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PCG | Public Partnerships
Supporting Choice. Managing Cost.

August 24, 2017

Ms. Lisa Neveu
Quality Outcomes Specialist
Vermont Agency of Human Services, Department of Disabilities
280 State Drive HC 2 South
Waterbury, VT 05671-2070

Dear Ms. Neveu:

Public Partnerships LLC, a Public Consulting Group Company, is pleased to submit our proposal in response to RFP #ASD 268 for Fiscal/Employer Agent (F/EA) services administered by the Agency of Human Services, Department of Disabilities, Aging and Independent Living (DAIL) in conjunction with the Department of Health, Children with Special Health Needs. We understand the State of Vermont is searching for a vendor that is committed to providing quality service, enhancing Participant Directed Programs within the State of Vermont, and understands and supports the Participants that elect to Self-Direct.

There are many reasons to select Public Partnerships as the F/EA vendor for Vermont's Participant Direction Programs:

- Public Partnerships is the most experienced provider of Financial Management Services (FMS) in the country, providing financial management and related supports for 51 Participant-Directed programs in 23 states, and representing more than 100,000 participants.
- We understand how to effectively manage multiple waivers and programs. We have long-tenured team members in every area of our operations who are mission-driven and stay with us because of our commitment to the people we serve.
- Although we are the largest participant direction (FMS) provider, we understand the importance of being integrated in the local communities we serve. We have offices in most of the states we work in, along with dedicated staff who are hired locally and have experience and connections already established with key stakeholders in the community. We know how to quickly and effectively establish operations in a new market, and have already identified several potential office options in Vermont.
- We think there is a misperception about Public Partnerships that sometimes is propagated in other vendors' proposals. The misperception is that we are a large and impersonal company because we choose to centralize some operations for efficiency and reliability. Our centralized functions actually enhance the experience for those we serve and directly support the local Public Partnerships staff. Centralization in some functions also enables

- us to invest in best in class capabilities to better support the programs we serve. For example, we have a tax team of 40 people who ensure we are up-to-date and compliant with all tax laws and regulations.
- We pay strict attention to federal, state and local rules and regulations to ensure that our service is provided in compliance with applicable laws and regulations.
- We have submitted proposals for this contract in Vermont before. Since the last proposal we have developed and deployed new industry-leading technology that is driving better experiences for stakeholders and delivering better reliability and security of information.

The following Sections provide the required elements of the Letter of Submittal, in accordance with Section 4.A.1.a.i of the RFP:

1) Public Partnerships LLC is part of the Public Consulting Group (PCG), a company dedicated to partnering with State and Local governments in a shared mission of delivering better services to citizens. PCG was founded over 30 years ago, and is based in Boston, Massachusetts. There are PCG operations in all 50 states and 5 countries.

   Public Partnerships was formed in 1999, and was one of the first self-direction FMS organizations. We are focused on empowering people to direct their own care and services. In the past 18+ years Public Partnerships has grown into 23 states, and serves over 100,000 self-directing participants, and over 150,000 self-directed employees. We are proud that our size and scale has not compromised our ability to think and act locally. In Vermont we will be dedicated to establishing close ties with the community by quickly moving into new office space and hiring new staff locally.

   Our web site is: www.publicpartnerships.com

   The principal officers of Public Partnerships are:
   - William Weddleton, President
   - James McInnis, Clerk and Secretary
   - Shauna Collins, Treasurer

   The address and telephone number for our principal officers are: 148 State Street, 10th Floor, Boston, MA 02109; (800) 210-6113.

   The project/program leader for the Vermont programs upon contract award will be Craig Connors, Manager, Public Partnerships. We will quickly hire a project/program leader based in Vermont who will assume the role for the implementation and going forward.

   We will not subcontract any of our prime contract responsibilities in Vermont. In some programs, we choose to use vendors to provide general services such as printing, mailing, shredding, call center back-up, and paper processing. Any time we use a vendor, we integrate the vendor in a way that their involvement is transparent to participants, employees, and other external stakeholders. In Vermont, we will consider using vendors for one or more of the support functions above, and will make the final decision upon contract award.

In addition, we have a contract with two vendors located in India to provide assistance in areas such as general application development, system testing and overnight systems monitoring. Those vendors do not store any data, and no data from any of our programs resides offshore. All data resides solely on-shore, and software development and support activities are performed exclusively on servers residing at our U.S.-based Data Centers.

2) We structured our response to the RFP in a manner intended to be easy for the reader to follow, while also meeting the requirements in the various sections of the RFP. The overall outline for the response is driven by the Required Content in Section 4.A.1.a. Most of the content covering technical requirements is the "Work Plan" section (4.A.1.a.c) of the proposal. We organized this Section by the Specifications in Section 2 of the RFP. Throughout the proposal we added "call-out" boxes to highlight where we address the elements of the Evaluation Criteria is Section 13.A of the RFP. Hopefully this will help the scoring team easily find the information needed for scoring.

3) We will welcome the opportunity to provide live demonstrations of our technology to the State, including our proprietary BetterOnline™ web portal, online enrollment system, e-timesheets, our proprietary Time4Care™ mobile time capture application, and our 21st Century Cures Act-compliant Electronic Visit Verification (EVV) system – which was developed for self-direction programs.

4) We reviewed all of the sample contract templates included as attachments in the RFP and accept all of the proposed contract Terms and Conditions. However, we offer for the State's consideration two potential modifications in an effort to clarify the rights of the parties and to provide further opportunities for the parties to work cooperatively in the event of unforeseen circumstances:

   a. *Attachment D, Section 3.2* – We offer the following addition as set forth in the underlined portion to clarify the confidentiality of the Contractor's information:

      "The Contractor shall have policies and procedures in place for the effective management of Security Breaches, as defined below, which shall be made available to the State upon request, <u>subject to a mutually agreeable non-disclosure agreement and Section 2.2 concerning the confidentiality of Contractor Information</u>.

   b. *Attachment D, Section 9* – We offer the additional following addition as set forth in the underlined portion to clarify destruction of State Data by Contractor and be consistent with the language in the Business Associate Agreement:

      "At any time during the term of this Contract within thirty days of (i) the State's written request or (ii) termination or expiration of this Contract for any reason, Contractor shall securely dispose of all copies, whether in written, electronic or other form or media, of State Data according to National Institute of Standards and Technology (NIST) approved methods, and certify in writing to the State that such State Data has been disposed of securely. Further, upon the relocation of State Data, Contractor shall

securely dispose of such copies from the former data location according to National Institute of Standards and Technology (NIST) approved methods and certify in writing to the State that such State Data has been disposed of securely. Contractor shall comply with all reasonable directions provided by the State with respect to the disposal of State Data. Contractor shall provide to the State notification of any conditions that Contractor believes make the return or destruction of State Data infeasible. If the State agrees that return or destruction is infeasible, Contractor shall extend the protections of this Agreement to such State Data and limit further uses and disclosures of such State Data to those purposes that make the return or destruction infeasible for so long as Contractor maintains such State Data. This shall also apply to all subcontractors, affiliates or agents of Contractor."

In summary, we are committed to providing the State of Vermont with the most technically advanced and operationally sound Fiscal/Employer Agent services possible. We believe that the enclosed proposal demonstrates our ability to meet and/or exceed the requirements of this project. We look forward to the opportunity to work for the State of Vermont and its citizens, and will be honored to become the F/EA vendor.

I am the person authorized to provide binding answers and clarifications regarding the enclosed proposal. Here is my contact information:

William Weddleton, President
40 Broad Street, 4th Floor
Boston, MA 02109
617-717-1262
wweddleton@pcgus.com

Sincerely,

Wm Weddleton

William Weddleton
President, Public Partnerships LLC

1A. Describe the qualifications and relevant expertise of the bidder, and include resumes of the individual(s) who will complete core tasks, including subcontractors, if any.

PCG Public Partnerships, LLC has extensive knowledge and experience in performing Fiscal/Employer Agent (F/EA) services related to Participant Directed services. For the past 18+ years, we have been partnering with state and public agencies in the design and implementation of opportunities for Participant Directed services within Medicaid-funded home and community based services and supports programs. Our F/EA experience includes the development of proprietary systems, procedures, and capabilities used to support financial administration activities. We are the nation's largest and most experienced provider of F/EA for Participant Directed service, currently supporting 51 programs serving more than 102,000 Participants in 23 states.

Public Partnerships' commitment to the advancement of self-direction and its successful implementation is our only business and sets us apart from other F/EA providers. We have developed highly efficient and effective systems and processes for providing financial management services, including payroll systems that comply with federal, state, and local statutes and guidelines, tax obligations, and tracking processes. Our state-of-the-art information technology system (BetterOnline™ Web Portal) supports clients and their various stakeholders with real-time access to information 24/7 in a secure environment. In addition to established, high-quality systems, Public Partnerships' staff possess the necessary knowledge and expertise to provide the best possible consultation and support to states developing or transitioning vendor fiscal/employer agent financial management services and financial counseling services delivery and payroll structures. Public Partnerships is fully invested in its services, that allows participants, employees of the participant, consultants, vendors, and state administrators to remain focused on the day-to-day planning and delivery of home and community base services and supports.

Public Partnerships meets the requirements in the Qualifications and Relevant Experience Criteria, Section 1(a)(i)(1) of the scoring requirement.

We are able to provide a wide range of services and supports to Participant Directed programs across the country due to our commitment to developing innovative technology platforms that are highly configurable to state and public agencies' goals, program requirements, and payment criteria, offered in a Participant friendly format. As a part of our technology, we employ a

sophisticated project management approach to ensure that the unique F/EA services of each program are clearly understood and that our client's requirements are fully met. Our Program Management staff work closely with our clients and their affiliates to define and document Financial Administration business processes and rules that are used to influence the design and structure of BetterOnline™.

We believe in creating close working partnerships so that everyone is successful in delivering the best outcomes for all program stakeholders.

We have significant experience in working with multiple stakeholders. We believe in creating close working partnerships so that everyone is successful in delivering the best outcomes for all program stakeholders. We find that having all stakeholders at the table ensures that we all benefit from the knowledge and perspectives that each have to offer. We have also seen technology and information exchanges improve through this structure, enhancing Participants experience to access services quicker. In addition, this dynamic allows states to concentrate on achieving their goals and objectives in the delivery of services for its constituents, including greater quality assurance oversight.

The following chart details the population groups that Public Partnerships serve and provides a list of all services provided by Public Partnerships, by state, and year we began providing services.

PUBLIC PARTNERSHIPS PROJECT SERVICES SUMMARY

As of 5/31/2017

			POPULATIONS SERVED												SERVICES PROVIDED									
	State	Year Earliest Contract Began	Older Adults	Adults with Disabilities	Developmental Disabilities	Medically Fragile	Individuals Mental Health	Children's Mental Health	Autism	HIV/AIDS	Traumatic/Acquired Brain Injury	TANF Recipients	Money Follows the Person / Transitional	Veterans	Fiscal/ Employer Agent (F/EA)	FEA Sub Agent	Agency with Choice	Third Party Billing Agent	Employer Authority	Budget Authority	Customer Service	Medicaid Billing Services	Web Portal Services	Support Brokers/Resource Consultants
1	Arizona*	2005	■	■	■										■	■			■		■	■	■	
2	California*	2011		■	■							■			■						■	■	■	
3	Colorado	2009	■	■			■				■				■				■		■	■	■	■
4	Florida*	2014	■	■		■					■				■						■			
5	Georgia*	2007		■				■					■		■			■	■	■	■		■	
6	Illinois	2010			■										■				■	■	■	■	■	
7	Indiana	2006	■	■											■				■	■	■	■	■	
8	Kansas*	2011		■	■						■				■				■	■	■		■	■
9	Maine	2005	■	■											■				■		■	■	■	
10	Massachusetts*	1999			■				■						■				■	■	■	■	■	
11	Michigan	2015	■	■	■										■	■			■	■	■	■	■	■
12	Missouri	2015		■	■										■					■	■	■	■	
13	New Jersey*	2006	■	■	■								■		■				■		■	■		■
14	New York	2011									■							■					■	
15	Ohio	2010								■								■			■		■	
16	Oklahoma	2009	■	■												■			■	■	■	■	■	
17	Oregon*	2016			■		■								■			■	■	■	■		■	
18	Pennsylvania*	2012	■	■	■	■					■				■				■	■	■	■	■	
19	South Carolina*	2008	■	■	■						■			■	■				■	■	■		■	
20	Tennessee*	2006	■	■	■	■							■	■	■				■	■	■	■	■	■
21	Virginia*	2006	■	■	■			■		■			■		■				■		■	■	■	
22	Washington*	2010	■	■										■		■			■	■	■		■	
23	West Virginia*	2007	■	■	■						■		■			■			■	■	■	■	■	■

* Indicates that multiple contracts and/or agencies are served in the state.

Public Partnerships is a matrix organization, as we have found functionalizing around the key operational areas to be the most effective approach to ensuring consistent service delivery to our clients. Our Program Managers oversee the cross-functional aspects of financial management services, and serve as the key point of contact for our clients. Over the past five years, we have continued to build upon our Customer Service capacity; further integrating our phone systems with our BetterOnline™ and payroll platforms. Our Financial Operations Center is based in Massachusetts, with a secondary, fully functional payroll center established in Phoenix to ensure payroll operations are never disrupted. We also have teams designated to Finance and Billing (Medicaid Claiming) to ensure the integrity of all financial transactions. The four functional areas are supported by our Information Technology team that has developed industry leading web based solutions that are customizable to our clients self-directed service options. Our cross functional approach, continuous investments in technology, and commitment operational excellence have made us the national leader in our field.

To complement our services, we offer a dynamic structure comprised of project management and operational support. The team members who would be assigned to this project would represent multiple functional groups within Public Partnerships. These individuals possess the qualifications necessary to exceed the requirements of this RFP. Public Partnerships employs a sophisticated project management and organizational approach to ensure that the unique requirements of each program are clearly understood and that client's requirements are fully met. This approach is supported by dedicated national centers of operational excellence, including a full-scale Financial Operations Center, a state-of-the-art Customer Service Center, and an in-house, fully supported and managed Information Technology Center.

Public Partnerships' approach to delivery of payroll and supporting services is organized along operational lines, promoting efficiencies and effectiveness through role differentiation and the application of specialized knowledge, systems, and processes. Public Partnerships' management and staffing is structured around core functional centers: Program Services, Financial Operations, Customer Service, and Information Technology. A description of Public Partnerships' core organizational centers is included below.

1) Public Partnerships' **Program Services Center**, headquartered in Boston, Massachusetts, represents the Project Management Office and serves as the primary link between Public Partnerships clients and most internal Public Partnerships resources. Program services oversees the coordination of all services that support our programs. Program services is responsible for monitoring program performance to ensure that Financial Administration requirements are conducted properly including the processing of program documentation, payroll, the payment and filing of all tax requirements, the maintenance of appropriate internal controls, and management reporting. Within the Program Services Center, Public Partnerships also has a dedicated ***Launch Team*** led by Peter O'Connor. This team supports the Project Management team during the Design, Development, and Implementation phase of each new and/or transitioning program. The Launch Team has years of experience starting new or transitioning programs within Public Partnerships and is responsible for ensuring consistency with the application of Public Partnerships and national best practices, as well as applying lessons learned from previous start-ups. Will Weddleton, Public Partnerships' Practice Area Director, oversees the Program Services Center.

2) Public Partnerships' **Financial Operations Center**, headquartered in Medford, Massachusetts is led by Lisa Taylor and is responsible for ensuring all financial transactions, including payments and taxes, are handled in an accurate and timely manner. The Center oversees program accounting activities including client and support worker enrollment, payroll operations, financial analysis, tax reporting, and depository and management reporting. The ***Tax Team*** is part of the Financial Operations Center and is responsible for processing daily tax deposits, garnishment orders, information return filing, and regular tax reporting and closeout procedures. The Tax Compliance Supervisor and the Assistant Tax Compliance Supervisor manage the Tax Team. Public Partnerships also has a dedicated ***Enrollment Team*** that is responsible for processing client and support worker enrollment packets, as well as a dedicated ***Registration Team*** that is responsible for processing all required employer and employee tax forms with appropriate state and federal agencies. The Financial Operations Center also contains a dedicated ***Audit Team*** that is responsible for conducting internal monitoring and reporting to ensure compliance in meeting contract requirements. Lisa Taylor reports to Jim McInnis, Public Partnerships' Chief Financial Officer.

