Arkansas (or other Optum office). An administrator would then upload these papers to the LTMS system utilizing OCR functionality to reduce data entry needs.

If the State were to deliver secure emails, an administrator would determine the appropriate processing method for the email received. If the referral information is within a standard format, automated entry methods can be leveraged to transfer the information to our LTMS system. If the referral information is not in a standard format, the administrator will have functionality available to directly enter the referral into the LTMS system.

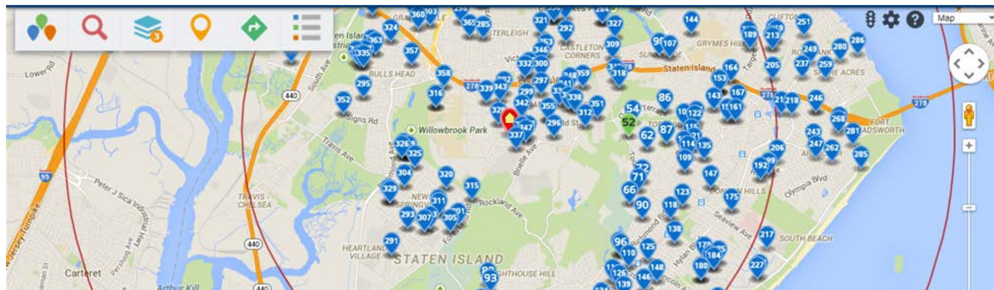
B.4. Describe your IT Platform's calendaring system.

The Optum LTMS system goes beyond simple calendaring. Functionality exists today that allows for capacity and demand planning, schedule alerts, and optimization for assessment providers. A provider utilizes an integrated calendar to submit their availability.

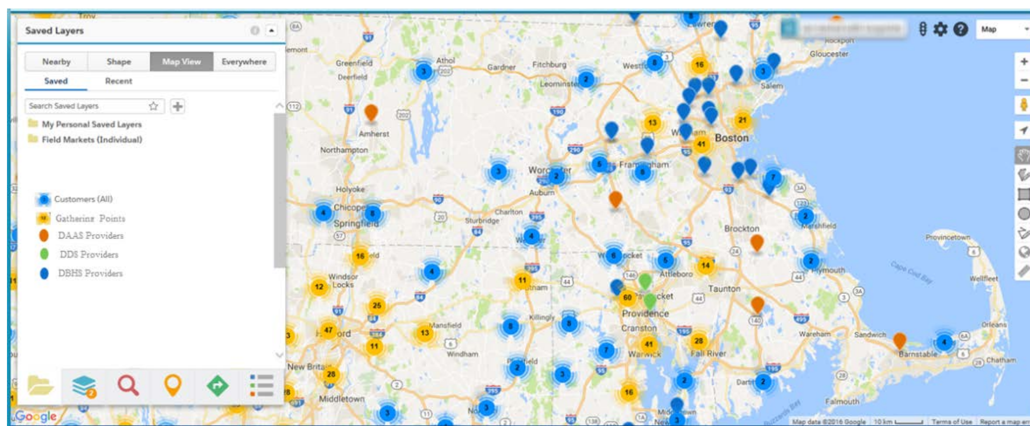
The system is then able to schedule assessments to the capacity generated by the provider's availability. Reports are then generated to note any gaps or issues with the scheduling processes. Providers would have their schedule presented to them for review and acceptance.

We also utilize geo coding and mapping technologies to optimize schedules for home and community based assessment providers on a given day, reducing assessor travel time and improving the provider experience.

The following graphic illustrates where a provider is located and the ‘assessments’ required within a specific radius



The following graphic is adapted to illustrate what could be viewed in Arkansas based on population type, provider location and other facility locations.



The following report is an example of provider (capacity) management. The ‘assigned’ individual was a manager for both salaries and per diem providers within specific States.

Market 1	Assigned	Provider Type	11/30/2014 - 12/6/2014			12/7/2014 - 12/13/2014			12/14/2014 - 12/20/2014			12/21/2014 - 12/27/2014		
			Salaried	Per Diem	Subtotal	Salaried	Per Diem	Subtotal	Salaried	Per Diem	Subtotal	Salaried	Per Diem	Subtotal
CA-OCA	Casey VanLare	Record Count	7	0	7	12	0	12	10	0	10	17	0	17
	Jeehye Kim	Record Count	0	4	4	0	3	3	0	5	5	0	0	0
	Marisa Desilva	Record Count	10	0	10	12	0	12	24	0	24	20	0	20
	Stacy Kramer	Record Count	9	0	9	14	0	14	19	0	19	20	0	20
	Subtotal	Record Count	26	4	30	38	3	41	53	5	58	57	0	57
CO-DEN	Gay Ann Ost	Record Count	0	5	5	0	6	6	0	4	4	0	2	2
	Tennille Nelson	Record Count	7	0	7	25	0	25	12	0	12	0	0	0
	Youseline Duret	Record Count	14	0	14	26	0	26	30	0	30	19	0	19
	Subtotal	Record Count	82	20	102	124	20	144	134	23	157	52	15	67

Market 1	Assigned	Provider Type	11/30/2014 - 12/6/2014		
			Salaried	Per Diem	Subtotal
CA-OCA	Casey VanLare	Record Count	7	0	7
	Jeehye Kim	Record Count	0	4	4
	Marisa Desilva	Record Count	10	0	10
	Stacy Kramer	Record Count	9	0	9
	Subtotal	Record Count	26	4	30
CO-DEN	Gay Ann Ost	Record Count	0	5	5
	Lisa Kanter	Record Count	15	0	15

B.5. Describe your company's proposed user roles and access levels, for Vendor and State staff, for the IT Platform.

LTMS and the Optum integration layer utilize role-based security to control access. The LTMS platform also applies user profiles that further enhance the ability to configure and control the system as needed.

For our Arkansas implementation we propose 4 roles for State staff;

- DHS Oversight
- DAAS Oversight
- DBHS Oversight
- DDS (Assessment & screen) Oversight

The DHS oversight role would have rights to view all DHS members and data

The DAAS oversight role would have rights to view only DAAS members and data

The DBHS oversight role would have rights to view only DBHS members and data

The DDS oversight role would have rights to view only DDS members and data

Our Optum team would have the following roles

- Call Center
- Scheduler
- Outreach
- DHS assessor
- DBHS assessor
- DHS assessor (and screen)
- Assessment oversight (assessor management)
- Quality Assurance
- Program Leadership (read only roles focused on program metrics)
- Reporting operations
- General administrator
- System administrator

Following contract award, we will meet with DHS, DAAS, DBHS and DDS to define detailed access requirements.

B.6. Describe your IT platform's ability to satisfy the functionality and feature capabilities and requirements set forth in RFP Section 3.3 (C), including your ability to add or modify Assessment Instruments/Developmental Screens in the future.

Optum's cloud based LTMS platform uses technology that allows for secure, web-based, state-wide submission of assessment results as they are completed in the field. This technology has been used in other engagements where assessments have been updated on a yearly basis. The following table documents the system capabilities against the requirements set forth in section 3.3(C) of the RFP.

3.3(C) Requirement	System Capability Status
a. Allow assessments and screenings to be electronically submitted to the IT Platform twenty-four (24) hours per day, seven (7) days per week.	Existing
b. Allow assessments and screenings to be completed electronically on tablets or laptops.	Existing
c. Allow assessments and screenings to be completed using an offline tablet or laptop in areas of the State with limited internet access.	Existing
d. Allow for assessments and screenings completed offline to be automatically uploaded to the Vendor's IT Platform when internet connectivity becomes available.	Existing
e. Mobile application shall support Microsoft Windows, Apple IOS and Android operating systems.	Existing
f. IT Platform web browser access shall be compatible with manufacturer supported versions of Microsoft Internet Explorer, Microsoft Edge, Mozilla Firefox, Google Chrome and Apple Safari.	Existing
g. Include an automated workflow process that routes assessment/screen results to the appropriate reviewer, if necessary, and assigns a Tier Determination.	Existing - will be configured to reflect Arkansas-specific requirements during implementation
h. Provide for exception handling and manual over-ride of assessments and screens by Vendor staff.	Existing
I. Provides a path to allow paper assessments to be uploaded and routed by Vendor staff in the event of technological failures.	Existing
j. Provides a time, date and user stamp for all events.	Existing
k. Has user/role based access to ensure privacy and security. The Vendor should propose various user/role access levels for DHS's review and ultimate acceptance during contract implementation.	Existing
l. Allow users with the proper access level among DHS staff and Vendor staff to view the status of an Assessment from referral through Tier Determination and of a Development Screen from referral through completion.	Existing - will be configured to reflect Arkansas-specific requirements during implementation
m. Host a database of Beneficiary Information. I. The database shall be able to be queried by users with the proper access level among DHS staff and Vendor staff to develop reports including but not limited to the following: ■ Timeliness of assessments and Tier Determinations; ■ Scheduled and completed appointments; ■ Demographics of individuals receiving assessments and Tier Determinations. ii. DHS staff users with the proper access level shall be able to conduct customizable queries, export data and run reports on Beneficiary information in real-time.	Existing - will be configured to reflect Arkansas-specific requirements during implementation

B.7. Describe your IT Platform's ability to accommodate the InterRAI-HC assessment and DAAS' current InterRAI-HC data.

The Optum LTMS will be able to accommodate the InterRAI-HC in one of two methods.

If the completed InterRAI-HC assessment is in the form of a PDF or other non-discreet data, the document would be uploaded and attached to the individual's record.

If discreet data is available from the State, the full InterRAI-HC could be loaded into the system once an InterRAI object is created. We would review the state data and perform a data mapping exercise prior to loading the State's data into the LTMS system. Once the data is loaded into the system, the assessment results would be visible on the individual member's profile.

B.8. Describe your company's ability to make Assessment Instruments/Developmental Screens housed in the IT platform available on laptops and/or tablets, and the ability for these tools to be fully operational in the absence of an internet connection.

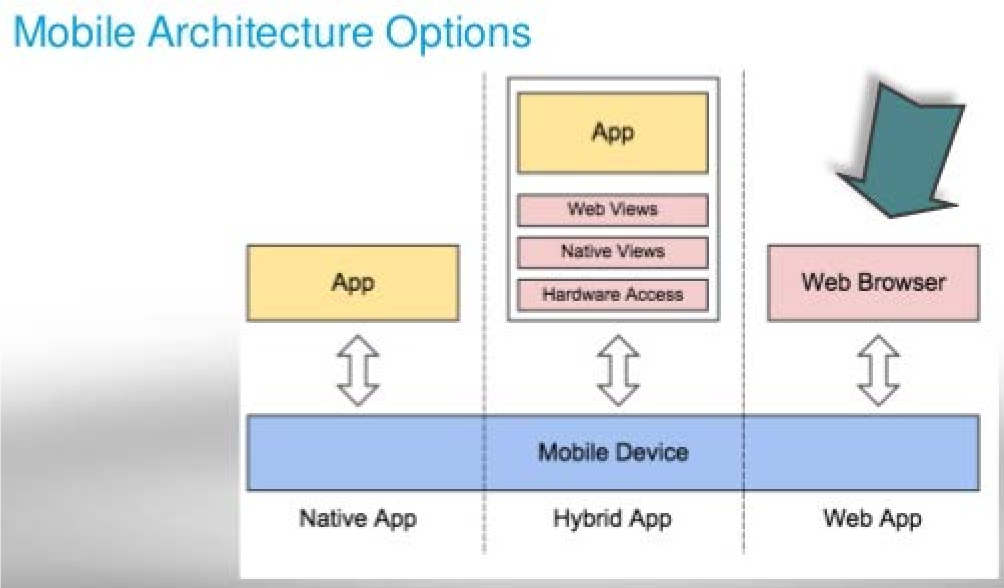
Optum has used two different approaches to address this issue with other implementations on the LTMS platform.

Functionality exists today that allows for off-line use of specific functionality similar to the assessor's needs in Arkansas. This functionality would be adapted to the selected Arkansas assessment and screening tools. This option uses the browser in an off-line fashion and integrates seamlessly with the LTMS platform.

An independent form has also been used in conjunction with this system to perform similar data capture for field based providers. The form would be uploaded to the system once the provider becomes reconnected with the internet.

B.9. Describe your plans for providing mobile access for the assessment platform, whether by mobile application or a website optimized for mobile devices. If you are proposing a phased approach for mobile application development, please describe your company's phased timeline and approach.

Optum's cloud platform supports multiple options for providing access to the assessments through a mobile device. In order to deliver mobile functionality, all that needs to be done is to select the Native Web Browser, as illustrated below. A phased timeline and approach would not be required for this functionality.



The following two images provide examples of functionality that could be displayed on a mobile device. The image on the left shows a display of mapping assistance; this may also tie into electronic visit verification. The image on the right shows an example of dashboard access for executive and oversight roles.

B.10. Describe your automated workflow process.

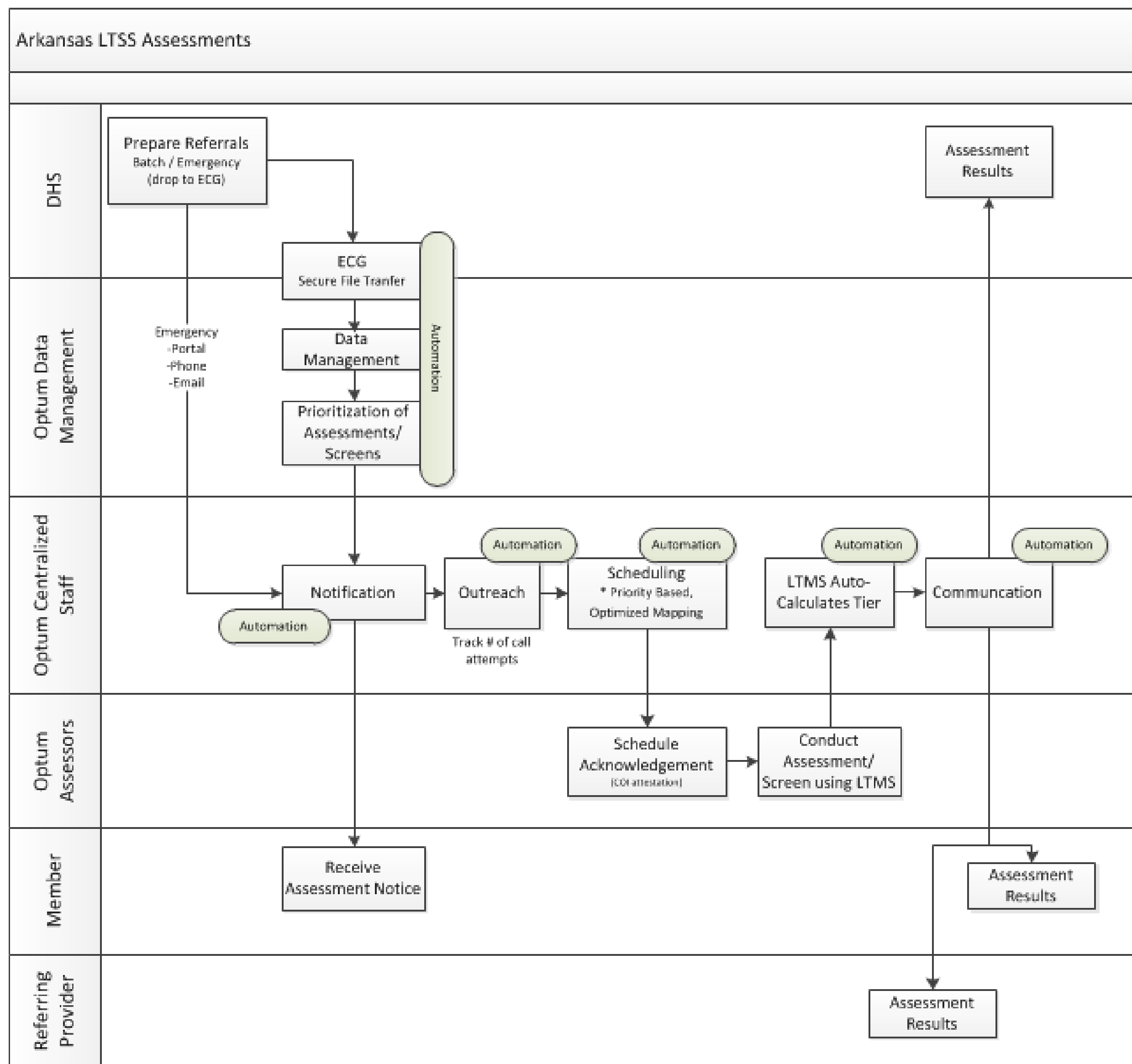
Automated workflow processes are used within several areas of the LTMS application. The integration layer between the State and the LTMS system leverages automated workflows for data management and ETL tasks, and also automates delivery of information to the State (e.g. completed assessments).

Within the LTMS application, automated workflows will:

- Determine the preliminary assessment or reassessment schedules
- Assist with pre-assessment notifications
- Assist with outreach automation
- Provide notifications to Assessors
- Provide emergency notification to assessors
- Determine a tier recommendation
- Provide identification of assessments that require review (quality indicators or borderline determinations)
- Facilitate the sending of the tier recommendation and receipt of the final tier determination from the State.

Also, at the end of the assessment process, automated workflows will create and delivery assessment outcome materials for Beneficiaries and Providers

The following graphic provides an illustration of one of the automated workflow processes.



B.11. Describe your IT Platform's database and the functionality of querying data by both contracted and state staff.

Optum's LTMS cloud based platform utilizes an object modeling approach similar to a traditional relational database management system.

LTMS exposes data at the object level and reports are used to perform query actions. Core reports have the object relationships already established and the user is able to use an interactive drag and drop approach to create their needed report/query. Utilizing core reports enables users to quickly access relevant data without the need to understand the complexities of the underlying object model.

Reporting can quickly be configured to accomplish the needs of contracted and state staff. The reporting interface also allows for users to export their findings to one of several formats.

Dashboards are also easily established through the underlying reports that were created. Dashboards and reports also offer subscription services that automate the generation and delivery of reports that are required on a frequent basis.

B.12. Describe your company's plan to develop, implement, and utilize a Division-Specific Tier Determination process based on assessment/screening results in accordance with RFP Section 3.3 (D).

Optum plans to use the integrated workflow within our LTMS system generate the required division specific tier determination.

Arkansas specific tier determination criteria will be developed in conjunction with DHS during implementation and configured by Optum. Users acceptance testing will be a collaborate effort between Optum and DHS.

While scoring and tier placement algorithms are unique to each of the three DHS divisions, the process remains the same. The assessment or development screening produces a score and workflow functions will apply the assessment score to a division specific matrix and translate that score into a tier recommendation for the Beneficiary. The recommendation is sent to a designated person with the appropriate division for final approval and implementation of actions triggered by the tier level. When the Beneficiary's score is very close to the cut off line between two tiers, the assigned assessor will review the case, prior to submission to the State, to assure that all relevant information was considered in the scoring. If special circumstances exist, the reviewer will have the authority to move the patient to the most appropriate tier.

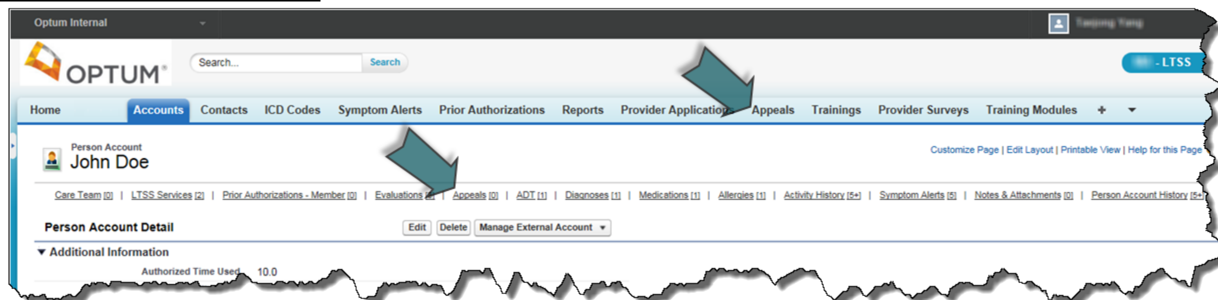
All scores, tier determinations, approvals, and actions taken are documented and stored in the system.

B.13. Describe your IT platform's capability for receiving and tracking the status of all appeals of the results of an Independent Assessment and/or Tier Determination. made by a Beneficiary

Optum LTMS functionality

The Optum LTMS system currently has integrated appeal functionality that enables an appeal to be entered and associated with a member.

The appeals administrator and staff would be responsible for managing and monitoring appeals entered into the LTMS system. Appeals can be made visible to other LTMS user roles, this provides transparency and allows access to relevant information for the individual member. A better customer experience is now possible when they individuals interacting with the members are aware of prior and open appeals.



The appeals process starts when an appeal is entered into the system. The appeal record is stamped with the date and time it was created and also the id of the user that created it.

Through workflow processes, appeal SLAs are calculated and the appeal is routed to the appeals administrator for review and further handling. Priority or escalated appeals can also generate an email notification to the appeal administrator.

The appeals administrator would view new, high priority and existing appeals within their own appeals queue. Appeals reporting, appeals dashboards and appeals queues are used to manage and monitor appeals and the appeals process to make sure it complies with required SLAs.

Optum Appeals Processes

Reducing Appeal Requests and Reversals

Optum's approach is to assist members and providers with concerns as clearly and effectively as possible to reduce the number of appeals and reversals. Proven strategies that have served our customers well in other LTSS markets include:

- **Secondary Reviews:** For determinations that result in a reduced assessment tier, a secondary reviewer confirms that the LTMS tier recommendation is accurate based on the assessment prior to the tier recommendation being sent to the State for final determination.
- **Peer-to-Peer Consultations:** Utilizing a standard assessment and scoring will allow providers to focus Peer to Peer consultations on the most complex assessment members.
- **Training on Effective Communication and Problem Solving:** We will train team members on providing information in a clear and concise manner, and addressing members' concerns effectively. We will coach them on obtaining accurate and complete information during the first call to assist the member or provider most effectively.
- **Enhanced Resources:** To support their decision making, assessors can easily access a complete view of the member's profile within LTMS Depending on data sources available at implementation this could include current LTSS services, HCBS waiver utilization, social services, clinical/functional assessments, diagnoses, medications, hospital and ER history. We will continuously monitor decision trends among assessors, identify those assessors with a higher than average appeal or final tier determination variance and provide additional training and guidance to these assessors.

- **Call Center Support**
  - Knowledgeable staff is critical when interacting with members who have complex matters and needs. We will prepare our staff so they are educated in addressing questions from members and their authorized representatives. All call center team members will participate in initial and ongoing training to ensure there that they effectively respond to questions about the appeals process. Our call center training will cover:
  - Strategies to diffuse upset members or authorized representatives using active listening skills and responding calmly with empathy and person-centered language
  - Strategies to resolve members' concerns and knowing when to transfer the call to the clinical team. The goal is to solve for the members' need while maintaining fidelity to assessment guidelines and reducing appeals
  - How to triage appeals and determine regular versus expedited appeals requests
  - LTMS documentation and the use of DHS approved appeal disposition codes
  - Protocol for communicating with authorized representatives that is compliant with HIPAA, state and federal privacy laws

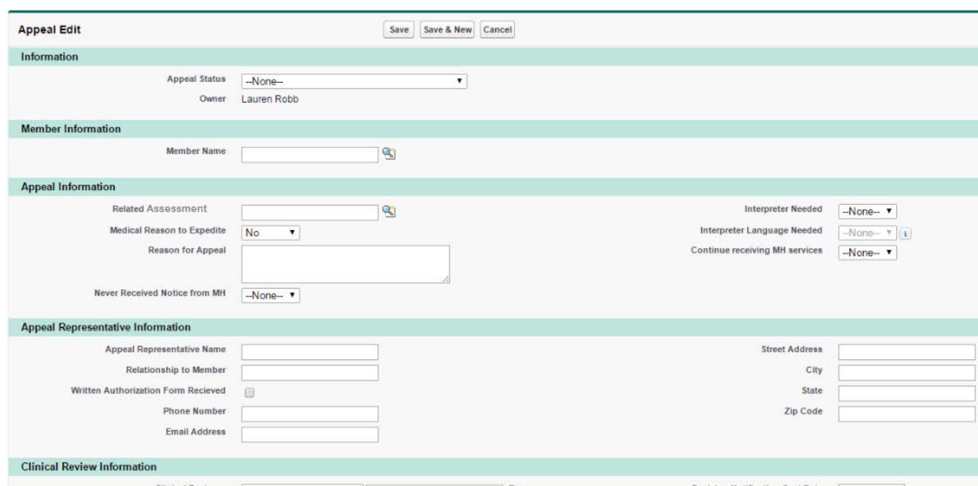
Appeals Hearing support

Optum will participate in the Administrative Hearing process, legal proceeding or any form of formal dispute as a result of a Beneficiary Appeal. Optum Appeal staff will coordinate with the DHS Administrative Hearing coordinator to deliver supporting information used within this appeals hearing process including but not limited to the original assessment, tier determination and appeal documentation gathered through the appeals process.

An Arkansas-licensed clinician will represent and defend Optum/DHS decisions in person at all appeals hearings and any other related legal proceedings.

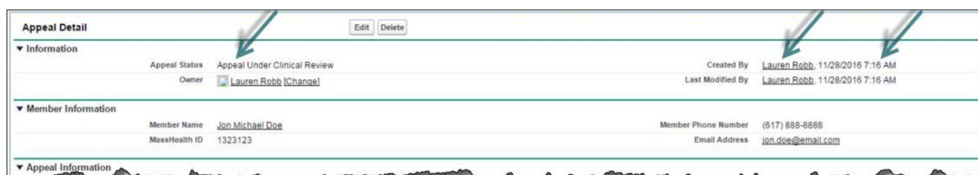
Our clinician will consult with the Arkansas Clinical staff for any appeal hearing that includes medical justification from a clinician. We will comply with and timely implement the decisions of the appeal hearing and with any DHS directive to reverse the decision at any stage during the appeals process.

Appeals entry (Manual)

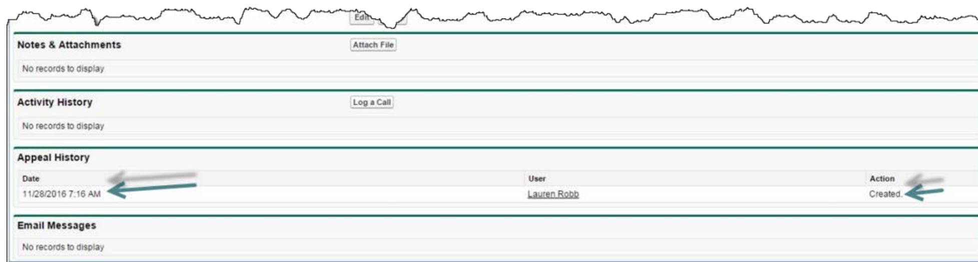


Multiple Date and Time stamps associated with the appeals process.

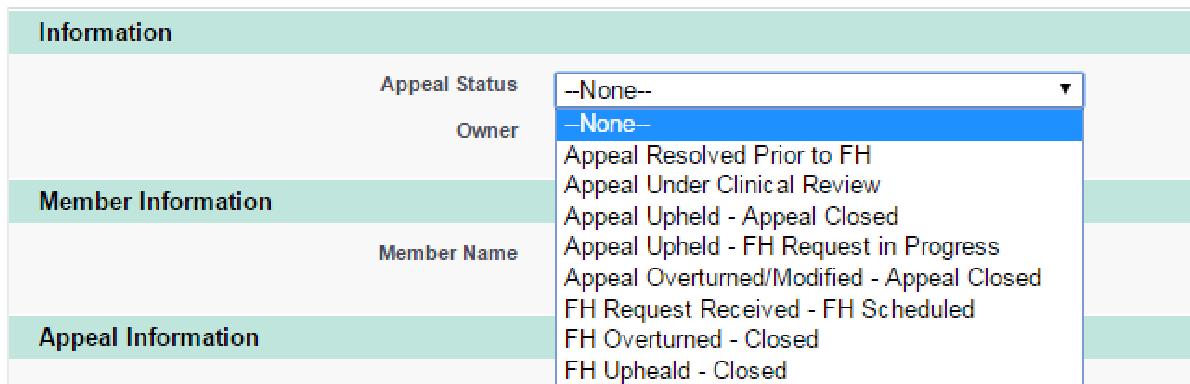
One the appeal record is saved, the status and creator/editors are visible.



Longer appeals will have a more complex 'history' which is recorded in the history section of the appeals record. Other Appeal related documents are also stored alongside the appeal making access and retrieval easy for the appeals staff.



The appeals process is also modifiable to meet the specific needs of this implementation. Detailed flow and terms can be worked out during the implementation phase to reflect the process and reporting needs from DHS and the appeals team.



OPTUM

B.14. Vendors may propose a phased approach for web browser functionality with initial implementation supporting web-browsers that are common to state and assessor browsers, and later phasing in additional browsers. If you are proposing a phased approach, describe your company's phased timeline and approach

The Optum LTMS solution **would not** require a phased implementation approach to support multiple browser formats. Functions requiring multiple browser support will be tested prior to implementation. DHS facing capabilities would support the required browsers;

- Microsoft Internet Explorer,
- Microsoft Edge,
- Mozilla Firefox,
- Google Chrome
- Apple Safari.

C.1. Describe how your IT platform satisfies the additional Features required in RFP Section 3.3 (F).

LTMS compliance with the additional requirements specified in section 3.3(F) of the RFP is outlined in the following table.

3.3 (F) Requirement	LTMS Compliance
1. The IT Platform **must** have the capability to directly interface with the Arkansas Medicaid Management Information System (MMIS), any state-contracted Vendor conducting utilization management or review on DHS' behalf, and **must** support direct electronic interaction with DAAS, DBHS, and DDS systems. The specific list of the State's IT systems will be finalized during contract implementation.	Optum has several capabilities that would support a direct connection with the Arkansas MMIS system. File based data transfers would leverage the Optum External Customer Gateway (secure FTP), this file transport then moves through integration layer to our cloud based LTMS system. This layer assists us with data quality and management tools that maintain data quality standards for our LTMS application.
2. Allow for varying levels of access based on role for Vendor and for State staff. The Vendor should propose various user/role access levels for DHS's review and ultimate acceptance during contract implementation.	Access is easily configured to meet the State's needs. Access will be granted in accordance with Optum's privacy and security policies and guidelines, which are based on a blend of ISO, the NIST 800 series of publications, and other frameworks.
3. Ability for DHS staff users with the proper access level to access, view, extract and download data at any time during the Contract period, including the dump of database data or customizable reports upon request.	Access will be granted in accordance with Optum's privacy and security policies and guidelines (as above). LTMS data extracts are performed through reporting methods. Designated DHS staff would have the ability to execute reports to query the system for required data extracts. Once the report is run, the report offers multiple methods of extraction. The Optum integration layer also offers extract capabilities to perform 'dumps' of data. Utilizing this integration layer would decrease the time required by DHS staff to extract large data sets. Standardized 'dumps' can be generated and delivered to DHS through the ECG.