3) Public Partnerships' **Customer Service Center**, headquartered in Phoenix, Arizona, is led by Ralph Choate and is responsible for communicating with participants, support workers, and Case Managers regarding questions related to Federal and state documentation

requirements and support worker payments. The Customer Service Center contains experienced Customer Service Specialists trained to communicate effectively with a diverse population of individuals. This includes both Level I Specialists trained to handle typical customer service requests and Level II Specialists who handle escalated issues. Over half of Public Partnerships' Customer Service Center staff is bilingual, speaking Spanish and English, in addition, we have ready access to translation services and communicate with callers via TTY as required. All Customer Service Staff are trained in the use of interpreter service and TTY technology. The Customer Service Center Senior Director reports to Will Weddleton, Public Partnerships' Practice Area Director.

4) Public Partnerships' **Technology Center**, headquartered in Boston, Massachusetts, is responsible for the purchase, development, deployment, training, and maintenance of all Public Partnerships information systems and technology. This includes the software systems and BetterOnline™ Web Portal that support all financial operations, customer services, enrollment, and reporting functions. This unit creates innovative tools designed to support our mission by enabling clients to exercise choice and control over their services and supports while maintaining fiscal accountability for public agencies. The Technology Center is overseen by Public Partnership's Chief Technology Officer, Jack Liu, and managed by the Director of Software Engineering and the Director of Delivery Management. We have redundant data centers for operational continuity. Our primary data center for application hosting is in Austin, Texas.

Public Partnership is able to leverage these centralized operations to make us more effective and provide better services at the local level. Our centralized functional areas support the community project teams, allowing the team to focus on delivery of services to participants. We believe that one of the most important keys to a successful project is staffing and managing it well. Public Partnerships will assign a highly qualified and experienced team of managers and staff to complete the activities and tasks required by this RFP. Public Partnerships will be responsible for ensuring the smooth transfer of existing programs from the incumbent FMS vendor; program launch and configuration of Public Partnerships' information technology system; propelling existing programs to steady state. Public Partnerships currently has highly qualified team members, outlined below, to fulfill the current responsibilities of this RFP during program launch and program management.

Key Personnel and Responsibilities on the Project

Craig Connors, Manager will provide leadership and support for the project management team.

Kristi Segall, Sr. Program Manager will be responsible for overall management and administrative oversight of this contract. One of the key responsibilities will be to hire a dedicated Program Manager and Support Team within Vermont for all operations and project management locally.

Peter O'Connor, Program Launch Manager will be responsible for the Design, Development, and Implementation phase of the transition between F/EA providers.

Ralph Choate, Director of Customer Service, will be responsible for overseeing communication with participants, support workers, and Case Managers regarding questions related to Federal and state documentation requirements and support worker payments.

Lisa Taylor, Sr. Financial Operations Director will be responsible for ensuring all financial transactions, including payments and taxes, are handled in an accurate and timely manner.

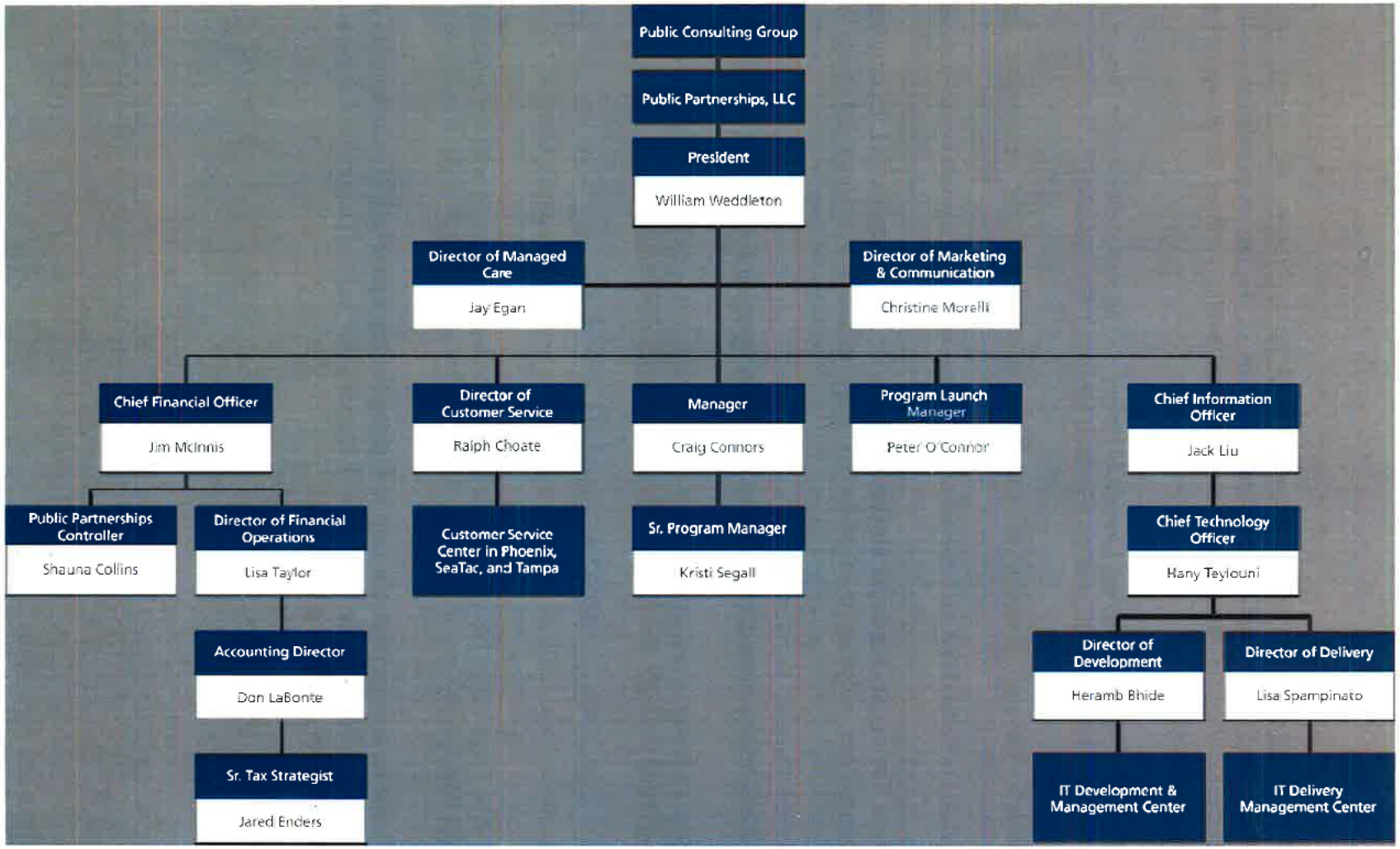
Jared Enders, Sr. Tax Strategist will oversee processing daily tax deposits, garnishment orders, information return filing, and regular tax reporting and closeout procedures.

Don LaBonte, Accounting Director will be responsible for conducting internal monitoring and reporting to ensure compliance in meeting contract requirements.

As outlined above, Public Partnerships has sufficient staff with relevant experience and qualification to fulfill all specified requirements per the terms of this Contract.

Public Partnerships has not identified any subcontractors to assist with the responsibilities within this RFP.

Please see an organizational chart identifying the key staff who will be assigned to deliver the services required by this RFP below. Resumes of our key staff represented above are found on the following pages of this proposal.


Public Consulting Group
Public Partnerships, LLC
President
William Weddleton
Director of Managed Care
Jay Egan
Director of Marketing & Communication
Christine Morelli
Chief Financial Officer
Jim McInnis
Director of Customer Service
Ralph Choate
Manager
Craig Connors
Program Launch Manager
Peter O'Connor
Chief Information Officer
Jack Liu
Public Partnerships Controller
Shauna Collins
Director of Financial Operations
Lisa Taylor
Customer Service Center in Phoenix, SeaTac, and Tampa
Sr. Program Manager
Kristi Segall
Chief Technology Officer
Hany Teylouni
Accounting Director
Don LaBonte
Director of Development
Heramb Bhide
Director of Delivery
Lisa Spampinato
Sr. Tax Strategist
Jared Enders
IT Development & Management Center
IT Delivery Management Center

1B. Resumes of Key Staff.

Resumes of key staff members are in this section. As explained in the proposal, we will hire local Vermont staff, including a Program Manager, upon contract award.

Will Weddleton
President
PCG Public
Partnerships LLC

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC (November 2004 to Present)

Financial Management Services

Over 30 years of diverse general management experience within service, retail and manufacturing industries in both small business and Fortune 500 company environments. MBA in Finance and masters-level technical studies with particular expertise in Team Leadership, Operations and Process Improvement, Project Management, Financial Planning, Forecasting and Budgeting, Sales and Marketing and Strategic Planning and Competitive Analysis.

As Chief Operating Officer of Public Partnerships LLC, provides overall project oversight and guidance in development, implementation and management of Consumer-Directed Financial Management services programs for state funded and Medicaid Home and Community Based Services waiver recipients. These programs serve persons with developmental disabilities, autism, physical disabilities, fragile health care needs, traumatic brain injuries and behavioral health needs.

Adapting to Change
Has led the organization through rapid growth, including the establishment of a centralized Financial Operations Center, Customer Service Center and state-based Program Management offices to meet the unique requirements of consumer direction programs.

Since joining Public Partnerships in 2004 and assuming responsibility for company operations, has implemented the organizational structure, systems and processes to enable the company to become the leading financial management services company in the country that supports publicly funded consumer direction programs. Created the "Launch Team" concept and the "Launch Team Toolkit" to enable Public Partnerships to efficiently implement new programs and transfer existing programs.

Responsibilities include ensuring contract compliance and leveraging resources to ensure exceptional services are delivered per project requirements. Coordinates Public Partnerships service centers to seamlessly enroll consumers, perform Agent of Employer duties and provide full payroll, accounts payable and reporting functions.

Has implemented financial controls, policies and procedures and audit programs to ensure budgets are managed within service authorizations and payroll and tax responsibilities are met within full compliance of state and federal regulations including withholding, filing and depositing payroll taxes on behalf of program participants.

Has led the establishment of financial management services for numerous programs including new waiver programs, Cash and Counseling, Money Follows the Person, Community Living, and Veterans' programs, ranging from new program start-ups to the transfer of the largest programs in the country with thousands of existing consumers. He served as a founding board member of the National Resource Center for Participant Directed Services (NRCPDS) membership committee.

EDUCATION

George Washington University
Master of Business Administration, Finance

Naval Nuclear Power School
Masters Degree (Equivalent), Nuclear Engineering

University of Pennsylvania
The Jerome Fisher Program in Management and Technology
The Wharton School, BS, Economics
School of Engineering, BS, Applied Science

Operational Management
Responsible for overall business management, financial management, legal and contract administration for this $20 million division that provides direct marketing consulting services.

PROFESSIONAL BACKGROUND

World Touch Group, LLC - General Manager (June 2003-November 2004)

Led the start-up team for this provider of pre-paid telecommunications products to bring the founder's vision from concept to full operation. Coordinated resources required to develop an e-commerce technology platform. Established working relationships and negotiated operating agreements with key vendors. Developed network of sales representatives

and created sales procedures for initial product launch. Created and implemented business model for sales channel partnerships.

Vantage Direct Marketing Services - Vice President, Business Manager (2001-2003)

Developed and executed budget and operating plan that achieved revenue growth of 40% and an increase in Pre-Tax Operating Profit of 170%. Reorganized the sales proposal and contract administration process. Negotiated vendor contracts and outsourced non-core functions to improve service levels and reduce related operating costs by 20%.

Kozmo.com - General Manager (1999-2001)

Launched the operation of this innovative on-line retailer in Boston after the company received venture capital funding to expand its business model during pre-IPO period. Established infrastructure and led the company's warehouse operations, logistics operations, marketing, human resources, customer service, IT, and vendor relations, with full P&L responsibility. Created key strategic partnerships and supplier relationships to accelerate growth.

Excellent Service
Received wide recognition for superior Customer Service, including the Local Internet Service Award and Best of Boston Delivery Service.

EG&G, Inc. - Vice President, Business Development (1984-1999)

Led the business development and proposal process for the $500 million Technical Services division of this provider of services to government agencies.

Director, Strategic Planning
Managed the company's acquisition activities including opportunity identification, candidate screening, valuation modeling, synergy identification, due diligence and planning for initial integration. Championed strategy projects and coordinated the execution of the strategic planning process. Led project teams in the development of overall business strategy including assessment of industry attractiveness, analysis of competitors, financial analysis and development of competitive strategies.

Program Manager
Implemented a wide range of process improvement initiatives to assist the President in the turn-around of a $40 million manufacturer of electronic power supplies. Rescued a major program that was one year behind schedule by improving the program planning, scheduling, budgeting and monitoring to achieve schedule and cost compliance. Spearheaded the transition to World Class Manufacturing techniques, including the implementation of a Manufacturing Resources Planning (MRP) system and Total Quality Management.

Manager, Financial Analysis
Led corporate financial analysis projects to assess divisional performance.

Project Engineering Section Manager
Led project team on engineering consulting projects.

US Navy - Nuclear Submarine Officer

James A. McInnis, MBA
Chief Financial Officer
PCG Public Partnerships LLC

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC (2000 to Present)

Financial Management Services

As CFO of Public Partnerships LLC, led the organization to become the leading financial management services company in the country that supports publicly funded consumer direction. Managed the organization through rapid growth, including the establishment of a centralized Financial Operations Center, Customer Service Center, and state-based Program Management offices.

Has led the establishment of financial management services for numerous programs including new waiver programs, Cash and Counseling, Money Follows the Person, Community Living, Managed Care, and Veterans' programs, ranging from new program start-ups to the transfer of the largest programs in the country with thousands of existing consumers.

Overcame countless challenges, enabling smooth, accountable program operations and a high degree of stakeholder satisfaction. Ensure each program remains compliant with Medicaid and IRS and that project business rules are aligned with programmatic objectives unique to local program and stakeholder groups.

Experience identifying and applying national lessons learned, and facilitating program expansion at the local level. Results have led to development of innovative programs that balance financial accountability with program flexibility and high quality assurance outcomes.

Leading Change and Growth
Led design, implementation and management of programs that range in size, scope, and complexity.

EDUCATION

Clark University
Graduate School of Management,
Masters of Business Administration

Northeastern University
BA, Political Science with Honors

PROFESSIONAL BACKGROUND

Boston Municipal Research Bureau, Inc. - Public Policy Analyst (1996-2000)

Conducted independent analysis on the city of Boston's operating and capital budgets ($1.8 billion) and advised public officials on program effectiveness and efficiency. Produced budget analyses, financial models, public policy briefs, testimony, and newsletter articles.

Delivering Change
Coordinated administrative functions of Task Force charged by Governor to produce report to Legislature within six months.

Feinstein Partners Inc. - Investor Relations Associate (1994-1996)

Contributed to production of annual reports, business plans, venture capital road shows, and corporate communication plans for clients in the biotechnology and pharmaceutical industries. Monitored biotechnology finance market, assisted clients with the development and production of shareholder and stock analyst meetings.

Task Force to Review Human Subject Research - Assistant Project Coordinator (1993-1994)

Investigated medical studies performed at Massachusetts mental health facilities from 1940 through 1970 to determine if human subjects were improperly exposed to radioactive substances.

Financial Insight
Analyzed state legislation, arbitration decisions, and collective bargaining contracts to determine service delivery impact.

SELECT RELEVANT PRESENTATIONS

Financial Management Services National Bi-Annual Conference- Electronic Debit Card Technology Application to FMS Services
Baltimore, MD, November 2009

The Council on Quality and Leadership: The Quality Connection, People, Values, and Innovation Conference– Fiscal Intermediary Organizations: Who is Doing It and How Does It Work?
Memphis, TN, April 2003

Annual Human Rights Conference: Self-Determination: Consumers in the Driving Seat
Boston, MA, June 2003

SELECT RELEVANT VOLUNTEER EXPERIENCE

Participated on local boards and commissions, including Advisor to Chamber of Commerce, Board Member and Treasurer of a Community Development Corporation, and a member of a Public School District Superintendent Search Committee.

Jack Liu
Chief Information Officer
PCG Public Partnerships LLC

Bringing Innovation
The Web Portal operates on a highly configurable SaaS service platform that streamlines the life cycle of an FE/A system and process workflow.

Managing Records
Successfully delivered industry leading Retention Engine to govern enterprise records retention policies and executions in a distributed environment.

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC (2007 to Present)

Technology Development

Technology executive and management consultant with 30 years of experience in developing and managing software systems. Held various development, management, and consulting positions with both Fortune 1,000 and start-up companies. Served the role of editor for ANSI X3H4 object repository standards and US delegate to ISO committees.

Since joining Public Partnerships LLC in 2007 and assuming responsibility for the development and implementation of all technological projects, has managed financial management software in consumer direction programs across the country.

Initiated and oversaw the design and implementation of Public Partnerships' Web Portal, a real-time online interface that interacts with Public Partnerships; systems to provide for online enrollment, interactive budget management, real-time validation and submission of timesheets/invoices, self-service payment status and a self-service reporting system. Filed a US patent application, No. 15/099,849, and PCT International Application for location improved technology for the multi-channel time and attendance system which promotes the notion of channel of choice and channel of convenience that enhances the user experience and data integrity.

EDUCATION

Texas Tech University
MS, Computer Science

Fu-Jen University
BS, Chemistry

PROFESSIONAL BACKGROUND

Monster Worldwide - Executive Management Consultant

Research and identify projects and opportunities that provide both potentially critical business value and leading edge innovation in technology and business process. Functioned as the General Manager and successfully launched new products as a result of the innovation.

Continual Improvement
Developed implementation strategies and timeline to improve scalability and robustness of the systems to enable projected growth.

Iron Mountain - Vice President, Head of Center of Excellence for Internet Engineering and Marketing

Formed and headed up a Center of Excellence to manage and coordinate enterprise Internet initiatives. Managed a 10+ MM budget to redesign Iron Mountain customer facing web sites and applications. Implemented an enterprise content management system to streamline content creation and workflow with syndication capability.

Smartbargains, Inc. - Vice President

Synergy with Business and Technology
Highly successful in formulating business strategic directions and aligning IT initiatives with business objectives.

Headed up the technology group for pre-IPO Internet eCommerce company. Transformed a talented, dedicated but unstructured technology group to becoming a growth enabler for the young start-up company. Developed and implemented a development methodology process to improve the system quality and efficiency.

Putnam Investments - Senior Vice President (1997-2004)

Managed and led several functional groups to set electronic commerce strategies and to develop Internet-based applications and distributed systems. Transformed Putnam's IT delivery capability – Rapid Development Methodology and Time to Market capability. Built Internet capability from inception to its current industry leadership position. Highly successful in vendor relationship management and contract restructure and negotiation. Formed recruitment and research partnership with MIT and CMU to recruit young talents and developed a training/rotation program for the associates.

Secure Technology
Promoted the security standards and Internet application development best practices.

Fidelity Investments – Director

Managed and led Internet application development groups to successfully define the business objectives and requirements.

Formed Internet Application Services group to develop common service components that are reusable for Internet applications. Managed Internet application development program office to ensure compliance to corporate security standard and to facilitate and manage development and implementation process.

Digital Equipment Corporation - Corporate Product Planning Manager

Developed product matrix to enable the investment decisions at corporate level. Chaired product planning sessions with key stakeholders to evaluate the objectives and ROI of given product lines.

Industry Leadership
Managed an International Standards group to participate in setting industry standards within de facto industry forums (OMG, IETF) and formalized international standards organizations (ANSI, ISO).

Served as editor of ANSI X3H4 and ISO IRDS Object Repository standards groups. Authored and submitted a "Future Direction for Evolution of IRDS Services Interface" document as the U.S. position to ISO IRDS committee as the future direction for an Object Oriented Repository standard. Authored and published CASE Standards Newsletter to promote the awareness of industry and standards development and trends.

Honeywell Bull - Principal Engineer

Led the system development and proposal development for many of the government procurement RFP process.

Wang Laboratories - Senior Engineer

Designed and developed many systems in the areas of Database, Imaging Systems, and Office Automation. Invented many algorithms in query optimization, remote system invocation and data transformation.

Lisa Taylor
Sr. Director of Financial Operations and Services
PCG Public Partnerships LLC

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC (2011 to Present)

Financial Operations, Planning and Analysis

Responsible for the daily direction of the Financial Operations Center and Financial Planning and Analysis Team. The Operations center is chartered with: comprehensive consumer and provider enrollment, timely and accurate delivery of payroll to over 150,000 + service providers per month across 26 states, contract compliance, statutory tax payments, filings and registrations. Manage staff for optimum performance in a high growth environment, adapting to the changing needs of the clients and business climate. Assure financial integrity across all payroll and tax P&L and Balance Sheet accounts. Responsible for Public Partnerships' budget planning and management providing analysis and value added information enabling executive management insight and guidance to better decision making while instilling a cost conscious mindset through effective financial awareness and controls.

Core Competencies: Process Improvement, Strategic Planning, P&L Management, Budgeting and Forecasting, Financial Analysis, Audit/Internal Controls, Organizational Development, ERP Systems, Project Management, Cost Reduction, Mergers and Acquisitions, Due Diligence, Risk Management, Transfer Pricing, Global Business, Restructuring

EDUCATION

University of Massachusetts, Lowell
B.S. (Magna Cum Laude)
Outstanding Scholar Award, Dean's list all semesters

PROFESSIONAL BACKGROUND

Compucom/Getronics - Finance Director (1982-2009)

Led financial management and control for a $100+ million Shared Services budget. Counseled C-level executives in strategic business planning, setting investment direction, and managing human resource demands. Performed UAT for SAP module implementation and acted as beta site for new functionality rollout. Created leasing structure for multimillion dollar purchase program, established Balanced Scorecard for $25 million IT department, producing metrics that drove $10 million in cost savings over a two-year period. Pioneered Green movement by reducing desktop power demand by 30% via technology updates. Executed superior due diligence analysis on $1+ billion acquisition receiving CIO commendation.

Senior Finance Manager (1999- 2003)

Directed financial management and control for $70+million Shared Services department budgets (including Telecommunication, Facilities, HR, and Insurance. Launched Telecommunications consolidation program including standardization of operational practices, vendor management, policy development and user education that generated ~$50 million in cumulative cost savings over a six-year period. Created the Shared Services Division by consolidating all disparate functions: implementing accounting changes and new reporting structures that yielded expected synergies and millions of dollars of cost savings. Managed $200 million restructure reserve and transitional service agreement as part of a major divestiture that guaranteed the company on-time payment of delivered services.

Ralph Choate
Associate Manager
National Director of Customer Service
PCG Public Partnerships LLC

Customer Service Extraordinaire
Champions the delivery of consistently superior, multi-channel customer experiences for all of PPL's constituencies through scalable processes and technology solutions.

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC (2009 to Present)

Responsible for Public Partnerships Customer Service for over 102,000 self-determination program participants and service workers in 24 states.

Responsible for adherence to client-specific policies and procedures, career development of the Customer Service Team, and perpetual innovation to improve workflows, technology and the value of Customer Service provided to Public Partnerships' clients, participants, and their service providers.

- Member of the Public Partnerships Executive Team
- Acts as the Customer Service *Center of Excellence* consultant to Program Managers and clients throughout the Public Consulting Group network
- Establishes performance measures including dashboards enabling review of high-level key performance indicators (KPIs)
- Utilizes business process analytics to make the most of opportunities to increase quality, eliminate rework, and improve delivery
- Manages and maintains Customer Service Center telephony systems, provides periodic reports for management and client review and innovates new uses for these tools in collaboration with Program Leadership

EDUCATION

University of Massachusetts, Boston
McCormack Graduate School
Masters of Science in Gerontology
Management of Aging Services

University of Phoenix
College of Social Sciences
Bachelors of Science in Human Services
Concentration in Management

PROFESSIONAL BACKGROUND

Neutron Industries – President (2007-2009)

Developed and implemented company strategy; goals, operating plans, and policies for a $15 million profit and loss (P&L) operation; provided leadership for 8 direct reports and 150 indirect reports.

Proven Deliverables
Implemented performance-based metrics and policies leading the business to eclipse a 17-year standing sales record while reducing overhead costs by 10%.

MSA Solutions - Chief Operations Officer (1998-2006)

Responsible for all operational aspects of a $35 million P&L, 800-seat call center operation including client management, quality assurance, operations, HR, training and IT. Leadership responsibility for 15 direct reports and 900 indirect reports; Lifted client-measured, quality scores from 90% to 97%; Revolutionized workplace operations to improve employee utilization from 75% to 94%; Responsible for a G.E. Pinnacle Award winning operation.

Household International (HSBC) - Department Manager, National Credit Card Operations (1981-1998)

Selected to develop a national credit card customer retention program for an $18 billion portfolio. P&L responsibility for an $8 million operation. Participated in multiple RTC bank acquisition assignments; Exceeded expectations across a wide variety of Retail Banking, Private- Label Credit Card, and Consumer Finance assignments.

SELECT RELEVANT PRESENTATIONS

"Emerging Multiculturalism Trends in Home and Community Based Services" *Aging in America Conference, 2017*

"Promising Practices in Customer Service" *National Resource Center for Participant Direction Conference, 2015*

"Operationalizing Customer Service in the Self-Direction Model of In-Home Care: the balance between cost efficiency and superior outcomes"
Aging in America Conference, 2015

"Quality Starts with the Customer Experience"
National Home and Community Based Services Conference, 2013

Craig Connors
Manager
PCG Public Partnerships, LLC

Customer Focus
Deep experience, at PCG Public Partnerships, and in previous roles, interacting with and problem solving for elderly and disabled people and their caregivers

RELEVANT PROJECT EXPERIENCE
(2015 – Present)

Commonwealth of Virginia – Department of Medical Assistance Services

Financial Management Services
PCG Public Partnerships, LLC (PPL) provides financial management services to the Department of Medical Assistance Services (DMAS) for its consumer directed services model. This model includes service delivery through three managed care organizations. Provides general management of the contract and team delivering services to over 20,000 consumers. Focused on service quality, efficiency, and growing the model to serve more consumers.

State of Tennessee – Bureau of TennCare

Support Broker Management for TennCare CHOICES Program
Serves as manager overseeing Support Broker processes and services. Works closely with the team in Tennessee, including out senior program manager in Nashville, who is responsible for day-to-day operations. Leverages lessons learned and best practices in Support Broker services across all Public Partnerships programs. Implemented a central scheduling and time tracking capability in Support Brokerage in New Jersey that we plan on expanding, including to the Tennessee programs.

State of Georgia– Department of Behavioral Health and Developmental Disabilities

Financial Management Services
PPL provides financial management services to the Department of Behavioral Health and Developmental Disabilities (DBHDD) for its Comprehensive Supports Waiver and the New Options Waiver programs. The oversight includes the management of the Division of Developmental Disabilities provider reimbursement project.

New Tool Development and Implementation – All Public Partnerships Programs

Provides leadership and project management for new tools and processes that enhance the user and customer experience. Examples are the proprietary online enrollment system, timekeeping application, and Electronic Visit Verification (EVV) system.

EDUCATION

The University of North Carolina at Chapel Hill
Kenan-Flagler Business School (2002)
Master of Business Administration

Naval Nuclear Power School
Masters Degree (Equivalent), Nuclear Engineering

Vanderbilt University (1995)
Bachelor of Engineering in Mechanical Engineering

RELEVANT PRIOR EXPERIENCE

Medicaid & Medicare Business Strategy Development

Evolent Health – Senior Director, Payer Partnerships & Medicaid
(2015)
Worked among leaders across the Evolent organization and at clients on strategic development and implementation of value-based care models and capability development for Medicaid beneficiaries. Collaborated with Evolent clients on Medicaid strategy and care delivery. Responsible for implementing innovative value-based payer/provider partnerships.

Riverside Health System
(2006 to 2015)
Riverside is an integrated health system with acute care hospitals, 500+ provider physician practice, and a full complement of long-term care and rehabilitation services

Leading High Growth Organizations

Vice President, PACE

Responsible for a rapidly growing, six site, four city, $50MM Program of All-Inclusive Care for the Elderly (PACE) Organization. Integrally involved in all aspects of process and facility design. General Manager of the Medicare-Medicaid PACE health plan, including strategic planning, budgeting, marketing, and operations. Responsible for 450 employees. Led and developed cross-functional management team, including physicians.

Vice President, Managed Care
Led health system accountable care operations and development. Responsible for negotiating outcomes-based contracts with payers. Led transformation of system-wide care management processes. Worked with several health plans on partnerships to manage care for dual eligible beneficiaries.

In-Home and Personal Care Services Experience

Vice President, Home & Community Based Services
Responsible for leading and growing multiple lines of business, including PACE, Home Health, Hospice, Pharmacy Services. Adult Day Care, DME, and The Center for Excellence in Aging and Lifelong Health. P&L responsibility for $70MM in annual revenue, and over 700 employees. Regular interactions with state and federal legislative and regulatory officials. Involvement in corporate strategy and new business development. Worked with teams on personal care agency start-up and growth.

Medicaid Managed Care Expertise

Anthem Blue Cross & Blue Shield – Medicaid Business Manager
(2002 to 2006)
Part of executive team for Medicaid managed care product. Led cross-functional projects, guided business decisions, and evaluated P&L.
Developed a long-term care management capability. Included start-up planning for a Medicare Advantage Special Needs Plan (SNP) for dual eligible beneficiaries.
Established provider reimbursement strategies for network strength and product line profitability

Business Improvement Manager

Certified Six Sigma Black Belt

Led improvement initiatives, guided strategic direction, and performed other duties for the SVP of Health Care Management. Supported Q-HIP operations and strategic planning; consulted on program design and quality improvement indicators. Q-HIP is Anthem's hospital PBI program.

Organizational Performance Consultant
Member of an internal consulting team responsible for deploying Six Sigma and advancing Operational Excellence.

The Procter & Gamble Company – Marketing Intern **(2001)**
Worked as Assistant Brand Manager on Macrobid prescription drug. Completed projects that helped brand regain lost market share.

United States Navy – Nuclear Submarine Officer **(1995 to 2000)**
Held numerous roles, including Quality Assurance Officer. Passed engineering certification exam for nuclear propulsion plants.

Kristi Segall
Sr. Program Manager
PCG Public Partnerships, LLC

Experience
Over 14 years of healthcare management experience working with public agencies ensuring each program remains compliant with State and Federal Medicaid requirements and ensuring all program requirements and policies are completed

RELEVANT PROJECT EXPERIENCE

Commonwealth of Virginia – Department of Medical Assistance Services

Financial Management Services
PCG Public Partnerships, LLC provides financial management services to the Department of Medical Assistance Services (DMAS) for its consumer directed services model. Provide project oversight and guidance in development, implementation and management of the required Fiscal Employer Agency services for state funded and Medicaid Home and Community Based Services waiver recipients. The oversight includes the management of the Medicare Medicaid Plans Humana, Virginia Premier, and Anthem and the Managed Long Term Services and Supports (MLTSS) plans Aetna, Anthem, Optima, Magellan, United Healthcare and Virginia Premier Health Plans. Providing in-depth data analysis and business operation consulting. Collaborate in cost saving projects to not only reduce expenses but to build project efficiencies. Manage a team of 5 Program Managers and oversee the direct management of 5 quality and compliance team members.

State of Georgia– Department of Behavioral Health and Developmental Disabilities

Financial Management Services
PCG Public Partnerships, LLC provides financial management services to the Department of Behavioral Health and Developmental Disabilities (DBHDD) for its Comprehensive Supports Waiver and the New Options Waiver programs. The oversight includes the management of the Division of Developmental Disabilities provider reimbursement project.

EDUCATION

Clark University
Masters Business Administration

Florida State University

Bachelor of Science in Psychology

RELEVANT PRIOR EXPERIENCE

State of Texas– Health and Human Services Commission

Texas Medicaid and Healthcare Partnership provides Third Party Recovery services, working within the organization for a subcontractor, I had direct responsibilities for the Health Insurance Premium Payment Eligibility Services, Medical Support Enforcement, Casualty and Recovery, along with Medicaid and Third Party Liability Recovery programs. Led a 20 to 30 person team to provide operational and call center customer service. Oversaw a comprehensive marketing campaign to grow the Health Insurance Premium Payment Eligibility Services by 30 percent.