3.3 (F) Requirement	LTMS Compliance
4. Provide database schema, table layouts, primary key designation, foreign key relationships, data dictionaries, security implementation model(s), and support for change control on database changes, and field and table changes upon request.	We will supply this information upon request in a mutually acceptable format.
5. Allow batch data transfer or extract, transfer and load (ETL) to DHS's enterprise data warehouse for use in cross longitudinal reporting. The specific list of the State's or data warehouse system will be finalized during contract implementation.	As listed in item #3, We have this capability today and we look forward to working with the State to define the list during implementation.
6. Hand-over of all data in State's desired non-proprietary format, decided by DHS, at end of the Contract period.	We will comply with this requirement as part of the transition plan that will be approved during implementation
7. Provide for adaptability throughout the term of Contract for any changes DHS may need to make to the IT Platform in the future.	We are committed to being adaptable to changes throughout the term of the contract. Optum employs Agile methodologies that assist us in reducing the time required to apply changes to IT systems and processes.

C.2. Describe your company's plan to provide technical assistance, trouble-shooting, and help desk services with trained staff as required by RFP Section 3.3 (G).

Optum will have a dedicated call center team setup for the Arkansas engagement. This call center will serve as a central hub to support operations and direct the calls as appropriate if they are unable to resolve. Calls that are not resolved at this call center would be directed to a clinical support team for in-depth support on assessment tool use. Purely technical issues would be escalated to another tier 2 technical resource or to the on-site technical support representative in Little Rock.

Multiple incident response teams and protocols exist across Optum's operations, including a command centers for various contact centers/workforce management organizations, technical help desk support provided by the IT organization, and our enterprise-wide Security Incident Response protocols. This provides the benefit of a comprehensive, corporate-wide approach that supplements the specific plans for Arkansas operations and significantly reduces the impact of disaster events.

C.3. Describe your company's plan to have IT support staff available per the requirements set forth in RFP Section 3.3 (G)(2).

Optum will establish office(s) and have trained IT support staff available in Arkansas so we can provide in-person response in Little Rock to DHS help requests within four hours between 8:00 a.m. and 4:30 p.m.

In addition to on-site support, Optum will have an 800 number setup that would route to a centralized call center. This call center would be staffed appropriately and act as a centralized hub for call intake. Calls can then be routed to the most appropriate resource (clinical support or technical support).

D.1. Describe your company's plan to provide in-person and web-based IT Platform trainings to State staff that accomplish the minimum required tasks set forth in RFP Section 3.3 (K).

Please refer to section E.5.A.2 which discusses Optum's in-person training approach for State Staff.

Web-based training is supported through two methods.

1) Our training team will have the ability to provide interactive web based training sessions
2) Our LTMS system has an integrated learning management system that houses recorded training sessions, training materials, training tracking (course assignments and completion) as well as quiz and testing mechanisms.

D.2. Describe your company's plan to develop methods and algorithms to identify incomplete assessments/screens, logical errors within assessments/screens, logical errors across assessments/screens, logical errors related to Tier Determinations, and unusual frequencies as part of the quality assurance process required in RFP Section 3.3 (H).

Optum has a flexible development platform that allows for standard and ad-hoc reporting and analytic methods and also complex form development.

Prior assessment/form development has required different levels of input depending on the completeness of the form. An incomplete form can be 'saved' and retrieved for later completion but that same form cannot be 'submitted' as complete until specific fields have been completed. This would alert the assessor that there are additional fields of field discrepancies that need to be addressed before they submit the assessment for a tier determination.

Assessment quality can also be tracked through reporting and analytic methods employed by two separate groups.

Our assessor managers would have oversight and responsibility to quality of assessments and screens on a weekly basis. They would be utilizing reviews, reports and dashboards to review key KPI's. Through their weekly review they would be able to quick address common process gaps or adherence.

Our Quality Assurance group would also have oversight to KPI's displayed on dashboards and various weekly/monthly reporting. They would also have the abilities to perform deeper analytics on our system to drive deeper understanding and take a six sigma approach to issue resolution or program optimization.

D.3. Describe your company's plan to fulfill the System Updates and Changes requirements outlined in RFP Section 3.3 (I)

Optum will use an Agile methodology for the development associated with this Arkansas engagement. Changes in direction will be quickly assimilated into the build of Arkansas specific functionality. Post launch, Optum will employ a "development-operations" structure that would retain developer knowledge and abilities to further enhance or modify Arkansas capabilities over the life of the contract. The Optum organization also has a center of excellence (COE) that assists our organization with our chosen cloud platform.

D.4. Describe your company's plan to fulfill the Privacy and Security Requirements outlined in RFP Section 3.3 (J).

Optum has extensive experience in managing PII and PHI information for multiple organizations, State and Federal contracts. We will abide by applicable State and Federal requirements to securely manage files, data and systems associated with the Arkansas work.

Optum will apply role based security across our technology eco-system to make sure that only appropriate individuals have access to the amount of data required to do their job.

Additional security instruments are applied to protect platforms and databases (firewalls and hardware level encryption).

Optum will be able to provide an "information security plan" in the required timeframe as we have a standard model that would apply to the Arkansas requirements.

D.5. Describe your company's plan to fulfill the On-site Security Requirements set forth in RFP Section 3.3 (K).

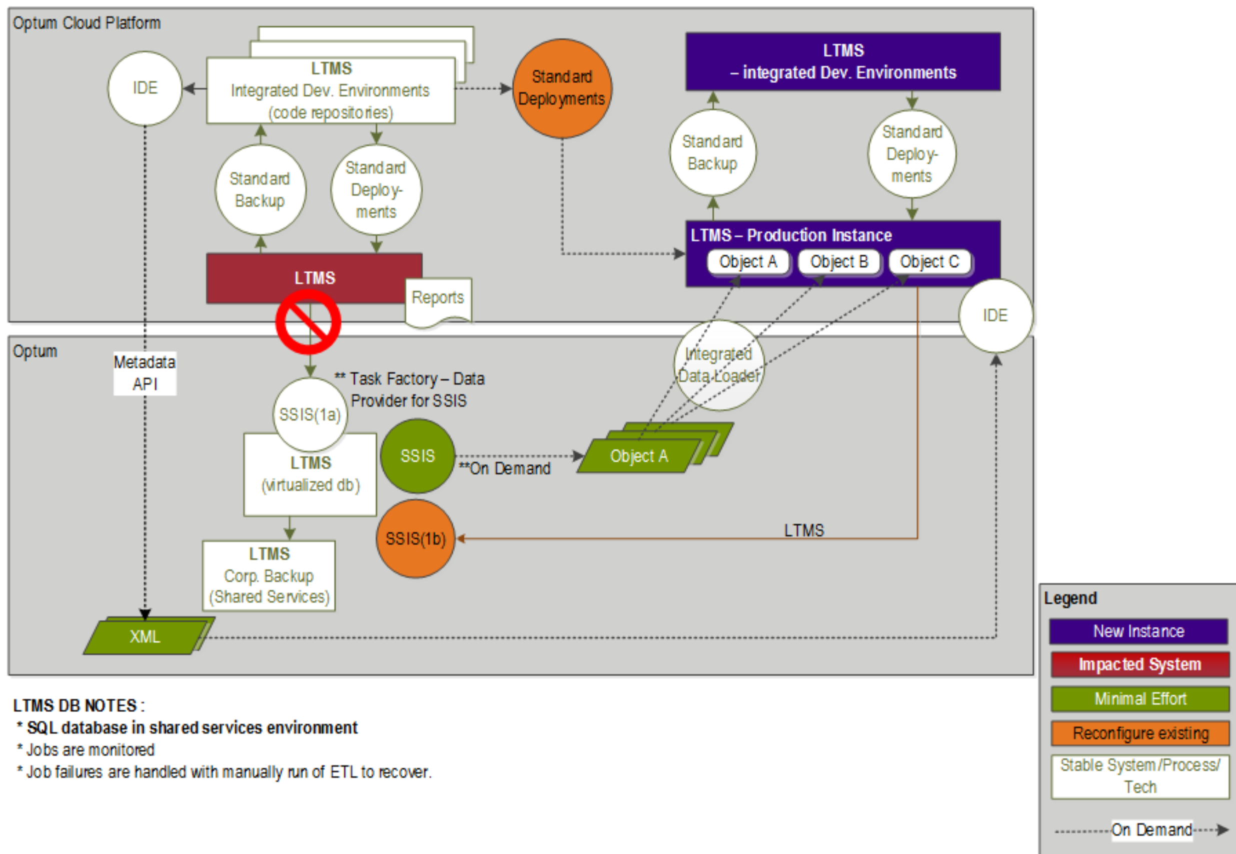
Optum will identify those individuals that require or may require security clearance at government facilities and comply with State requirements. We would work with the State to process these individuals prior to contract go-live so that all staffing concerns are addressed prior to contract needs.

D.6. Describe your Disaster Recovery and Business Continuity plan.

Our cloud based LTMS system has built in recovery and fail-over as a 'base' layer of disaster recovery. The following graphic depicts the disaster recovery plan associated with a loss of a production cloud instance. We have 3 core areas of recovery;

- System Objects (Code and structure)
- Metadata (e.g. drop down list values)
- Production Data

Scenario : LTMS Production Instance is lost



LTMS DB NOTES :

* **SQL database in shared services environment**
* Jobs are monitored
* Job failures are handled with manually run of ETL to recover.

E.5 TRANSFORMATION SUPPORT, TRAINING, & RELATED STAFF

A.1. Describe your company's ability to support and train each Division's providers and stakeholder, per the volume estimates as provided in RFP Section 3.4 (A-C).

Our experience includes training providers and field-based employees for a wide range of national and international customers. During ISO recertification in 2014, **the Optum training organization was recognized as performing at the "upper 1 percent of training organizations world-wide."** Optum has found that the upfront investment in training pays dividends in improving provider relations and minimizing costly downstream rework.

Provider and Stakeholder Support and Training – Provider Needs Assessment

So that we fully understand and address the needs of each Division's providers, we will first conduct a needs assessment. Optum will meet with ARDHS leaders in person to align on the desired business outcomes of the transformational support efforts. We understand that there will be a range of provider capabilities (e.g., staffing capacity, IT resources) that need to be assessed and addressed as part of our provider and stakeholder support and training. These efforts will incorporate the following elements:

- Assessment Instrument Background
- Assessment Instrument Administration and Outputs
- DDS' screening tool
- Divisional Tier Requirements
- Tier Determination Processes
- Billing management process

The engagement, training, and support of providers and stakeholders is essential for the successful implementation and use of assessment and screening tools. The person-centered nature of the MnCHOICES tool is central to this engagement and support process. We will collaborate with ARDHS to develop a robust Provider Needs Assessment tool. In addition, through this collaboration we will review our approach to training the assessors and our plan to administer the assessment tool; establish an operating and governance model to share progress updates; and define roles and responsibilities throughout the transformation support.

The underlying framework of our training assessment is defined by three steps:

1) **Identify the Different Audiences that Require Training:** The size and complexity of the changes may create sub-sets within the main stakeholder (individuals and families) and provider audiences. During the kick-off meeting we will meet with Division staff to discuss key stakeholder and provider audiences for DAAS, DBHS and DDS that should be included in any outreach and needs assessment.
2) **Conduct a Provider Needs Assessment and Gap Analysis:** The provider needs assessment is based on two main phases: 1) outreach and training information required to be successful during the change and 2) support required to be successful after the change in the new environment.

3) **Document the Requirements:** For each of the three divisions, our team will aggregate the data of the needs assessment to document the requirements. Our analysis will also assist in prioritization and focus area identification.

Our recruitment and staffing plans are discussed in more detail in Section E.5; B.1 and B.2, and in Section E.6.

A.2. Describe your company's proposed system of geographical regions for delivering training, support, and outreach services to the provider community and DHS.

Initially for outreach and engagement, Optum proposes using eight regions, similar to the eight regions used by the Arkansas Area Agencies on Aging (AAAs). These regions are listed below and show our estimates of the distribution of DAAS, DMHS and DAS Beneficiaries across regions. This estimated is based on the Arkansas Medicaid SFY 2015 Annual Report, Appendix, page v.

- Region I: Northwest – 18 percent
- Region II: White River – 9 percent
- Region III: East – 13 percent
- Region IV: Southeast – 11percent
- Region V: Central – 19 percent
- Region VI: West Central – 12 percent
- Region VII: Southwest – 8 percent
- Region VIII: West – 10 percent

The above eight regions will be the basis for:

- Provider and stakeholder (individuals and families) outreach forums
- Provider needs assessment meetings and activities

These regions will be consolidated into five regions for the delivery of assessment training and provider training/coaching. We propose the follow five regions:: Little Rock, Fayetteville, Jonesboro, Pine Bluff in the southeast and Texarkana in the southwest.

Optum will implement a thoughtful, targeted in-person and web-based training approach. First, we will host outreach forums in each region for both providers and for stakeholders (individuals and families). We propose two three-person teams per region to conduct these outreach forums. The purpose of these forums is to provide outreach and information about the new assessment and screening tools and the transition and implementation support process. As important as providing information, the purpose of these meetings will be to assuage any concerns regarding the messaging of the assessment tool rollout, impact, and resulting business process and work flow changes that will result in order to head off any misunderstandings about the state's goals, plans, and expectations. These meetings will also be used to begin to gather information needed as part of the Provider Needs Assessment.

We will also hold six live provider outreach webinars (2 targeted toward each division's provider community) and three live stakeholder (individual and families) outreach webinars. These webinars will also be available for view in a pre-recorded format and supported with frequently asked questions (FAQ) documents so that those who can't attend in person can still receive appropriate training prior to the Contract Implementation Date.

For the Provider Landscape Needs Assessment, we will hold small group meetings with providers identified by DHS in each of these same eight regions noted above. We will develop a needs assessment tool for use during these discussions and will review the tools with DHS for discussion and approval.

A.3. Describe your company's plan to address the provider and State staff objectives outlined in RFP Section 3.4(D) during the curriculum development phase.

For training to be effective, Optum will clearly articulate the benefits to providers and DHS staff, make it easy-to-understand, relevant, and provide them with the tools that make doing the right thing the easiest thing to do. Optum understands that the State of Arkansas has a spectrum of learning needs in the provider community. We will offer multiple training modalities to respond to each of these needs. For example, we are sensitive to the needs of rural providers who may or may not have access to technology; we will provide written materials and face to face trainings as their primary educational modalities. In parts of the State where technology is more available or preferred, we will host webinars and online trainings to offerings. The provider needs assessment will be an important tool from which to glean communication, training, and preferred methods and modalities of learning. Our comprehensive provider training will, at a minimum, address the following learning objectives:

- Assessment Instrument Background
- Assessment Instrument Administration and Outputs
- DDS' screening tool
- Divisional Tier Requirements
- Tier Determination Processes
- Billing Management Processes

Our curriculum development and ongoing training for ARDHS staff will, at a minimum, address the following learning objectives:

- Interfacing with the LTMS Platform as described in this RFP
- Assessment Instrument background
- Assessment administration and outputs
- DDS' screening tool
- Assessment results to Tier Determination processes
- Provider billing structure changes as a result of new Assessment Instrument and Tier
- Determination implementation

We will develop a comprehensive training plan that will detail our specific plan to address each of the bulleted learning objectives for providers and ARDHS staff. This training plan will be provided to ARDHS for review and approval. Through collaboration with ARDHS, we will confirm that each objective is adequately and appropriately addressed.

As noted earlier in Section E.5, Optum proposes a span of diverse training and support modalities, including in-person/instructor-led training, webinars, computer-based modules, and guidance/instruction manuals. We will leverage our experience providing technical assistance as part of the Money Follows the Person (MFP) and other long-term transition support initiatives.

A.4. Describe your company's plan to assess the educational needs of each Division's provider community as well as DHS Staff. The assessment should identify and help anticipate the areas where the provider community will need the most support and training as DHS transitions to the new assessment processes.

Our approach to assessing the educational needs of each Division's provider community and the ARDHS staff will incorporate:

- Provider-specific regional forums across the State of Arkansas
- Meeting with small groups of key providers identified with ARDHS
- Collaborating with ARDHS to identify other key stakeholders, and conducting outreach to those groups that are identified
- Our comprehensive Provider Needs Assessment, detailed below

We will conduct a Provider Needs Assessment, in person, with ARDHS designated providers throughout the State of Arkansas within a 30-day period after the Contract start date. We will conduct this Provider Needs Assessment during regional provider outreach forums as well as during small regional group meetings with providers identified by ARDHS. Our educational needs assessment will be given to the provider community after review, discussion, and approval by ARDHS.

The assessment will help us understand the providers':

- Knowledge about the program
- IT capabilities
- Staffing needs
- Capacity
- Learning styles
- Existing trainings and educational materials
- Educational needs
- Preferred methods of training
- Any needs for special accommodations

The results of this comprehensive assessment will help us customize training to meet the needs of the provider community and ARDHS. The assessment will provide a road map for development of a training implementation plan for the new suite of assessment instruments(s), screens, and tiers. Through this assessment, and in collaboration with ARDHS, we will identify and help anticipate the areas where the provider community will need the most support and training regarding: ARDHS transitions to the new assessment processes, Tier Determinations, and other systemic changes affecting the provider community.

A.5. Describe your company's plan to notify providers of and perform in-person regional trainings in accordance with the schedule and guidelines in RFP Section 3.4 (F).

While we will fully leverage cost-effective, technology based training, we will also organize regional in- person trainings in each of the regions. These trainings will be used to explain program elements and will emphasize the benefits of any process changes. There will be an in-person training at least 30 days prior to Year 1 of operations, and an in-person regional training

will be scheduled each month for the first quarter of the Go-Live date. Following the first quarter, trainings will be conducted once per quarter.

Upon approval of training content from ARDHS, we will notify the provider community that an in-person regional training has been scheduled. Optum will send the notification 60 days in advance of the training. We will then send a follow-up notification 30 days prior to the training. The method of notification will be based upon the provider's needs and preferences, which will be determined through the Provider Needs Assessment. We will have the ability to notify providers regarding in-person regional training via email, phone call, fax, text, and mailings. We will also list the trainings on our website.

We will track the providers that attend at least one in-person training session per year as well as those who receive webinar and online training. Optum will provide sign in sheets and evaluations of the training to report this information back to each Division annually in a method and format as approved by ARDHS.

A.6. Describe your company's plan to notify providers of and perform on-site coaching in accordance with the schedule and guidelines in RFP Section 3.4 (F).

Forty-five days prior to Year 1 of Operations, Optum will offer on-site coaching to each member of the provider community, in each of the three divisions. The trainings will include a detailed walk-through of the new assessment processes, a review of the training manual, and a question and answer session. On-site coaching sessions will be scheduled based upon provider-request. We will disseminate information regarding the availability, content and format of such on-site coaching and provide contact information to facilitate the providers' requests for on-site coaching. This information will include our commitment that all on-site coaching sessions requested by a provider will be scheduled and completed within 14 days of receipt of request.

Upon approval of training content from ARDHS, we will notify the provider community about the availability of on-site coaching. Optum will send the notification 60 days in advance of the training. We will then send a follow-up notification 30 days prior to the training. The method of notification will be based upon the provider's needs and preferences, which will be determined through the Provider Needs Assessment. We will have the ability to notify providers regarding on-site coaching via email, phone call, fax, text, and mailings. We will also list the trainings on our website.

A.7. Describe your plan for developing and maintaining a website that is easy to access, user-friendly, and compliant with the required capabilities outlined in RFP Section 3.4 (F).

Optum will work with DHS to develop a website that is compliant with the Americans with Disabilities Act (ADA) and Web Accessibility standards of Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794(d)), and DHS web accessibility policies. This website will be updated on a monthly basis.

So that our website is easy to access, user-friendly, and compliant with the requirements in the RFP, we will:

- Write materials at or below a sixth-grade reading level, according to the Flesch-Kincaid Reading Ease scale
- Organize written materials using short sentences and paragraphs

- Write in clear, easy-to-understand language, to simplify the complexities of the health care system, including our Beneficiaries' benefits and services
- Use legible type simple layouts, and appropriate white space
- Use active voice in our written communications, avoiding jargon and technical language when possible. We use clear word choices and express complete thoughts.

Beneficiaries will be able to increase font size on our website to make materials easier to read, even for those with only slight visual impairments. Website materials are also compatible with voice recognition software (screen readers).

A.8. Describe your company's plan to provide a help line dedicated to responding to the individualized needs of each Division's provider community with the required items outlined in RFP Section 3.4 (F).

Optum is a Health and Human Services organization with a focus on customer service: we have the expertise to serve a wide-range of individuals with diverse needs in a compassionate and knowledgeable manner. In our other markets nationwide, Optum has continually delivered greater than 95 percent levels of quality across different call types with high levels of customer satisfaction. Provider call center operations are a core competency for Optum. For current customers, we:

- Handle more than two million provider calls annually
- Service more than 60,000 Medicaid providers and 1,700 Medicaid facilities nation-wide
- Credential an average of more than 500 Medicaid providers per month
- Provide call center services to LTSS members and providers in 13 states

Optum call center technologies and processes are scalable and currently support 60 call centers with more than 40,000 agents, and 45,000 phone lines. Our call centers support more than 1 million calls per day during peak business hours. All of these transactions occur on stable and highly available platforms operating at 99.9 percent availability or higher.

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We understand that the providers we will work with in Arkansas are often small businesses, provider agencies, or individuals, with fewer resources. The provider helpline operation we are proposing reflects our understanding of the importance of a high quality experience with the helpline for these providers.

Our Provider Service Representatives who operate the helpline are trained – and monitored – to ensure that they can help both traditional and non-traditional providers including those who may be new to the Medicaid provider system or to the Arkansas assessment tool transformation. They will be educated on the concerns that these providers are likely to experience and appropriately and efficiently work with the provider to resolve them. Through adequate call center staffing and close monitoring of performance standards, we will provide timely, accurate Provider Services support.

Optum will provide an IVR to accommodate calls in both English and Spanish. Additionally, our staff is trained to accommodate callers in languages other than English and Spanish, hearing impaired, and special needs callers like those requiring LTSS services and care. We supplement our language capability with the use of LanguageLine, which offers over 200 different languages and dialects, as well as assist callers who are deaf, hard of hearing, or speech impaired. This is done through TTY provided by the National Telecommunications Relay Service.

We leverage our Optum telephony technology to provide helpline services. One of the main technologies that power our call centers is our Virtual Contact Center (VCC) solution. The system includes a geographically distributed voice portal and an intelligent, data driven call routing platform. This system helps our Representatives see that the caller is routed to the appropriate resource.

Our Representatives are trained and prepared to resolve provider concerns in one contact, which includes, confirming issue resolution with the provider before the call is concluded. On the rare occasion they are not able to offer a viable resolution, the Representative will execute a warm transfer to the appropriate entity – for resolution. Our Representatives stay on the line, make introductions, and explain the reason for the call before completing the transfer.

Helpline operations and performance standards

Optum's toll-free helpline will be dedicated to responding to the individualized needs of each Division's provider community. This phone line will be operational at least one month prior to beginning services. Our toll-free telephone number, which will be available Monday through Friday, 8:00 a.m. to 6:00 p.m., will be advertised in outreach materials and posted on our website. Based on our previous implementation experience, we are confident in our ability to meet the time frames included in the implementation requirements. Prior to opening the phone lines, Customer Service Representatives will receive extensive training to enable them to appropriately assist callers within the required time frames. For example, for our Idaho Behavioral Health Plan program, we opened the phone lines 30 days prior to go-live to accommodate general questions.

In accordance with the required items outlined in RFP Section 3.4. (F), this helpline will be:

- Established and staffed with employees knowledgeable about the following items at a minimum: Assessment Instruments, Developmental Screening tool, the IT Platform, data providers can access and billing.
- Maintained throughout the duration of the Contract for each division. We expect that there will be high help line utilization during the first year of implementation, and that this utilization will drop off in the second year of the Contract as providers acclimate to new assessment processes. We will coordinate with DHS to adjust help line labor and operational hours accordingly.
- Have staff able to direct providers to appropriate State resources when the provider calls about a topic or issue not related to the scope of this RFP.
- Maintained in accordance with the following draft performance standards:
  - 95 percent of all calls will be answered within 3 rings or 15 seconds
  - Number of busy signals will not exceed 5 percent of the total incoming calls

- The wait time in queue will not be longer than 2 minutes for 95 percent of the incoming calls
- The abandoned call rate will not exceed 3 percent for any month
- All calls requiring a call back to the Beneficiary or Provider will be returned within 1 Business Day of receipt
- For calls received during non-Business hours, return calls to Beneficiaries, Providers and Stakeholders, will be made on the next Business Day.

We will measure the timeliness of all helpline standards must monthly using the Monthly Program Performance Report.

Call Center Staff Training

Knowledgeable staff is critical when interacting with providers who have a wide range of capacity and needs. We will prepare our staff so they are educated in addressing questions from different provider types. All call center team members will participate in initial and ongoing training to ensure there that they effectively respond to questions. Our helpline training will cover:

- Strategies to diffuse upset providers using active listening skills and responding calmly with empathy and person-centered language
- Strategies to resolve provider concerns and knowing when to transfer or escalate the call.
- LTMS documentation
- Protocol for communicating with authorized representatives that is compliant with HIPAA, Arkansas and federal privacy laws

A.9. Describe your plan for creating and distributing training manuals for each Division's provider community.

The Provider Needs Assessment will form the foundation of our training manual. It will help Optum customize the content, and method of distribution, for each Division's provider community. Through this Assessment, we will learn about each provider's specific knowledge and resource gaps, as well as their preferred distribution method.

As detailed throughout this Section, Optum will provide various user training options including in-person, recorded webinars, and training guides. Optum will also provide ongoing user support, building in accommodations for varying adult learning styles.

Provider service representatives will communicate with providers through email, phone, and the provider web portal to update them on program changes and answer any questions. In addition to regularly scheduled meetings, staff will meet with providers one- on-one to provide focused training that addresses any concerns and issues related to outlier data and potential non-compliance. The Training Team will provide an educational packet and instructions related to pursuing additional provider training opportunities.

We will post a downloadable PDF version of the training manual online for instant access for the provider community. We will also mail a physical copy, CD, or DVD of the manual upon request by the provider.

A.10. Describe your company's plan to notify providers of and perform live webinars in accordance with the schedule and guidelines in RFP Section 3.4 (F).

To ensure that all providers and impacted stakeholders are educated on the full capacity of the user-friendly Customer Web Portal (CWP) we will provide hands-on training that will be available to providers at their convenience. The CWP functionality also allows new staff to view training materials as they come on board without having to wait for scheduled in person trainings. All of the in-person training described previously will be available via live web streaming along with recorded webinars and easy-to-use, printable guides on the Customer Web Portal and through a web-link on our website.

Ongoing live webinars will be offered on dates and times that are more convenient for providers (e.g., not Monday mornings) and give the opportunity for providers to ask questions. These live webinars will be performed at a State-specified frequency. We will provide DHS webinar content for approval before webinars are given in the provider community.

Optum will send the notification 60 days in advance of the live webinar. We will then send a follow-up notification 30 days prior to the webinar. The method of notification will be based upon the provider's needs and preferences, which will be determined through the Provider Needs Assessment. We will have the ability to notify providers regarding live webinars via email, phone call, fax, text, and mailings. We will also list the webinar schedule on our website.

Moreover, along with email alerts, any time providers log into the Customer Web Portal, we can remind them to complete any required training within 90 days of becoming a provider or 180 days of the Contract Implementation Date. The portal also allows us to easily inform providers of any new training modules, program changes, or upcoming events.

Recorded webinars and easy-to-use guides will also be tailored to different provider groups and stakeholders so the information is relevant and easy for providers to absorb at their own pace. Optum's web-based training accommodates for varying adult learning styles and is readily available for providers who are unable to attend in-person or for those who want to receive a refresher.

At the end of each training module, providers will be required to take a short quiz to confirm that they understand the key concepts. If a provider does not receive a passing score, they can retake the course or attend an in-person training session. We will also survey them about the effectiveness of the training and obtain their recommendations for improvement.

B.1. Describe your proposed staffing plan for support, training and related services, and your process for maintaining a staffing level of your proposed staffing plan.

Optum's plan for staffing is broken down in the following 3 areas;

- **Support**

  The Optum solution support team has reviewed the Arkansas RFP and modelled several support needs for this program. Those areas include outreach, scheduling, appeals, call center support and on-site IT support. By leveraging implementation models from other clients and states we feel we have a good view of staffing support functions for this engagement. Should the modelled support not match demand, Optum would adjust support to levels that maintain the services standards expected by the State of Arkansas.

For some call support functions, a COE has been established and would assist with the training, onboarding and cross-training of team members to minimize impacts of staff turn-over within call center functions.

- **Training**

  Optum's Arkansas based training team has established a 5 region training structure for Arkansas. The training needs for each of the established regions will be further refined through the needs assessment and training implementation plans. The Arkansas based training team is part of a broader Optum Training team and would be able to leverage the larger training team for flex staffing where needed (e.g. peak training times). Optum's training team will also be supplemented by a centrally located training team that would manage training materials and components of the LTMS learning management system (LMS)

- **Related Services**

  For 'clinical' resources, Optum offers a deep and expansive set of professional support through multiple clinical channels. Other non-clinical functions would leverage our Corporate Operations teams where appropriate. Engaging corporate operations team members can offer deep experience with little effort and cost. We are able to reach across organizational silos and provide assistance and support in many areas of clinical, financial, legal or IT

Optum plans for maintaining the required staffing

At an operational level, our training and support staff will be managed and monitored over time to make sure they are performing the jobs required at the desired level of quality. At any point, if a team member is not meeting desired level of quality, Optum supervisors would establish a corrective action plan with that team member. Should the team member not improve as a result of this corrective action plan, the team member would be replaced. Team members at Optum are officially evaluated two times per year: One mid-year checkpoint and a year-end final review. The final review from your prior year will drive your individual development plan and expectations moving into the next business year.