State of Indiana– Caseworker, Department of Family and Children

Responsible for a caseload of 200 families applying and/or monitoring status for eligibility of food stamps, Temporary Assistance for Needy Families (TANF), and Medicaid benefits.

State of Florida– Child Protection Caseworker, Department of Children and Family

Monitor children placed within foster homes and other family placements to ensure children receive proper care.

Peter O'Connor
Manager
Public Consulting Group, Inc.

RELEVANT PRIOR EXPERIENCE

An accomplished managed health care operations executive and strategist with 20+ years of increasing responsibility in the areas of company start up, development, client management, operations, and organizational leadership.

- Deep understanding of healthcare ecosystems and talent for counseling clients regarding complex program design and implementation
- Proven history of creating high performing teams that employ creative solutions to achieve unique client objectives and aggressive company goals
- Keen ability to, drive agendas, actively solve problems and produce meaningful results
- A dynamic team leader possessing the energy and enthusiasm to motivate team members to achieve individual, client, and organizational objectives

Beacon Health Options – Vice President, Business Implementations, 1997- 2017

- Founding member of Beacon Health Options' Management Team – Major contributor to Beacon's success and growth to serve 400+ clients and cover 50 million members across the United States and United Kingdom, achieving over $2 billion in revenue.
- Responsible for enterprise wide management of all new business implementation activities
- Managed and mentored distributed matrix team of five AVPs and 30 dedicated team members charged with facilitating all aspects of contract start up – Typical areas of responsibility include IT systems deployment, operating & clinical model development, provider recruitment, claims systems, data reporting, regulatory compliance, and training and education
- Acted as key client liaison during implementation and post-implementation periods ensuring client satisfaction

EDUCATION

Suffolk University
Sawyer Graduate School of Management, Boston, MA

MBA / Health Administration, 2000

- *International Experience:*
  - **The Institute of Public Administration**, Dublin, Ireland
  - **Queens University**, Belfast, Northern Ireland

Suffolk University, Boston, MA
Bachelor of Science / Communications & Organizational Behavior, 1992

Jared Enders, CPA
Sr. Tax Strategist
Public Consulting Group, Inc.

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC – Sr. Tax Strategist

• Advise company executives on the development and deployment of the tax platform used for all existing and prospective programs in the PPL portfolio.

• Develop recruitment plans, labor forecasts and financial budgets for the Tax Department.

• Represents PPL in bi-lateral discussions with federal and state taxing authorities. Nurture relationships between various agency's officials and processing staff.

• Manage the department leadership team and oversee day to day administration of the Payroll Tax Compliance and Registration departments, including the assignment of tasks and job functions of all staff. Department consists of 40 staff members.

• Supervise federal and state employer tax reporting functions and services for a portfolio that exceeded $1.6 billion in government funding, 100,000+ employers, and 130,000+ employees.

• Build cooperation between the Tax Department and other departments by scheduling and attending Sr. level strategy sessions. I streamlined communication channels, implemented service level agreements and devised performance metrics.

• Cultivate staff members through the development of individual training plans, goal setting and progress monitoring. I mentor emerging department leaders and shape development plans to flourish staff development

EDUCATION

University of Phoenix
Masters of Science in Accountancy

Northern Arizona University
Bachelors of Science in Accountancy
Certificate of Corporate Financial Management

Certifications

Certified Public Accountant
Arizona

Don LaBonte, CPA, CIA
Director, Accounting & Compliance
PCG Public Partnerships, LLC.

RELEVANT PRIOR EXPERIENCE

Over 10 years' experience in Financial Management Servicees, Audit & Accounting, and Business Process Improvement in public accounting, industry and consulting environments.

As the Director of Accounting and Compliance with PPL, my responsibilities include setting strategies and action plans for the accounting team led by the Accounting Manager and setting strategies and managing the execution of action plans for the compliance team. Both teams support PPL's Financial Management Service (FMS)/Fiscal Intermediary (FI) programs. Other responsibilities include coordinating with corporate finance, treasury, and AR on various projects/tasks.

PROFESSIONAL BACKGROUND

Financial Manager, Public Partnerships, LLC

- Manage Program Accounting team to complete accounting and reporting required to support FMS/FI services.
- Implemented process improvements to increase quality and efficiency allowing team to support additional contracts utilizing the same resources.
- Project manage companywide SOC 1 reporting.

Senior Internal Auditor, Ocean Spray Cranberries, Inc

- Reported the status of operational and financial controls to the Board of Directors.
- Planned, tested and reported internal audits of manufacturing facilities, and IT and marketing processes at the cooperative headquarters
- in accordance with the annual audit plan.

Manager, Risk Advisory Services, BDO USA, LLP
Associate, Risk Advisory Services, BDO USA, LLP

- Managed client engagements on a variety of financial projects

- Led process improvement initiative migrating internal documentation and client deliverables from spreadsheet to database architecture which resulted in increased audit quality and efficiency.
- Supported users of risk management software reducing reliance on third party support.
- Manageed client relationship including fee negotiation, budget to actual tracking, billing, and engagement staffing.
- Planed and implemented outsourced and co-sourced internal audit programs, enterprise risk assessment, and business process improvement engagements.
- Designed, programmed and executed data collection software to generate over 9,000 leads for a new sales initiative.
- Serviced clients in the Financial, Manufacturing, Medical Device, Bio-Science, Real Estate, Communication and Technology industries ranging in size from regional to multinational

EDUCATION

Northeastern University, Boston, MA
M.S. Accounting/MBA

University of Massachusetts, Amherst, MA
B.S. Mathematics

CERTIFICATIONS

Certified Internal Auditor, February 2011
Certified Public Accountant, May 2008, Massachusetts

1C. Include a description of similar projects and prior work products.

Public Partnerships LLC, a PCG company, was born out of our President Emeritus, Marc Fenton's, experience working with the Robert Wood Johnson Foundation and the Center for Self-Determination to create the "Owner's Manual for Self-Direction." Founded in 1999, we exist to provide Financial Administration, Supports Brokerage, and other related services.

Public Partnerships has extensive knowledge and experience related to Medicaid waiver programs and is the nation's largest and most experienced provider of Financial Management Services (FMS) for participant-directed services. We have experience partnering with state and public agencies in the design and implementation of opportunities for self-direction within Medicaid-funded home and community-based service waivers. The vast majority of programs we support serve Medicaid eligible individuals, with a significant number being dually eligible for Medicaid and Medicare. Providing Fiscal/Employer Agent (F/EA) Financial Management Services (FMS) and related supports for these programs is our primary business, and we are pleased to bring national best practices to each of our engagements.

Public Partnerships has been supporting people's right to excise choice and control over their services and support through Participant Directed programs for over 18 years. We currently serve as an F/EA for over 102,000 participants in 23 states and 51 unique Medicaid or Veteran's Administration funded programs. We have been providing more than 5 years of federal tax returns for 39 of the 51 unique programs we serve. On the next page you will find a list of all of our programs, their funding type, and the year that we started providing services.

Our Customer Service Representatives have experience to accommodate all callers, whether they are native English speakers, non-English speakers or have speech and hearing impairments.

Our Customer Service Call Center Operations allow us to measure specific, tangible Quality Assurance standards and measures. There will be a team of dedicated Customer Service Representatives trained to support the Vermont programs. Our assigned staff have demonstrated an ability to communicate with all levels and types of State staff as well as a wide range of employers, employees and participants who may have a variety of disabilities. These

Representatives can accommodate all callers, whether they are native English speakers, non-English speakers or have speech and hearing impairments. Additionally, all calls are recorded for quality and training purposes and are constantly reviewed by Call Center Auditors to ensure accuracy among Customer Service Representatives.

Active Public Partnerships Programs:

State	Program	# Participants Served	Program Funding Type	Year Earliest Contract Began
AZ	AZ DES DDD	1000	Medicaid Waiver	2005
AZ	AZ SDAC	15	MCO	2005
CA	CA GGRC	1000	Medicaid Waiver	2011
CA	CA SF H.S.A	5	State-funded	2011
CO	CO CDASS	2800	Medicaid Waiver	2009
FL	FL PDO	451	MCO	2014
GA	GA DBHDD	35	Medicaid Waiver	2007
GA	GA DDD	11	State-funded	2007
IL	IL DD	46	Medicaid Waiver	2010
IN	IN FSSA	200	Medicaid Waiver	2006
KS	KS MCO AG	120	MCO	2011
KS	KS MCO UHC	53	MCO	2011
MA	MA ASD	270	Medicaid Waiver	1999
MA	MA DESE	15	Medicaid Waiver	1999
MA	MA PDP	550	Medicaid Waiver	1999
ME	ME PDO	130	State-funded	2005
ME	ME FPSO	36	State-funded	2005
MI	MI MCO	251	MCO	2015
MO	MO	1,275	Medicaid Waiver	2015
NJ	NJ JACC	2,000	State-funded	2006
NJ	VD HCBS	1,000	State-funded	2017
NJ	NJ DDD	500	Medicaid Waiver	2017
NJ	NJ PPP	7,000	MCO	2017
NJ	NJ DHS	500	Medicaid Waiver	2006
NY	NY TBI	969	State-funded	2011
OH	OH TPA	1,800	Federal-funded	2010
OK	OK	1,084	Medicaid Waiver	2009
OR	OR Marion County	40	State-funded	2016
OR	OR FMAS	11,000	State-funded	2016
OR	OR PTC	TBD	Medicaid Waiver	2017
PA	PA DPW - ODP	780	Medicaid Waiver	2012
PA	PA DPW - OLTL	15,500	Medicaid Waiver	2012
SC	SC FDGS	2,050	Medicaid Waiver	2008
SC	SC LGOA	50	VDHCBS	2008
TN	TN Tenncare ECF	260	Medicaid Waiver	2006
TN	TN TAP	300	MCO	2006
TN	TN TCAD	24	State-funded	2006
TN	TN TCAD Vets	24	VDHCBS	2006
TN	TN Tenncare	2,000	Medicaid Waiver	2006
VA	VA DMAS	19,500	Medicaid Waiver	2006
VA	VA MCO	200	MCO	2006
VA	VA MFP	120	Medicaid Waiver	2006
VA	VA VETS	1	VDHCBS	2006
WA	WA New Freedom	545	Medicaid Waiver	2010
WA	WA VDHS	24	VDHCBS	2010
WV	WV AD Waiver	800	Medicaid Waiver	2007
WV	WV IDD Waiver	1201	Medicaid Waiver	2007
WV	WV TBI	33	Medicaid Waiver	2007
WA	WA IPONE	25,000	Medicaid Waiver	2015

Public Partnerships not only has the experience in a large scaled implementations and transitions, but has implemented larger scaled transitions than any other F/EA in the country. We also have experience in large implementations and transitions in the states of Oregon (11,000 individuals), Washington (36,000 individuals), and Virginia (18,000). We are also currently in the process of transitioning over 14,000 individuals in the State of New Jersey.

With our experience implementing large and small-scale transitions, our team has mastered the process of quickly and efficiently starting up operations in new areas, and effectively establishing a local presence. We implement programs by becoming a part of the community and establishing local connections and capabilities to better serve the State, participants, their families, employees, and others stakeholders. We have experience identifying and applying national lessons learned, and facilitating program expansion at the local level.

The current size and experience of Public Partnerships has allowed us to successfully complete the large aforementioned implementations and it has also allowed us to invest in our systems and planning to assist in the ongoing operations. We have developed very **detailed and tested Disaster Recovery and Emergency Preparedness Plans** which allows us to provide reassurances to our clients that operations can continue during an emergency.

We have detailed and tested Disaster Recovery and Emergency Preparedness Plans which allows us to provide reassurances to our clients that operations can continue during an emergency.

Public Partnerships' unrivaled expertise within the long term services and supports sector includes the design and implementation of a payroll system that complies with federal and state statutes and guidelines, tax obligations, and tracking processes. Our experience as a national F/EA provider has helped us develop a comprehensive approach to ensuring compliance with applicable laws and regulations governing Medicaid-funded participant-directed services. Our clients include state Medicaid agencies, state Departments of Developmental Disabilities, Elder Services, Children Services, Mental Health and Disability Services, Veterans Administrations, and Managed Care Organizations. We have a detailed knowledge of the complex array of employment documentation, payroll, and federal, state, and local tax responsibilities for employees hired directly by individuals and their representatives.

Public Partnerships offers far more than a working knowledge of F/EA services. We are the industry leader.

As the **most well-established F/EA** and one of the founding members of the Financial Management Services Membership Organization, coordinated through the National Resource Center for Participant-Direct Services at Boston College, Public Partnerships has developed an extensive body of operational knowledge and national best practices on all aspects of self-directed services and person-centered planning, including:

- Fiscal/Employer Agent Services
- Fiscal Employer Sub-Agent Services
- Agency with Choice Services
- Third Party Billing Agency Services
- Employer Authority Model Services
- Budget Authority Model Services
- Customer Service
- Medicaid Billing Services
- Web Portal Services
- Supports Broker Services

Public Partnerships has extensive experience serving as the agent of the employer in accordance with §3504 of the Internal Revenue Services (IRS) Code, Revenue Procedure 70-6, 1970-1 C.B. 420, as modified by IRS Proposed Notice 2003-70, IRS REG-137036-08. Serving as the agent of the common-law employer (CLE) enables participants or their representatives to focus on hiring and managing their own employees, while Public Partnerships capably handles payroll and tax responsibilities. We remain current on applicable federal and state laws and regulations, including those related to labor, tax, and immigration, as well as Medicaid program regulations that are relevant to our responsibilities. As a consulting firm, Public Partnerships has the expertise and experience with assisting states when there are changes in laws and regulations impacting self-directed programs. Our consulting background has allowed us to successfully implement many complex changes to our systems and processes in this always shifting industry.

In recent years, we assisted many of our clients successfully implement Difficulty of Care payments in accordance with IRS Notice 2014-7. The Difficulty of Care exemption allows for employees who living in the same home as a Medicaid waiver eligible individual to be excluded from federal income tax and, in some cases, state and/or local income taxes. For many of our programs we have setup BetterOnline™ to handle this exemption if, upon enrollment, an employee claims that they are eligible for this exemption.

Public Partnerships also assisted many of our clients in meeting the Fair Labor Standards Act Home Care Rule. Our programs differed in how they needed to make adjustments in order to be in compliance with the Home Care Rule. Public Partnerships handled each State individually in order to put in place a fix that met the state's needs.

We have applied national best practices and our unmatched experience to develop a highly-scalable and fully integrated payroll processing system that meets the unique requirements of self-directed service models. The BetterOnline™ web portal provides authorized users with real-time access to individual and DCW demographic information, eligibility/qualifications, individual service plans, and payment history in a secure environment available 24/7. Public Partnerships has configured the available services and applicable payment rules to meet the specific requirements of the contract, including applicable unit rates, limits, and state and local tax laws and regulations. In addition, BetterOnline™ provides a variety of standard and custom reports to enable the state to monitor individual and employee status and service utilization information to promote more efficient and effective program management. Public Partnerships will continue to work with the state to gather information for reporting specifications and then develop reports that may be used on an ongoing basis. Additionally, our reporting server allows us to generate reports on an ad hoc basis so if the state requests some program data that they do not have readily available, Public Partnerships can pull this information from our system to share with the state.

Our goal is to make enrollment as seamless as possible so Individuals and their Employees enroll in the program and then to issue on time and accurate payments once they are enrolled to keep everyone in the program.

Public Partnerships' systems and processes ensure compliance with applicable laws and regulations while giving our state clients the tools they need to successfully manage self-

"We understand the importance of fraud and abuse prevention and have the experience in developing innovative methods to reduce these risk for our clients."

directed programs designed for specific state policies and waivers. We understand the importance of fraud and abuse prevention and have the experience in developing innovating methods to reduce these risks for our state clients. We have also setup our BetterOnline™ system with **many safeguards which would prevent an individual or employee from committing fraud** such as secure timesheet entry and payment rules which prevent payment unless a service is authorized.