Should a team member require replacement, for any number of reasons, Optum is capable of maintaining required staffing levels. Through a commitment to the growth of all of its team members our Human Capital partners will leverage their internal network of available candidates. These candidates are already with Optum and looking for new opportunities within the organization to grow professionally.

Leveraging existing resources for opportunities in different business engagements minimizes the risks associated with staff turn-over. Should a suitable internal candidate not be found, Optum leadership and our Human Capital partners would work to identify a suitable external candidate through our extensive network of staffing partners. Contract, contract to hire or direct hire are all options used with past arrangement to meet the timing needs of a project or program.

At the highest level, Optum has focused efforts on Staff growth, staff retention and staffing engagement. Through the yearly 360 degree review process and Vital Signs Survey, Optum works to be an employer of choice within Health Care Service Organizations.

B.2. Describe your plan for recruiting and training staff to meet the minimum staff requirements as set forth in RFP Section 3.4 (G), and your plan for retaining these staff members.

Recruiting quality staff

Whenever Optum is awarded a new public sector contract, one of our first steps is to begin recruiting local individuals to become part of our staff. We have learned that local residents bring a wealth of knowledge that is critical in helping us understand the uniqueness of that state and its human service delivery system. As in other states where we operate, we will make every effort to hire from within Arkansas. It is only on a rare exception basis that we would approve relocation from outside Arkansas. Our Project Director and Project Manager will be Arkansas-based and 100 percent dedicated to this project.

Our recruitment teams specialize in various functional areas to ensure that we identify the right external resources and look in the right places for the most qualified candidates. Positions are posted on Optum's career website as well as through sites such as Monster, CareerBuilder, Indeed and Niche job boards. When possible, we leverage state and local government job boards and intend to use Arkansas Workforce Development resources in this area, particularly the health care career site. Other common talent-acquisition strategies include Optum Group Social Networks such as LinkedIn (and other social media channels), database referrals and professional associations and trade groups. Optum also will leverage diversity, military and other disability connections throughout the local markets. Finally, Optum will develop and implement, as needed, specific media plans for selected positions through digital media (e.g., banner ads, search marketing and email marketing). Implied in the talent-acquisition strategy will be Optum's ability to create lead generation for key positions through networking, executive referrals and our database of available candidates. Optum has dedicated resources of talent acquisition specialist and sourcing specialist to assist with entry, mid-level and senior-level leadership roles.

When necessary, we will work with recruiting firms and universities to continuously recruit new resources we can train and to bring new thinking to the organization.

We also have available, and ready, contingent staffing resources to fill gaps while we are recruiting. We will accomplish this by leveraging trained and skilled resources through our national functions and employees from other health plans. These resources can be dedicated to the State of Arkansas until replacements can be named.

Training staff

Optum not only provides training upon hire, but conducts ongoing training to drive continuous performance improvement. Our team members will be trained on how to effectively provide whole-person support and comprehensive assessments, incorporating social determinants of health and cultural considerations. We will train assessors, providers, state leadership and other stakeholders on how to conduct person-centered assessments using person-first language, as well as an overview of the specific needs and uniqueness of the various populations with whom they will be working. We will coach them on obtaining accurate and complete information during the first assessment or Beneficiary contact to reduce the need for scheduling multiple follow-up visits. However, it is understood that completion of an assessment may require multiple meetings depending on the needs of the Beneficiary.

Recognizing that each person learns differently, Optum's training team uses a variety of training mechanisms so that each assessor is fully trained to be successful in their role. We leverage role-playing and simulations, webinars, class room, and side-by-side on the job training. Optum also uses LearnSource, an individualized web-based self-study vehicle, allowing staff to complete required trainings using automated and interactive study tools. LearnSources' intelligence provides system generated reminders to staff of required courses and annual assessments such as Fraud, Waste, and Abuse, Privacy and Security, and a Code of Conduct attestation. LearnSource also provides state specific and population specific training courses, ensuring that employees have in- depth knowledge of the customers that they will be servicing. Certain training courses will have quizzes with a required passing score. After each training, employees receive an online survey to complete on the effectiveness of the training. We use this feedback to enhance future training.

We will also incorporate provider and member feedback, such as from the Provider Quality Forums and Provider and Member Experience Surveys, to continuously improve our staff training.

Retaining staff

Our project management team will continuously monitor metrics and performance measures for the purpose of identifying changing resource needs. In the event we determine additional staffing resources are needed to meet ARDHS performance standards, Optum will immediately initiate the recruitment process to satisfy those requirements and notify ARDHS staff of the proposed staffing additions. We are committed to maintaining a full complement of highly qualified and well-trained staff who will provide consistent and dependable support and services to the ARDHS, Beneficiaries, and providers, and that trained staff will be sufficient to meet or exceed all contractual requirements and performance standards, regardless of changes in enrollment levels or other work volume.

B.3. Describe your company's plan to conduct provider outreach for the transformation support and training services component of this RFP.

Education and outreach will be a critical component of the success for the transformation support and training services component of this RFP. Technology will allow us to reach out to the entire provider community in an efficient and effective manner to address the broad scope of program requirements, policies, and procedures. More importantly, we value person-to-person contact between our staff and individual providers and provider associations to address their unique concerns.

Therefore, outreach and education techniques will be conducted both online and in-person through:

- Regional provider forums
- Live training webinars
- On-site coaching sessions, within 14 days of a provider's request
- Distribution of training manuals
- Provider associations: We will attend and present at provider association meetings

Our full-time Provider Training and Support Program Director will oversee and coordinate all outreach efforts. We are developing a comprehensive outreach plan that will be submitted to

ARDHS for approval within 45 days of the Contract start date. The plan will include strategies and a detailed timeline for implementation of outreach efforts. If not approved by ARDHS, Optum will revise the plan and provide the revision to ARDHS for approval by the ARDHS-determined deadline until a final plan is approved.

C.1. Provide a proposed timeline that outlines your company's plan to accomplish the following milestones during Start-up in preparation for the 7/1/16 Go-live for Assessment Instruments and Tier Determinations:

The following table provides a high-level overview of our proposed timeline and milestones. A detailed Deployment plan is included in Attachment E5.C1.

Stage	Description	Date
Planning	■ Contract Commencement ■ Contract Kick –Off ■ Deployment Plan Finalized ■ Staffing Plan Finalized ■ Operational Readiness Checklist Finalized ■ Division Specific Coordination Meetings ■ Provider & State Needs Assessments Complete ■ Tier Determination Criteria Finalized ■ Information Security Plan Finalized ■ IT Testing Plan Finalized ■ Knowledge Transfer Plan Finalized	3/1/17-3/31/17
System Implementation	■ System Requirements Finalized ■ System Build Complete ■ AR DHS and Division Specific Integration ■ System and UAT Testing Complete ■ Portal Operational ■ Help Desk Operational	4/1/17-6/1/17
Business Process & Training Development	■ Quality Assurance Plan Developed ■ Provider Training Schedule & Notifications Finalized ■ Internal Training Material Developed ■ Provider Training Material Developed ■ AR DHS and Division Specific Training Material Developed	4/7/17-5/17/17
Knowledge Transfer Execution	■ Internal Training Complete ■ AR DHS and Division Specific Training Complete ■ Provider Training Internal Training Complete ■ Reporting Built	5/18/17-6/13/17
Operational Readiness	■ Deliver Disaster Recovery Plan ■ Operational Readiness Testing	6/13/17-7/1/17

• Assessment of Educational Needs

The Provider Education Needs assessment will be developed by March 14, 2016; providers will be assessed from March 15, 2017 through March 29, 2017; the Provider and State Needs Assessment findings will be provided to the State of Arkansas by April 1, 2017. The information collected will be use to inform Optum's technical solution, our business process, and our training approach.

• Development of Training Curriculum and Materials with DHS

Optum will develop the initial training materials starting March 27, 2017 through April 27, 2017. A walkthrough of the training materials will then be scheduled with ARDHS between April 28, 2017 and May 1, 2017. Feedback from ARDHS will be incorporated into the curriculum which will be finalized by May 17, 2017.

• Website Development

Portal requirements will be informed by the Provider and State Needs Assessment and meetings with ARDHS to be held in March, 2017. Portal requirements will be finalized by April 7, 2017; development will be complete by May 12, 2017; this will support testing from May 1, 2017 through May 26, 2017. The portal will be operational 30 days prior to Go Live on July 1, 2017.

• Intensive Period Operations, RFP Section 3.4(I)(5)

Optum will work closely with ARDHS, DAAS, DBHS, and DDS to prepare for the intensive periods referenced below. Our draft Deployment Plan, Attachment E5.C1, includes discrete phases of transition and critical coordination milestones. Intensive period planning will be included in the Department Specific Assessment and Tier Determination Meeting in mid-March, 2017.

- DAAS: June 1, 2017 – December 31, 2017
- DBHS: April 1, 2017 – December 31, 2017
- DDS: June 1, 2017 – December 31, 2017

A successful intensive period requires close partnership during the execution of the Deployment Plan, specifically through: early Tier determinations coordination, training material development, training delivery, and increased communication during the first six months post Go-Live.

• Exit Transition Period, RFP Section 3.4(I)(6)

Please refer to the plan in Attachment E5.C1. Optum will update this plan based on the subsequent RFP and incorporate transition guidance provided by DHS. An updated plan will be provided no later than 60 days prior to transition.

C.2. Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP.

We are committed to a cooperative, amicable, and long-lasting relationship with DHS and the State of Arkansas. To that end, we will be as transparent, accommodating, and compliant at the end our contract term as we are now when attempting to procure business. Our end-of-contract transition plan, Attachment E5.C2, adheres to the requirements set forth in RFP Section 3.4.J. This plan includes:

- Transition Planning
- Knowledge Transfer
- Communication Planning
- Portal Transition

- Phone Line Transition
- Open Assessment Transition

We view this plan as central to our ongoing commitment to the State and we will begin our DHS-approved transition plan at least sixty days prior to the end of this Contract. Further, we commit to the following:

- Optum will work cooperatively with DHS and if applicable, any new contractor, to effectuate an efficient and timely transition of Contract responsibilities with minimal disruption of service to Beneficiaries and Providers.
- We will begin an Exit Transition Period at least sixty days, but no more than ninety days, prior to the last day we are responsible for the requirements of the Contract resulting from this RFP.
- During the exit transition period, Optum will work cooperatively with DHS and the new contractor and shall provide program information and details specified by DHS and in a method and format as determined by DHS.
  - We agree and acknowledge that both the program information – and the working relationship – between Optum and the new vendor from a future solicitation shall be defined by DHS.
- Within the exit transition period, Optum will prepare and submit an exit transition plan and schedule of activities to facilitate the transfer of responsibilities, information, documentation, training and educational materials, etc., to a new vendor and/or DHS.
- Optum will submit the Exit Transition Plan to the Contract Monitor sixty days prior to beginning of the Exit Transition Period.
- We agree and acknowledge that:
  - The Contract Monitor must approve the exit transition plan before it can be implemented
  - The Contract Monitor and the new vendor awarded the contract resulting from this RFP will define the information required during this transition period and the time frames for submission.
  - The Contract Monitor will have the final authority for determining the information Optum will be required to submit.

E.6 KEY PERSONNEL AND OTHER STAFFING REQUIREMENTS

A.1. If you are naming the Project Director and the Project Manager in your proposal, describe in detail how the proposed full-time administrator (Project Director) and full-time Project Manager's experience and qualifications relate to their specific responsibilities. Include a resume for your Project Director and Program Manager. If you will be filling these positions at a later date, include position descriptions including minimum credentials. If you are proposing position descriptions for Key Personnel, describe your process for filling these positions, seeking approval from the Contract Monitor, and how you will ensure Key Personnel are in place by the date of Contract Commencement.

Project Director: Sheryl Markowitz MSW, LISW-S

Optum proposes Sheryl Markowitz as our Project Director for ARDHS approval; her resume is included as Attachment E6.A1.a. She will be 100 percent dedicated to this Contract. Ms. Markowitz's experience and qualifications are directly related to her responsibilities under this RFP.

She has over 25 years of experience in multiple areas of healthcare, and brings in-depth experience with both the design and hands-on implementation of large-scale programs for vulnerable populations. She started her career as a pediatric oncology social worker in Cleveland Ohio at Rainbow Babies and Children's Hospital. She also worked as an Executive Director for two health care nonprofits. In 2006 Ms. Markowitz transitioned into Managed Care where she has held multiple roles. At Anthem/WellPoint, Ms. Markowitz was the Regional Director for their contract with the State of Ohio's Medicaid program, and was charged with the implementation of the Covered Families and Children (CFC)/Aged Blind and Disabled (ABD) programs for Anthem/WellPoint. Subsequently at WellPoint Ms. Markowitz served as Director of Change Management. Ms. Markowitz then moved to a national role where she put together a proof of concept study in Richmond Virginia to develop a national ABD program for WellPoint. For CareSource/Humana, she assisted in the development of a program that would be implemented as the Duals Demonstration in Ohio and was instrumental in policy creation and development of programmatic work streams.

Sheryl Markowitz has twenty plus years working in state sponsored programs and the management of large scale program transitions. She has worked across the spectrum of Medicaid and Medicare programming. She was responsible for the implementation of Medicaid Managed Care in the State of Ohio. This included: Healthy moms and babies and an Aged Blind and disabled (ABD) program. Her experience in transitioning a new delivery system for ABD into the state is critical to her understanding of community concerns. Ms. Markowitz participated in community forums with the state to assist in communicating the new program to all stakeholders. She met with beneficiaries, advocate groups, providers and the state to understand their unique needs. She is skilled in small and large group forums with various stakeholders. Ms. Markowitz hired teams of individuals who represented the communities being served. Ms. Markowitz is a clinical social worker who has spent much of her career working with groups and building teams. She is skilled at managing disparate needs while managing fears and frustrations. She additionally worked with the State of Ohio to take over the first waiver to be awarded to a managed care plan. She was able to hire a staff that has relevant experiences and knew the community being served. She developed training materials and was able to take over the home care waiver without causing interruption of care while delivering significantly improved health

care outcomes. In addition to working with beneficiaries and her own care teams, Ms. Markowitz is very passionate about providers. She worked in a hospital system for over a decade and has an understanding from a provider's view of how disruptive a new program can be to maintaining quality. She and her teams have spent hundreds of hours meeting with providers to understand their unique needs and concerns. As part of the roll out of the duals demonstration in Ohio, Ms. Markowitz spent much time meeting with facilities to ensure potential complications. She was able to have a team that had worked in facilities and were able to understand the intricacies of their needs. Her plan had the most robust network and received the highest satisfaction results in the state. In addition to her provider work Ms. Markowitz has spent a significant amount of time working closely with Beneficiary communities. She worked with the behavioral health community advocates and leaders to ensure that they had a voice at the table. She had regular meetings with teams of individuals and advocates for LTSS, BH and DD populations. In her work as a clinical social worker Ms. Markowitz has worked with the multiple populations that fall under Arkansas assessment scope of work. She served as a Chief strategy officer for a company that is focused on LTSS, BH and DD populations. She understands: social determinants, psychosocial and medical needs of these populations from both a clinical and operational vantage point. Ms. Markowitz is a disability advocate in her own family and understands how new programs can cause fear and frustration for families. She has focused on giving quality care to those who are the most fragile while ensuring they had a voice in their own health care.

Project Manager: Randall Vink

Optum proposes Randall Vink as our Project Manager for ARDHS approval, his resume is included as Attachment E6.A1.b. Mr. Vink will be 100 percent dedicated to this Contract and will be located in Little Rock, Arkansas at least 50 percent of the time during State business hours. Mr. Vink's Medicaid knowledge coupled with vast technical implementation experience make him an ideal candidate for this role.

Mr. Vink has 31 years of experience in planning, design, development, testing, and implementation of medium-to-large scale information systems and services in both private and public sectors. Before coming to Optum, Mr. Vink served as a management consultant to Molina Health Care under the Project Management Office (PMO) for the New Jersey Replacement MMIS implementation where he managed project risks and issues. He has worked on several Medicaid implementations throughout his career across seven states.

Mr. Vink has over 18 year's project management experience. He has successfully managed Medicaid implementations throughout several states. As a key member of the Project Management team in the State of North Carolina's Replacement MMIS implementation, he designed and successfully implemented North Carolinas Multi-Payer Conceptual Design which allowed for a single payer source for three divisions under North Carolinas Department of Health and Human Services (NCDHHS). These divisions were the Department of Medical Assistance (DMA), Department of Behavioral Health Services (DBHS), and the Department of Public Health (DPH). He worked closely with each division in gathering requirements and incorporating their requirements and objectives into the overall solution and implementation with the vendor.

A.2. Describe your plan for substitution or replacement of Key Personnel.

Although our recruitment, hiring, and management process reduces the likelihood that we will need to substitute or replace Key Personnel, if such a situation arises, we will comply with the all requirements set forth in Section 3.5.A.3 of this RFP, including the timeframe for notice and replacement. Optum will not remove any Key Personnel from work under this Contract without prior written approval by the Contract Monitor. ARDHS will have the opportunity to conduct comprehensive and final vetting of any Key Personnel that we propose to replace.

To ease the burden upon DHS, and to assure DHS that the replacement Key Personnel has qualifications that are at least equal to those of the Key Personnel for whom the replacement is requested. Our Project Director will provide the Contract Monitor:

- A detailed explanation of the reason(s) for the substitution request.
- The resume of the proposed substitute personnel, signed by the substituting individual and his/her formal supervisor.
- The official resume of the current personnel for comparison purposes
- Evidence of any required credentials.
- Any additional information concerning the proposed substitution the Contract Monitor may require
- The right to interview the proposed substitute personnel prior to deciding whether to approve the substitution request.

In the event of a change in Key Personnel, our Project Director will oversee the process to see that there is a complete transfer of information and strive for seamless transition.

In the event that Optum needs to replace our Project Director, we will follow the process outlined above, except that Optum leadership will notify ARDHS and oversee the process.

A.3. Describe your proposed staffing plan and your process for maintaining staffing levels in accordance with your proposed staffing plan.

Our unique approach to staffing will meet or exceed the requirements of the Section 3.5 of the RFP. This includes Optum leadership and front-line staff engaged to meet the specific timelines and goals of the project. We use our experience and understanding gained from similar projects to effectively determine the organization required to perform start up and transition activities. All of the staffing supporting core functions will be performed by Optum, so DHS can rely on one organization to deliver all of the requirements of the RFP.

As illustrated below, Optum's staffing plan provides an effective management and staffing structure that results in successful day-to-day operations that meet the needs of the three Divisions impacted by this project.

We created our staffing plan and functional staffing chart by first modeling our staffing needs using proprietary workforce models and planning tools as a baseline. We continually re-evaluate and revise these models so that we can offer consistent, dependable service regardless of enrollment or other changes that can influence work volume. We further refine and adjust the models to reflect the efficiencies we have recognized as a result of investment in technologies deployed to streamline business processes, simplify member experiences and improve administrative accuracy.

Our workforce staffing tools define the knowledge, skills, characteristics and abilities employees should possess by role and how many employees are required in each job based on the defined work process. The models help us calibrate staffing to work effort so we do not overstaff or understaff for this contract.

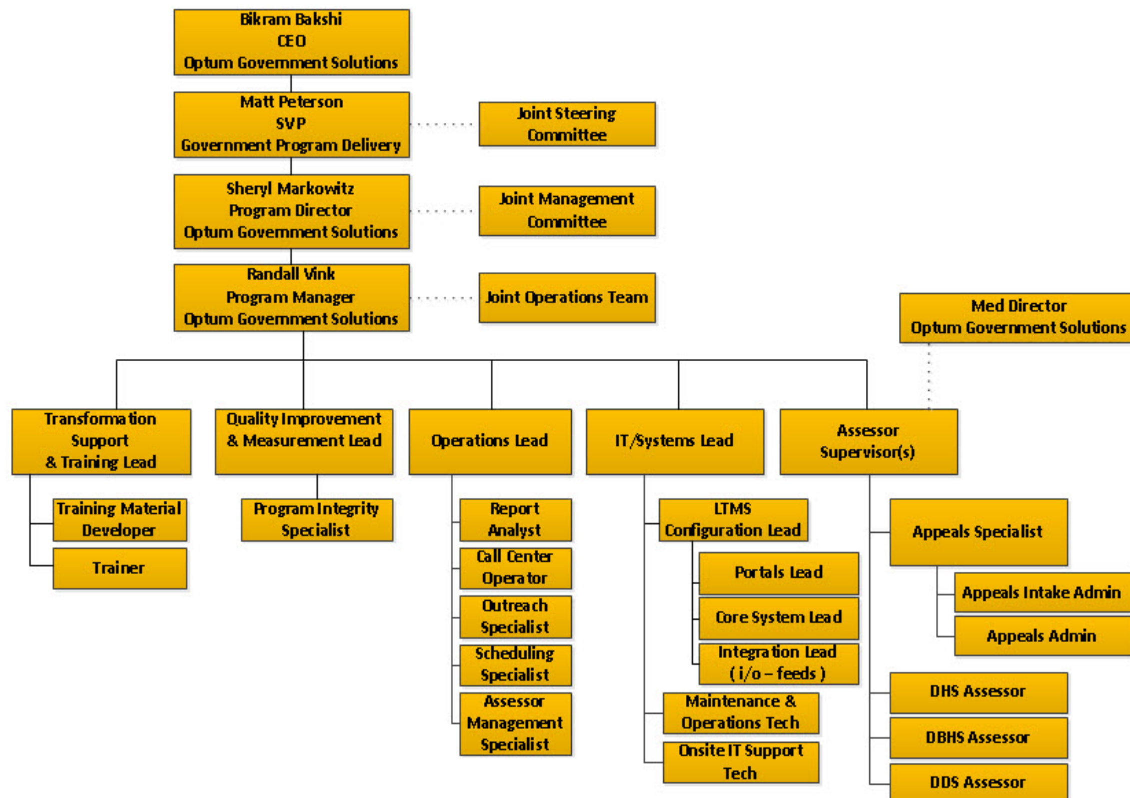
Additionally, the models define a management hierarchy for each functional area. Finally, staffing models take into account levels of efficiency; especially ramp-up and training of new staff upon initial hiring, and reflect the time commitment for ongoing employee development and skill enhancement.

We confirm that all Optum staff assigned to the project will be located within the United States for the duration of the Contract.

Process for maintaining staffing levels

We will, at all times during our contract with DHS, maintain staffing levels at 90 percent of our proposed staffing plan, above. Our staffing plan and workforce management strategies enable us to provide the qualified personnel required to meet the requirements stated in Section 3.5 of the RFP within the requested time frames. Any reductions or changes in staffing levels will be requested in writing and sent to DHS for approval, noting it may result in a reduction of our administrative service fees.

Following please find an organizational chart depicting the staff that will support the proposed Contract. A staffing table detailing each position appears following the chart.



Position Title	Responsibility
CEO Optum Government Solutions	The CEO of Optum Government Solutions will oversee all Optum Government Solution Programs and Projects. They will serve as the top executive representing this program.
SVP Optum Government Program Delivery	The Optum Senior Vice President for Government Program Delivery will have the Program Director as a direct report and be responsible for their performance. They will also be responsible for the oversight of the Arkansas project to make sure it stays on track with acceptable quality.
Program Director	Optum's Program Director will serve as the overall lead for the program and will work directly with Arkansas during all phases of the contract (initiation, planning, implementation, operations and closure). The Optum Program Director will have executive responsibility over our operational and assessor teams and will interface with our medical director on clinical activity. The Program Director will participate in meetings with all specified meetings for the Arkansas engagement. The Program Director will also be involved in the Quality Management and Improvement program.
Program Manager	The Program Manager will oversee the completion of implementation activities, allocate implementation team resources and maintain the work plan. He/she will serve as the primary point of contact for the Department during implementation. Post Implementation, the program manager will continue with Operational oversight.
Transformational Support & Training Lead	The Transformation Support and Training Lead will be the key contact for the needs assessment, development of all training materials and delivery of training in a variety of settings including on-sit & online.
Quality Improvement Lead	The Quality Improvement Lead (QIL) is responsible for the operation and success of the QMI program, including all internal and external quality activities. The QIL assists the Program Director and key staff in identifying areas for quality improvement, implements policies, establishes and monitors corrective action planning, and coordinates the implementation of enhancements to processes. The QIL will also monitor and analyze quality of service indicators related to the performance indicators.
Operations Lead	The Operations Lead will supervise the staff responsible for operational tasks on the LTMS platform. This includes managing call center functions for inbound and outbound calls (outreach), scheduling, manual referral entry and reporting operations
IT / Systems Lead	The IT / systems lead is responsible for the IT system configurations and build associated with the Arkansas project. They will oversee the development of integration efforts for data feeds. They will oversee the configuration of the LTMS platform for Arkansas needs. They will oversee the development of core reporting needs on the LTMS platform.
Assessor Supervisors	The Assessor Supervisor role will oversee the assessment functions. They will also serve as supplemental Assessors to assist with Emergency assessments if needed. They will review tier determinations that would result in a reduced tier. They will also interact with the Appeals process and assist with preparation for Appeal Hearings when required.

Position Title	Responsibility
Medical Director	The Medical Director will monitor quality and clinical performance measures, oversee the peer review process as appropriate, provide guidance to the assessment improvement process, provide input to the quality criteria, serve the lead executive for the Quality Management Committee, and interface with external psychiatrists and physician panels as required to support the Arkansas assessment and screening efforts.

A.4. Describe your company's plan to conduct state and federal criminal background and Central Registry checks for all employees, agents, and sub-Contractors who have direct contact with the assessed individuals that are compliant with A.C.A. § 20-38-105.

Optum highly values its reputation for its honesty and its compliance with rigorous ethics and integrity standards. To preserve this reputation, comply with contracts and with all Governmental laws and regulations, we conduct periodic background checks on all employees. We also require all employees to self-report any felony convictions, sanctions by a state licensure board, or if they have been listed on the Office of Inspection General (OIG) or General Services Administration (GSA) debarment list or Healthcare Integrity Protection and National Practitioner Data Banks.

This policy applies to all of our employees, including the following job classifications:

- full-time
- part-time
- exempt
- non-exempt
- regular and temporary

Annual criminal background checks

In addition to performing pre-employment background checks, we conduct post-hire criminal background checks and conduct searches the National Sex Offenders Registry on all employees at least once during each calendar year.

Optum will not knowingly continue to employ an individual when applicable law prohibits that individual from providing services on behalf of us. An employee's criminal history may subject them to consequences up to and including termination of employment, depending upon factors including the employee's responsibilities and the nature of the offense.

Self-reporting requirements

Employees who are convicted of – or plead guilty to – a felony must report the conviction or plea to Optum within seven calendar days.

All employees are required to notify Optum within seven calendar days if they are sanctioned by a state licensure board, or if they are notified that they have been listed on the OIG or GSA debarment list or the Healthcare Integrity Protection and National Practitioner Data Banks.

A.5. Describe your process for ensuring all clinical staff have the appropriate State of Arkansas licensing and that proof of licensing credentials shall be shown to the State upon request.

Prior to hiring, our human resources department will verify that candidates have the appropriate State of Arkansas licensure for the position, based on the qualification requirements outlined in the position job description. On an ongoing basis, Optum's human resources department tracks and monitors all clinical staff license expirations. Prior to a license expiration, human resource staff will send email alerts to clinical staff regarding the impending license expiration and the requirement to renew the license for continued employment.

Further, each clinical staff electronically signs a Clinical Attestation Statement at time of hire or transfer and at least annually. The clinical staff's manager or director will also validate his or her licensure/registration/certification annually and at time of hire; as well as conduct reviews of staff's licensure/registration/certification monthly. This review and validation process includes random, monthly spot checks.

In addition, Optum will provide opportunities for continuing education to all clinical staff to assist in meeting licensure continuing education requirements. These training opportunities will be on a variety of topics offered throughout the year via classroom style training, webinars and online training courses. Staff will have access to *OptumHealth Education*, which is an accredited provider of continuing medical education/education units (CMEs/ CEUs) and is dedicated to improving care and health outcomes through the education of health care professionals. The *OptumHealth Education* web site offers over 100 hours of on-demand CME/CEU accredited education.

Optum will provide proof of licensing credentials to ARDHS in the format designated by the State. Options include hard or electronic copies of resumes, licenses, and any certifications required to demonstrate our staff meet the required qualifications and experience.

A.6. Describe your policies and procedures to routinely monitor your staff and subcontractors for individuals debarred or excluded for participation in the Contract.

As stated above in our response to E.6; A.4, we require all employees to self-report any felony convictions, sanctions by a state licensure board, or if they have been listed on the Office of Inspection General (OIG) or General Services Administration (GSA) debarment list or Healthcare Integrity Protection and National Practitioner Data Banks.

Checks for sanctions and debarments

We conduct checks for sanction and debarment checks on employees on a monthly basis or as deemed necessary. If an individual is sanctioned by the General Services Administration (GSA) or the Office of Inspection General (OIG), or if an individual is debarred from participating in any federal or state program, it may result in a review of responsibilities and consequences up to and including termination of employment.

A.7. Describe any and all subcontractors listed on your Proposed Subcontractors Form, the tasks for which they will be responsible, and your plan for supervision and corrective action, if needed.

We are in the process of evaluating subcontractor opportunities for this program to help support emergency assessments and unanticipated fluctuations in assessment volume. Specifically, we

are engaging non-Medicaid provider organizations that employ staff with the qualifications and experience necessary to conduct independent assessments and screenings: Arkansas Foundation for Medical Care (AFMC) and Pine Bluffs. AFMC has a long history of working with Medicaid members, Medicaid providers, and Arkansas DHS. Pine Bluffs performed 4,000 independent assessments for Arkansas DHS Division of Developmental Disabilities Services (DDS) in the past year. Both organizations have provided a letter of support for Optum.

Upon entering into a subcontractor relationship, with the approval of our state agency partner, we have a rigorous performance monitoring process that maintains subcontractor's compliance with all laws, regulations, requirements and ordinances applicable to Optum's contract with the state. Further, these agreements require that subcontractors comply with Optum and state audits, as may be required by our contract with the State of Arkansas. Some of our subcontractor agreements contain performance guarantees.

We rely on a variety of quality control measures to see that the subcontractors meet the same requirements to which Optum is held. We confirm subcontractor compliance by:

- Maintaining written policies and procedures
- Conducting effective training and education, including achieving inter-rater reliability of 85 percent or greater
- Developing effective lines of communication
- Enforcing standards through well-publicized disciplinary guidelines

Subcontractor oversight

We have extensive experience managing subcontractors, while administering programs and services to meet states' requirements. For over a decade, we have garnered a substantial amount of information on working with subcontractors and integrating their services into our programs—and we have learned how to do this successfully. We have taken this knowledge and sought to continually improve our subcontractor processes to strengthen our programs and to offer seamless, well-integrated services for our clients, providers, and members.

The longevity of our subcontractor relationships has allowed us to build strong oversight programs, understand contractual requirements, and apply compliance protocols effectively for subcontractors. Over the years, we have applied quantitative and qualitative methodologies in the public sector to assess affiliates and partners, and their abilities to perform delegated services. We have facilitated subcontractor meetings regularly; to monitor network operations for behavioral health, long term services and supports, vision, transportation, and other specialty areas; and to discuss and review performance metrics.

Our established oversight and compliance programs have improved subcontractor performance by identifying any deficiencies and addressing action plans. Our subcontractors are evaluated against criteria, such as national and NCQA credentialing requirements, federal compliance program regulations and established claims processing protocols. Through these approaches, our subcontractor relationships have strengthened and our program processes have aligned, allowing us to provide superior health care services—easily accessible to provider and member.

We will assure Arkansas-specific standards are met through oversight and subcontractor monitoring, while assuring the provision of service excellence in accordance with state and federal regulations—and the ARDHS's contractual needs.

A.8. Describe your company's plan to report Maltreatment of Children and Adults per the requirements set forth in RFP Section 3.5 (D)(3).

Optum's highest priority is to safeguard the well-being of our Beneficiaries. To that end, we will implement comprehensive and proactive procedures to identify and immediately report any incidents of Maltreatment of Children and Adults.

Identifying incidents of maltreatment of children and adults

We will identify incidents of abuse, neglect, and unexplained death through:

- Analysis of the number and percent of unexplained or suspicious deaths for which review or investigation resulted in the identification of preventable causes
- Reviewing the number and percent of substantiated cases of abuse, neglect and exploitation where recommended actions to protect health and welfare were implemented
- Our licensed Utilization Review nurses will conduct:
- Mortality reviews and investigations using our critical incident management and system
- A root-cause analysis to identify findings and to determine the need for performance improvement by the provider
- Checking the State of Arkansas's mortality system and protective services database for identification of pertinent incidents
- Obtaining additional information as needed from the provider

We will make sure that the State's policies and procedures on the use or prohibition of restrictive interventions are followed through the capture and categorization of:

- The number and percent of restraint applications, seclusion, or other restrictive interventions that followed procedures as specified in the approved waiver
- Number and percent of unauthorized uses of restrictive interventions that were appropriately reported
- We will educate our UM clinicians and providers concerning State Medicaid rules and describe the limitations of using restrictive interventions.
- We will request to review the provider's restraint policy, procedures and the role of the chief executive or designee assigned to sign off on all occurrences of restraint use.

Our reviews will include capturing critical incident information, and our documentation system and customizable reporting capabilities will enable us to track and trend incidents at discrete levels, such as by type of incident, by member and by provider. Using Optum's reporting analytics, we will generate reports in the State-approved format. Prior to submission, our reporting analysts will review waiver reports for accuracy and provide trend analysis.

Reporting incidents of maltreatment of children and adults

Our staff receives comprehensive training regarding how to identify and report incidents of maltreatment. All Optum employees are required to immediately make a report to the Child Abuse Hotline if they observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment, or have reasonable cause to suspect that a child:

- Has been subjected to child maltreatment
- Died as a result of child maltreatment
- Died suddenly and unexpectedly

Likewise, if any Optum employee observes, or have reasonable cause to suspect that, that an endangered person or an impaired person has been subjected to conditions or circumstances that constitute adult maltreatment or long-term care facility resident maltreatment, he or she shall immediately report:

- To the local law enforcement agency for the jurisdiction in which the suspected maltreatment occurred, and to the Office of Long-Term Care, if that adult is a long-term care facility resident
- To the adult and long-term care facility maltreatment hotline provided in Ark. Code Ann. § 12-12-1707, if the suspected victim is not a long-term care facility resident

For the purposes of our Contract with the State of Arkansas, we define “child maltreatment” as set forth in Ark. Code Ann. § 12-18-103(7); “died suddenly and unexpectedly” is defined pursuant to Ark. Code Ann. § 12-18- 402(a)(1)(C)(ii); and the terms “endangered person.” “impaired person,” “adult maltreatment,” and “long term care facility resident maltreatment” are defined as set forth in Ark. Code Ann. § 12-12-1708.

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E.7 QUALITY ASSURANCE

A.1. Describe your company's plan to develop and implement a quality monitoring process operated by a quality assurance monitor, per the requirements set forth in RFP Section 3.6 (A).

Innovation and performance are two of our core values. These tie directly to quality, which is a major focus of every contract. We use a disciplined approach to developing a foundational QI plan for our quality efforts.

For Optum, quality is a key aspect of every project and contract. We are committed to delivering high-quality solutions to our clients in support of their Beneficiaries, business and associated processes. In Arkansas, we will follow a data-driven approach to recognize, isolate, and act on areas for improvement with our dedicated quality improvement team.

Our strong client results in maximizing innovation and continuous quality improvement are possible because of our commitment to training our employees on using Six Sigma to benefit our clients. Optum makes a significant investment in Six Sigma training so our employees achieve high levels of certification. Our internal quality team has more than 100 dedicated professionals with Six Sigma-trained Master Black Belts and Black Belts. Six Sigma tools and techniques help us bring about desired efficiency in business processes and quality improvement. This supports a disciplined approach for finding the root causes of inefficiencies and quality problems.

The foundation of quality efforts is a strong quality improvement (QI) plan. The plan will address matters such as quality monitoring and assurance reviews for accuracy, data consistency, integrity and completeness of assessments and Developmental Screenings as well as the performance of the staff conducting these assessments and screenings. Our plan will also address potential staff knowledge gaps and identify opportunities for continuing staff education and training.

The Optum QI plan will contain monitoring and controls that identify staff members requiring additional education and re-training. It will address matters such as staff evaluation criteria, scoring, accuracy, and data integrity.

If additional training is needed, our quality assurance team will work with operations and training staff to identify additional education and training opportunities. Types of training Optum can provide include the following:

- **Gap training:** Managers analyze quality metrics in order to identify gaps or employee behavior that requires additional coaching. Optum training will work with DHS and operational leadership to identify knowledge deficit versus performance behavior. The training team will address the knowledge while management addresses behaviors. Potential solutions for gap training could include one-on-one coaching or skill labs.
- **Training corrective actions:** There are times when we can address an identified gap in knowledge through training. We normally use a variety of skill- based learning options. These learning opportunities address advanced skills and keep existing staff informed of the latest process changes and business initiatives. One of our training options is a skills lab for staff members.

- **Skills labs:** Trainer-led skills labs are an effective learning option to cover advanced skills or updated operational processes. Skills labs focus on meeting specific performance metrics. They may be customized to include any combination of trainer-led lecture and discussion, hands-on practice, or interactive exercises and activities.

A.2. Describe your process for completing desk review of assessments, Developmental Screens, and tier determinations.

Optum evaluates performance for adherence to regulations and quality standards that are mutually defined with DHS. Our quality analysts evaluate assessor performance and provide feedback to Operations. Our coaches use side-by-side and remote monitoring observations to drive compliance, consistency and accountability. Optum staff performing the quality assurance review of Assessment Instrument results, Developmental Screens, and Tier Determinations will have the same, or higher, professional requirements of the assessor(s) initially conducting the assessment, screening or determination.

Results are reported, analyzed and reviewed regularly across Quality and Operations. We will conduct desk reviews of assessment, Developmental Screenings, and Tier Determinations for a statistically significant number of cases prioritizing the review of junior assessors and assessors with low performance scores over assessors with high performance scores to evaluate performance and provide feedback to Assessors. Assessors are empowered to self-manage and self-improve through customized dashboards, reports, best practice-libraries, and coaching options. Management level reports are distributed daily, weekly and monthly.

Assessors are evaluated daily, weekly and monthly. Volume is based on a statistically valid sample size with a minimum of five evaluations per assessor per month. Additional monitoring may be completed based on tenure of the assessor or other identified trends. As part of the evaluations, our quality analysts will complete a Beneficiary-centric scorecard with various elements separated for tracking purposes. This provides details to both the assessor and the coach on specific behaviors and standards we are targeting, plus trends issues for remediation and continuous improvement.

We calibrate our process so that all measurements remain consistent across the engagement. Each quality analyst evaluates similar records and, as a team, the quality analysts compare their results and discuss differences, agreeing on how each item is scored so that we continually improve scoring accuracy and consistency. Monthly Quality Management calibration sessions are also held where Quality and Operations evaluate and score completed evaluations, discuss trends, and create and implement action plans.

Results of quality evaluations inform the continuous improvement process:

- The quality analyst provides evaluation results to the assessor and coach upon completion along with coaching feedback.
- The quality manager sends the assessor and team reports to the Operations team biweekly, identifying any trends and providing coaching feedback.
- Quality evaluations and the data analysis are integral parts in our performance management process. Overall reporting occurs biweekly and monthly for senior leadership.
- The results of the quality monitoring and assurance process will be included in a monthly report submitted to the Contract Monitor in the format required by DHS.

These comprehensive quality assurance processes, including monitoring, evaluating, feedback communication and continuous improvement, ensure the accuracy of assessments and Developmental Screenings and Tier Determinations.

A.3. Describe your plans for providing remediation when staff do not meet the 85% inter-rater reliability rate.

Our quality monitoring and assurance processes will monitor to ensure an inter-reviewer reliability rate of 85 percent or greater. Optum will notify the State of any assessor that does not attain a reliability rate of 85 percent or greater including an explanation of our plan for providing training to improve the assessor's methods. At least 95 percent of reviewed Tiers placements will be correct upon quality assurance review. Additionally, Optum will work with the Assessment Instrument developer(s) to conduct inter-rater reliability assessments. At the State's request, Optum will re-administer any assessment that was determined to have resulted in the incorrect Tier Determination based on the assessment outcome. Any such re-administrations will be conducted at no additional cost to the State.

In the event that any individual assessor's inter-rater reliability rate for any given review period is below 85 percent, we will submit a Corrective Action Plan (CAP) to the State. We will submit this CAP within 10 calendar days after submission of the quality review. The CAP will outline how we will correct the deficiencies including training, coaching and skills development opportunities. We will implement the CAP no later than the beginning of the next month. If no immediate improvement results from the CAP, we will remove the assessor from our program.

A.4. Describe your company's system to receive, investigate, and respond to complaints from Beneficiaries and/or their family or guardians in accordance with the requirements set forth in Section 3.6 (B).

We will implement toll-free helpline dedicated to responding to Beneficiary, family member, guardian, provider and community inquiries including complaints. Our toll-free telephone number, which will be available Monday through Friday, 8:00 a.m. to 6:00 p.m., will be advertised in outreach materials and posted on our website. Prior to opening the phone lines, Customer Service Representatives will receive extensive training to enable them to respond to receive, investigate and respond to complaints within two (2) Business Days of receiving the complaint. We will collect information from the Beneficiary's guardian and/or family in the event the Beneficiary is unable to provide input and feedback. We will utilize the information collected to develop and implement additional staff training, as needed.

Optum has documented processes for collecting ongoing Beneficiary and stakeholder input and feedback regarding the efficiency, fairness, and quality of the assessment and/or screening procedures.

Optum will develop a plan to be reviewed by DHS that outlines the response plan for all complaints from Beneficiaries and/or their family and guardians.

E.8 PLANNING AND IMPLEMENTATION

A.1. Describe which member(s) of your proposed team will attend, in person in Little Rock, either the Contract Kickoff Meeting or individual Division-Specific Tier Determination Meetings.

The Contract Kickoff Meeting will be attended by our Key Personnel, Sheryl Markowitz, Project Director and Randall Vink, Project Manager. They will be joined by our LTMS lead, Paul Hughes, and our Assessment subject matter expert Heather Johnson.

Individual Division-Specific Tier Determination Meetings will be attended by lead regional assessment staff.

A.2. Describe what practices your company has found effective in similar meetings.

We are committed to developing an effective relationship with ARDHS. Therefore, we have been taking the time to truly understand the State of Arkansas. Key aspects to success in these meetings include meaningful collaboration, greater transparency, and effective communication. We communicate with ARDHS on a regular and frequent basis, and are flexible in our efforts as we seek to continuously improve and adjust to changing needs and requirements.

We will come to these meetings prepared with process flows and job aides so that we can be efficient and successful in meeting ARDHS's goals and objectives. If, based on ARDHS feedback, we need to enhance or modify our approach, we will be transparent about any barriers we are facing and clear about our plan to overcome these challenges. This will include specific milestones, and clear lines of accountability that will be developed with ARDHS agreement and feedback.

We will use these meetings as joint opportunities for periodic review of the production status of all areas of work; setting of priorities and goals; transparency, control, and visibility into operations; and review of plans for issue resolution.

We will work as partners to manage the relationship and expectations by:

- Enabling strategic alignment to the ARDHS goals
- Allocating resources to meet business requirements
- Reviewing our approach to new tasks, and establishing clear roles and responsibilities for decision making, issue resolution, and service delivery
- Documenting and reviewing meeting schedules and contractual obligations
- Continuously evaluating performance, user satisfaction, and effectiveness
- Providing regular and frequent communication across all ARDHS stakeholders

A.3. Describe your process for developing a deployment plan that meets the requirements and the timeliness standards in RFP Section 3.7 (B).

Based on many successful state and federal government transitions, large scale program implementations, and best practices, Optum has developed a standard transition-in methodology. The methodology is also based on industry standards including:

- Universally recognized Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) standards and guidelines

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- Carnegie Mellon University technology-enhanced learning techniques
- Software Engineering Institute (SEI) principles relating to IT development/deployment
- Capability Mature Model Integration (CMMI) processes best practices
- Continuous process improvement processes, adherence to corporate governance and standards and quality management tools, such as Six Sigma and ISO 9001:2008

Our draft Project Management Plan, Attachment E8.A3, and draft Deployment Plan, Attachment E5.C1, have been developed to meet the requirements and timeliness standards in RFP Section 3.7(B). An updated Deployment Plan will be submitted to the State no later than fifteen calendar days after the Contract Commencement Date.

Keys to Success

Though our extensive experience, we have identified the following as keys to a successful project implementation. We will use these practices in Arkansas to ensure a seamless transition:

Early and Frequent Engagement of Providers, Beneficiaries, and Key Stakeholders: It is important to engage key stakeholders as early as possible to inform them of upcoming changes and incorporate their feedback. Face-to-face interactions will be important to foster a trusting working relationship.

Local Team: We will have an experienced and effective local team, augmented by an executive leadership team and national subject matter experts, to work closely with DHS beginning on day one of the contract. The team will be led by the Program Director and the Project Manager. The local team will proactively engage stakeholders as mentioned above.

Comprehensive Project Plans: We have developed, and attached, a draft project management plan that includes all contract key deliverables, timelines, responsible parties, potential risks, and mitigation strategies. This will be updated as needed so that all team members are working toward common goals and deadlines. Risks and mitigation strategies will also be identified and documented throughout the program implementation.

Iterative Development Methodology: Optum uses an agile and iterative development methodology approach, allowing us to incorporate feedback at every step in the process. Optum will focus on developing core functionalities first and then continue to enhance capabilities in subsequent phases based on ARDHS priorities.

Contingency Planning: No later than 30 days prior to the Contract Implementation Date, Optum will develop a Continuity of Operations Plan that will address potential risks and our strategies for mitigating them and continuing operations effectively.

Implementation and Operating Model

Clear, open, and honest communication is the basis of our approach to service and project management. Our organized, open, and transparent approach will allow our teams to quickly grasp, mitigate, and respond to potential issues. In the current, rapidly evolving health and human services environment, systems and organizations must align closely to provide quick and reliable support.

The Communication and Coordination Governance Model will address those requirements including transition, implementation, and ongoing operations. We are flexible and can suggest a number of different approaches that have been successful with clients that have different needs.

We propose a communication and coordination governance model for implementation and operations that will allow us to coordinate and adjust to changes in an organized manner, and respond in a way that is effective and transparent. This three-tier Communication and Coordination Governance Model for Implementation and Operations model includes the following:

- **Joint Steering Committee**: Includes representatives from both Optum and ARDHS executive leadership and will provide strategic guidance and decisions
- **Joint Management Committee**: Includes senior delivery leaders such as the ARDHS Contract Manager and Optum Program Director and will review the overall health of the engagement
- **Operations Team**: Includes the operations team that will manage day-to-day operations

Our operating model facilitates joint opportunities for periodic review of the production status of all areas of work; setting of priorities and goals; transparency, control, and visibility into operations; and review of plans for issue resolution.

A.4. Describe your process for completing IT Platform Testing.

Optum will complete all IT testing pursuant to RFP Section 3.7.B, and our information system will be fully operational one month prior to go-live. Our IT Platform Testing process will be guided by our IT Testing Plan and will, at a minimum, incorporate:

- Test scenarios that Optum will develop with the State's assistance. These test samples will include:
- All processing functions required for deployment
- Data sources, incoming and outgoing data including all data file interfaces
- Reporting requirements
- A description of Optum and State staff roles and responsibilities during testing
- Inputs to the test,
- Steps and procedures in the testing process
- Timelines
- Expected results
- A description of the defect identification and resolution processes to be executed during IT testing

We will conduct the Functional Testing detailed in the bullets below. Functional Testing refers to the activity of providing validation against the defined feature functionality defined in the design of the solution.

- **UNIT testing** is a development effort and is based on validation of the components of functionality. This testing is completed by the development team to certify that what they have developed maintains acceptance of the approved design. As UNIT testing can change

due to the systems and features of a solution, the details for the UNIT testing completed for the State of Arkansas will tailored to our contract with the State.

- **Smoke testing** provides a high level assessment of the overall stability of the system after a change or impact to the system in any form. This confirms that the very core features of the system are exercisable to allow activities in that system to be completed.
- **System Integration Testing** (SIT) is a test that is intended to exercise the full system based on the measurable defined in the approved design. This testing effort can be broken down into parts, if necessary, or completed as one effort. However, the main aspects that will be exercised as part of SIT testing include:
- Individual exercise of System Features
- System Features will also be exercised together where applicable
- Integration is leveraged to validate information transportation and transformation where applicable
- Solution is exercised from an end-to-end perspective, where applicable, so that full round tripping of the system is verified
- **Regression testing** is the validation of existing functionality that was once verified as working. The goal of this testing effort is to confirm that new functionality being delivered is not adversely affecting the existing functionality. The following criteria are used in order to assess the regression suite:
- Impacted Code
- Widely used business capabilities
- Priority

We will create a regression suite based on agreed-upon criteria and timeline with ARDHS in order to provide the most extensive validation of existing functionality as possible.

If during testing, any component of the system is found to require a fix or revision per the determination, we will correct the issue to the approval of DHS prior to one month before Go Live.

Collaboration with DHS to Complete IT Readiness Assessment

Our Management Team and staff will work with the State to complete a readiness assessment to determine our competence and capacity to perform all required activities. We understand the due diligence oversight required, because we are required to undergo readiness reviews in all our public sector contracts. Should the State require Optum to provide additional major functions, we will determine an action plan to implement those functions and cooperate with a readiness assessment in a time frame approved by the State of Arkansas. We will provide any documents, make our staff available, and demonstrate our information system functionality during this readiness assessment period.

A.5. Describe your process for completing User Acceptance Testing.

In collaboration with the State, we will develop User Acceptance Testing (UAT) scenarios. The testing process will include test design, test execution, and defect remediation, as further detailed below:

- The first step of the Test Design process is to create scenarios that provide the necessary coverage to exercise the approved design of the solution. This includes both functional and non-functional scenarios where applicable.
- Once scenarios have been identified, we will use these scenarios to develop a Test Case. Test Cases will build on top of the scenario to provide specific steps, and are measurable to be followed as part of the test execution effort. In some instances, Test Cases could be referred to as scripts due to the nature of testing, as with Performance and Security.
- Next, we will review and approve the Test Cases to validate that deliverables or work products meet the appropriate quality standard.
- Following this review, we perform test execution. Test execution is the activity of executing the test cases, or scripts, that were created as part of the design effort. All test cases will be categorized as: Passed, Failed, Blocked, Not Completed, or No Run.
- If during testing, any component of the system is found to require a fix or revision per the determination, we will correct the issue to the approval of DHS prior to one month before Go Live. We use a defect management process to see that all defects are identified, triaged, remediated, and finally validated.

We will schedule a walkthrough of the testing results with the State once testing is complete, but not later than 30 days prior to Go-Live.

A.6. Describe your process for developing and delivering an Operational Readiness Checklist that meets the timeliness standards of RFP Section 3.7 (C).

Optum’s operational readiness process will confirm that the State of Arkansas’s requirements are successfully met – prior to operations commencing – thereby reducing cost and increasing healthcare efficiencies to benefit the Beneficiary community. Our operational readiness processes and procedures warrants a projects success by continuous planning and monitoring of operational readiness exercises, operational certification, support of system rehearsals and certification, including preparation of operational procedures, and training.

Developing the Operational Readiness Checklist

In all implementations, we develop an Operational Readiness Checklist (ORC) to serve as the foundation of our organizational, technical, and business readiness processes. The ORC helps the implementation succeed by validating and documenting operational readiness throughout the project’s life cycle. When developing the ORC, we carefully review all key activities and objectives required by the RFP, and certify that the ORC is aligned with these activities and objectives.

Optum’s ORC will detail all activities and timelines leading up to the go-live of Year One of Operations, and will include, at a minimum:

- Successful execution of the Deployment Plan
- Dates of regular meetings with the State
- Availability of a content management platform where Optum houses implementation related project management tools and content for access and review by the State
- Development of our information security plan
- The recruitment and training of qualified staff to meet Contract requirements and in accordance with our staffing plan

- Readiness to deploy the help line and modes of training required by Contract
- Readiness to "go live" with a website containing resources for providers and staff
- A proposed implementation report structure to keep the State apprised of implementation efforts and the content and frequency of all required reports
- Operational readiness of core functional areas including:
- Facilities and Infrastructure
- Network Connectivity
- Systems Configuration and Integration
- System, User & Facility Security
- HIPAA Privacy and Confidentiality
- Data Conversation
- User Interfaces (UI) & Navigation
- Provider & Member Letters, bulletins and/or brochures
- Operational Reporting
- Staff Clinical Skills and Experience
- Training & Outreach (Provider and Member)
- ARDHS, Clinical and Call Center Training

The ORC will be developed to address core activities within each phase of the project and will precisely define each step, and associated timeline, required to successfully implement the related project outcome. Following development of the ORC, we will also conduct tests for operational readiness and make adjustments as necessary.

Delivering the Operational Readiness Checklist

Once the initial ORC has been drafted, the ORC undergoes and internal review and sign-off process to confirm leadership approval of responsibilities and appropriate quality assurance checks. Upon internal approval, we will send to ARDHS review and approval within fifteen calendar days of Contract Commencement. Any modifications or changes requested by ARDHS will be made within five business days of the State's request.

ARDHS's final approval of the ORC will trigger deployment of the ORC for continuous monitoring and status reporting of the project's operational readiness. Status reports will include current operational readiness activities and outcomes, upcoming operational readiness activities, and ongoing status meetings with the State throughout the life of the project.

A.7. Describe how you will complete the items contained in the Operational Readiness Checklist in time for the July 1, 2017 Go-live.

All items contained in the Operational Readiness Checklist are included in our detailed Deployment Plan, Attachment E5.C1. We apply project management plan controls to confirm the timely and appropriate execution of these milestones. Optum will schedule a walkthrough of the Operational Readiness Checklist and Deployment Plan with the State no later than 15 days after Contract Commencement.

A.8. Provide a Work Plan that includes the specific methodology and techniques to be used in providing the required services as outlined within the Request for Proposal. The Work Plan should include:

- **Outline of the overall management concepts employed by your company**
- **Project management plan**
- **Project control mechanisms**
- **Overall timelines**
- **Project deadlines considered contract deliverables**

Optum's Work Plan is incorporated within our draft Project Management Plan, Attachment E8.A3, and the draft Deployment Plan, Attachment E5.C1. Our Project Management Plan provides an overview of the project control mechanisms that will be implemented. The Deployment Plan provides the implementation schedule, overall timelines, project milestones, and project deadlines considered contract deliverables.

Optum's overall management concepts are based on industry standards including:

- Universally recognized Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) standards and guidelines
- Carnegie Mellon University technology-enhanced learning techniques
- Software Engineering Institute (SEI) principles relating to IT development/deployment
- Capability Mature Model Integration (CMMI) processes best practices
- Continuous process improvement processes, adherence to corporate governance and standards and quality management tools, such as Six Sigma and ISO 9001:2008

A.9. Describe the Implementation Milestones your company has provided in Table B.4 under the Information Technology Platform Costs tab in the Bid Price Sheet.

A draft copy of the deployment plan is included in the proposal. The plan is structured by phase and includes all critical milestones and contract deliverables.

Table B.4 was populated with three phases: initiation, planning and implementation.

- During the **Initiation** phase, we kick-off the project with joint meetings with Arkansas representatives to gain agreement on key items and approaches that will be taken during the subsequent phases.
- During the **Planning** phase, we tackle many planning elements of the project that will help accelerate configuration and development of the LTMS system specific for Arkansas.

  Planning efforts are in conjunction with State representatives will address Deployment planning, Staffing planning, Operational readiness, Program requirements, Tier Determination process/criteria for DAAS , DBHS, DDS. Also, during this planning phase the Provider & State Needs Assessment will start, this will help finalize training plans to meet the needs discovered.

  Additional IT platform specific planning begins with rigor to address Information Security plans, testing to be accomplished, integration with designated State systems and our LTMS platform.

- During the **Implementation** phase (labelled as “Execute” in the Project Plan), we continue with the configuration of the LTMS platform from requirements gathered in the planning phase. We also continue with integrated testing efforts on the platform using an Agile approach to our development and configuration efforts.

  The Notification process can also begin at this time, when initial campaign lists and notification formats and language are finalized in conjunction with the State. Staffing decisions are exercised in this phase, and we will start to ramp up on the assessors required

  Provider outreach and notification begins in this phase, followed by provider training. Arkansas DHS training is also in progress during this phase of the project, as is internal staff training for the call center, outreach, scheduling, support and reporting staff. Once trained these individuals will also assist with User Acceptance Testing (UAT) testing in their specific functional areas.

E.9 REPORTING

LTMS Reporting Features

As a leader in Medicaid data management and analytics, Optum will provide reports and functionality detailed in RFP Section 3.3 and 3.8. Standard reports, ad hoc reports and dashboards will be delivered in formats that support trend analysis, comparative analysis, actionable insights and data-driven decisions. Our LTMS solution has the ability to combine data across a variety of data sources if desired. Existing engagements leverage data from on-line service centers; MMIS; client Data Warehouses; Electronic Health Care Records; Credentialing Organizations; and state licensure, certification, and inspection databases. Bringing all of this data into a member centric application is critical to providing the right care, at the right time for the right cost for any member of the healthcare system. Within the Arkansas arrangement, this data could assist an assessor with making a better assessment based on past medical history or it could assist a State employee with their review of a members final tier determination. This supplemental data for the member is combined with operational data to generate multi-dimensional reports in a timely and efficient way, greatly reducing historical business intelligence roadblocks and inefficiencies.

Other features of LTMS include:

Flexible Reporting Tools: Using drag-and-drop and an intuitive user-interface, report parameters can be quickly adjusted, generating new reports in less time compared to other reporting software.

User Group Specific Dashboards: LTMS dashboards provide authorized users with instant real-time access to key performance indicators, reflecting the most current information possible. By configuring unique dashboards for various users (e.g., DHS providers, DBHS providers, DDS providers) we can deliver the most relevant and actionable information to those who are driving and managing a specific business function. A user can also subscribe to a dashboard which will deliver a snapshot of that dashboard to their inbox at their desired interval.

Geo-based Reporting:

Geo-based reporting is a key tool to show additional insights where providers and members are located. Visualizing data in this manner enhances the user's ability to quickly identify anomalies such as: provider coverage gaps, areas where there are too many or too few providers, geographic differences provider quality across different regions, and locations where in-person provider training could be most beneficial. For example, we recently produced geo-coding maps for a Medicaid client to use in their ACO program design. These maps showed the location of potential ACO–participating primary care providers and ACO–covered members, thus providing a visual tool to help inform ACO design considerations.

A.1. Describe your company's plan to prepare and distribute Monthly Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (A)(1).

We use performance data every day to operate in a timely and accurate manner. Monthly Program Performance Reports are a natural extension of the Business Operational Reports we generate and use internally to monitor daily performance, create business plans and budgets, and identify opportunities for improvement.

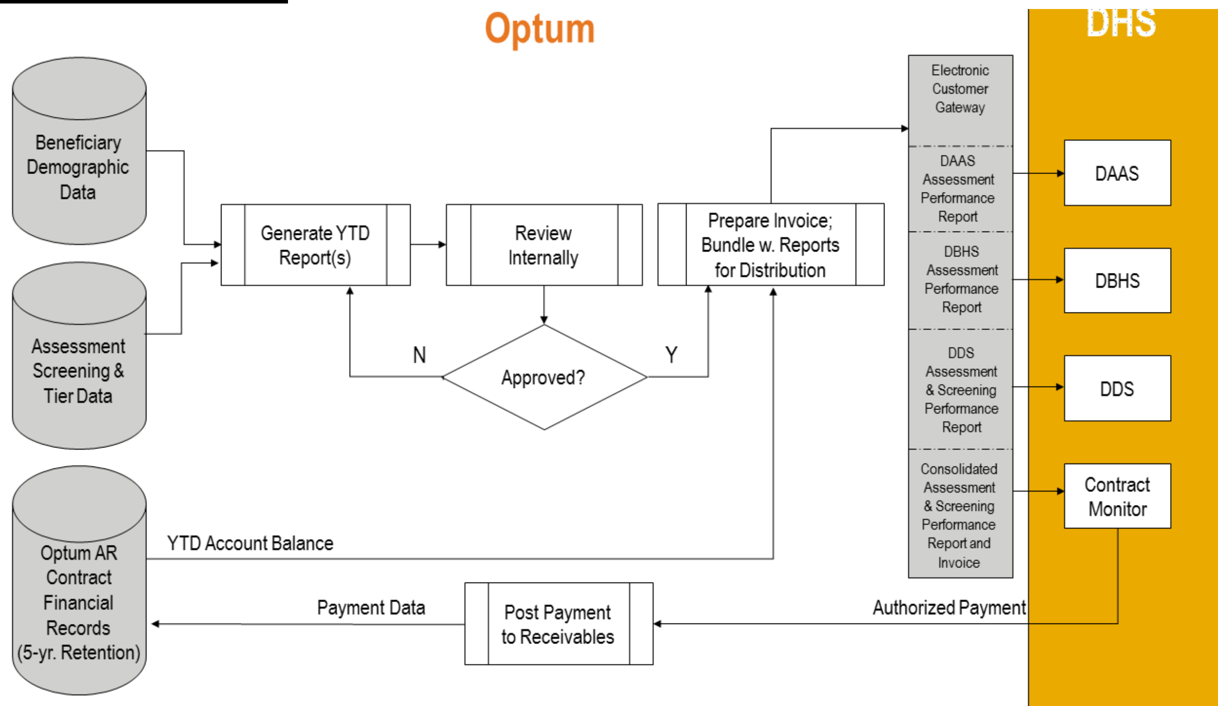
The Monthly Program Performance Reports will represent activity from the start of business on the first day of the calendar month through close of business on the last day of the calendar month. We will run the monthly reports at the binning of each month for the prior month's activity. During implementation, we will work with DHS to define a schedule for delivery of the monthly reports and execute a service level agreement (SLA) for all of the reports specified in section 3.8 of the RFP.