We understand that transitions or changes can be difficult for the various stakeholders. Through our experience, we are familiar with the process by which individuals escalate concerns both internally and externally. We understand the process and appropriate language to diffuse these stakeholder escalations and can often anticipate these concerns to get in front of them prior to any escalation.

Public Partnerships meets the requirements Qualifications and Relevant Experience of Vendor, 1(a)(i)(1), 1 (a)(i)(2), and 1 (a)(i)(3) of the evaluation requirements.

Public Partnerships has long recognized that managed long-term services and supports (MLTSS) is a growing trend among states. States look to managed care organizations to enhance innovation, accountability, quality improvement and cost effectiveness of their long-term services and supports programs. Today, Public Partnerships successfully contracts directly with Managed Care Organizations (non-state clients) as the funding source of Participant Directed and Self-Directed programs in 7 states for 8 programs. This breadth and scope of experience has allowed Public Partnerships to develop and operationalize a stable, reliable and predictable set of financial management best practices necessary to meet the unique and complex program requirements when state government and managed care intersect to achieve the mutual goal of facilitating person centric independence, choice and well- being among the disability community.

While this RFP does not require F/EA experience with MLTSS, Public Partnerships believes that our extensive involvement with MCOs is a significant advantage to DAIL. We have a deep and broad understanding of the variety of complex operating systems utilized by the managed care industry in administering self-directed programs. Over a period of the past 15 years, Public Partnerships has developed proprietary systems, procedures and capabilities with significant capacity for refinement and adaptability. This unique capability allows Public Partnerships to

operationalize a variety of self-directing operating models most frequently utilized throughout the managed care industry. Our experience with national MCOs allows for continuity between health plans in various states by implementing similar file exchanges and claiming practices where ever possible. While each local market is unique, our systems and operations are configured to address the local program requirements. We can accommodate multiple modalities to claiming approaches and are experienced at navigating the MCOs information technology and claiming procedures. Public Partnerships' subject matter experts works in partnership with each MCO to determine the best model per state. Our policies, procedures and internal controls meet the rigorous requirements now adopted by the MCO industry.

A summary of Public Partnerships' Participant Direction **programs by each state, the target population(s) served in each program, and the target services provided is** illustrated on the following page:

PUBLIC PARTNERSHIPS PROJECT SERVICES SUMMARY

As of 5/31/2017

		POPULATIONS SERVED												SERVICES PROVIDED									
State	Year Earliest Contract Began	Older Adults	Adults with Disabilities	Developmental Disabilities	Medically Fragile	Individuals Mental Health	Children's Mental Health	Autism	HIV/AIDS	Traumatic/Acquired Brain Injury	TANF Recipients	Money Follows the Person / Transitional	Veterans	Fiscal/ Employer Agent (F/EA)	FEA Sub Agent	Agency with Choice	Third Party Billing Agent	Employer Authority	Budget Authority	Customer Service	Medicaid Billing Services	Web Portal Services	Support Brokers/Resource Consultants
1 Arizona*	2005	■	■	■										■	■			■		■	■	■	
2 California*	2011		■	■							■			■						■	■	■	
3 Colorado	2009	■	■			■				■				■				■		■	■	■	■
4 Florida*	2014	■	■		■					■				■						■			
5 Georgia*	2007		■				■					■		■			■	■	■	■		■	
6 Illinois	2010			■										■				■	■	■	■	■	
7 Indiana	2006	■	■											■				■	■	■	■	■	
8 Kansas*	2011		■	■						■				■				■	■	■		■	■
9 Maine	2005	■	■											■				■		■	■	■	
10 Massachusetts*	1999			■				■						■				■	■	■	■	■	
11 Michigan	2015	■	■	■										■	■			■	■	■	■	■	■
12 Missouri	2015		■	■										■					■	■	■	■	
13 New Jersey*	2006	■	■	■								■		■				■		■	■		■
14 New York	2011									■							■					■	
15 Ohio	2010								■								■			■		■	
16 Oklahoma	2009	■	■												■			■	■	■	■	■	
17 Oregon*	2016			■		■								■			■	■	■	■		■	
18 Pennsylvania*	2012	■	■	■	■					■				■				■	■	■	■	■	
19 South Carolina*	2008	■	■	■						■			■	■				■	■	■		■	
20 Tennessee*	2006	■	■	■	■							■	■	■				■	■	■	■	■	■
21 Virginia*	2006	■	■	■			■		■			■		■				■		■	■	■	
22 Washington*	2010	■	■										■		■			■	■	■		■	
23 West Virginia*	2007	■	■	■						■		■			■			■	■	■	■	■	■

* Indicates that multiple contracts and/or agencies are served in the state.

With our experience and expertise, we are able to meet and exceed the requirements of this RFP. The next section provides detailed examples of some of our work in other States. The subsequent sections of our proposal present in-depth explanations of our capabilities and how they will contribute to an efficient, successful implementation in Vermont.

1D. Qualifications from Key Work Experience.

This section presents key work experience by offering details of many of the programs we currently administer.

Given the variation in location, size, and complexity of our programs, we hope the reader will sense our ability to successfully implement new programs, and gain confidence that we have the expertise and resources to be the F/EA vendor in Vermont. To emphasize again, we have local offices and local staff in most of the states represented on the following pages. We will have a strong local presence in Vermont.

Client	**Pennsylvania Department of Human Services – Office of Long-Term Living**
Project	**Vendor Fiscal/Employer Agent, Financial Management Services**
Timeframe	10/2012 - Present
Scope	Under contract with the Pennsylvania Department of Human Service's Office of Long-Term Living (PA DHS OLTL), Public Partnerships LLC, a PCG Company, provides state-wide Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) to Home and Community- Based Services waiver and state program participants opting to self-direct their direct-care services. Specifically, Public Partnerships provides VF/EA FMS to waiver/program-eligible common-law employers who want to select, hire, and manage their own direct-care workers. Currently, 15,284 individuals-- eligible under the provisions of either the state-funded ACT 150 program or 1 of 5 funded waivers—receive Public Partnerships VF/EA FMS in PA DHS OLTL. Public Partnerships pays 22,148 direct care workers for services provided to program participants. Public Partnerships supports participants and their workers, and service coordinators with superior customer service infrastructure that handles more than 24,000 inbound calls per month via live agents and 18,000 inbound calls per month via an interactive voice response (IVR) system.
Key Achievements	• Reduced Customer Service call volumes from 243,234 in January 2013 to 44,000 in March 2017. • Transitioned 22,800 participants and approximately 25,000 workers from 23 separate vendors. • Implemented in-home and phone visitations for employer training and program orientation to newly referred program participants. • Offer multiple program enrollment options for participants and their workers. • Implemented a Social Forum for participants, workers and other stakeholders. • Offer MyChoice4Care provider directory that connects care-giver applicants with participants who need workers. • Implemented the Time4Care™ Mobile Timesheet Application. • Public Partnerships' BetterOnline™ Web portal allows

administrators, participants, workers, and service coordinators 24/7 access to up-to-date case file information.

- Timely payment of over 98% of all accurately submitted timesheets.
- Enhanced services while maintaining cost savings and efficiencies.

Staff Contacts	Regina Stewart Senior Program Manager (717) 884-7733	Colleen Fox Swartz Manager (617) 717-1152	Shaina Cherilus Program Manager (717) 884-7709
Client Contacts	Michael C. Hale | Bureau Director Department of Human Services Bureau of Quality and Provider Management Forum Place, 6th Floor | 555 Walnut Street Harrisburg, PA 17101 Phone: (717) 783-7111|Fax: (717) 346-7142		

Client	State of Arizona, Department of Economic Security, Division of Developmental Disabilities
Project	AZ DDD
Timeframe	2004 - Present
Scope	Since 2004, the Arizona Division of Developmental Disabilities (DDD) has contracted with Public Partnerships LLC, a PCG Company, to provide fiscal intermediary services. Public Partnerships currently provides our services to over 1,000 consumers with developmental disabilities and pays approximately 2,000 individuals who provide services to these consumers participating in Arizona's self-determination program. Once awarded this contract, Public Partnerships partnered with DDD to conduct a statewide program launch, ensuring that prospective employers and employees were efficiently enrolled in cities and towns across the state. Public Partnerships provides both financial and personnel services for this program including, the processing of all timesheets, payroll and attendant applications.
Key Achievements	1. Expenditures are in compliance with program rules and budget allocations 2. Greater self-determination for individuals with disabilities 3. More efficient management, integrity and accountability of public funds and resources 4. Increased efficiency and accessibility of expenditure data 5. Establishment of processes and procedures to accommodate program growth
Staff Contacts	Colleen Fox Swartz Manager (617) 717-1152 Kristin Byrd Sr. Program Manager 615-983-5314
Client Contact	Ms. Jolene Teeters Contracts Manager Arizona Division of Developmental Disabilities 1789 West Jefferson Phoenix, AZ 85007 Phone: (602) 542-0006 FTeeters@azdes.gov

Client	UnitedHealthcare Community Plan (formerly EverCare Select)
Project	Self-Directed Attendant Care (SDAC) Service Option
Timeframe	2008–Present
Scope	Public Partnerships LLC, a PCG Company, is contracted with UnitedHealthcare Community Plan (a health plan within UnitedHealth Group), to provide Fiscal/Employer Agent (F/EA) services for the Self-Directed Attendant Care (SDAC) Service Option in the state of Arizona. Enrollees include members who are elderly and/or members with physical disabilities or chronic illness. Self-direction for members enrolled in these health plans became an option in 2008 when the state mandated that it become a service delivery choice for eligible members specifically receiving attendant care services. Members that choose this option have the opportunity to live in their own home and employ their own workers. Public Partnerships' contractual requirements include, but are not limited to, managing participant and provider enrollment packets, including processing criminal background checks and obtaining worker's compensation insurance on behalf of employers, reviewing and processing all tax-related documentation, processing biweekly payroll, and calculating and depositing State and Federal tax withholdings and unemployment taxes (FICA, FUTA, and SUTA). Public Partnerships acts as the Fiscal/Employer Agent to the common-law employer (Medicaid recipient) and his/her representative in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. Public Partnerships also provides customer service to the member population enrolled in the program, as well as their Attendant Care Workers and Case Managers.
Key Achievements	1. Production of biweekly payroll, resulting in accurate and timely payments to service providers, as well as tax withholdings and deposits 2. Improved outcomes for members and families as they access needed attendant care services in a self-directed and timely manner 3. Experience operating as an F/EA through contractual relationships with National health plans
Staff Contacts	Lucas O'Connell Senior Program Manager

	602-425-5527
Client Contact	Nancy Capretto Case Management Manager UnitedHealthcare Community Plan 1 East Washington, Suite 800 Phoenix, AZ 85004 P: 602.390.5237/F: 877.409.2690 nancy_capretto@uhc.com

Client	**Golden Gate Regional Center**
Project	**Participant Directed Services Program**
Timeframe	August 2012 - Present
Scope	Public Partnerships LLC, a PCG Company, began working with the Golden Gate Regional Center (GGRC) in the spring of 2012, in response to California code of Regulations, Lanterman Act/Title 17, through the Department of Developmental Services, for the provision of Participant Directed Services. GGRC coordinates services and supports for children and adults with developmental disabilities and their families. Public Partnerships and GGRC worked closely to design a Participant Directed Program to assist vendorized family members, consumers and their families in hiring and directing their own supports to maintain their vouchered services. Approved family members work with the consumer to manage respite, transportation, and nursing service workers.
Key Achievements	• Provide financial controls to continue service delivery while enforcing federal and state tax requirements; • Introduced electronic authorization monitoring and timesheets to consumers and their families; • Work in partnership with social workers to ensure a successful experience for consumers, families and their workers; • Customer service support and training in to non-English speaking families, such as Spanish and Cantonese.
Staff Contacts	Tara Himmel Sr. Program Manager 617.717.1420 Andrew Thornton Program Manger 617.717.1422
Client Contact	Jackie Law Golden Gate Regional Center 1355 Market St, Suite 220 San Francisco, CA 94103 (415) 546-9222 jlaw@ggrc.org

Client	State of Colorado Department of Health Care Policy and Financing
Project	**Consumer-Directed Attendant Support Services (CDASS)**
Timeframe	2009-Present
Scope	The State of Colorado contracts with Public Partnerships to provide Financial Management Services (FMS) for *CDASS*, the consumer directed option within the Elderly, Blind and Disabled (EBD), Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI) and Brain Injury (BI) Medicaid Waivers. Public Partnerships provides both financial and personnel services for CDASS including the processing of all timesheets, payroll, and attendant applications as well as, providing skills training to participants to ensure that they understand the philosophy of consumer direction, are able to manage their budgets and recognize and monitor the quality of services s/he receives. Public Partnerships has historically acted primarily as an "Agency with Choice," where the Client and/or an Authorized Representative are designated as the managing employer and Public Partnerships serves as the common law employer of record. This has allowed clients to have increased flexibility and control when they assume shared responsibility for the hiring and management of Employees providing consumer directed services to them. Beginning January 2015, the CO CDASS program expanded to offer additional choice to clients in the additional offering of the traditional "Fiscal Employer Agent" model, whereas the client acts as their own employer of record. Public Partnerships currently provides Financial Management Services to Colorado CDASS clients under both models.
Key Achievements	• Since Public Partnerships assumed management of the FMS contract in 2009, the CDASS program has almost doubled in size; serving over 2800 Clients, who utilize over 6,000 Employees. • Program growth has been largely driven by increased opportunities for self-determination and control; Public Partnerships supports CDASS participants to practice a dynamic combination of budget and employer authority. • Public Partnerships has successfully supported CDASS to realize more efficient management, integrity and accountability

	of public funds and resources
Staff Contact	Jennifer Martinez Program Manager 720-274-6308

Client	State of Florida, Agency for Healthcare Administration; Statewide Medicaid Managed Care Program, Long-term Care Managed Care Organizations: AETNA/Coventry, Amerigroup, Humana American Eldercare
Project	**Participant Direction Option (PDO)**
Timeframe	October, 2013 -
Scope	Public Partnerships LLC, a PCG Company, has contracted with three Florida Managed Care Organizations to provide Fiscal/Employer Agent (F/EA) services for qualified members who elect to participate in the Participant Direction Options program. The Medicaid-eligible managed care members who are elderly and/or disabled and who are receiving at least one of these five services: homemaker, personal care, adult companion care, attendant care, and/or intermittent nursing services (LPN/RN) can elect to participate in PDO. In the state of Florida, Public Partnerships currently contracts with AETNA/Coventry, Amerigroup, and Humana American Eldercare to provide fiscal management services to members participating in the program. This includes but is not limited to managing enrollment packets, processing criminal background checks for workers and processing biweekly payroll. Public Partnerships utilizes an in-person Enrollment Specialist in the South Florida regions to assist members and their direct service workers through the enrollment process.
Key Achievements	List Key Achievements 1. Implementation of processes for the production of biweekly payroll, resulting in accurate and timely payments to direct service. 2. Provided training to 300+ Case Managers, the first point of contact, in order to ensure that their members receive accurate information regarding PDO. 3. Serving over 350 participants across state of Florida and the MCOs
Staff Contacts	**Sandy Kasprzak** Associate Manager **Cecile Comrie** Program Manager (954) 707-4316

	(617) 426-2026
Client Contact	**Abbe Peres** Quality Assurance Coordinator Humana American Eldercare 14565 Sims Rd Delray Beach, Florida 33484 561-499-9656 ext 1082 Fax 561-665-4444 Aperes1@humana.com **Melinda Combast, MSW** Director, GBD Special Programs Amerigroup Long Term Care 1000 S. Pine Island, Suite 900 Plantation, FL 33324 877-440-3738, ext. 77410 Fax: 888-762-3220 Melinda.Combast@amerigroup.com **Heidi Pines** Director, Long Term Care AETNA/Coventry Health Care of Florida 1340 Concord Terrace Sunrise, FL 33323 954-331-6408 hxpines@aetna.com