We will also work with State to define and refine report formats and data content. At a minimum, the report will include:

- Demographics about each Beneficiary for whom we completed an assessment or screening
- Activities for the month including:
- Summary of the volume, timeliness, and outcomes of all:
  - Assessments
  - Reassessments
  - Emergency Needs Assessments
  - Developmental Screens
  - Tier Determinations
- A running total of the activities completed as of the date of the report.

As depicted in the figure below, program data including beneficiary and assessment data will be used to generate the required reports. Each report will go through internal review prior to distribution to internal teams or State representatives. Members reports delivered to the finance team (as input for invoicing) avoids discrepancies between reporting and invoicing. Both the monthly program performance report and invoice will be reviewed internally prior to distribution to the State's contract monitor and designated divisional staff.

Reports will be delivered to the State through the Electronic Customer Gateway (ECG) or stored in LTMS for viewing only by State and other authorized staff. Once reports are picked up by the ECG or stored in LTMS, recipients will be notified by email. The recipients can then access the report(s) from the desired location.



A.2. Describe your company's plan to prepare and distribute Annual Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (A)(2).

To meet the RFP requirements for Annual Program Performance Reports, Optum will follow the same basic process for report generation, internal reviews, and distribution as described in our response to question A1, above, with the following exceptions:

- We will distribute the annual reports within five business days of the anniversary of the Contract Commencement Date
- The reports will cover the entire, prior year of the Contract. Thus, the annual reports and the monthly reports for the twelfth month of the year will be generated from the same data and timeframe.
- We will not submit an invoice with the annual reports.
- The reports will include, at a minimum:
- A summary of the activities performed in the year including: total number of assessments, reassessments, emergency assessments, developmental screens, and tier determinations;
- A summary of the Optum's timeliness in scheduling and performing assessments, developmental screenings, and tier determinations;
- A summary of the Optum's findings from its Beneficiary feedback research;
- A summary of any challenges or risks the Optum perceives in the year ahead and how the Optum shall propose to manage and mitigate them
- Optum's recommendations for improving the efficiency and quality of services being rendered.

A.3. Describe your company's plan to prepare and distribute Monthly Progress Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (B)(1).

To meet the RFP requirements for Monthly Progress Reports, Optum will follow the same basic process for report generation, internal reviews, and distribution as described in our response to question A1, above, with the following exceptions:

- We will distribute the Monthly Progress Reports to DHS by the fifth (5th) business day of the following month.
- We will not submit an invoice with the Monthly Progress Reports.
- LTMS will include provider/assessor demographics in the aggregated data.
- The reports will include, at a minimum:
- A list of provider/assessor practices enrolled in on-site coaching;
- A Plan for future scheduled site visits for onsite coaching;
- A Summary of Optum's activity for that month;
- Any operating issues related to providing support, including, Optum capacity constraints or challenges with provider participation;
- Report on the participation by each provider's practice or other stakeholders in transformation activities, including but not limited to, attendance at onsite coaching sessions, in-person regional trainings, and completion of live webinars;
- Summary of feedback from providers, assessors, and stakeholders on how to improve Optum's training curriculum and delivery.

A.4. Describe your company's plan to prepare and distribute Quarterly Practice Participation Report that meet the timeliness standards and contain the items required in RFP Section 3.8 (B)(2).

To meet the RFP requirements for Quarterly Practice Participation Reports, which provide detail about provider and stakeholder participation in transformation activities, Optum will follow the same basic process for report generation, internal reviews, and distribution as described in our response to question A1, above, with the following exceptions:

- During implementation, we will work with DHS to define a schedule for delivery of the Quarterly Practice Participation Reports and include that schedule in the SLA referenced in our response to question A1.
- We will not submit an invoice with the Quarterly Practice Participation Reports.
- LTMS will include provider and stakeholder demographics in the aggregated data.
- The reports will include, at a minimum:
- Provider/assessor enrollment in training activities
- Attendance at onsite coaching sessions
- Completion of online webinars
- Participation at in-person regional training sessions.

User Generated Reporting

When we generate and publish reports to a portal, as described above, we are using a snapshot style of reporting that preserves the reporting values over time. Reports generated in this manner are stored/archived and simultaneously delivered directly to the Contract Monitor and designated Division staff via ECG Quick connect.

In addition to this style of reporting, we will provide on-demand, interactive report generation capability to authorized DHS staff. They will be given access to an integrated Learning Management System (LMS) that makes planning and reporting easy. Both progress and planning reporting are available for use and customizable to meet specific needs. Please note, however, that because the data stored in LTMS is constantly changing; the data in the official report (original snapshot) will not be regenerated every time the report is run.

Summary

Optum has decades of experience developing and generating Medicaid reports to meet the content, format, and timeliness standards of numerous state Medicaid agencies. We have established workflows and algorithms in place in our object-oriented LTMS. The combination of our experience with this easily configurable system positions us well to react quickly and positively to changes the State may request in report content, format, or schedule.

Optum can also provide deeper reporting capabilities and tools for DHS if given the opportunity. Optum has deployed a number of deeper quality and cost measurement programs for clients. Some programs are Claims based while other programs incorporate authorizations. The combination of authorizations and claims provides leading and lagging indicators when measuring the health or quality or quantity of services rendered for that population. Additional Optum products include the member's medical record for even more thorough review of the members care (or gaps in care)

These are just a few of the things that contribute to Optum earning its reputation as a leader in Medicaid data management and analytics.

E.10 PERFORMANCE STANDARDS

A.1. Describe your company's plan to meet the performance standards in Attachment B.

As detailed in the Plan to Comply table below, Optum's solution will meet each of the Draft Performance Standards provided in Attachment B. Our Plan to Comply reflects our best practice work with states as well as our extensive assessment experience across states and Beneficiary groups as discussed in E.1. Our staffing model will include the necessary positions with relevant qualifications to support compliance with all performance standards. All Optum staff will receive job training including any job specific performance standards and expectations. Optum will notify the State if there are any challenges to meeting any of the identified performance standards.

Criteria	Acceptable Performance	Plan to Comply
Implementation & Project Management Milestones		
User Acceptance Testing (UAT) Plan	The UAT Plan **must** be completed and submitted to the Contract Monitor State by date agreed upon in Contract between State and Contractor.	Our Implementation Manager will ensure submission of the UAT Plan by the agreed upon due date.
IT Testing Plan	The IT Testing Plan **must** be completed and submitted to the Contract Monitor State by date agreed upon in Contract between State and Contractor.	Our Implementation Manager will ensure submission of the IT Testing Plan by the agreed upon due date.
Testing	All testing **must** be completed by the agreed upon deadline in the Contract.	Our Implementation Manager in partnership with our IT leadership will ensure all testing is completed by the agreed upon due date.
Operational Readiness Checklist	Each item on the Operational Readiness Checklist **must** be completed by the agreed upon deadline in the Contract.	Our Implementation Manager monitor to ensure all Operational Readiness tasks are completed by the agreed upon due date.
Exit Transition Plan	Exit Transition Plan **must** be submitted and approved by the Contract Monitor at least 60 days before the beginning of the Exit Transition period.	Our Implementation Manager and local leadership team will ensure the Exit Transition Plan is submitted and approved at least 60 day prior to the beginning of the Exit Transition period.

Criteria	Acceptable Performance	Plan to Comply
Assessments and Tier Determinations		
Assessments & Tier Determinations	i. At least 95% of DAAS assessments and tier determinations **must** be completed and returned to DHS or DHS' designee within the deadline agreed upon in the Contract. ii. At least 95% of DBHS assessments and tier determinations **must** be completed and returned to DHS or DHS' designee within the deadline agreed upon in the Contract. iii. At least 95% of DDS assessments and tier determinations **must** be completed and returned to DHS or DHS' designee within the deadline agreed upon in the Contract.	Supervisors will utilize the real-time operational dashboards to monitor timeliness of submission of completed assessments to the appropriate agency (DAAS, DBHS or DDS) to ensure 95% completion prior to the agreed upon deadline.
Transformation Support		
Training Prior to Go-Live	In each region of the state, the Vendor **must** conduct an in- person regional training thirty at least (30) days prior to the Year 1 of Operations.	Our Implementation Team subject matter experts will develop and deliver program specific training in each region of the state at least 30 days prior to Go Live.
On-Site Coaching	All On-Site Coaching sessions requested by a provider or stakeholder **must** be scheduled and completed within 14 days of receipt of request.	Our training team will track all provider or stakeholder requested On-site Coaching and ensure sessions are scheduled and completed within 14 days of the request.
State Staff Training	All State staff training sessions requested by the State **must** be scheduled and completed within 14 days of receipt of request.	Our training team will track all State requested staff training and ensure sessions are scheduled and completed within 14 days of the request.
Webinars	Within 180 days, at least 90% of providers and stakeholders **must** have received in-person training or **must** have attended at least one webinar.	Our training team will track all provider and stakeholder in-person and webinar training to ensure 90% have attended one or the other within 180 days of Go Live.

Criteria	Acceptable Performance	Plan to Comply
Helpline Answer and Abandonment Metrics	i. 95 percent of all calls answered within 3 rings or 15 seconds; ii. Number of busy signals not exceeding 5 percent of the total incoming calls; iii. The wait time in queue not longer than 2 minutes for 95% of the incoming calls; iv. The abandoned call rate not exceed 3 percent for any month	Supervisors will utilize the real-time operational dashboards to monitor call metrics to ensure compliance with performance standards. Supervisors have the ability to shift staff resources or engage additional resources to ensure compliance at all times.
Helpline Return Calls	i. All calls requiring a call back to the Beneficiary or Provider returned within 1 Business Day of receipt; ii. For calls received during non-Business hours, return calls to Beneficiaries, Providers and Stakeholders made on the next Business Day.	Supervisors will utilize the real-time operational dashboards to monitor call metrics to ensure helpline return calls occur within 1 business day of receipt. Supervisors have the ability to shift staff resources or engage additional resources to ensure compliance at all times.
Quality Assurance		
Tier Determinations	95% of reviewed tiers placements **must** be correct upon quality assurance review.	Our Quality Reviewers will conduct desk audits to review assessor performance in regards to accurately determining Tier placements. Training will be provided to any assessor who does not meet the 95% correct requirement.

IT Platform		
Availability	The Vendor's IT Platform **must** have an average monthly uptime of 99.8%, except for planned down-times approved by the Contract Monitor in writing.	Our IT leadership is responsible for ensuring our Disaster Recovery and Business Continuity Plan supports an average monthly uptime of 99.8%. This is monitored on a real-time basis and business continuity plans are engaged in case of an unplanned down time.

A.2. Describe your company's plan for responding to DHS regarding any cited insufficiencies related to Performance Standards.

Through our comprehensive Quality Improvement and Compliance processes including the use of real-time operational dashboards, we would be aware and remedy any insufficiency prior to DHS notification. However, upon identification of any insufficiency by DHS related to Performance Standards, Optum will develop a detailed Corrective Action Plan (CAP) for submission to DHS. Upon approval of the CAP by DHS, we will immediately implement the CAP to improve performance with the standard.

Per the instructions in the RFP, the Reference Form has been included in a sealed envelope in the hard copy marked "Original."

Dun & Bradstreet

Supplier Qualifier Report

Print this Report

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ATTN: **Name1**

Report Printed: NOV 18 2016
In Date

BUSINESS INFORMATION

OPTUM GOVERNMENT SOLUTIONS, INC.
(SUBSIDIARY OF OPTUMINSIGHT, INC., EDEN PRAIRIE, MN)
INGENIX
11000 Optum Circle
Eden Prairie, MN 55344

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

Telephone:	952 833-7100
Fax:	952 833-7201
Chief executive:	STEVEN B LARSEN, PRES
Year started:	2001
Management control:	2008
Employs:	110 (4 here)
History:	CLEAR

D-U-N-S® Number:	10-159-5036
Parent D-U-N-S®:	10-564-8369
D&B Rating:	--
D&B Supplier Risk:	5

SUPPLIER EVALUATION RISK (SER) RATING FOR THIS FIRM : 5

D&B PAYDEX®

D&B PAYDEX: 77
When weighted by dollar amount, payments to suppliers average 5 days beyond terms.

Based on up to 24 months of trade.

SUMMARY ANALYSIS

D&B Rating:--

The blank rating symbol should not be interpreted as indicating that credit should be denied. It simply means that the information available to D&B does not permit us to classify the company within our rating key and that further enquiry should be made before reaching a decision. Some reasons for using a "-" symbol include: deficit net worth, bankruptcy proceedings, insufficient payment information, or incomplete history information. In this case, no Rating was assigned because the parent company is rated "--". It is D&B's policy not to rate a subsidiary higher than its parent. Therefore, this company is also rated "--". For more information, see the D&B Rating Key.

Below is an overview of the company's rating history since 06/11/12:

D&B Rating	Date Applied
--	11/11/14
ER3	06/11/12

The Summary Analysis section reflects information in D&B's file as of November 14, 2016.

RISK SCORE ANALYSIS

SER COMMENTARY:
- Higher risk industry based on inactive rate for this industry.
- Limited time under present management control.
- Paydex.
- Proportion of slow payment experiences to total number of payment experiences reported.
- Financial Statements not reported.

PROBABILITY OF CEASED OPERATIONS/BECOMING INACTIVE

SUPPLIER EVALUATION RISK RATING: 5

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

Probability of Supplier Ceased Operations/Becoming Inactive :	5.4% (540 PER 10,000)
Percentage of US business with same SER score :	18% (1,800 PER 10,000)
Average Probability of Supplier Ceased Operations/Becoming Inactive :	0.48% (48 PER 10,000) - Average of Businesses in D&B's Supplier Database
CREDIT DELINQUENCY SCORE:	522

CUSTOMER SERVICE

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

*** Additional Decision Support Available ***

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

HISTORY

The following information was reported 10/28/2016:

Officer(s): STEVEN B LARSEN, PRES
ROBERT OBERRENDER, TREAS

DIRECTOR(S): THE OFFICER(S)

This business was registered as a Profit Corporation in the State of Delaware on July 18, 2001.

Business started 2001 by parent company. Present control succeeded 2008. 100% of capital stock is owned by parent company.

STEVEN B LARSEN. 2013-present active here.

ROBERT OBERRENDER. Antecedents not available.

Business address has changed from 13625 Technology Dr, Eden Prairie, MN, 55344 to 11000 Optum Circle, Eden Prairie, MN, 55344.

OPERATIONS

10/28/2016

Description: Subsidiary of OPTUMINSIGHT, INC., EDEN PRAIRIE, MN started 1996 which operates as software development company.

As noted, this company is a subsidiary of Optuminsight, Inc., Duns number 10-564-8369, and reference is made to that report for background information on the parent and its management.

Provides information retrieval services (100%).

Terms are Net 30 days. Sells to commercial concerns. Territory : United States.

Nonseasonal.

Employees: 110 which includes officer(s) and 5 part-time. 4 employed here.

Facilities: Occupies premises in a building.

Location: Industrial section on side street.

Branches: Branches are located in Chelmsford, MA; Sacremanto, CA and Lancing, MI.

FAMILY LINKAGE

Parent Information: Domestic Ultimate Parent Information:

D-U-N-S® #:	10-564-8369	D-U-N-S® #:	11-287-1561
Name:	OPTUMINSIGHT, INC.	Name:	UNITEDHEALTH GROUP INCORPORATED
Country:	US	Country:	US
Revenue:	N/A	Revenue:	N/A

Global Ultimate Parent Information:

D-U-N-S® #:	11-287-1561
Name:	UNITEDHEALTH GROUP INCORPORATED
Country:	US
Revenue:	N/A

UNSPSC

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

81111900 Information retrieval systems

NAICS

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

519190 All Other Information Services

SIC

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

73750000 Information retrieval services

D&B PAYDEX

The D&B PAYDEX is a unique, dollar weighted indicator of payment performance based on up to 24 payment experiences as reported to D&B by trade references.

D&B PAYDEX: 77 When weighted by dollar amount, payments to suppliers average 5 days beyond terms.

Based on up to 24 months of trade.

When dollar amounts are not considered, then approximately 91% of the company's payments are within terms.

PAYMENT SUMMARY

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

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

	Total Rcv'd (#)	Total Dollar Amts ($)	Largest High Credit ($)	Within Terms (%)	Days Slow <31 31-60 61-90 90> (%)
Top industries:					
State commercial bank	1				

The highest Now Owes on file is $0

The highest Past Due on file is $0

D&B receives over 600 million payment experiences each year. We enter these new and updated experiences into D&B Reports as this information is received.

PAYMENT DETAILS

Detailed payment history

Date Reported (mm/yy)	Paying Record	High Credit ($)	Now Owes ($)	Past Due ($)	Selling Terms	Last Sale Within (months)

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

PAYMENT TRENDS

SUPPLIER VERSUS INDUSTRY PAYDEX

->	PRIOR 4 QTRS				CURRENT 12 MONTH TREND											
	2014 DEC	2015 MAR	--- JUN	--- SEP	--- DEC	2016 JAN	--- FEB	--- MAR	--- APR	--- MAY	--- JUN	--- JUL	--- AUG	--- SEP	--- OCT	--- NOV
Supplier PAYDEX	72	72	72	71	71	71	71	71	71	70	70	70	70	77	77	77

Industry PAYDEX (Based on 14 establishments in SIC 737X)

UP QRT	80	80	80	80	80	80	80	80
MEDIAN	76	77	77	76	76	76	76	76
LO QRT	69	70	69	69	69	69	69	69

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

All amounts displayed within this report are in local currency.

FINANCE

10/28/2016

D&B has updated this report using available sources.

PUBLIC FILINGS

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

SUITS

If it is indicated that there are defendants other than the report subject, the lawsuit may be an action to clear title to property and does not necessarily imply a claim for money against the subject.

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

GOVERNMENT ACTIVITY

Activity summary
Congressional District: 05

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

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ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
1	**1**	**Initiate**	**AR DHS Project Scope (Initiation, Planning, Configuration, Testing, Training & Implementation)**		**90 days**	**Tue 2/28/17**	**Sat 7/1/17**	
2	**1.1**	**Initiate**	**Pre-Initiation Deliverables**		**1 day**	**Tue 2/28/17**	**Tue 2/28/17**	
3	1.1.1	Initiate	Deliverable: Vendor Equal Opportunity Policy		1 day	Tue 2/28/17	Tue 2/28/17	Optum
4	1.1.2	Initiate	Deliverable: Illegal Immigration Certificate Provided		1 day	Mon 2/27/17	Mon 2/27/17	Optum
5	**1.2.1**	**Initiate**	**Contract Award**		**10 days**	**Wed 3/1/17**	**Tue 3/14/17**	
6	1.2.1	Initiate	Schedule Initiation Meetings with Contract Monitor		10 days	Wed 3/1/17	Tue 3/14/17	Optum
7	1.2.2	Initiate	Milestone: Contract Commencement		1 day	Tue 3/14/17	Tue 3/14/17	ARDHS
8	**1.3**	**Initiate**	**AR DHS Project Initiation**		**5 days**	**Mon 3/13/17**	**Fri 3/17/17**	
9	1.3.1	Initiate	Contract Kick-Off Meeting		5 days	Mon 3/13/17	Fri 3/17/17	ARDHS,Optum
10	**1.4**	**Plan**	**Project Planning**		**74 days**	**Wed 3/1/17**	**Mon 6/12/17**	
11	**1.4.1**	**Plan**	**Deliverable: Deployment Plan**		**21 days**	**Wed 3/1/17**	**Wed 3/29/17**	
12	1.4.1.1	Plan	Draft Deployment Plan Created		5 days	Wed 3/1/17	Tue 3/7/17	Optum
13	1.4.1.2	Plan	Schedule & Conduct Project Team Review of Deployment Plan	12	14 days	Wed 3/8/17	Mon 3/27/17	Optum
14	1.4.1.3	Plan	Schedule Walkthrough of Deployment Plan with DHS	13	2 days	Tue 3/28/17	Wed 3/29/17	ARDHS,Optum
15	1.4.1.4	Plan	Milestone: Deployment Plan Submitted to DHS		1 day	Wed 3/29/17	Wed 3/29/17	Optum
16	**1.4.2**	**Plan**	**Deliverable: Staffing Plan**		**23 days**	**Tue 3/14/17**	**Thu 4/13/17**	
17	1.4.2.1	Plan	DDS to provide Assessor Screening Qualification		2 days	Tue 3/14/17	Wed 3/15/17	ARDHS
18	1.4.2.2	Plan	Refresh Proposal Staffing Plan	17	8 days	Thu 3/16/17	Mon 3/27/17	Optum
19	1.4.2.3	Plan	Schedule Staffing Plan Draft Walkthrough with AR DHS	18	4 days	Tue 3/28/17	Fri 3/31/17	ARDHS,Optum
20	1.4.2.4	Plan	Incorporate AR DHS Staffing Plan Feedback	19	5 days	Mon 4/3/17	Fri 4/7/17	Optum
21	1.4.2.5	Plan	Milestone: Submit Staffing Plan to AR DHS	18	4 days	Mon 4/10/17	Thu 4/13/17	Optum
22	**1.4.3**	**Plan**	**Deliverable: Operational Readiness Checklist (ORC)**		**22 days**	**Wed 3/1/17**	**Thu 3/30/17**	
23	1.4.3.1	Plan	Develop Operational Readiness Checklist		5 days	Wed 3/1/17	Tue 3/7/17	Optum
24	1.4.3.2	Plan	Schedule & Conduct Meeting with IT - Technical Components for Readiness	23	2 days	Wed 3/8/17	Thu 3/9/17	Optum
25	1.4.3.3	Plan	Revise Based on Feedback from IT	24	1 day	Fri 3/10/17	Fri 3/10/17	Optum
26	1.4.3.4	Plan	Schedule & Conduct Meeting with Project Team (Internally) to Review ORC	25	2 days	Mon 3/13/17	Tue 3/14/17	Optum
27	1.4.3.5	Plan	Revise Based on Feedback from Internal Project Team	26	1 day	Wed 3/15/17	Wed 3/15/17	Optum
28	1.4.3.6	Plan	Schedule Meeting with AR DHS & Submit Draft to AR DHS - Prepare for Walkthrough	27	2 days	Thu 3/16/17	Fri 3/17/17	Optum,ARDHS
29	1.4.3.7	Plan	Revise Based on Feedback from AR DHS	28	3 days	Mon 3/20/17	Wed 3/22/17	ARDHS,Optum
30	1.4.3.8	Plan	Submit Final ORC to AR DHS for Review & Approval	29	3 days	Thu 3/23/17	Mon 3/27/17	Optum
31	1.4.3.9	Plan	Milestone: AR DHS Approval of ORC	30	3 days	Tue 3/28/17	Thu 3/30/17	ARDHS

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
32	**1.4.4**	**Plan**	**Develop Program Requirements**		**34 days**	**Wed 3/1/17**	**Mon 4/17/17**	
33	**1.4.4.1**	**Plan**	**Department of Human Services Partnership**		**1 day**	**Tue 3/28/17**	**Tue 3/28/17**	
34	1.4.4.1.1	Plan	DHS Provides Finalized System List and Specifications to Support integration		1 day	Tue 3/28/17	Tue 3/28/17	ARDHS
35	**1.4.4.1.2**	**Plan**	**Assessment and Tier Determination Detail provided to DH**		**1 day**	**Tue 3/28/17**	**Tue 3/28/17**	
36	1.4.4.1.2	Plan	DAAS assessment detail provided to DHS	53	1 day	Tue 3/28/17	Tue 3/28/17	Optum
37	1.4.4.1.2	Plan	DBHS assessment detail provided to DHS	65	1 day	Tue 3/28/17	Tue 3/28/17	Optum
38	1.4.4.1.2	Plan	DDS assessment detail provided to DHS	80	1 day	Tue 3/28/17	Tue 3/28/17	Optum
39	**1.4.4.2**	**Plan**	**Division of Aging and Adult Service Partnership**		**33 days**	**Wed 3/1/17**	**Fri 4/14/17**	
40	1.4.4.2.1	Plan	DAAS Provides Finalized System List and Specifications to Support Integration		1 day	Fri 3/24/17	Fri 3/24/17	ARDHS
41	**1.4.4.2.2**	**Plan**	**Eligibility and Prioritization Provided by DAAS**		**9 days**	**Tue 3/14/17**	**Fri 3/24/17**	
42	1.4.4.2.2	Plan	Eligibility file provided by DAAS		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS
43	1.4.4.2.2	Plan	Reassessment Prioritization provided by DAAS		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS
44	**1.4.4.2.3**	**Plan**	**DAAS Division Specific Assessment & Tier Determination Criteria Developed**		**24 days**	**Tue 3/14/17**	**Fri 4/14/17**	
45	1.4.4.2.3	Plan	DAAS Assessment Recommendation Developed		3 days	Wed 3/1/17	Fri 3/3/17	Optum
46	1.4.4.2.3	Plan	ARChoices in Home Care Waiver Tier Criteria Recommendation Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
47	1.4.4.2.3	Plan	Living Choices Assisted Living Waiver Tier Determination Criteria Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
48	1.4.4.2.3	Plan	PACE Program Tier Determination Criteria Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
49	1.4.4.2.3	Plan	Personal Care Services Tier Determination Criteria Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
50	1.4.4.2.3	Plan	Independent Choice Tier Determination Criteria Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
51	1.4.4.2.3	Plan	Deliverable: DAAS Tier Determination Criteria Coordination Meeting	46,47,48,49,50	5 days	Wed 3/15/17	Tue 3/21/17	ARDHS,Optum
52	1.4.4.2.3	Plan	DAAS Feedback Incorporated	51	5 days	Mon 3/20/17	Fri 3/24/17	Optum
53	1.4.4.2.3	Plan	Milestone: DAAS Tier Assessment & Determination Criteria Finalized	52	1 day	Mon 3/27/17	Mon 3/27/17	Optum
54	**1.4.4.3**	**Plan**	**Division of Behavioral Health Partnership**		**19 days**	**Wed 3/1/17**	**Mon 3/27/17**	
55	1.4.4.3.1	Plan	DBHS Provided Finalized System Integration List and Specifications		1 day	Fri 3/24/17	Fri 3/24/17	ARDHS
56	**1.4.4.3.2**	**Plan**	**Eligibility and Prioritization Provided by DBHS**		**9 days**	**Tue 3/14/17**	**Fri 3/24/17**	
57	1.4.4.3.2	Plan	Eligibility file provided by DBHS		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS
58	1.4.4.3.2	Plan	Reassessment Prioritization provided by DBHS		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
59	**1.4.4.3.3**	**Plan**	**DBHS Division Specific Assessment & Tier Determination Criteria Developed**		**19 days**	**Wed 3/1/17**	**Mon 3/27/17**	
60	1.4.4.3.3	Plan	DBHS Assessment Recommendation Developed		3 days	Wed 3/1/17	Fri 3/3/17	Optum
61	1.4.4.3.3	Plan	DBHS Children / Youth Assessment 4-20 Tier Determination Criteria Recommendation Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
62	1.4.4.3.3	Plan	DBHS Adult Age 21 and Above Tier Determination Criteria Recommendation Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
63	1.4.4.3.3	Plan	Deliverable: DBHS Assessment & Tier Determination Coordination Meeting	60,61,62,6	5 days	Wed 3/15/17	Tue 3/21/17	ARDHS,Optum
64	1.4.4.3.3	Plan	Incorporate DBHS Feedback		5 days	Mon 3/20/17	Fri 3/24/17	Optum
65	1.4.4.3.3	Plan	Milestone: DBHS Assessment, Tier Criteria and Assessments Finalized		1 day	Mon 3/27/17	Mon 3/27/17	Optum
66	**1.4.4.4**	**Plan**	**Division of Disability Services Partnership**		**19 days**	**Wed 3/1/17**	**Mon 3/27/17**	
67	1.4.4.4.1	Plan	DDS Provides Finalized System List and Specifications to Support Integration		1 day	Fri 3/24/17	Fri 3/24/17	ARDHS
68	**1.4.4.4.2**	**Plan**	**Eligibility and Prioritization Provided by DDS**		**9 days**	**Tue 3/14/17**	**Fri 3/24/17**	
69	1.4.4.4.2	Plan	Eligibility file provided by DDS		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS
70	1.4.4.4.2	Plan	Reassessment Prioritization provided by DDS		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS
71	1.4.4.4.2	Plan	DDS to provide list of significant conditions exempt from developmental screening		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS
72	**1.4.4.4.3**	**Plan**	**DDS Division Specific Assessment & Tier Determination Criteria Developed**		**19 days**	**Wed 3/1/17**	**Mon 3/27/17**	
73	1.4.4.4.3	Plan	DDS Assessments recommendation developed		3 days	Wed 3/1/17	Fri 3/3/17	Optum
74	1.4.4.4.3	Plan	DDS Home and Community Based Tier Determination Criteria Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
75	1.4.4.4.3	Plan	ICF Population Tier Determination Criteria Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
76	1.4.4.4.3	Plan	CHMS Developmental Screening Tool Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
77	1.4.4.4.3	Plan	DDTCS Developmental Screening Tool Developed		8 days	Wed 3/1/17	Fri 3/10/17	Optum
78	1.4.4.4.3	Plan	Deliverable: DDS Assessment, Screening and Tier Determination Coordination Meeting	77,73,74,75,76	5 days	Wed 3/15/17	Tue 3/21/17	ARDHS,Optum
79	1.4.4.4.3	Plan	Incorporate DDS Feedback		5 days	Mon 3/20/17	Fri 3/24/17	Optum
80	1.4.4.4.3	Plan	Milestone DDS Assessment, Screening and Tier Determination Finalized		1 day	Mon 3/27/17	Mon 3/27/17	Optum
81	**1.4.4.5**	**Plan**	**Provider & State Needs Assessments**		**23 days**	**Wed 3/1/17**	**Fri 3/31/17**	
82	1.4.4.5.1	Plan	Provider Needs Assessment Created		10 days	Wed 3/1/17	Tue 3/14/17	Optum
83	1.4.4.5.2	Plan	Provider Needs Assessment Completed	82	11 days	Wed 3/15/17	Wed 3/29/17	Optum
84	1.4.4.5.3	Plan	Provider Needs Assessment Findings Compiled	83	2 days	Thu 3/30/17	Fri 3/31/17	Optum
85	1.4.4.5.4	Plan	Milestone: Provider Needs Assessment Findings Shared with DHS	84	1 day	Fri 3/31/17	Fri 3/31/17	ARDHS,Optum

OPTUM™

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
86	1.4.4.5.5	Plan	State Staff Needs Assessment Created		10 days	Wed 3/1/17	Tue 3/14/17	Optum
87	1.4.4.5.6	Plan	State Staff Needs Assessment Completed	86	11 days	Wed 3/15/17	Wed 3/29/17	Optum
88	1.4.4.5.7	Plan	State Staff Needs Assessment Findings Compiled	87	2 days	Thu 3/30/17	Fri 3/31/17	Optum
89	1.4.4.5.8	Plan	Milestone: State Staff Needs Assessment Findings Shared with DHS	88	1 day	Fri 3/31/17	Fri 3/31/17	ARDHS,Optum
90	**1.4.4.6**	**Plan**	**Knowledge & Training Outreach Plan & Schedule Developmen**		**15 days**	**Tue 3/28/17**	**Mon 4/17/17**	
91	1.4.4.6.1	Plan	Develop Plan & Schedule for Training & Reserve Locations & Training Types		10 days	Tue 3/28/17	Mon 4/10/17	Optum
92	1.4.4.6.2	Plan	Schedule & Conduct Training Walkthrough of Knowledge Transfer Training Plan & Schedule with AR DHS	91	3 days	Tue 4/11/17	Thu 4/13/17	ARDHS,Optum
93	1.4.4.6.3	Plan	Revise Plan and Schedule Based on Feedback from AR DHS	92	1 day	Fri 4/14/17	Fri 4/14/17	Optum
94	1.4.4.6.4	Plan	Submit Final Training Plan & Schedule to AR DHS	93	1 day	Mon 4/17/17	Mon 4/17/17	Optum
95	1.4.4.6.5	Plan	Publish & Post Training Plan & Schedule to Provider Portal & Project Document Repository	93	1 day	Mon 4/17/17	Mon 4/17/17	Optum
96	1.4.4.6.6	Plan	Milestone: AR DHS Approval of Knowledge Transfer & Training Plan & Schedule	95	0 days	Mon 4/17/17	Mon 4/17/17	Optum
97	**1.4.5**	**Plan**	**IT Platform: Develop Requirements**		**74 days**	**Wed 3/1/17**	**Mon 6/12/17**	
98	**1.4.5.1**	**Plan**	**Deliverable: Information Security Plan**		**32 days**	**Wed 3/1/17**	**Thu 4/13/17**	
99	1.4.5.1.1	Plan	Develop Information Security Plan		14 days	Tue 3/14/17	Fri 3/31/17	Optum
100	1.4.5.1.2	Plan	Schedule AR DHS Walkthrough of Security Plan	99	5 days	Mon 4/3/17	Fri 4/7/17	ARDHS,Optum
101	1.4.5.1.3	Plan	Incorporate AR DHS Information Security Plan Feedback	100	3 days	Mon 4/10/17	Wed 4/12/17	Optum
102	1.4.5.1.4	Plan	Milestone: Information Security Plan Provided to DHS	101	1 day	Thu 4/13/17	Thu 4/13/17	Optum
103	**1.4.5.2**	**Plan**	**Deliverable: User Acceptance Testing Plan**		**21 days**	**Wed 3/1/17**	**Wed 3/29/17**	
104	1.4.5.2.1	Plan	Develop User Acceptance Testing Plan		7 days	Tue 3/14/17	Wed 3/22/17	Optum
105	1.4.5.2.2	Plan	Schedule AR DHS Walkthrough of User Acceptance Plan	104	2 days	Thu 3/23/17	Fri 3/24/17	Optum
106	1.4.5.2.3	Plan	Incorporate AR DHS User Acceptance Plan Feedback	105	2 days	Mon 3/27/17	Tue 3/28/17	Optum
107	1.4.5.2.4	Plan	Milestone: User Acceptance Testing Plan Provided to DHS	106	1 day	Wed 3/29/17	Wed 3/29/17	
108	**1.4.5.3**	**Plan**	**Deliverable: IT Testing Plan**		**21 days**	**Wed 3/1/17**	**Wed 3/29/17**	
109	1.4.5.3.1	Plan	Develop IT Testing Plan		7 days	Tue 3/14/17	Wed 3/22/17	Optum
110	1.4.5.3.2	Plan	Schedule AR DHS Walkthrough of IT Testing Plan	109	2 days	Thu 3/23/17	Fri 3/24/17	ARDHS,Optum
111	1.4.5.3.3	Plan	Incorporate AR DHS IT Testing Plan Feedback	110	2 days	Mon 3/27/17	Tue 3/28/17	Optum
112	1.4.5.3.4	Plan	Milestone: IT Testing Plan Provided to DHS	111	1 day	Wed 3/29/17	Wed 3/29/17	Optum
113	**1.4.5.4**	**Plan**	**Deliverable: Disaster Recovery Plan**		**26 days**	**Mon 5/8/17**	**Mon 6/12/17**	
114	1.4.5.4.1	Plan	Develop Disaster Recovery Plan		15 days	Mon 5/8/17	Fri 5/26/17	Optum
115	1.4.5.4.2	Plan	Schedule AR DHS Walkthrough of the Disaster Recovery Plan	114	5 days	Mon 5/29/17	Fri 6/2/17	ARDHS,Optum

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
116	1.4.5.4.3	Plan	Incorporate AR DHS Disaster Recovery Feedback	115	5 days	Mon 6/5/17	Fri 6/9/17	Optum
117	1.4.5.4.4	Plan	Milestone: Submit Disaster Recovery Plan to DHS	115	1 day?	Mon 6/12/17	Mon 6/12/17	Optum
118	**1.4.5.5**	**Plan**	**Document System Requirements**		**28 days**	**Wed 3/1/17**	**Fri 4/7/17**	
119	1.4.5.5.1	Plan	AR DHS Provides Integration Specifications		9 days	Tue 3/14/17	Fri 3/24/17	ARDHS
120	1.4.5.5.2	Plan	Document DHS Integration Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
121	1.4.5.5.3	Plan	Document Scheduling Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
122	1.4.5.5.4	Plan	Document Assessment Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
123	1.4.5.5.5	Plan	Document Tier Determination Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
124	1.4.5.5.6	Plan	Document Workflow Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
125	1.4.5.5.7	Plan	Document Notification & Fulfillment Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
126	1.4.5.5.8	Plan	Document Provider Management Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
127	1.4.5.5.9	Plan	Document Portal Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
128	1.4.5.5.1	Plan	Document Quality Improvement Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
129	1.4.5.5.1	Plan	Document User Roles and Access Requirements		28 days	Wed 3/1/17	Fri 4/7/17	Optum
130	1.4.5.5.1	Plan	Milestone: System Requirements Finalized		6 days	Fri 3/31/17	Fri 4/7/17	Optum
131	**1.5**	**Plan**	**Project Execution**		**88 days**	**Wed 3/1/17**	**Fri 6/30/17**	
132	**1.5.1**	**Implementation**	**IT Platform: System Build**		**62 days**	**Fri 3/31/17**	**Mon 6/26/17**	
133	**1.5.1.1**	**Implementation**	**Refresh System Design**		**2 days**	**Fri 3/31/17**	**Mon 4/3/17**	
134	1.5.1.1.1	Implementation	Review Requirements and Make Updates to System Design		2 days	Fri 3/31/17	Mon 4/3/17	Optum
135	**1.5.1.2**	**Implementation**	**Configure and Integrate System**		**31 days**	**Mon 4/3/17**	**Mon 5/15/17**	
136	1.5.1.2.1	Implementation	Develop Scheduling Requirement Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
137	1.5.1.2.2	Implementation	Complete DHS Integration		31 days	Mon 4/3/17	Mon 5/15/17	Optum,ARDHS
138	1.5.1.2.3	Implementation	Develop Assessment Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
139	1.5.1.2.4	Implementation	Develop Tier Determination Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
140	1.5.1.2.5	Implementation	Develop Workflow Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
141	1.5.1.2.6	Implementation	Develop Notification & Fulfillment Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
142	1.5.1.2.7	Implementation	Develop Provider Management Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
143	1.5.1.2.8	Implementation	Develop Portal Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
144	1.5.1.2.9	Implementation	Develop Quality Improvement Functionality		30 days	Mon 4/3/17	Fri 5/12/17	Optum
145	1.5.1.2.1	Implementation	Develop User Roles and Access Requirements		30 days	Mon 4/3/17	Fri 5/12/17	Optum
146	**1.5.1.3**	**Implementation**	**Testing**		**24 days**	**Mon 5/1/17**	**Thu 6/1/17**	
147	1.5.1.3.1	Implementation	Load Test Data		5 days	Mon 5/1/17	Fri 5/5/17	Optum
148	1.5.1.3.2	Implementation	Unit Testing		2 days	Mon 5/15/17	Tue 5/16/17	Optum
149	1.5.1.3.3	Implementation	Smoke Testing		2 days	Tue 5/16/17	Wed 5/17/17	Optum

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
150	1.5.1.3.4	Implementation	System Integration Testing		2 days	Wed 5/17/17	Thu 5/18/17	Optum
151	**1.5.1.3.5**	**Implementation**	**User Acceptance Testing**		**20 days**	**Mon 5/1/17**	**Fri 5/26/17**	
152	1.5.1.3.5	Implementation	Develop Scenarios		5 days	Mon 5/1/17	Fri 5/5/17	Optum
153	1.5.1.3.5	Implementation	Develop Test Cases		10 days	Mon 5/8/17	Fri 5/19/17	Optum
154	1.5.1.3.5	Implementation	Execute Test Cases		4 days	Fri 5/19/17	Wed 5/24/17	Optum
155	1.5.1.3.5	Implementation	Defect Management & Remediation		7 days	Thu 5/18/17	Fri 5/26/17	Optum
156	1.5.1.3.5	Implementation	Retest Defects		3 days	Wed 5/24/17	Fri 5/26/17	Optum
157	1.5.1.3.5	Implementation	Compile Testing Results for AR DHS Walkthrough		1 day	Fri 5/26/17	Fri 5/26/17	Optum
158	1.5.1.3.6	Implementation	Schedule UAT Walkthrough with AR DHS	157	2 days	Mon 5/29/17	Tue 5/30/17	Optum
159	1.5.1.3.7	Implementation	Milestone: IT Testing & UAT Testing Complete	158	1 day	Wed 5/31/17	Wed 5/31/17	Optum,ARDHS
160	1.5.1.3.8	Implementation	Milestone: System Operational and Secure/Compliant Environment Established	159	1 day	Thu 6/1/17	Thu 6/1/17	Optum
161	1.5.1.3.9	Implementation	Milestone: Portal Operational	159	1 day	Thu 6/1/17	Thu 6/1/17	Optum
162	**1.5.1.4**	**Implementation**	**Reporting Development**		**41 days**	**Mon 5/1/17**	**Mon 6/26/17**	
163	1.5.1.4.1	Implementation	Monthly Performance Report Template Created		20 days	Mon 5/1/17	Fri 5/26/17	Optum
164	1.5.1.4.2	Implementation	Annual Performance Report Template Created		20 days	Mon 5/1/17	Fri 5/26/17	Optum
165	1.5.1.4.3	Implementation	Quarterly Practice Participation Report Template Created		20 days	Mon 5/1/17	Fri 5/26/17	Optum
166	1.5.1.4.4	Implementation	Reporting Template Walkthrough Scheduled with AR DHS	163,164,165	5 days	Mon 5/29/17	Fri 6/2/17	ARDHS,Optum
167	1.5.1.4.5	Implementation	AR DHS Reporting Feedback Incorporated	166	15 days	Mon 6/5/17	Fri 6/23/17	Optum
168	1.5.1.4.6	Implementation	Milestone: Reporting Templates Finalized	167	1 day	Mon 6/26/17	Mon 6/26/17	Optum
169	**1.5.2**	**Implementation**	**Quality Assurance Plan Developed**		**69 days**	**Wed 3/1/17**	**Mon 6/5/17**	
170	1.5.2.1	Implementation	Quality Assurance Plan Created		58 days	Wed 3/1/17	Fri 5/19/17	Optum
171	1.5.2.2	Implementation	Quality Assurance Plan Walkthrough Scheduled DHS	170	5 days	Mon 5/22/17	Fri 5/26/17	Optum
172	1.5.2.3	Implementation	Incorporate DHS Feedback Provided on Quality Assurance Plan	171	5 days	Mon 5/29/17	Fri 6/2/17	ARDHS,Optum
173	1.5.2.4	Implementation	Milestone: Quality Assurance Plan Finalized	172	1 day	Mon 6/5/17	Mon 6/5/17	Optum
174	**1.5.3**	**Implementation**	**Communication and Notification Correspondence Developed**		**16 days**	**Mon 4/17/17**	**Mon 5/8/17**	
175	1.5.3.1	Implementation	Written Notification Communications Developed		10 days	Mon 4/17/17	Fri 4/28/17	Optum
176	1.5.3.2	Implementation	Schedule AR DHS Walkthrough of Notification Communications	175	5 days	Mon 5/1/17	Fri 5/5/17	Optum,ARDHS
177	1.5.3.3	Implementation	Milestone: Schedule Notice Communications Finalized	176	1 day	Mon 5/8/17	Mon 5/8/17	Optum
178	**1.5.4**	**Implementation**	**New Hire Onboarding - Staff Ramp**		**63 days**	**Wed 3/1/17**	**Fri 5/26/17**	
179	1.5.4.1	Implementation	Provider Training and Support Program Director On boarded		10 days	Wed 3/1/17	Tue 3/14/17	Optum
180	1.5.4.2	Implementation	Program Director On boarded		10 days	Wed 3/1/17	Tue 3/14/17	Optum
181	1.5.4.3	Implementation	Project Manager On boarded		10 days	Wed 3/1/17	Tue 3/14/17	Optum

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
182	1.5.4.4	Implementation	Supervisory and Production Staff Interviewed and Hired to Support Program		30 days	Tue 3/28/17	Mon 5/8/17	Optum
183	1.5.4.5	Implementation	Confirm Laptop Setup, Access to Systems and Document Storage Locations & Resolve Connectivity Issues	182	10 days	Tue 5/9/17	Mon 5/22/17	Optum
184	1.5.4.6	Implementation	Training on Optum Standards, OHMS Overview & Work Assignment	183	3 days	Tue 5/23/17	Thu 5/25/17	Optum
185	1.5.4.7	Implementation	Milestone: Optum Staff Ramped	184	1 day	Fri 5/26/17	Fri 5/26/17	Optum
186	**1.5.5**	**Implementation**	**Provider Outreach, Education & Training Notifications**		**12 days**	**Mon 4/17/17**	**Tue 5/2/17**	
187	1.5.5.1	Implementation	Develop Provider Outreach Bulletin for Training Sessions & Locations		5 days	Mon 4/17/17	Fri 4/21/17	Optum
188	1.5.5.2	Implementation	Meet with AR DHS to Review Bulletin	187	2 days	Mon 4/24/17	Tue 4/25/17	Optum
189	1.5.5.3	Implementation	Revise Bulletin Based on AR DHS Feedback	188	1 day	Wed 4/26/17	Wed 4/26/17	Optum
190	1.5.5.4	Implementation	Submit Final Bulletin to AR DHS for Approval	189	1 day	Thu 4/27/17	Thu 4/27/17	Optum
191	1.5.5.5	Implementation	Milestone: AR DHS Approves Bulletin on Provider Training Schedule & Locations	190	0 days	Thu 4/27/17	Thu 4/27/17	Optum
192	1.5.5.6	Implementation	Publish & Post Bulletin to Provider Portal and Mail to Providers (or Notify Providers as Directed by AR DHS)	191	1 day	Fri 4/28/17	Fri 4/28/17	Optum
193	1.5.5.7	Implementation	Confirm Location Reservations	192	2 days	Mon 5/1/17	Tue 5/2/17	Optum
194	**1.5.6**	**Implementation**	**Provider, AR DHS & End User Process &Training Materials**		**38 days**	**Mon 3/27/17**	**Wed 5/17/17**	
195	1.5.6.1	Implementation	Review Job Aids & Policies Procedures		10 days	Mon 3/27/17	Fri 4/7/17	Optum
196	1.5.6.2	Implementation	Develop Training Materials	195	10 days	Mon 4/10/17	Fri 4/21/17	Optum
197	1.5.6.3	Implementation	Develop and Prepare Webinars, WebEx, , etc.	196	4 days	Mon 4/24/17	Thu 4/27/17	Optum
198	1.5.6.4	Implementation	Schedule Walkthrough of Training Materials with DHS	197	2 days	Fri 4/28/17	Mon 5/1/17	ARDHS,Optum
199	1.5.6.5	Implementation	Incorporate AR DHS Training Material Feedback	198	11 days	Tue 5/2/17	Tue 5/16/17	Optum
200	1.5.6.6	Implementation	Milestone: Process and Training Materials Final	199	1 day	Wed 5/17/17	Wed 5/17/17	Optum
201	**1.5.7**	**Implementation**	**AR DHS Training**		**12.9 days**	**Fri 5/19/17**	**Tue 6/6/17**	
202	1.5.7.1	Implementation	Assign Scribe to Record Training AIs, Issues, Risks from Training Sessions		1 day	Fri 5/19/17	Fri 5/19/17	Optum
203	1.5.7.2	Implementation	Schedule & Conduct Salesforce Product Demo/Training to AR DHS Staff		1 day	Fri 5/19/17	Fri 5/19/17	ARDHS,Optum
204	1.5.7.3	Implementation	Schedule & Conduct Salesforce Product Demo/Training to ARDAAS Staff		1 day	Fri 5/19/17	Fri 5/19/17	ARDHS,Optum
205	1.5.7.4	Implementation	Schedule & Conduct Salesforce Product Demo/Training to ARDDS Staff		1 day	Fri 5/19/17	Fri 5/19/17	ARDHS,Optum
206	1.5.7.5	Implementation	Schedule & Conduct Salesforce Product Demo/Training to ARDBHS Staff		1 day	Fri 5/19/17	Fri 5/19/17	ARDHS,Optum
207	1.5.7.6	Implementation	Complete & Distribute Training Meeting Minutes	206	2.33 days	Mon 5/22/17	Wed 5/24/17	Optum
208	1.5.7.7	Implementation	Update AIs, Issues, Risks & Decisions - SharePoint	207	1 day	Wed 5/24/17	Thu 5/25/17	Optum

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
209	1.5.7.8	Implementation	Collect/Calculate/Summarize Training Surveys for Each Training Session	208	3 days	Thu 5/25/17	Tue 5/30/17	Optum
210	1.5.7.9	Implementation	Draft Response to AR DHS to Address Questions or Issues	209	3 days	Tue 5/30/17	Fri 6/2/17	ARDHS,Optum
211	1.5.7.10	Implementation	Post Survey Summary to SharePoint	210	1 day	Fri 6/2/17	Mon 6/5/17	Optum
212	1.5.7.11	Implementation	Milestone: State Staff Training Complete	211	1 day	Mon 6/5/17	Tue 6/6/17	Optum
213	**1.5.8**	**Implementation**	**Clinical Staff Training**		**71 days**	**Wed 3/1/17**	**Wed 6/7/17**	
214	1.5.8.1	Implementation	Schedule & Conduct Salesforce Product Demo/Training to Clinical Staff		5 days	Mon 5/22/17	Fri 5/26/17	Optum
215	1.5.8.2	Implementation	Conduct Hands On Exercises for Clinical Staff to Perform Job Functions	214	5 days	Mon 5/29/17	Fri 6/2/17	Optum
216	1.5.8.3	Implementation	Document & Research & Resolve Action Items Related to Train		5 days	Wed 3/1/17	Tue 3/7/17	Optum
217	1.5.8.4	Implementation	Collect & Organize Training Surveys	215	2 days	Mon 6/5/17	Tue 6/6/17	Optum
218	1.5.8.5	Implementation	Publish Training Survey Results to Document Repository	217	0 days	Tue 6/6/17	Tue 6/6/17	Optum
219	1.5.8.6	Implementation	Milestone: Clinical Staff Trained	218	1 day	Wed 6/7/17	Wed 6/7/17	Optum
220	**1.5.9**	**Implementation**	**Call Center Staff Training**		**24.82 days**	**Mon 5/29/17**	**Fri 6/30/17**	**ARDHS,Optum**
221	1.5.9.1	Implementation	Schedule & Conduct Salesforce Product Demo/Training to Call Center Staff		5 days	Mon 5/29/17	Fri 6/2/17	Optum
222	1.5.9.2	Implementation	Conduct Hands On Exercises for Clinical Staff to Perform Job Functions (Provider Call Scripts, Routing Calls, Escalations)	221	3 days	Mon 6/5/17	Wed 6/7/17	Optum
223	1.5.9.3	Implementation	Respond to Provider Questions Via Call Center - Toll Free Lines	222	16 days	Thu 6/8/17	Fri 6/30/17	Optum
224	1.5.9.4	Implementation	Document & Research & Resolve Action Items Related to Train	222	2 days	Thu 6/8/17	Fri 6/9/17	Optum
225	1.5.9.5	Implementation	Collect & Organize Training Surveys	222	1 day	Thu 6/8/17	Thu 6/8/17	Optum
226	1.5.9.6	Implementation	Publish Training Survey Results to Document Repository	225	0 days	Thu 6/8/17	Thu 6/8/17	Optum
227	1.5.9.7	Implementation	Milestone: Call Center Staff Trained	225	1 day	Fri 6/9/17	Fri 6/9/17	Optum
228	**1.5.10**	**Implementation**	**Provider Training Sessions**		**19.58 days**	**Wed 5/17/17**	**Tue 6/13/17**	**Optum**
229	1.5.10.1	Implementation	Assign Scribe to Record Training AIs, Issues, Risks from Training Sessions		0.1 days	Fri 5/19/17	Fri 5/19/17	Optum
230	1.5.10.2	Implementation	Conduct Face to Face, Webinar, WebEx Training Sessions (Statewide)	229	10 days	Fri 5/19/17	Fri 6/2/17	Optum
231	1.5.10.3	Implementation	Collect and Organize Provider Training Survey/Evaluations	230	3 days	Mon 6/5/17	Thu 6/8/17	Optum
232	1.5.10.4	Implementation	Research & Resolve Action Items, Issues Resulting from Provider Training Sessions	231	2 days	Thu 6/8/17	Mon 6/12/17	Optum
233	1.5.10.5	Implementation	Meet with AR DHS to Review Provider Survey Results	232	0.33 days	Mon 6/12/17	Mon 6/12/17	Optum
234	1.5.10.6	Implementation	Post Survey Summary to SharePoint	233	0 days	Mon 6/12/17	Mon 6/12/17	Optum
235	1.5.10.7	Implementation	Milestone: Provider Training Complete	234	1 day	Mon 6/12/17	Tue 6/13/17	Optum
236	1.5.10.8	Implementation	Milestone: Provider Coaching Begins		1 day	Wed 5/17/17	Wed 5/17/17	Optum
237	**1.5.11**	**Implementation**	**Operational Readiness Testing (ORT)**		**13.83 days**	**Wed 5/31/17**	**Mon 6/19/17**	

ID	WBS	Phase	Task Name	Predecessors	Duration	Start	Finish	Resource Names
238	1.5.11.1	Implementation	Baseline Checklist of Operational Areas & Call Center		5 days	Wed 5/31/17	Tue 6/6/17	Optum
239	1.5.11.2	Implementation	Policies and Procedures, Job Aids Prepared & Posted	238	0.25 days	Wed 6/7/17	Wed 6/7/17	Optum
240	1.5.11.3	Implementation	Support system (helpdesk) Configured With Workflow and Knowledge Base	239	0.1 days	Wed 6/7/17	Wed 6/7/17	Optum
241	1.5.11.4	Implementation	Contacts Information and Contacts Defined	240	0.1 days	Wed 6/7/17	Wed 6/7/17	Optum
242	1.5.11.5	Implementation	Operational Reporting Requirements Defined	241	0.1 days	Wed 6/7/17	Wed 6/7/17	Optum
243	1.5.11.6	Implementation	Communication Planning and Execution (Operations, Client, Providers, Members)	242	0.25 days	Wed 6/7/17	Wed 6/7/17	Optum
244	1.5.11.7	Implementation	Training Materials Complete & Posted	243	0.5 days	Wed 6/7/17	Thu 6/8/17	Optum
245	1.5.11.8	Implementation	Phone Lines & Phone Scripts are Open & Active	244	0.1 days	Thu 6/8/17	Thu 6/8/17	Optum
246	1.5.11.9	Implementation	Building Security/Badges/Visitors Log in Place and Confirmed	245	0.1 days	Thu 6/8/17	Thu 6/8/17	Optum
247	1.5.11.10	Implementation	Schedule & Conduct Dry Run With Call Center Staff on Job Functions	246	1 day	Thu 6/8/17	Fri 6/9/17	Optum
248	1.5.11.11	Implementation	Modify Checklist Based on Dry Run Outcome	247	1 day	Fri 6/9/17	Mon 6/12/17	Optum
249	1.5.11.12	Implementation	Schedule & Conduct Meeting With AR DHS to review Checklist, Demo Product for ORT Walk Through	248	0.33 days	Mon 6/12/17	Mon 6/12/17	ARDHS,Optum
250	1.5.11.13	Implementation	Revise Checklist Based on AR DHS Feedback	249	1 day	Mon 6/12/17	Tue 6/13/17	Optum
251	1.5.11.14	Implementation	Schedule & Conduct Formal ORT Walk Through of Call Centers With AR DHS & Demo of Product	250	3 days	Tue 6/13/17	Fri 6/16/17	Optum
252	1.5.11.15	Implementation	Seek Approval in Writing from AR DHS to Go Live	251	1 day	Fri 6/16/17	Mon 6/19/17	Optum
253	1.5.11.16	Implementation	Milestone: ORT Completed and Approved	252	0 days	Mon 6/19/17	Mon 6/19/17	ARDHS,Optum
254	**1.6**	**Implementation**	**Implementation PRODUCTION Readiness**		**8.51 days**	**Mon 6/19/17**	**Fri 6/30/17**	
255	**1.6.1**	**Implementation**	**Implementation Go-Live Readiness**		**8.51 days**	**Mon 6/19/17**	**Fri 6/30/17**	
256	1.6.1.1	Implementation	Final Dry Run (Internal) Transition Checklist & Readiness	253	1 day	Mon 6/19/17	Tue 6/20/17	Optum
257	1.6.1.2	Implementation	Schedule & Conduct Readiness Meeting With AR DHS		1.33 days	Thu 6/29/17	Fri 6/30/17	ARDS,Optum
258	1.6.1.3	Implementation	Request Letter from AR DHS to "GO LIVE"	257	0 days	Fri 6/30/17	Fri 6/30/17	Optum
259	1.6.1.4	Implementation	Milestone: Received AR DHS Letter of Approval to Secure Production Environment	258	0 days	Fri 6/30/17	Fri 6/30/17	ARDHS
260	**1.7**	**Closure**	**Implementation Closure**		**17 days**	**Fri 8/4/17**	**Mon 8/28/17**	
261	**1.7.1**	**Closure**	**Prepare Lessons Learned Document**		**16 days?**	**Mon 8/7/17**	**Mon 8/28/17**	
262	1.7.1.1	Close	Schedule and Conduct LL Meeting with Optum Leadership		5 days	Mon 8/7/17	Fri 8/11/17	Optum
263	1.7.1.2	Close	Schedule and Conduct LL Meeting with Implementation Team		5 days	Mon 8/14/17	Fri 8/18/17	Optum
264	1.7.1.3	Close	Schedule and Conduct LL Meeting with AR DHS		5 days	Mon 8/21/17	Fri 8/25/17	Optum,ARDHS
265	1.7.1.4	Close	Publish Results to share Point		1 day	Mon 8/28/17	Mon 8/28/17	Optum
266	1.7.1.5							