Client	GEORGIA DEPARTMENT OF HUMAN RESOURCES - DEPARTMENT of BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES (DBHDD)
Project	**DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)**
Timeframe	January 1, 2011 - Present
Scope	The Department of Behavioral Health and Developmental Disabilities (DBHDD) Financial Management Services project is designed to disburse funds for start-up costs to provider agencies that provide services to Consumers who are transitioning into community living.
Key Achievements	List Key Achievements 1. Issue checks to agencies and vendors based on properly submitted invoices 2. Withhold State and Federal taxes when and if applicable 3. Provide reports to the state of GA on a monthly / quarterly basis and access to reports through the Public Partnership web portal
Staff Contacts	Michelle Lang Program Administrator mrmiller@pcgus.com 804-665-2121 Kristi Segall Sr. Program Manager ksegall@pcgus.com 804-665-2155
Client Contact	Samuel Wright, Finance Specialist Division of Developmental Disabilities 2 Peachtree Street, NW, Suite 22.403 Atlanta, GA 30303 sawright2@dbhdd.ga.gov Phone: 404.463.6432

Client	DEPARTMENT of BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES (DBHDD)
Project	**GA DBHDD Waiver Project - Comprehensive Supports Waiver Program (COMP) &New Options Waiver Program (NOW)**
Timeframe	**January 1, 2012 - Present**
Scope	The Department of Behavioral Health and Developmental Disabilities (DBHDD) NOW & COMP Wavier program for Self-Directing Participants is a model of service delivery that offers more autonomy, choice, control, and responsibility to Participants in the NOW & COMP program. Participants have the right and the ability to make decisions to ensure that their care and support needs are met, including who will provide the services and when they will be provided. Participants who select the self-directed service option are required to utilize a Financial Support Services (FSS) provider. Public Partnerships LLC, a PCG Company, has contracted with the Department of Behavioral Health and Developmental Disabilities to serve as a FSS provider for the NOW & COMP Wavier program. As the FSS, Public Partnerships will issue payments to NOW & COMP Wavier Participant's employees using their authorized funds and will assume responsibility for managing all tax withholding and filing on the Participant's behalf.
Key Achievements	List Key Achievements 1. Real time service authorization management online 2. Manage authorization using an online portal 3. Select, hire, train, and manage employees 4. Determine workers' schedules and tasks 5. Web Portal technology for the submission of electronic timesheets 6. Review and approve employee timesheets 7. Real time service authorization management online 8. Public Partnerships provides the following services: 9. Issue paychecks to employees and payments to vendors based on properly completed, signed timesheets and invoices 10. Withhold State and Federal taxes for each employee 11. File monthly, quarterly, and annual forms and tax deposits with State and Federal agencies

12. Issue W-2 Statements to each employee in January
13. Provide reports on a monthly basis and access to reports through the Public Partnerships web portal
14. Answer all questions employees have about enrollment, timesheets, and payments

Staff Contacts	Michelle Lang Program Administrator mrmiller@pcgus.com 804-665-2121	Kristi Segall Sr. Program Manager ksegall@pcgus.com 804-665-2155
Client Contact	DD Program Administrator DBHDD – Acting Frank W. Kirkland Division of Developmental Disabilities 2 Peachtree Street, NW, Suite 22.403 Atlanta, GA 30303 Email Frank.Kirkland@dbhdd.ga.gov	

Client	State of Illinois Department of Human Services Division of Developmental Disabilities
Project	**Home-Based Support Services Participant Directed Program**
Timeframe	August 2010 – Present
Scope	Public Partnerships LLC, a PCG Company, was selected to serve as a second Fiscal Employer Agent (FEA) in the state of Illinois for the provision of services to participant in the HBSS participant directed program currently serving more than 4,000 adults and children with developmental disabilities. Public Partnerships was selected based on our capacity to improve efficiency through our web portal technologies. The state is also interested improving their ability to manage the program though data analysis and will used the Public Partnerships Unified Reporting System to accomplish this goal. Participants have been given the opportunity to transfer to Public Partnerships from the current vendor quarterly. Participants who have transferred, largely did so based on Public Partnerships' capacity to accept timesheets electronically through the web portal. Since being awarded the contract in August, 2010, Public Partnerships has made numerous presentations to Service Facilitation agencies, a state wide Facilitation Network Group and to the Dreaming New Dreams conference hosted by a delegate for the IL ARC
Key Achievements	▪ Enhanced ability for participants to actively manage their services though real time access to service authorization expenditures through the web portal. ▪ Efficient payroll processing procedures that ensure scheduled payments are made in full while processing claims against a rules engine incorporated in a customized accounting platform Designated customer service queue for Service Facilitators to ensure timely communication and resolution of payroll and enrollment issues
Staff Contacts	Sandy Kasprzak 651-334-8949 Emery Boehm Program Manager 312-235-3711 Kayla Miller Business Analyst 720-274-6336

Client Contact	Dave Adden Project Manager Division of Developmental Disabilities 319 East Madison, Ste. 3M Springfield, IL 62701 (217) 524-0848

Client	STATE OF INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION DIVISION OF AGING
Project	Fiscal Intermediary Services
Timeframe	2006–Present
Scope	Public Partnerships LLC, a PCG Company, provides fiscal intermediary services for individuals who self-direct their Attendant Care through the Indiana Aged and Disabled Medicaid Waiver. Since 2006, Public Partnerships has served over 1,800 individuals, with approximately 375 individuals are actively self-directed at any one time. The Division of Aging originally procured two agencies for the provision of services: a Fiscal Intermediary and an Electronic Voice Verification (EVV) vendor. In 2008, Pubic Partnerships was re-awarded the contract and the Division opted to eliminate the EVV vendor and adopt the Public Partnerships web-based electronic timesheets, subsequently reducing costs, and streamlining payroll processing. Public Partnerships serves as an Agent of the Employer for the program participants, who hire and supervise their own direct care workers (employees). Public Partnerships ensures all participants and employees are fully compliant with the program's administrative requirements prior to receiving services. Each payment request is cross checked through a web-based rules engine to ensure the payment is compliant with program rules. Services are billed through the state MMIS system, and the Public Partnerships ensure all state and federal employer and employee taxes are accurately withheld, paid and filed. Public Partnerships management provides monthly assurances reports to FSSA on payroll, program utilization rates, and referrals.
Key Achievements	List Key Achievements 1. Developed a web based portal for processing, maintaining, and tracking all forms contained in the employer and employee enrollment packets. 2. Ensure FSSA service payments meet all applicable CMS waiver standards 3. Collect participant satisfaction with self-direction and Public Partnerships services through a bi-annual satisfaction survey 4. Support program participants through an industry leading

customer service center including integrated voice recognition and customize call queuing

5. Assist FSSA managers through the provision of monthly reporting including real time web-based reports on participant and employee demographics and payroll

Staff Contacts	David Horvath Manager (304) 381-3106	Mark Altieri Associate Manager (617) 336-2923	Tal Bar-Peled Program Manager (617) 717-1077
Client Contact	Debbie Pierson Deputy Director of Operations Division of Aging Indiana Family and Social Services Administration Phone: (317) 232-0604 Email: debbie.pierson@fssa.IN.gov		

Client	**Commonwealth of Massachusetts Department of Developmental Services**
Project	**Autism Waiver Program**
Timeframe	January 2008 – Present
Scope	Public Partnerships LLC, a PCG Company, developed a Financial Management Services program to support children with Autism and their families in implementing their self-determination goals by providing for and arranging various levels of services and supports. Public Partnerships works with Support Brokers, families, and providers to determine the nature, extent, and availability of services and supports sought by the child and their family in order to identify appropriate choices to meet needs consistent with each child's individual support plan and a consumer-directed approach. Public Partnerships assists in the implementation of a participant's support plan by serving as the Financial Management Service provider, providing financial monitoring, billing, payment and reporting, support worker recruitment and credentialing, quality assurance, information systems development, and management. Pubic Partnerships developed training programs for participants and their families, as well as for Support Brokers. Public Partnerships developed a web-based interface that allows Support Brokers to credential providers and families to search geographically for agencies or individuals that are credentialed for a particular service. This project began in FY08 and as of October 2014 serves over 220 children with Autism and their families.
Key Achievements	• Help support children who demonstrate significant deficits in the areas of behavioral, social and communication skills as a result of their autism, through expanded habilitation, education s developed and monitored by a trained clinician will be carried out in the child's home and community. • Development of a provider directory of credentialed providers throughout the state of Massachusetts • More efficient management of public funds and resources
Staff Contacts	Caroline Leary Program Manager (617) 426-2026 Eric McAfee Program Manager (617) 426-2026

Client Contact	Janet George Assistant Commissioner Department of Developmental Services 500 Harrison Avenue Boston, MA 02118 (617) 624-7766 Janet.george@state.ma.us

Client	**Commonwealth of Massachusetts Department of Developmental Services**
Project	**Department of Elementary and Secondary Education (DESE) Program**
Timeframe	April 2009 – Present
Scope	Public Partnerships LLC, a PCG Company, developed a Financial Management Services program to support children with developmental disabilities and their families in implanting their self-determination goals by providing for and arranging various levels of services and supports. Public Partnerships assists in the implementation of a participant's support plan by serving as the fiscal intermediary, providing financial monitoring, billing, payroll and accounts payable payment, reporting, support worker recruitment, quality assurance, information systems development and management.
Key Achievements	• Greater self-determination for children with developmental disabilities • Development of new support services, customized supports, and innovative approaches to using community resources
Staff Contacts	**Caroline Leary** Program Manager 617.426.2026 **Eric McAfee** Program Manager 617.426.2026 **John Hunt** Business Analyst 617.426.2026
Client Contact	**Janet George** Assistant Commissioner Department of Developmental Services 500 Harrison Avenue Boston, MA 02118 (617) 624-7766 Janet.george@state.ma.us

Client	Commonwealth of Massachusetts Department of Developmental Services
Project	Participant Directed Program
Timeframe	June 1999 - Present
Scope	Public Partnerships LLC, a PCG Company, developed an Intermediary Services Organization (ISO) in 1999 to support individuals with developmental disabilities in implementing their self-determination goals by providing for and arranging various levels of services and supports. Public Partnerships works with participants and designated agency staff to determine the nature, extent, and availability of services and supports sought by the individual and to identify appropriate choices to meet needs consistent with each participant's individual support plan and a consumer-directed approach. Public Partnerships assists in the implementation of a participant's support plan by serving as the fiscal intermediary, providing financial monitoring, billing, payroll and accounts payable payment, reporting, support worker recruitment, quality assurance, information systems development and management. Public Partnerships developed handbooks and training programs for participants and their families, as well as for case managers. Public Partnerships also developed a web-based Extranet, an interface to the ISO's information management system, which provides secure access to participant financial and service information to case managers and agency supervisors. This project began as a pilot in the Metro Region in FY00 and was expanded state-wide in FY03 to serve 400 hundred participants.
Key Achievements	1. Based on the success of the ISO DDS implement three new adult waiver programs in FY2011 serving 12,000 persons that will enable consumer direction for anyone who chooses it. The ISO transitioned to the Participant Directed Program (PDP) in July 2010. 2. Greater self-determination for individuals with developmental disabilities 3. Development of new support services, customized supports, and innovative approaches to using community resources 4. Manage Medicaid expenditures through more efficient and accountable management of public funds and resources

Staff Contacts	Caroline Leary Program Manager 617.426.2026	Eric McAfee Program Manager 617.426.2026
Client Contact	Anne Marie Stanton Director of Waiver Management Unit Department of Developmental Services 500 Harrison Avenue Boston, MA 02118 (617) 624-7784 Anne.marie.stanton@massmail.state.ma.us	Janet George, Assistant Commissioner Department of Developmental Services 500 Harrison Avenue Boston, MA 02118 (617) 624-7766 Janet.george@state.ma.us

Client	**Maine Department of Health and Human Services**
Project	**Family Provider Service Option**
Timeframe	2006 - Present
Scope	Public Partnerships LLC, a PCG Company, has been a registered Fiscal Intermediary within the state of Maine since 2010 to provide fiscal intermediary services for Section 19 of their Medicaid state plan also known as the Family Provider Service Option (FPSO). Prior to fiscal intermediary becoming a Medicaid billable service in 2010, Public Partnerships served as the fiscal intermediary for a Maine based non-profit care coordination agency. The FPSO allows disabled/elderly individual to hire their own attendants to provide basic assisted daily living activities. Public Partnerships serves as the fiscal intermediary for direct care payments providing all associated financial management services as well as enrollment processing and customer service. Public Partnerships submits all Medicaid claims through the Maine Integrated Health Management System (MIHMS) and completes all employer tax withholding, riling and payment for FPSO participants.
Key Achievements	1) Public Partnerships has worked in varying capacities with the FPSO since 2004, when we assisted in the design and development stage. 2) Public Partnerships has undergone countless and highly comprehensive payroll agent audits and had never had a material findings. 3) Since 2006, Public Partnerships has provided FI services for thousands of FPSO participants and their attendants.
Staff Contacts	Mark Altieri Associate Manager 617-336-2923 Matt Smith Project Manager 623-277-5972
Client Contact	Bruce Plaisted Maine Department of Health and Human Services Resource Coordinator DHHS/OADS/LTSS 207-287-2654 Bruce.Plaisted@maine.gov

Client	Maine Department of Health and Human Services
Project	**Participant Direction Option**
Timeframe	2015 - Present
Scope	Public Partnerships LLC, a PCG Company, is contracted with Maine Department of Health and Human Service (DHHS) to provide Fiscal Intermediary services for Sections 12 and 96 of the Maine state Medicaid Plan. The Participant Directed Option (PDO) allows disabled/elderly individuals to hire their own attendants to provide basic assisted daily living activities. Pubic Partnerships serves as the fiscal intermediary for direct care payments providing all associated financial management services as well as enrollment processing and customer service. Public Partnerships submits all Medicaid claims through the Maine Integrated Health Management System (MIHMS) and completes all employer tax withholding, filing and payment for PDO participants.
Key Achievements	1) Public Partnerships configured our BetterOnline™ to meet the unique programmatic requirements of the Maine PDO service option 2) Public Partnerships has based our Customer Service Specialists out of Augusta, Maine 3) The BetterOnline™ portal offers participants electronic timesheet submission and real time access to service authorization information.
Staff Contacts	**Mark Altieri** Associate Manager 617-336-2923 **Matt Smith** Project Manager 623-277-5972
Client Contact	**Bruce Plaisted** Maine Department of Health and Human Services Resource Coordinator DHHS/OADS/LTSS 207-287-2654 Bruce.Plaisted@maine.gov

Client	Aetna Better Health of Michigan
Project	MI HEALTH LINK
Timeframe	2015 - Present
Scope	Public Partnerships LLC, a PCG Company contracted with Aetna Better Health of Michigan to be the preferred Fiscal/Employer Agent for their Managed Care Organization. The MI HEALTH LINK program supports choice for individuals who are dual eligible for Medicaid and Medicare choosing to self-direct their services. The Program is designed to offer choice and control to members who were in long-term care facilities or in an alternative State program. Michigan Health Link requires a unique offering of both Employer Authority and Budget Authority models. Public Partnerships provides customer service, enrollment, payroll, and tax F/EA services to both self-directed models. Public Partnerships utilizes in-person Enrollment Specialists to explain the program models to members and to assist members and their providers with the enrollment process. Public Partnerships' Michigan Enrollment Specialist Team is based in key locations throughout the State. In addition to enrollment support, they provide members with training on the self-directed program, rights and responsibilities of self-direction, and employer responsibilities (including selecting, co-employing, scheduling, supervising and terminating employees). They ensure that the member/employers or their representatives are comfortable with all paperwork, systems, and processes necessary to be successful in the program.
Key Achievements	1) The number of members expected to be in the Program within the first year was 150. Public Partnerships and Aetna partnered to enroll over 300 members in to the Program within a 6-month period and the Program continues to grow. 2) Public Partnerships conducted independent research with the Department of Licensing and Regulatory Affairs (LARA) in MI to ensure that the program's Workers' Compensation designed would meet State's criteria as well as program funding restrictions. Public Partnerships partnered with Aetna to developed a tracking and triggering mechanism to identify employers who are required to provide WC to providers.