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1	**Transition Period**	**59 days**	**Wed 4/10/19**	**Mon 7/1/19**		
2	**Finalize the Transition Plan**	**16 days**	**Wed 4/10/19**	**Wed 5/1/19**		
3	Revise Transition Plan Draft	5 days	Wed 4/10/19	Tue 4/16/19		Optum
4	Schedule Transition Plan Walkthrough with ARDHS	5 days	Wed 4/17/19	Tue 4/23/19	3	Optum,ARDHS
5	Incorporate ARDHS Transition Plan Feedback	5 days	Wed 4/24/19	Tue 4/30/19	4	Optum
6	Milestone: Transition Plan Finalized	1 day	Wed 5/1/19	Wed 5/1/19	5	Optum
7	**Transition Kick-Off Meeting with ARDHS and Potential Transition Partners**	**7 days**	**Wed 5/1/19**	**Thu 5/9/19**		
8	ARDHS to Schedule the Transition Kick-Off	6 days	Wed 5/1/19	Wed 5/8/19		ARDHS
9	Optum to provide the prior 12 months transactional volume (Assessments, Screenings, Calls)	1 day	Wed 5/1/19	Wed 5/1/19		Optum
10	ARDHS to provide eligibility files	1 day	Wed 5/1/19	Wed 5/1/19		ARDHS
11	ARDHS to provide prioritization criteria	1 day	Wed 5/1/19	Wed 5/1/19		ARDHS
12	Transition Meeting Frequency and Ownership Established	1 day	Thu 5/9/19	Thu 5/9/19	8	Optum,ARDHS,Transition Partner
13	Milestone: Transition Kick-Off Complete	1 day	Thu 5/9/19	Thu 5/9/19	8	Optum
14	**Assessment and Tier Determination Criteria**	**8 days**	**Thu 5/9/19**	**Mon 5/20/19**		
15	Optum facilitated review of Assessment and Screening Tools	5 days	Thu 5/9/19	Wed 5/15/19		Optum,ARDHS,Transition Partner
16	Optum facilitated review of Tier Determination Criteria Review	3 days	Wed 5/15/19	Fri 5/17/19		Optum,ARDHS,Transition Partner
17	Milestone: Assessment and Tier Determination Review Complete	1 day	Mon 5/20/19	Mon 5/20/19	15,16	Optum
18	**Knowledge Transfer Plan**	**9 days**	**Wed 5/1/19**	**Mon 5/13/19**		
19	Optum provides State Employee Training Materials to Transition Partners	1 day	Wed 5/1/19	Wed 5/1/19		Optum
20	Optum provides link to Provider Training Materials to Transition Partners	1 day	Wed 5/1/19	Wed 5/1/19		Optum
21	Optum schedules a Training and Education Q&A session with ARDHS Transition Partners	7 days	Thu 5/2/19	Fri 5/10/19	19,20	Optum,ARDHS,Transition Partner
22	Milestone: Program Knowledge Transfer Complete	1 day	Mon 5/13/19	Mon 5/13/19	21	Optum
23	**Joint Communication Plan Established**	**19 days**	**Wed 5/1/19**	**Mon 5/27/19**		
24	Optum Communication Plan Developed	6 days	Wed 5/1/19	Wed 5/8/19		Optum
25	Joint Communication Plan Developed	3 days	Wed 5/8/19	Fri 5/10/19		Optum,ARDHS,Transition Partner
26	Walkthrough of Joint Communication Plan with ARDHS	1 day	Mon 5/13/19	Mon 5/13/19	24,25	Optum,ARDHS,Transition Partner
27	Optum Communication Materials Developed	11 days	Wed 5/1/19	Wed 5/15/19		Optum
28	Walkthrough of Communication Materials with ARDHS	3 days	Thu 5/16/19	Mon 5/20/19	27	Optum,ARDHS
29	ARDHS Communication Material Feedback Incorporated	3 days	Tue 5/21/19	Thu 5/23/19	28	Optum
30	Milestone: Optum Transition Plan Communications Begin	2 days	Fri 5/24/19	Mon 5/27/19	29	Optum
31	**Portal transition**	**43 days**	**Wed 5/1/19**	**Sun 6/30/19**		
32	Portal redirection recommendation created	11 days	Wed 5/1/19	Wed 5/15/19		Optum

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
33	Walk through of Portal redirection recommendation with ARDHS and Transition Partners	4 days	Thu 5/16/19	Tue 5/21/19	32	Optum
34	ARDHS and Transition Partners Feedback Incorporated	7 days	Wed 5/22/19	Thu 5/30/19	33	Optum
35	Milestone: Optum Portal includes link to Transition Partners portal - Dual Operations	1 day	Fri 5/31/19	Fri 5/31/19	34	Optum
36	Milestone: Portal full redirection to Transition Partners	1 day	Sun 6/30/19	Sun 6/30/19	35	Optum
37	**Phone Line Transition**	**43 days**	**Wed 5/1/19**	**Sun 6/30/19**		
38	Proposed phone line transition timing and approach drafted	11 days	Wed 5/1/19	Wed 5/15/19		Optum
39	Walkthrough of proposed phone line transition plan with ARDHS and Transition Partners	4 days	Tue 5/21/19	Fri 5/24/19	28	Optum,ARDHS,Transition Partner
40	ARDHS and Transition Partners Feedback Incorporated	5 days	Mon 5/27/19	Fri 5/31/19	39	Optum
41	Milestone: Phone lines transitioned	1 day	Sun 6/30/19	Sun 6/30/19		Optum
42	**Assessment Transition**	**39 days**	**Wed 5/8/19**	**Mon 7/1/19**		
43	ARDHS provides guidance regarding format and timing of open assessment transition	1 day	Wed 5/8/19	Wed 5/8/19		ARDHS
44	Milestone: Open assessment detail provided to Transition Partners	6 days	Mon 6/24/19	Mon 7/1/19	43	Optum
45	Milestone: Transition Complete	1 day	Sun 6/30/19	Sun 6/30/19		Optum,ARDHS,Transition Partner

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Sheryl Markowitz MSW, LISW-S

Career Knowledge/Skills

Sheryl Markowitz, MSW, LISW-S will serve as our Project Director. Ms. Markowitz brings over 25 years in multiple areas of healthcare, including in-depth experience with both the design and hands-on implementation of large-scale programs for vulnerable populations. She started her career as a pediatric oncology social worker in Cleveland Ohio at Rainbow Babies and Children's Hospital. She also worked as an Executive Director for two health care nonprofits. In 2006 Ms. Markowitz transitioned into Managed Care where she has held multiple roles. She began at Anthem/WellPoint where she was charged with bringing Medicaid into Managed Care for the State of Ohio. The contract awarded to Anthem was for both CHIP as well as the Aged, Blind and Disabled. Ms. Markowitz then moved to a national role where she put together a proof of concept study in Richmond Virginia to develop a national ABD program for WellPoint. After this experience, she began her own consulting firm where she worked for both providers and payers developing products, writing requests for proposals, and consulting on health issues. In 2012 Ms. Markowitz joined CareSource/Humana where she helped to create and implement the program that would define the Duals Financial Demonstration in Ohio. She gained experience working with the Ohio Waiver system and was very involved with the Area Agencies on Aging.

Experience

Current The Lewin Group

- Subject Matter Expert Proposal developer for an I/DD Technical Assistance program. Ms Markowitz created an educational plan to help support the transition of the I/DD population into a more managed care environment. The proposal included the utilization of existing toolkits as well as webinars that examined real life examples. They would focus on webinars for members who were preparing to go see a physician. Additionally they would focus on provider offices and other facilities to better understand the managing of challenging behaviors

Current

Subject Matter Expert

- Provided LTSS and Behavioral Health community partnership certification knowledge as part of the Massachusetts MassHealth Accountable Care Organizations (ACOs) implementation design. Ms Markowitz worked with a team to help identify and leverage best practices in certifying ACO community partners.

Current

Subject Matter Expert

- Consultant for Oregon K Plan waiver cost review. Ms Markowitz researched the existing Kplan to evaluate where there could be opportunities to find cost savings.

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Sheryl Markowitz

ViaQuest Inc.

Chief Strategy Officer

- Ms. Markowitz served as the Chief Strategy Officer for ViaQuest Inc. She had worked with them previously as a consultant so the transition as an officer came naturally. She and the CEO Rich Johnson developed a five year strategic plan looking at new ways to utilize the 22 years of experience ViaQuest has gathered. She created a managed care and hospital system focused power point presentations that clearly spelled out the opportunities for plans and hospitals to derive assistance for their pain points in dealing with complex care management and HEDIS. Ms. Markowitz was able to work with HR to develop a company culture strategy for 2016.

CareSource/Humana

Director of Complex Care

- Ms. Markowitz was hired to help develop the program that would be implemented as the Duals Demonstration in Ohio. She hired a team of experts in waiver services as well as both Medicaid and Medicare services. The team established a very detailed program with all of its complex work streams. She was instrumental in policy creation and programmatic work streams. Throughout the progress of the model creation Ms. Markowitz was tasked with developing staff ratio and hiring to those ratios. She and her team interviewed hundreds of applicants to fill the positions necessary to provide the quality of service that was prescribed by the Request for Proposal. Ms. Markowitz was on task as the lead for the two day exploratory process known as readiness review where CMS and the State examined each and every detail of the proposed program. She and the corporate team spent weeks preparing for this process. At the end of the two days the lead examiner looked at us and said she would happily send her mother to our care if it became necessary!

Sheryl Markowitz Consulting

Consultant

- Ms. Markowitz opened her own consulting firm where she was able to work with a variety of agencies. She worked with Medical Mutual of Ohio in an RFP acquisition with Metro Health Hospital system. She also began a relationship with ViaQuest Inc. where she helped to establish a standardize presentation for the company. She also worked to create a business plan for ViaQuest which included providing services to managed care.

Anthem/WellPoint

Regional Director

- Ms. Markowitz was hired as the Regional Director for the State of Ohio's Medicaid program. She was charged with the implementation of the Covered Families and Children CFC/ Aged Blind and Disabled ABD programs for Anthem/WellPoint. There She opened and staffed three offices across the state of Ohio. She participated in the final months of a large hospital managed care plans acquisition and was instrumental in the implementation for the member transition plan. The implementation and the roll out of Medicaid in the State of Ohio was a challenge. Anthem/WellPoint developed a model where the program was based out of facilities known as Community Outreach centers. Each office/ center had nurses, social workers, community outreach workers and administrative staff to provide support to the community. CFC/CHIP was implemented first and then ABD came later. Ms. Markowitz worked with a team on the RFP process for the ABD Business in Ohio. They were awarded multiple regions from the RFP. The ABD roll out was complex and required a lot of work with Advocacy leaders and the state's

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Sheryl Markowitz

department of Jobs and family services. It caused a tremendous amount of anger and fear from members who did not want the system to change. She was able to work with members and providers to help to ensure a smooth transition into managed care. The program was very successful and at its end has 170 thousand members. Unfortunately new management at Anthem/WellPoint found the risk to be too great so the program was shut down. Ms. Markowitz stayed on at WellPoint for three more years as Director of Change Management. In the three years following the shutdown of Ohio Medicaid, Ms. Markowitz served in a multitude of roles for Anthem/WellPoint. She first ran a team that created a proof of concept study to evaluate the efficiency in focused care for the highest utilizers in the ABD program in Virginia. She participated in the development, creation and implementation of the study. There was a team of community outreach workers that targeted individuals who were very frail. The team additionally had nurses and physicians participate regularly. The study partnered with community agencies to support the members. Each member was given focused care and support in order to facilitate care outside of the emergency room. The study ran for six months and the results were very positive. We were able to decrease ER utilization by almost 35% and were able to increase the use in primary care by 70%.

For Anthem WellPoint, Ms. Markowitz also served as a temporary Director of Medicaid for the State of South Carolina when the Regional Director left the job a week before the Go Live date of the program. She helped to implement the roll out of the program during her three months in South Carolina as well as to hire a new team to continue with the good work that had been done in the year prior. The South Carolina Plan was embedded into Blue Cross and Blue Shield of South Carolina.

The Make-A-Wish Foundation and The March of Dimes of Northern Ohio

- These were two very successful organizations. They each serviced Northern Ohio and were able to raise millions of dollars of funding to support each organization's mission. Ms. Markowitz' prior experiences at Rainbow Babies and Children's Hospital and The Children's hospital of the University of Pennsylvania created great passion for each of these organizations mission. She is proud of the incredible wishes granted to the deserving children who were touched by life threatening illness. While at the March of Dimes, Ms. Markowitz and her team were able to participate in a national Program for Hispanic Mothers who were pregnant. They partnered with a Federally Qualified Health Clinic to provide these services.

The American Cancer Society

Camp Center of Excellence Director

- Ms. Markowitz served as the Camp Center of Excellence Director. She pioneered new program that standardized the many camps run by the society across the country. The camps all served children under the age of 18 who had currently or previously had cancer. She created an entire operational infrastructure for the camps as well as a national standards manual and a corresponding website. In a pairing of national insurance carriers and the risk management department Ms. Markowitz created guidelines for the volunteers who ran the camps. She was also able to establish strategic partnerships with the American Camping Association and the American Riding Association for Disabled Riders.

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Sheryl Markowitz

Rainbow Babies and Children's Hospital

Pediatric Oncology Social Worker

- As a pediatric Oncology Social Worker, Ms. Markowitz worked closely with a multidisciplinary team that included Physicians, Social Workers, Nurses, and clergy. As the social worker in the department of Hematology/Oncology, she attended many conferences with the physician. She attended family meetings and was instrumental in the period of diagnosis where families were facing a life threatening crisis. Ms. Markowitz followed each child and his family throughout treatment and beyond. She provided ongoing counseling to the entire family during each stage of therapy and was located in both the hospital and the outpatient clinic. Ms. Markowitz has a passion for group dynamics and was able to run multiple groups while at Rainbow Babies and Children's hospital. She gained experience in running groups while earning her Masters of Social Work at the University of Pennsylvania. Ms. Markowitz ran a support group for the very first Bone Marrow Transplant patients in the country. It was there that she developed the understanding of peer support to individuals with chronic illness.

Education and Licensure

- Bachelor's Degree in Psychology — The American University - Washington, DC
- Master's Degree in Social Work — The University of Pennsylvania – Philadelphia, PA
- Certificate of Nonprofit Management — Case Western Reserve University – Cleveland, OH

Teaching Experience

- Clinical supervision for LSW Candidates at CareSource — 2012-2014
- Guest Lecturer, Global Non-Profit Structures and Management Kent State University — 2005–2007
- Clinical Instructor, Case Western University – Cleveland, OH — 1991, 1998, 2000

References

References are available on request.

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(919) 413-4884 • Randyvink@hotmail.com

Randall Vink, CSM, CSPO

Career Knowledge/Skills

- Motivated, self-directed, results driven information technology professional with 31+ years' experience in planning, design, development, testing, and implementation of medium to large scale information systems and services in both private and public sectors.
- Twenty-five years of experience in Health Care Information Systems and Medicaid Management Information Systems (MMIS) with a solid understanding and knowledge of all key functional areas and business relationships.
- Experienced Project Manager/Project Lead with 22+ years of success leading on all phases of Software Development Life Cycle (SDLC).
- Solid experience and knowledge in Agile/Scrum methodology.
- Solid experience and knowledge in Waterfall/PMBOK based methodology.
- Experienced in establishing and executing on organizational value based Business Intelligence (BI) initiatives.
- Broad knowledge and experience of testing tools and testing methodologies with solid experience in the development and execution of test plans, test scenarios, and test cases through systems testing, systems integration testing, regression testing, user acceptance testing, parallel testing.
- Strong analytical skills and focused attention to detail.
- Professional known for delivering high-quality project deliverables and products on time and within budget.
- Solid skill set in programming and design techniques. Knowledge of programming languages.
- Excellent skills in building strong Vendor/Customer relations.

Experience

Current Optum

Director Medicaid Implementation Readiness

July 2015 - October 2016 Molina Health Care Trenton, NJ

Project Manager – Project Management Office (PMO), MMIS

- During the project planning phase, successfully developed and obtained stakeholder approval of the Project Management Plan, Risk Management Plan, and Issues Management Plan and executed upon these plans throughout the lifecycle of the project.
- Successfully established and managed the projects risk management methodology, organizational roles and responsibilities, risk budgeting, and project risk status reporting.
- Collaborated with Management and Development Teams in project risk identification, risk assessment, risk mitigation and contingency planning, risk response, and risk tracking and reporting.
- Successfully established and managed the projects Issue Management methodology, organizational roles and responsibilities, and project issue reporting.
- Conducted and chaired weekly Risk Management Committee meetings and Issue Management meetings and provided management with project status as it related to risk and issue status.
- Assisted in supporting the PMO with ongoing project monitoring activities and status reporting.

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Randall Vink

May 2013 - April 2015 **South Carolina - DHHS** Columbia, SC

Project Manager - Accounting and Finance; MMIS

Management consultant to SCDHHS under MAXIS Group; key responsibilities and accomplishments include:

- Successfully managed all aspects of the Accounting and Finance project initiative setting direction and scope that aligned with the organizations strategic vision of a fully integrated MMIS Financial system that involved developing new payment systems that seamlessly interfaced with the States SAP accounting product line.
- Developed project scope, project strategy, project schedule, and resources plan exercising agile methodology to realize an iterative development, testing, and implementation approach that allowed for implementation of payment systems to be driven by key business areas.
- Developed key project deliverables that included project charter, high level technical design, requirements document, interface control document, detailed systems design, and successfully obtained project stakeholder approvals.
- Developed and executed project resource plan and project budget.
- Identified and documented project risk and mitigation strategies, project assumptions, and constraint.

May 2013 - May 2014 **South Carolina - DHHS** Columbia, SC

Project Manager -Reporting and Analytics; MMIS

Management consultant to SCDHHS under MAXIS Group; key responsibilities and accomplishments include:

- Successfully managed all aspects of the Reporting and Analytics project initiative setting direction and scope aligned with the organizations MMIS Business Intelligence (BI) strategy.
- Developed organizations Business Intelligence (BI) Road Map outlining the organizations strategic BI strategy and key BI business principles on implementing a value based BI initiative.
- Developed organizations Data Governance Plan outlining the organizations data governance strategy, data governance team structures (leadership, governance committee, data steward work group, and data stewards), organizational governance policies and procedures, and high level data quality standards.
- Formulated and documented organizational data quality strategy ensuring stakeholder awareness of the practice, discipline and organizational benefits of improving data quality across the enterprise.
- Developed project scope, project strategy, and project schedule utilizing agile methodology to realize an iterative development, testing, and implementation approach that focused on key BI business principles that delivered high business value to the organization.
- Developed and executed project resource plan and budget.
- Identified and documented project risk and mitigation strategy, project assumptions, and constraints.

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Randall Vink

June 2005 - May 2013 **North Carolina - DHHS** Raleigh, NC

Project Manager – Claims Payment; Financial; MARS/FADS; Drug Rebate; MMIS

Management consultant to NCDHHS under Greene Resources, Inc.; key responsibilities and accomplishments include:

- Successfully managed all aspects of the Replacement MMIS initiative for several key MMIS functional areas outlining and developing the WBS for task, deliverables, and milestones related to NCDHHS' contractual project commitments with the Vendor.
- Ensured contracted project requirements were being met by the vendor by establishing and monitoring project requirements traceability throughout the project planning, development, and testing phases
- Developed master project schedule and resource plan and coordinated schedule with Vendors Integrated Master Schedule tying in NCDHHS external project task, milestones, and timelines.
- Successfully planned, executed, and managed the development and review of test plans, test scenario's, and test cases based on project requirements related to the Claims Payment, Financial, MAR's, Drug Rebate, and Retro-DUR subsystems.
- Managed team Business Analyst and QA Test staff through the planning, design, development, testing, and implementation of the Claims Payment, Financial, MAR's, Drug Rebate, and Retro-DUR sub-systems of the North Carolina MMIS.
- Integrated the North Carolina Medicaid Accounting System (MAS) into the replacement MMIS to ensure the business process requirements of account receivables, account payables, cash receipts, withholdings, general ledger interface, and Medicaid expenditure reporting were implemented into the MMIS and interfaced with the Claims Payment subsystem.

October 2002 - June 2005 Unisys, Inc. Baton Rouge, LA

QA Test Manager (Management Consultant) - Claims Adj. and Payment; MMIS

October 2001 - October 2002 Affiliated Computer Systems, Inc. (ACS) Atlanta, GA

Project Lead - Claims Payment and Financial; MMIS

April 2001 - September 2001 Affiliated Computer Systems, Inc. (ACS) Tallahassee, FL

Sr. Business Analyst (Consultant) – HIPAA Gap Analyst; MMIS

October 1996 - March 2001 Arizona Department of Revenue Phoenix, AZ

Project Manager – Sales Tax Division

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Randall Vink

November 1994 - October 1996	Arizona Physicians; IPA	Phoenix, AZ

Sr. Business Analyst – Medicaid

September 1992 - August 1994	Redpath Computer Services, Inc.	Phoenix, AZ

Systems and Programming Manager – Managed Care/Medicaid Division

November 1990 - September 1992	Arizona Health Care Cost Containment System (AHCCCS)	Phoenix, AZ

Project Leader – Health Plan Systems Support; Replacement MMIS

January 1989 - November 1990	Arizona Health Care Cost Containment System (AHCCCS)	Phoenix, AZ

Programmer Analyst III – Recipient Eligibility; Enrollment; Capitation; MMIS

June 1987 - January 1989	Arizona Health Care Cost Containment System (AHCCCS)	Phoenix, AZ

Programmer Analyst II – Recipient Eligibility; Enrollment; Capitation; MMIS

October 1985 - June 1987	AT&T Communications	Mesa, AZ

Production Support Specialist

Education and Certifications

- **DeVry Institute of Technology** - Phoenix, Arizona — June 1985
  Bachelor of Science - Computer Information Systems
  Minor - Accounting
- **IBM Global Learning Services** - Atlanta, Georgia — September 2002
  Certificate - Principles of Project Management
  3.6 IACET Credits
- **Scrum Alliance** - Charlotte, North Carolina — January 2014
  Certified Scrum Product Owner (CSPO)
- **Scrum Alliance** - Raleign, North Carolina — May 2015
  Certified Scrum Master (CSM)

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Randall Vink

Professional IT Skills

Software: MS Office (Outlook; Word; Excel; PowerPoint); MS Project - 2013; MS Project Server - 2013; SharePoint; Visio; JIRA; ALM; SAP; Bosch Business Rules; Silk Central; TSO/ISPF; MVS/XA; JES 2/JES 3

Hardware: Client Server; IBM Mainframes; AS400; Laptops

Languages: COBOL; COBOL II; JCL; CICS; DB2; SQL; IMS

References

References are available on request.

State of Arkansas Independent Assessment and Transformation

Project Management Plan

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Date: 11/28/2016

Version: .02

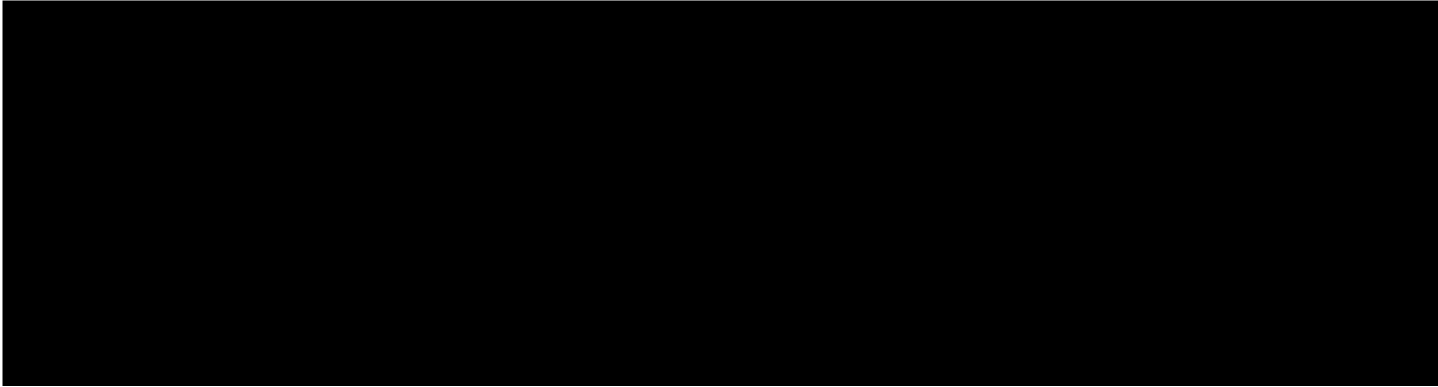

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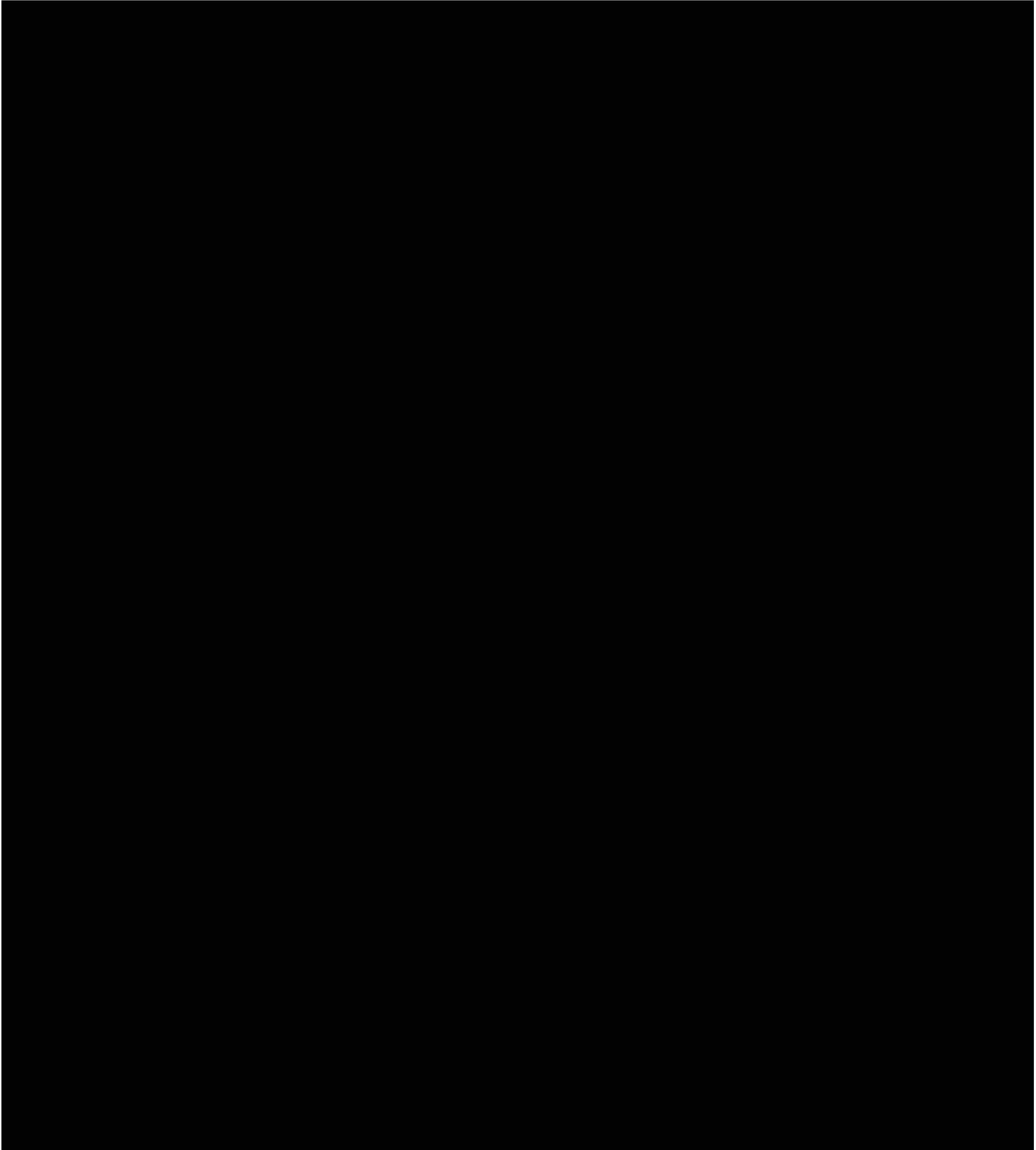
Table of Contents



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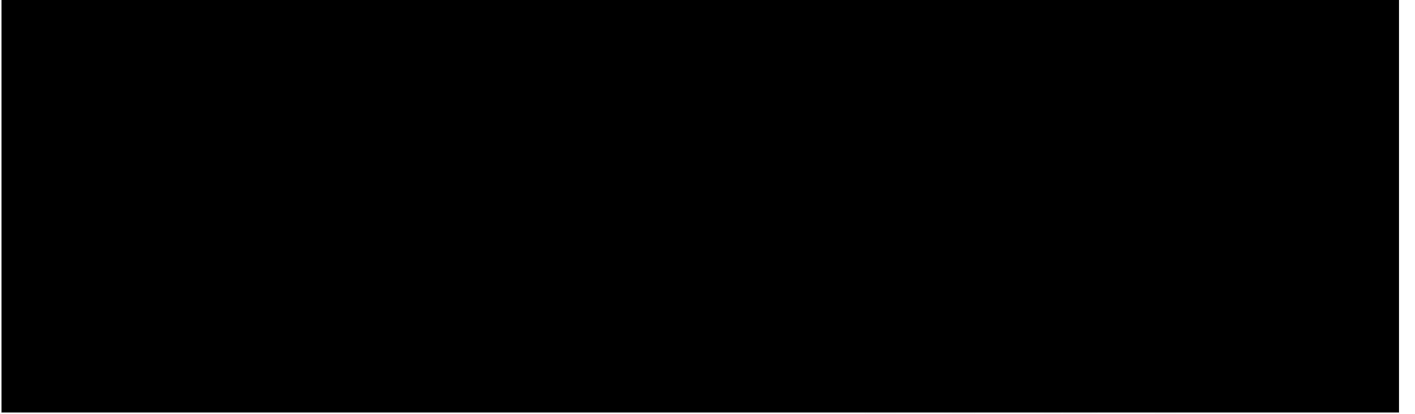