	3) Developed a valued partnership with Aetna Better Health of MI which allows us to collaborate and develop best practice solutions to solution that MCO has not encountered; such, as city tax requirements, WC, and enrollment referral changes.
Staff Contacts	Kristin Byrd Sr. Program Manager 615-983-5314 Matt Klooster Program Manager 615-983-5329
Client Contact	Renee Roberts MI Duals Director of Health Services, Long Term Services and Supports Aetna Better Health of Michigan Phone: (248) 936-9107 RobertsR1@aetna.com

Client	State of Missouri, Office of Administration; Department of Mental Health; Division of Developmental Disabilities
Project	**Self-Directed Services**
Timeframe	November, 2015 -
Scope	Public Partnerships, LLC has contracted with the Missouri Office of Administration to perform Financial Management Services (FMS) on behalf of the Department of Mental Health (DMH), Division of Developmental Disabilities (Division of DD) for qualified individuals who elect to participate in the Self-Directed Services (SDS) option. These functions include conducting a background screening of your employee candidates, collecting and processing required human resource related forms and information, collecting training documentation to ensure your employees are meeting requirements, collecting and processing employees' time sheets, processing employees' payroll and the associated federal and state income tax withholding employment taxes and other related payroll activities, and brokering workers' compensation.
Key Achievements	List Key Achievements 1. Transitioning 1300 Individuals and approximately 2500 Employees from another national vendor; 2. Complete new individual enrollment in seven (7) days; 3. Collect documentation to ensure employees meet and maintain training and certification requirements 4. Support ninety-eight percent (98%) electronic timesheet and service documentation entry using BetterOnline™ and Time4Care™; 5. Maintain all timesheet and monthly summary service documentation electronically online.
PCG Staff Contacts	**Sandy Kasprzak** Associate Manager (617) 426-2026 **Emery Boehm** Sr. Program Manager (312) 253-3711
Client Contact	**Kyla Mundwiller** Department of Mental Health Division of Developmental Disabilities

Director of Self-Determination
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Client	New Jersey Department of Human Services
Project	**Fiscal Intermediary and Financial Cash & Counseling Services**
Timeframe	2006 – Present
Scope	PCG Public Partnerships was selected by the New Jersey Department of Human Services (DHS) as the statewide Fiscal Intermediary and Cash & Counseling Services for the Division of Aging Services (DoAS), the Division of Developmental Disabilities (DDD), and the Division of Disability Services (DDS). Public Partnerships has been serving the DoAS as the Fiscal Intermediary for the Jersey Assistance for Community Caregiving (JACC) and Global Options programs since 2006. JACC is a state-funded program that provides over 2,000 participants with employer authority. Global Options is a Medicaid waiver program serving over 10,000 participants, that has since been incorporated into Managed Long-Term Services and Supports (MLTSS). In 2016, PCG Public Partnerships was awarded the contract as statewide Fiscal Intermediary and Cash & Counseling Services provider for three divisions of NJ DHS serving over 11,500 participants. Public Partnerships serves the following programs: • Division of Aging Services – Jersey Assistance for Community Caregiving and Veteran-Directed Home and Community Based Services (VD HCBS); • Division of Developmental Disabilities – Community Care Waiver, Interim-Funded Individuals, and Support Waiver; and • Division of Disability Services – Personal Preference Program (PPP). Public Partnerships has contracts with all five Managed Care Organizations (MCOs) operating in New Jersey: • Aetna Better Health of New Jersey • Amerigroup • Horizon NJ Health • United Healthcare • WellCare For all programs, Public Partnerships provides participant orientation and training, enrollment and ongoing support; provider

enrollment and credentialing; workers' compensation; budget management; payroll and accounts payable activity; co-pay collection; claims submission; monitoring health and safety; and customer service. For VD HCBS and PPP, Public Partnerships provides the Financial Counseling (aka: Supports Brokerage) services as well.

Launch challenges include:

- Supporting the transition of over 11,500 individuals from two incumbent contractors, including over 1,500 individuals transitioning from the Agency with Choice (AWC) model to the Fiscal Employer Agent (F/EA) model of financial management services; and
- Developing Cash Management Plans for over 9,500 individuals.

Public Partnerships has hired over 100 staff members and opened offices in Newark, Princeton, and Hammonton, New Jersey.

Staff resources on this project include: 1 Manager, 1 Associate Manager, 5 Senior Program Managers, 1 Senior Project Manager, 4 Program Managers, 2 Assistant Program Managers, 3 Business Analysts, 5 Program Support Specialists, 5 Consultant Supervisors, and 100 Financial Consultants.

Key Achievements

- Consultation on the Fair Labor Standards Act and important tax incentives for household employers and employees
- Configuring payroll systems and processes to meet the unique requirements of six programs across three divisions
- Deploying Public Partnerships BetterOnline™ web portal for each program
- Deploying Public Partnerships Time4Care™ mobile application for employee time capture
- Supporting the successful transition of over 11,500 participants from incumbent vendors in 2007 and 2017 (ongoing)
- Negotiating contracts, business associate agreements, and information security requirements with five MCOs, four

clearinghouses, and the state MMIS vendor (Molina Health Systems)

- Assisting in the redesign of the state HCBS Database used by county care managers and state liaisons to enter individual service authorizations
- Designing and implementing daily electronic file exchange with multiple systems to retrieve service authorizations and return detailed payment activity

Provision of monthly spending and performance reports

Staff Contacts

David Horvath	Mark Altieri	Kimberly Smith
Manager	Associate Manger	Senior Program Manager
304.296.1930	(617) 426-2026	(609) 851-5069

Client Contact

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Client	**Ohio Department of Health**
Project	**Third Party Administration and Fiscal Management Services for Ryan White Part B Program**
Timeframe	March 2010 - Present
Scope	Public Partnerships LLC, a PCG Company, provides third party administration and fiscal management services for the Ohio Department of Health's (ODH) Ryan White Part B Program. This statewide program serves over 5,000 low-income persons with HIV/AIDS eligible for: the Ohio HIV/AIDS Drug Assistance Program (OHDAP); the Health Insurance Premium Payment Program (HIPP); and, the Medicaid Spend Down Payment Program (MSDP). Public Partnerships processes over $6M in payments annually for providers of HIV/AIDS related services, including diagnostics and monitoring, drug therapy, dental services, nutrition services, Medicaid spend down payments, health insurance premium payments, and emergency financial assistance. The Ohio Department of Health relies on Public Partnerships to ensure confidentiality of program participants, prompt payment of providers, and accurate reporting.
Key Achievements	Public Partnerships provides a Web-Based Case Management Information and Service Authorization System (BetterOnline Portal) that allows case managers to enter client and provider demographics, prior authorizations for services, and payment requests for state administrator review and approval Our Claims Processing System ensures prompt and accurate payment of providers based on state business rules including Usual, Customary, and Reasonable (UCR) rate tables, Customary Procedure Terminology (CPT) codes, and American Dental Association (ADA) codes Cost-Center Budgeting Tools that allow state administrators to reallocate funds across cost centers in response to geographic patterns in service utilization; On-Line Reporting Tools to ensure efficient program management/reporting Customer Service Center with qualified representatives to respond to provider inquiries regarding status of payment.

Staff Contacts	David Horvath Manager 304.296.1930	Geoffrey Dudley Program Manager 704.816.2820
Client Contact	Laurie Rickert Administrator Community Based Programs, Ohio Department of Health Phone: 614.466.1411 Fax: 614.728.462 Laurie.rickert@odh.ohio.gov	

Client	State of Oklahoma – Department of Human Services; ADvantage Administration
Project	Consumer Directed Personal Assistance Services and Supports (CD-PASS)
Timeframe	July 2009 - Present
Scope	Public Partnerships LLC, a PCG Company, is contracted with the Oklahoma Department of Human Services to provide Fiscal Reporting Agent duties for the Consumer Directed Personal Assistance Services and Supports (CD-PASS) service option. Program participants include members who are elderly and/or with physical disabilities. CD-PASS members self-direct their services: recruiting, hiring and training their employees; managing their service plans to obtain personal care services; and designating funds to an optional expense account for employer related expenses such as employment advertisements, postage, employee bonuses, and mileage reimbursement. Public Partnerships' contractual requirements include processing employer and support worker enrollment packets, reviewing and processing all tax-related documentation, processing semi-monthly payroll, including support worker timesheets and invoices, and calculating and depositing State/Federal tax withholdings and unemployment taxes (FICA, FUTA, and SUTA). As the Fiscal Reporting Agent, Public Partnerships acts as the Agent to the Employer in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. In addition, Public Partnerships provides monthly assurance reports to the ADvantage administration to ensure that the program adheres to CMS guidelines. Public Partnerships also provides customer service, with callers including case managers, program participants and/or their designated representatives, and support workers. Inquiries are responded to via e-mail, telephone, and fax. Our contractual requirements include, at a minimum, that 90% of all calls are answered within an average wait time of not more than three minutes with 10% or less requiring a return call. Call metrics are reported on a weekly basis to the Oklahoma Department of Human Services.

Key Achievements	1. Process semi-monthly payroll, with an annual total exceeding $6,000,000; 2. Enrolled 2750 program participants over the lifetime of the program, with 1200 actively procuring services; 3. Respond to over 2300 calls per month, with an average queue time of under 2 minutes; 4. In a 2014 poll, 71% of program participants indicated that their overall quality of life had positively changed since entering the CD-PASS self-directed service option; 5. The service option is offered state-wide with annual net growth of 15%.
Staff Contacts	David Horvath Manager 616.426.2026 Mark Altieri Associate Manager 617.336.2923 Matthew Smith Program Manager 617.336.2904
Client Contact	Karla Selman Programs Manager II Oklahoma Department of Human Services – ADvantage Administration 823 S Detroit Ave #4 Tulsa, OK 74120 918.933.4950 karla.selman@okdhs.org

Client	**Oregon - Marion County Health Department**
Project	**Community and Provider Services Program**
Timeframe	July 2014 - Present
Scope	Public Partnerships LLC, a PCG Company, is contracted with the Oregon – Marion County Health Department to provide Fiscal Intermediary Services to the Health Department's Community and Provider Services (CAPS) Program. The CAPS program includes multiple programs and offers several types of services to eligible individuals. CAPS programs include the Community Care Partnerships (peer services), the Rent Subsidy and Rent Grant programs (rent payments and other rent related services), and the PELTON project (supportive living). The CAPS programs are supported solely through state and county funding. Public Partnerships was awarded this contract to replace an incumbent vendor. Public Partnerships' contractual requirements include, but are not limited to, processing a weekly payroll for payments to CAPS vendors, issuing 1099s to vendors each federal tax year, and providing reporting and customer service support to Marion County program staff. Program oversight and support is provided from Public Partnerships' office in Kent, WA.
Key Achievements	1. Worked with client to configure a program-specific Public Partnerships Web Portal to maintain information for Individuals and Vendors, allow the client to enter invoice/service referrals for payment processing, and provide self-service reporting. 2. Seamlessly transitioned 43 Individuals and 31 vendors to the new payment system.
Staff Contact	Lynne Miles Program Manager 206.962.6712
Client Contact	Linda Wilson Senior Contract Specialist Oregon Health Department Marion County 3180 Center St. NE Salem, OR 97301-4592

Phone: 5036.361.2762
LWilson@co.marion.or.us

Client	STATE OF OREGON Department of Human Services, Office of Developmental Disabilities
Project	**Financial Management Agent Services**
Timeframe	August 2016 – Present
Scope	The State of Oregon engaged Public Partnerships to provide Financial Management Agent Services (FMAS) to Common Law Employers with respect to Personal Support Workers (PSWs) providing In Home Support services to the Common Law Employer or to the Individual on whose behalf the Common Law Employer is acting. Public Partnerships also provides Vendor Payment Services to Individuals, Family members, or designees with respect to Vendors providing In Home Support services to Individuals on an independent contracting basis. Public Partnerships is responsible for providing FMAS to DHS as a Statutory Employer, with respect to amounts paid to PSWs that are not attributable to a Common Law Employer. Public Partnerships makes the payments with funds provided by DHS and based on data provided by DHS and, in certain circumstances, CDDPs or Brokerages.
Key Achievements	1. Transitioned 11,000 individuals and 22,000 PSWs from prior vendor to Public Partnerships. 2. Established data transfers to communicate a. Approved employer-employee associations' b. Payroll files c. Tax Withholdings d. Union Membership Data e. Voluntary Withholdings 3. Trained Case Management Entities on referral process through our web-based system 4. Offered portal access to individuals, representatives and PSWs 5. Pay regular and overtime payments according to data provided by the Office of Developmental Disability Services
Staff Contacts	Colleen Fox Swartz Manager (617) 426-2026 Lynne Miles Senior Program Manager (206) 962-6712

Client Contact	Lea Ann Stutheit Chief Operations Officer IDD 500 Summer Street NE #E-09 Salem, OR 97301 503-945-9783

Client	STATE OF SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF COMMUNITY LONG-TERM CARE
Project	**South Carolina Attendant Care Program**
Timeframe	2008 – Present
Scope	Public Partnerships LLC, a PCG Company, serves as a subcontractor to First Data to manage the financial operational aspects of their contract with the South Carolina Department of Health and Human Services (DHHS) Community Long-Term Care Program. First Data partnered with Public Partnerships to replace an incumbent national vendor. The SC DHHS program serves elderly and people with physical disabilities. These participants have the opportunity to live in their own home and employ their own staff. Public Partnerships' contractual requirements with First Data include, but are not limited to, managing participant and provider enrollment packets, reviewing and processing all tax-related documentation, processing weekly payroll, calculating and depositing State and Federal tax withholdings and unemployment taxes (FICA, FUTA, and SUTA). As the Financial Management Services provider, Public Partnerships acts as the Fiscal/Employer Agent to the common-law employer (Medicaid recipient) and his/her representative in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. At the start of the contract, Public Partnerships successfully and seamlessly transitioned 1,100 participants from the previous vendor and established Public Partnerships as the new Fiscal/Employer Agent with the IRS, the State of South Carolina, and the SC Unemployment Security Commission. Public Partnerships also provides customer service to the participants enrolled in the program, as well as their service providers.
Key Achievements	1. Seamless transition of participants and providers from previous vendor to Public Partnerships, ensuring continuity of service delivery 2. Enrollment of 700 new participants into the program within the first two years of the contract 3. Timely and accurate processing of employer and provider enrollment paperwork to ensure prompt service delivery for

participants

4. Improved outcomes for participants and families as they access the services and supports they need in a self-directed and timely manner
5. Awarded contract rebid in December 2012, extending services for an additional 5 year term.