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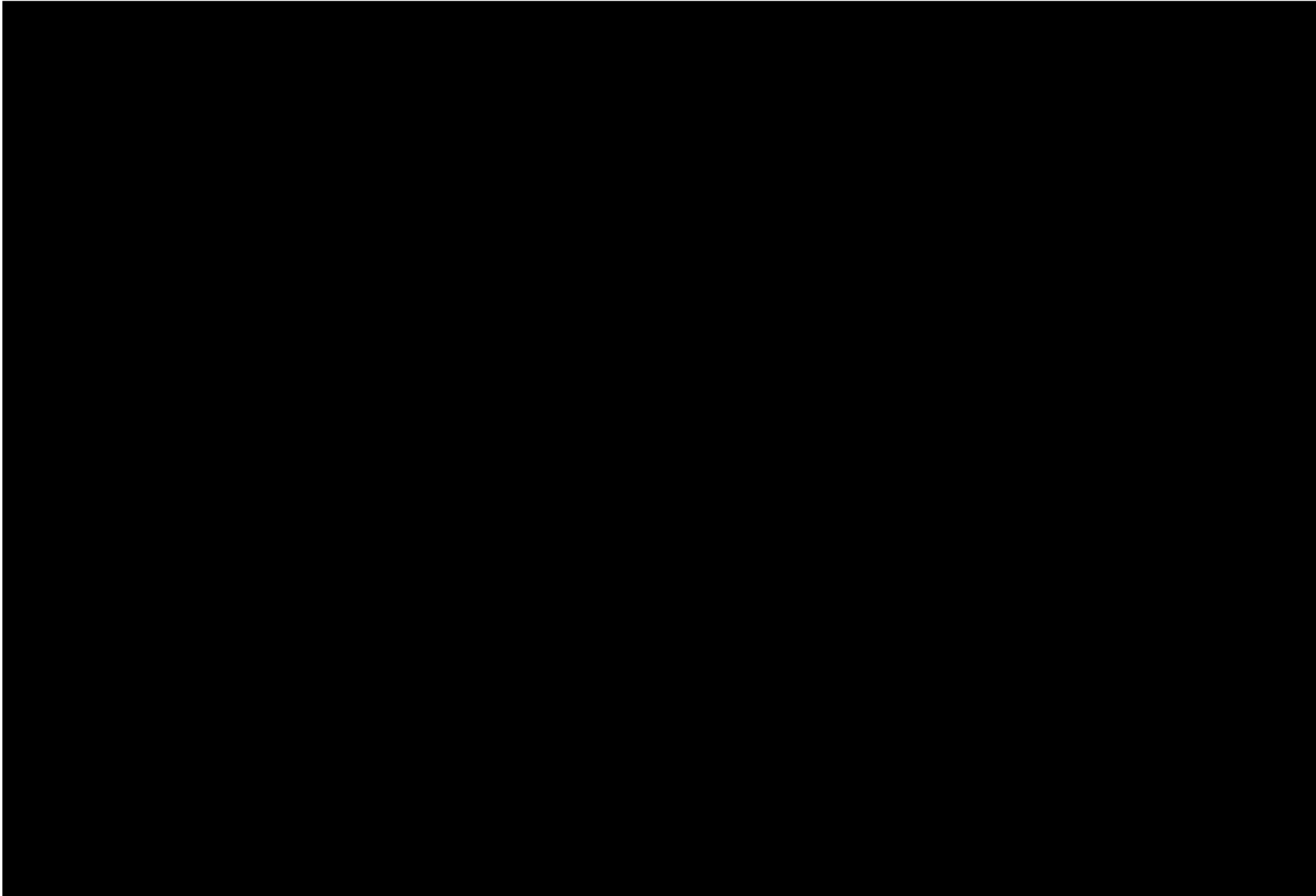

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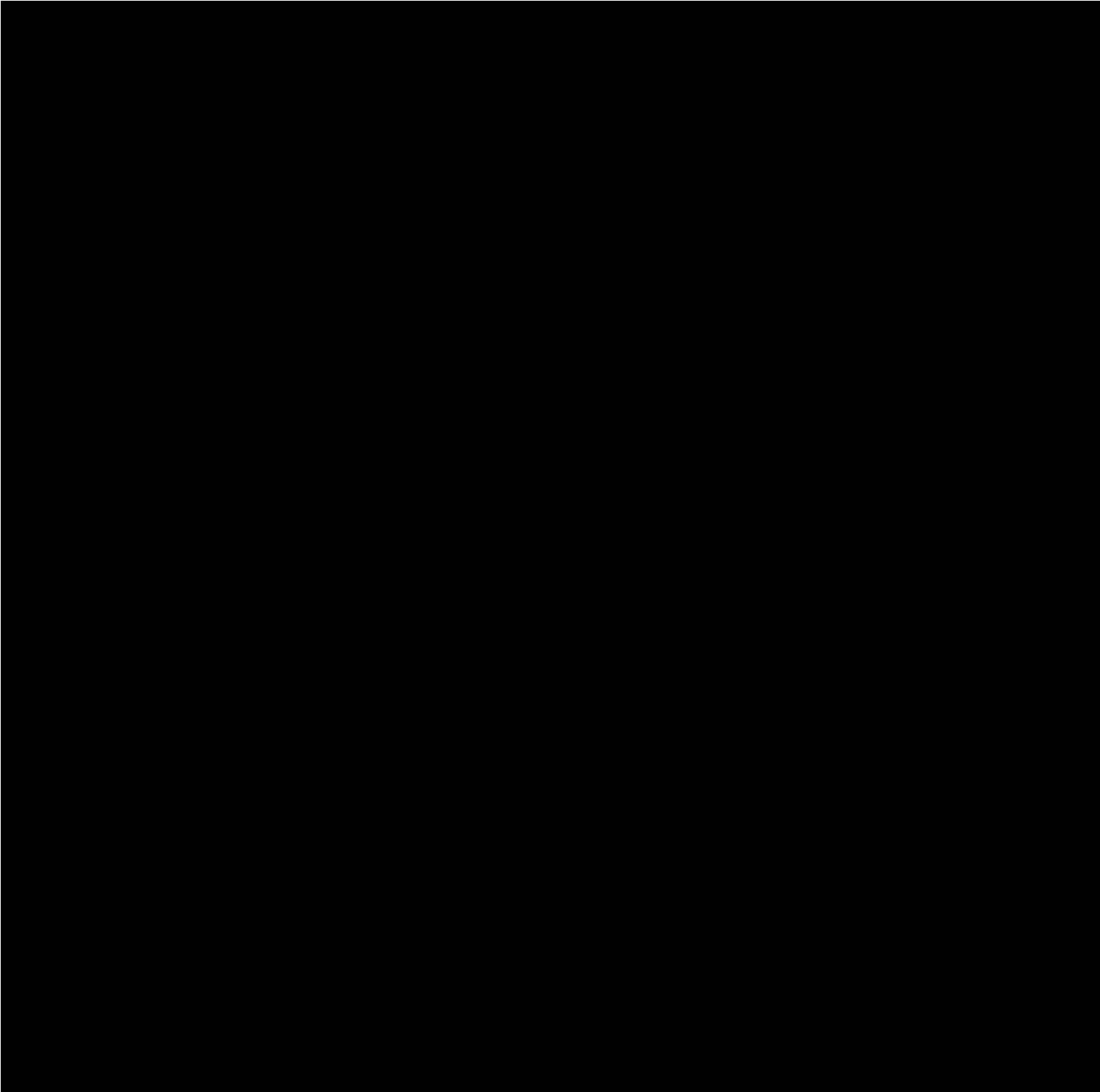

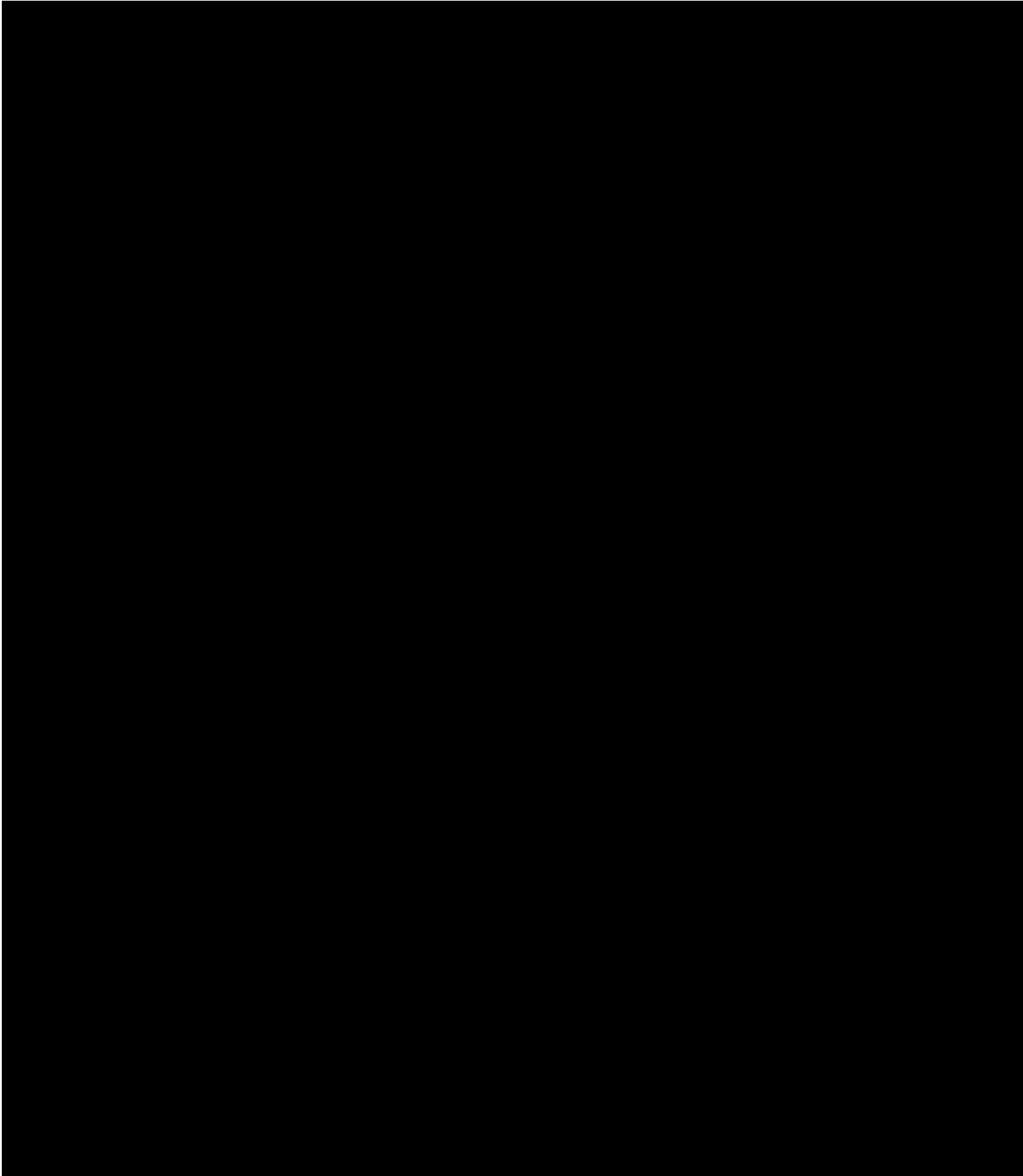

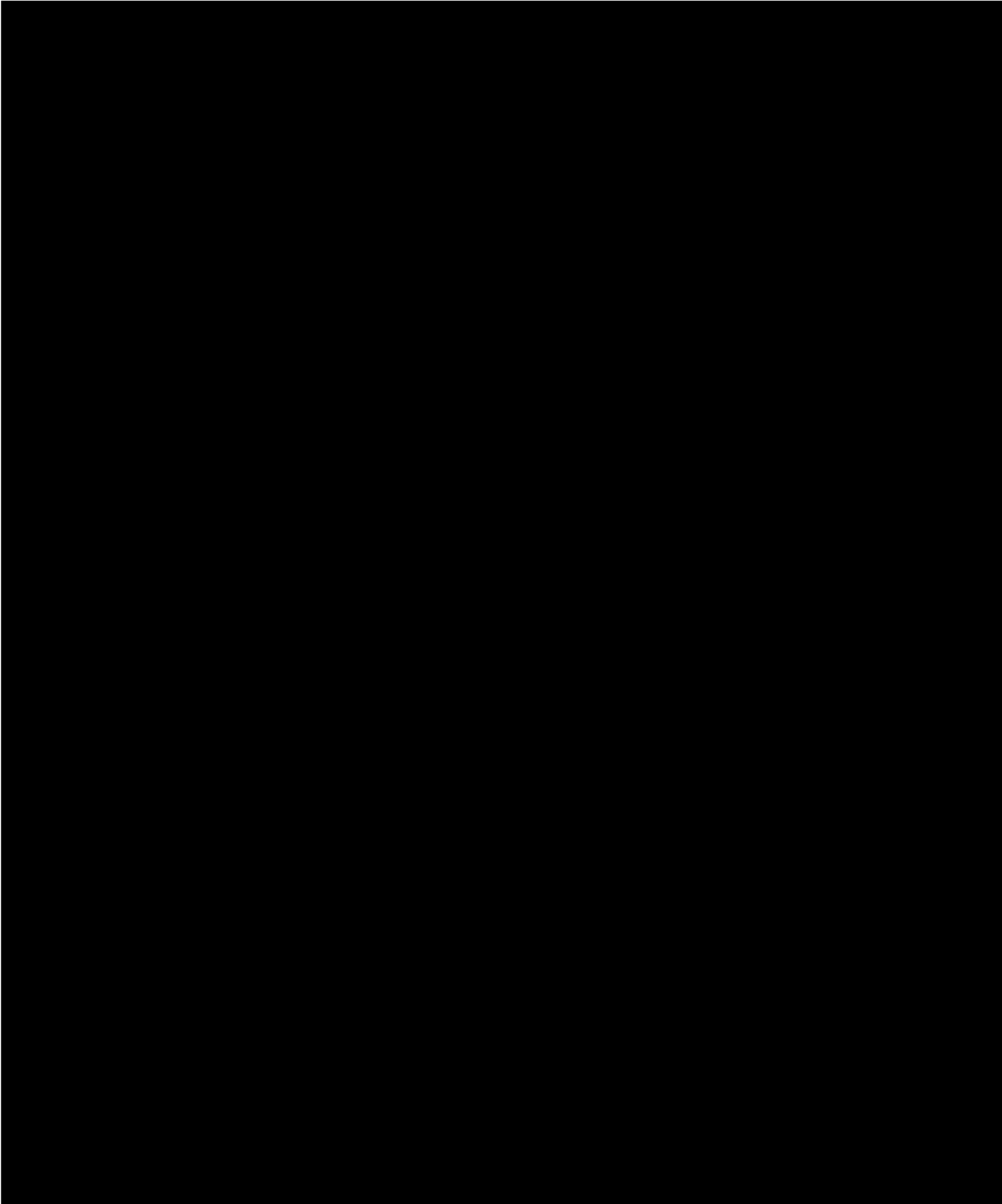

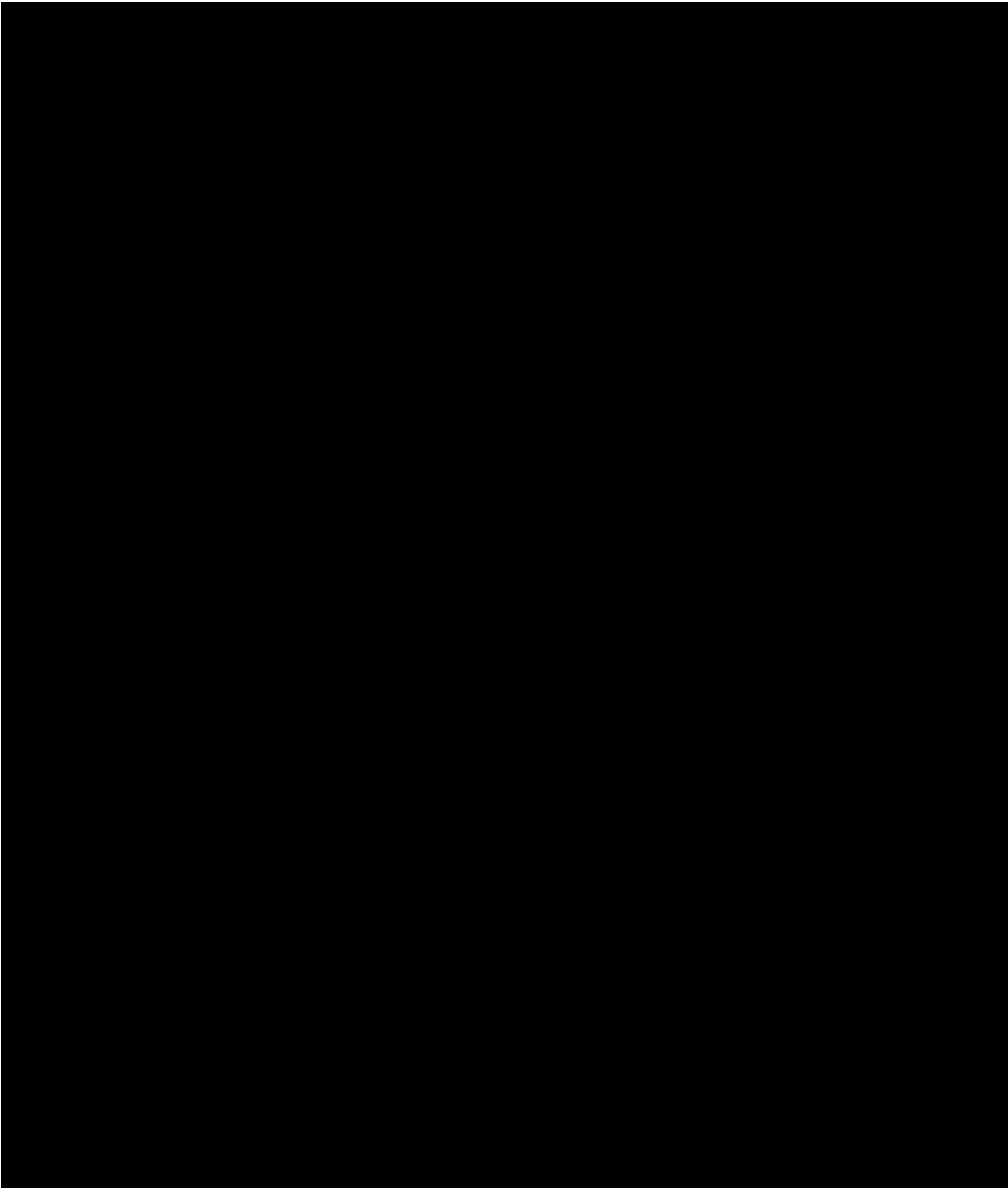

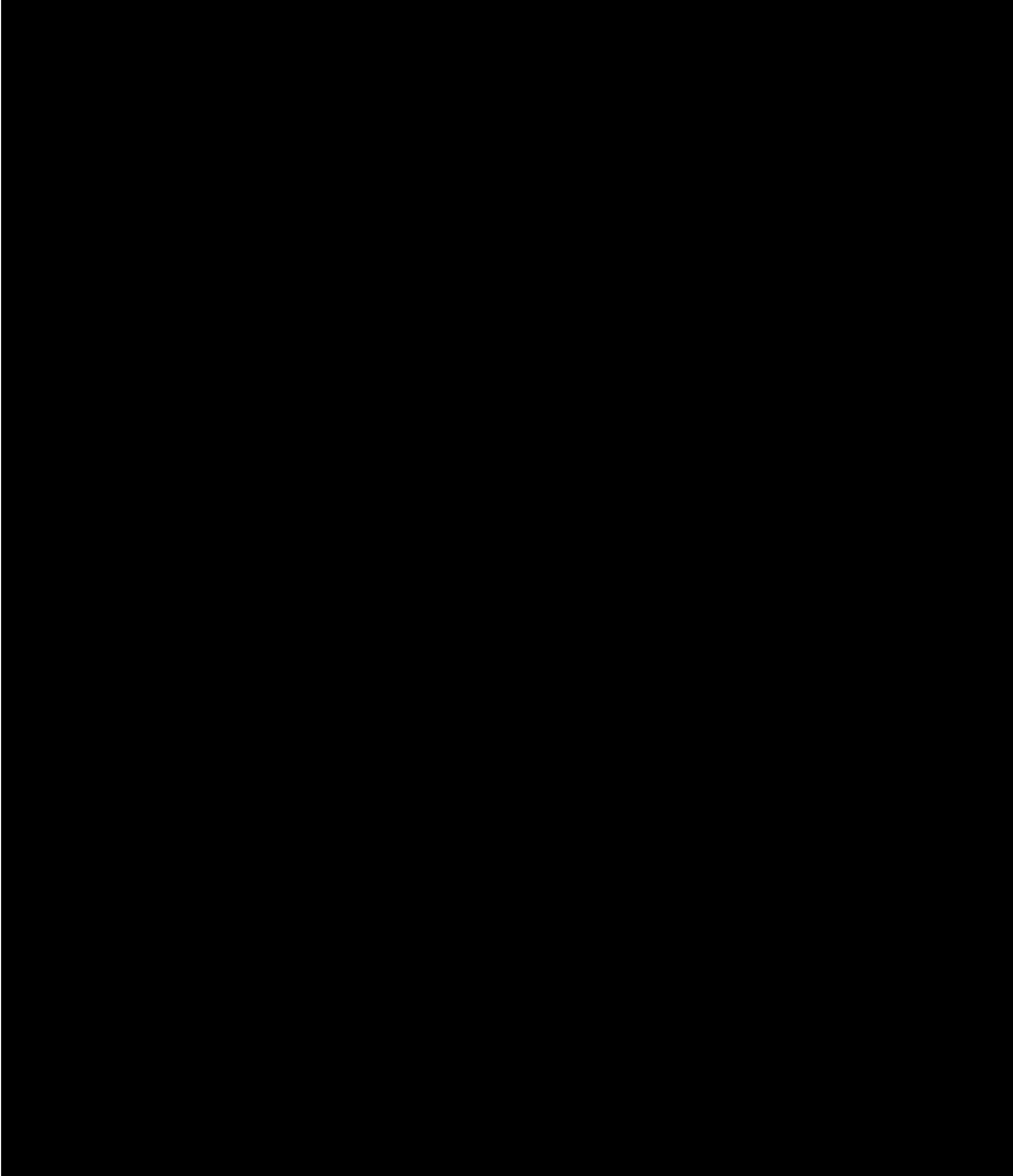

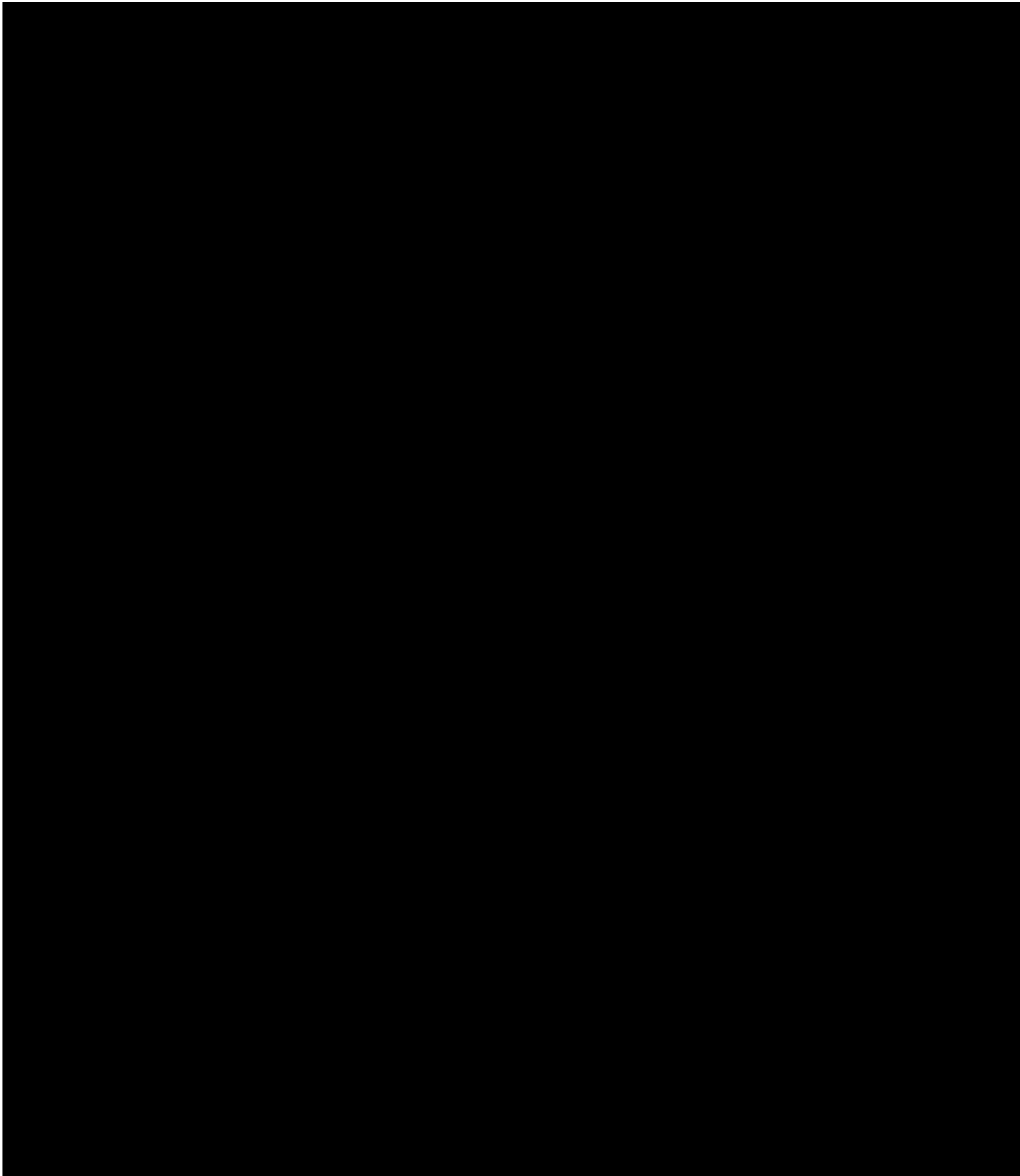

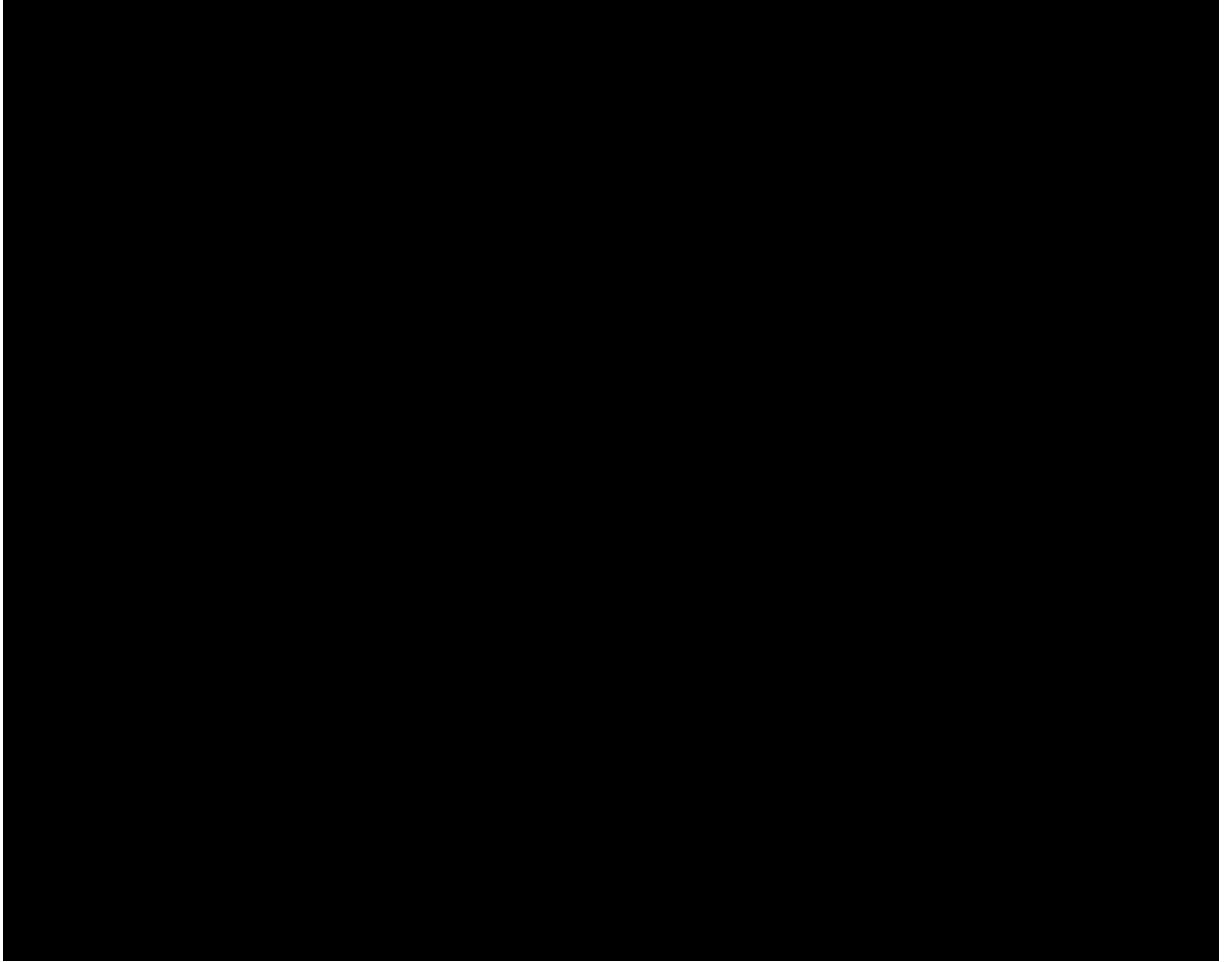

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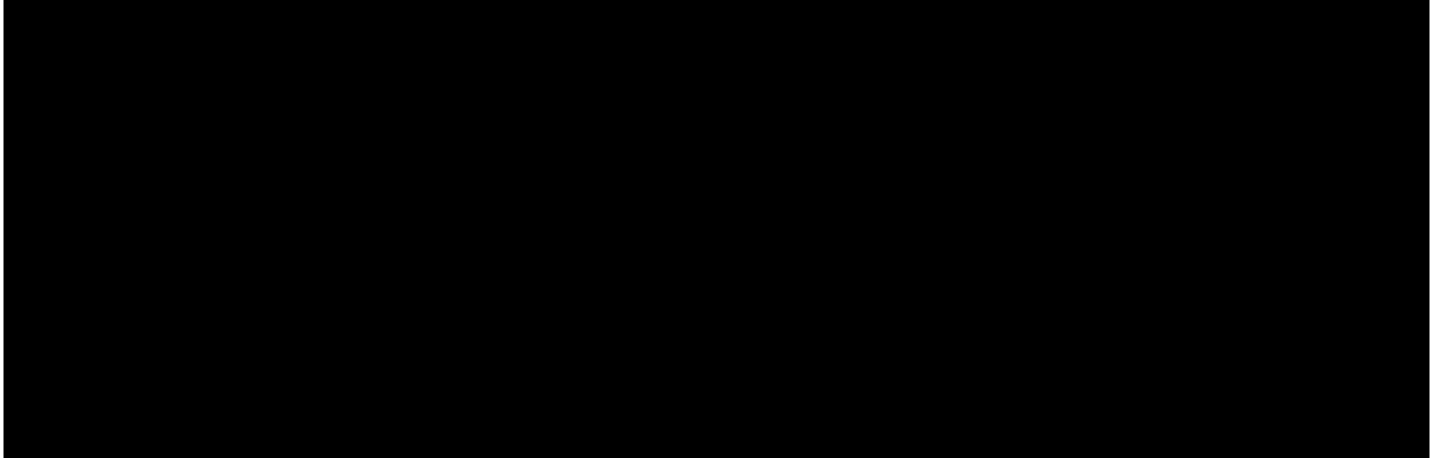

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