Staff Contacts	Liz Collins Program Manager 617-717-1202
Client Contact	Jonathan Mills First Data Government Solutions 11311 Cornell Park Drive; Suite 300 Cincinnati, Ohio 45242 Phone: (513) 489-9599 Opt. 1 x158 Fax: (513) 489-6521 jon.mills@firstdata.com

Client	**STATE OF TENNESSEE** Amerigroup Corp., United Healthcare and BlueCare
Project	***Financial Administration Services/ Support Brokerage Services***
Timeframe	October 2010- Present
Scope	Public Partnerships LLC, a PCG Company, was contracted by three Managed Care Organizations (MCOs) in Tennessee, Amerigroup Corp., United Healthcare and BlueCare to design, test and manage a new web-based application that is the core tool for managing the Choices Transitional Allowance Program (TAP) information and operations. The TAP Program is available to TennCare's Choices members who elect to transition from a nursing facility to a community setting to receive more cost-effective non-residential home and community based services or companion care. The TAP Program provides members with an allotment of up to $2,000. The allowance may be used to purchase items that are essential to establish community residence and facilitate a member's safe and timely transition to the community. The secure website manages and tracks enrollment, authorizations, member spending, and provider information. MCO care coordinators authorize participation in the program. The authorizations entered into the web portal by the care coordinators are be approved by a supervisor. These approvals represent the MCO invoice document. Those vendors providing the goods and services receive reimbursement of appropriate expenses within 14 business days and Public Partnerships submits 837 claim files to the MCO for items purchased in the Transitional Allowance Program.
Key Achievements	1. Over 300 individuals moving from nursing homes into the community have accessed these funds; 2. Approximately $243,000 has been used to move individuals into a community setting.
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Client Contact	Tina M. Brill VP, LTC Operations AMERIGROUP Internal extension: Paul Haddix Support Center Manager BlueCare Rick Reeves United HealthCare Community Plan,

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Client	**STATE OF TENNESSEE** **The Bureau of TennCare**
Project	**Financial Administration Services/ Support Brokerage Services**
Timeframe	**July 2016 - Present**
Scope	The Bureau of TennCare has contracted with PCG Public Partnerships LLC, a PCG Company, to serve as the Fiscal/Employer Agent for the Tennessee Employment and Community First (ECF) CHOICES waiver program. This program allows Tennessean children and adults with intellectual and developmental disabilities the option to consumer direct their services. P services include: managing participant and provider enrollment, processing criminal background checks, processing semi-monthly payroll for payments to individual providers, processing transportation reimbursement payments for members, providing customer service, and providing support brokerage. In this program TennCare also contracts with three Managed Care Organizations (MCOs) to provide and oversee service coordination for members.
Key Achievements	1. Over 260 members Consumer Directing services, with new referrals received each month. 2. Development and implementation of systems and processes, including financial controls and a web portal, to meet program requirements and support ongoing program operations; 3. Working in partnership with three MCOs: United Healthcare, BlueCare, and Amerigroup; 4. Bi-weekly meetings with all three MCOs to improve process and work through issues for members that elect to self-direct; 5. Establishment and implementation of quality assurance and improvement strategies; 6. Training for MCOs, members, and workers on Consumer Direction in ECF CHOICES waiver, roles of each entity involved, and program guidelines; 7. Robust worker credentialing, including background and registry checks (state and federal), and training regarding Consumer Direction in the ECF Choices waiver, Blood Borne Pathogens, Fraud and Abuse Prevention and

	Reporting, Caring for Elderly and Disabled Populations, Abuse and Neglect Identification and Reporting, and Critical Incidents.
Staff Contacts	Colleen Fox Swartz Manager (617) 426-2026 Kristin Byrd Sr. Program Manager (615) 983-5314
Client Contact	Patti Killingsworth Assistant Commissioner, Chief of Long Term Care The Bureau of TennCare 310 Great Circle Road, 4 West Nashville, TN 37243

Client	**STATE OF TENNESSEE** The Bureau of TennCare
Project	**Financial Administration Services/ Support Brokerage Services**
Timeframe	March 2010 - Present
Scope	The Tennessee Bureau of TennCare has contracted with Public Partnerships LLC, a PCG Company, to serve as the Fiscal/Employer Agent for the Tennessee CHOICES waiver program. This program allows elderly and disabled Tennesseans the option to consumer direct their services. Public Partnerships services include: managing participant and provider enrollment, processing criminal background checks, processing semi-monthly payroll for payments to individual providers and home care agencies, processing payments for goods and services, providing customer service, and providing support brokerage. In this program TennCare also contracts with three Managed Care Organizations (MCOs) to provide and oversee service coordination for members.
Key Achievements	1. Over 2000 members Consumer Directing services, with new referrals received each month. 2. Development and implementation of systems and processes, including financial controls and a web portal, to meet program requirements and support ongoing program operations; 3. Working in partnership with three MCOs: United Healthcare, BlueCare, and Amerigroup; 4. Bi-weekly meetings with all three MCOs to improve process and work through issues for members that elect to self-direct; 5. Establishment and implementation of quality assurance and improvement strategies; 6. Training for MCOs, members, and workers on Consumer Direction in CHOICES waiver, roles of each entity involved, and program guidelines; 7. Robust worker credentialing, including background and registry checks (state and federal), and training regarding Consumer Direction in the Choices waiver, Blood Borne Pathogens, Fraud and Abuse Prevention and Reporting, Caring for Elderly and Disabled Populations, Abuse and Neglect Identification and Reporting, and Critical Incidents.

Staff Contacts	Colleen Fox Swartz Manager (617) 426-2026	Kristin Byrd Sr. Program Manager (615) 983-5314
Client Contact	Patti Killingsworth Assistant Commissioner, Chief of Long Term Care The Bureau of TennCare 310 Great Circle Road, 4 West Nashville, TN 37243	

Customer	**Commonwealth of Virginia, Department of Medical Assistance Services**
Project	**Fiscal/Employer Agent Services**
Project Description Time Period Contract Schedule	Public Partnerships LLC, a PCG Company, was awarded a contract in 2006 to provide Fiscal/Employer Agent (F/EA) services on behalf of the Commonwealth of Virginia's Department of Medical Assistance Services (DMAS) through their Medicaid-funded Home and Community based waivers. This service allows Medicaid recipients to serve as common-law employers, responsible for directly hiring, training, supervising and firing their attendants. Public Partnerships' scope of work has also increased, adding new waivers including EPSDT and the Children's Mental Health in October 2007 and *Money Follows the Person* (MFP) in July 2008.
Public Partnerships Role	Public Partnerships services for the Commonwealth include, but are not limited to, managing recipient enrollment packets, maintaining current recipient authorization information, approving attendant employment and tax-related documentation, processing payroll, calculating and depositing State and Federal tax withholdings and unemployment taxes (FICA, FUTA, SUTA). As the F/EA, Public Partnerships acts as the agent to the common-law employer (Medicaid recipient) or his/her representative in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. Public Partnerships acts as the front line for Medicaid Fraud and mandated reporters for Adult Protection Services (APS) and Child Protected Services. Public Partnerships supports the Virginia DMAS Program with a world-class customer experience with the assistance of our telecommunications management system – Public Partnerships' call center staff, using integrated call center technology, averaged about 55,000 calls per month during 2015. This total does not include the average of 25,000 inbound calls per month handled by our interactive voice response systems (IVRS). Public Partnerships launched our integrated telecommunications technology system on August 6, 2009. This technology has helped the Public Partnerships call center staff achieve a 99.9% availability rate. Public Partnerships is also able to customize this tool to help improve the customer experience. The technology allows Public Partnerships to use the following tools to ensure quality: digital recording, reporting analytics, and real-time resource management.

Initially starting with the transfer of nearly 1,400 consumers from an existing VA DMAS program in 2006, as of March, 2016, the program has grown to over 21,000 recipients receiving services. Public Partnerships currently manages almost $200 million per year in authorized payroll funding.

Public Partnerships has also enhanced the submittal of timesheets since the start of the program. Currently, about 55% of the Consumers and their Personal Care Attendants for Virginia DMAS program are submitting their timesheets on line. With this process the consumer and provider can follow the progress of the timesheet to the final resolution which is payment for the personal care attendant.

In 2012, Public Partnerships incorporated members for the 3 Virginia dual eligible demonstration managed care organizations (MCOs) into the consumer direction program.

September 2006 – Present
Original Schedule: September 2006 – December 2018
Actual Schedule: September 2006 – Present
Public Partnerships serves as the Prime vendor as the Vendor Fiscal Agent for this project and performs all work in the scope of services.

Key Achievements

- Successfully transferred 1,400 consumers from a state run program within two months of contract award. Continue to manage the growth in excess of 300 enrollees per month.
- As part of the Virginia Program launches, conduct large scale enrollment sessions
- As part of growth, conduct large trainings session on Public Partnerships' paperwork process and new systems upgrades
- Provide payroll processing, fiscal intermediary operations, for individuals receiving services under home-and-community-based waiver programs
- State Medicaid agency (DMAS) sees the program as one of its major successes in providing community based care for people with long-term care needs.
- Recent satisfaction survey found 95% of consumers were satisfied or very satisfied with the program; 95% would

	recommend the program to a friend; 91% were very satisfied or satisfied with overall payroll services. • Developed a database for the Money Follows the Person (MFP) program, utilized by agencies to reimburse for transition services that are used to assist for the successful transition of Medicaid recipients back into the community from nursing home or an ICF/MR. Since October of 2008 the MFP Program has assisted in the transition of approximately 496 Consumers into the community. • Implemented an electronic timesheet to allow providers and attendants to submit and approve timesheets online. • Integrated with managed care organizations (MCOs)
Project Status	This project is currently active.
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Client Contact	Terry A. Smith Division Director Division of Long Term Care Services Virginia Dept. of Medical Assistance Services 600 East Broad Street Richmond, Virginia 23219 Phone: (804) 371-6695 Nichole Martin, Program Manager Division of Long Term Care Services Virginia Dept. of Medical Assistance Services 600 East Broad Street Richmond, Virginia 23219 Phone: (804) 371-5016 Fax: (804) 612-0050

Customer	Commonwealth of Virginia, Department of Medical Assistance Services
Project	**Fiscal/Employer Agent Services – Money Follows the Person (MFP)**
Project Description	Public Partnerships LLC, a PCG Company, was awarded a contract to provide Fiscal/Employer Agent (F/EA) services on behalf of the Commonwealth of Virginia's Department of Medical Assistance Services (DMAS) for the Money Follows the Persons (MFP) Demonstration Project. This project provides support to select home community-based Medicaid waivers. It is designed to create a system of long-term supports that assist individuals to transition from certain long-term institutions into the community. MFP provides consumers with up to $5,000 that can assist with transitioning back into the community of their choice. The funds allotted in this program can be used for housekeeping, moving expenses, furniture, household supplies, clothing, security and utility deposits and appliances, all which are considered reasonable, allowable and necessary for this consumer's transition. Public Partnerships services for the Commonwealth include, but are not limited to, enrolling new provider agencies into the Public Partnerships MFP Web Portal, assisting providers with entering estimates for consumers, ensuring purchases are reasonable, allowable and necessary, review and approve provider purchases through invoicing for reimbursement of goods and services, maintaining statistical data, ensuring providers remain within their allotted budget and customer service support. Since October 2008 the MFP Program has assisted in the transfer of approximately 584 Consumers back into the community from nursing homes, ICF/ID or long term care facilities.
Time Period	July 2008 – Present
Contract Schedule	Original Schedule: July 2008 – December 2018 Actual Schedule: July 2008 – December 2018 Explanation of Any Variance:
Public Partnerships Role	Public Partnerships serves as the Prime Vendor Financial Management Firm for this project and performs all work in the scope of services.

	Key Achievements • Medicaid agency (DMAS) sees the program as a catalyst to eliminate barriers in state law, state Medicaid plans, and state budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice. • Recent satisfaction survey found 95% of provider agencies were satisfied or very satisfied with the program; 90% would recommend the MFP program; 90% were very satisfied or satisfied with overall payroll /reimbursement services. • Transition to the Public Partnerships database from the outdated MFP database for the Money Follows the Person (MFP) program. This transition provides a more integrated system that that produces reporting, easier portal navigation and usability.
Project Status	This project is currently active with an anticipated completion date of December 2018.
Staff Contacts	Kristi Segall Senior Program Manager 866.259.3009 Melissa Callis Program Manger mcallis@pcgus.com
Client Contact	Ramona D. Schaffer, MSEd Money Follows the Person Supervisor Department of Medical Assistance Services Division of Long-Term Care 600 East Broad Street Richmond, Virginia 23219 Phone: (804) 225-3007 Dana Hicks, MFP Project Policy Analyst Division of Long Term Care Services Department of Medical Assistance Services 600 East Broad Street Richmond, Virginia 23219 Phone: (804) 225-4218 FAX: (804) 612-0050

Client	STATE OF WEST VIRGINIA WEST VIRGINIA BUREAU FOR MEDICAL SERVICES
Project	**Medicaid Home and Community Based Waivers – ADW, TBI and IDD**
Timeframe	February 2007 - Present
Scope	The West Virginia Bureau for Medical Services has contracted with Public Partnerships to provide full-service financial management and resource consulting (support broker) services for *Personal Options*, the self-directed option within all home and community based waiver programs - Aged and Disabled, Traumatic Brain Injury and Intellectual and Developmental Disabilities Waiver programs. *Personal Options* provides waiver participants with budget and employer authority over home and community-based services. Public Partnerships also provides services to the Money Follows the Person Program. Public Partnerships provides participant enrollment and ongoing support, provider enrollment and credentialing, budget management, payroll and accounts payable activity, Medicaid claims submission, health and safety monitoring and customer service. Public Partnerships has offices in Morgantown and Charleston. Staff resources devoted to this project include: 2 senior program managers; 3 RC supervisors/coordinators; 1 business analyst; 2 assistant business analysts and 33 resource consultants.
Key Achievements	• Consultation in design of the self-directed option in three Medicaid Waiver programs • Financial management and resource consulting services for over 1900 participants to date • Bi-weekly payroll and accounts payable activity and Medicaid claims submission in excess of $ 1.7M • Development and implementation of trainings on support broker services, self-direction, person-centered planning and disability and long term care re-design • Over 97% participant satisfaction (2008 survey) • Purchase of participant goods and services to serve participant needs, independence, health and safety • Little turnover in project management and resource consulting positions in 8 years

Staff Contacts	**David Horvath** Associate Manager (304) 381-3106	**Randall Hill** Senior Program Manager (304) 988-4205
Client Contacts	Patricia Nisbet, Director, Office of Home and Community Based Services Bureau for Medical Services, 350 Capitol Street, Room 251, Charleston, WV 25301 Phone: 304-356-4904, Fax: 304-558-4398 Patricia.S.Nisbet@wv.gov Marcus Canaday, Director, Take Me Home West Virginia (Money Follows the Person Program) Bureau for Medical Services, 350 Capitol Street, Room 251, Charleston, WV 25301 Phone: 304-356-4847 Fax: 304-558-4398 Marcus.Canadayt@wv.gov	

Client	State of Washington Department of Social and Health Services
Project	Individual ProviderOne
Timeframe	October 2013 - Present
Scope	Public Partnerships LLC, a PCG Company, is contracted with the Department of Social and Health Services (DSHS) to serve as the Financial Management Services provider for the ProviderOne Program with a Go Live date scheduled for January 1, 2016. The Individual ProviderOne project was born out of the State's desire to replace the current Social Service Payment System (SSPS) and improve on the current processes that are used to meet the requirements of Centers for Medicare and Medicaid Services (CMS), Service Employees International Union (SEIU) Collective Bargaining Agreement (CBA), and the processes and procedures that are mandated by a variety of state agencies. Public Partnerships implemented a comprehensive solution for domestic payroll for social service Individual Providers (IPs) employed by clients of DSHS in the State of Washington. This supports the administration of the provider compensation-related functions for IPs working as employees who receive Form W-2 Tax Statements. The system supports approximately 35,000 providers per month, delivering services to approximately 35,000 DSHS clients. Public Partnerships was awarded this contract to implement a new payroll (W2) system for the IPs. This requires work efforts comprising system and processing configurations, data conversion from existing external software systems in use at this time, some customization efforts for specific previously identified functionality and interfaces that comprise receiving data for processing from other systems and sending transactional and related data to other systems. Public Partnerships has an established office based in Tumwater, WA to help meet these program needs and has established a local, multi-lingual Call Center in the SEATAC area to provide ongoing support to program stakeholders.
Key Achievements	1. Collaboration with WA DSHS to ensure program sustainability and support future program growth 2. Experience operating in a state where Individual Provider contracting, training requirements, and pay rates are determined through a Collective Bargaining Agreement

	3. Ongoing development of interfaces with the State's payment system to receive and upload authorization data to Public Partnerships' Web Portal
Public Partnerships Staff Contacts	John Purnell Account Manager 253.279.0858 jpurnell@pcgus.com
Client Contact	Dennis Elonka ProviderOne Phase 2 PCSS Release Manager p 360.725.1252 c 206.499.5838 elonkd@dshs.wa.gov

1E. Include three relevant letters of reference.

Public Partnerships LLC has included in this section three letters of reference from Anthem, Missouri, and West Virginia.

Anthem.

Anthem, Inc.
4170 Ashford Dunwoody Road
Suite 100
Atlanta, GA 30319

August 21, 2017

To Whom It May Concern:

I am pleased to serve as a reference for Public Partnerships, LLC for the purpose of the State of Vermont Request for Proposal regarding the ongoing work they perform for Anthem. Public Partnerships began work with Anthem in Virginia in April 2014. They were selected through a competitive procurement process to provide Fiscal Intermediary Services on behalf of the Consumer-Directed Services Program and to the 1,000 Anthem members.

Public Partnerships is responsible for fiscal employer agent responsibilities including payroll and taxes. In addition, they provide customer service to consumers, their families, providers, and Anthem program staff. To achieve this end, Public Partnerships developed and implemented comprehensive information management systems that support this work while ensuring payroll and customer service systems provide accurate, scalable tools for our affiliate health plan in Virginia.

We have found Public Partnerships to be responsive and collaborative in all requests. Our team has been pleased with the quality of the work performed, the responsiveness of the staff, and their ability to adapt and support our evolving needs. I would recommend Public Partnerships as a partner well able to support your states' goals to implement self-determination waivers. Their skill, expertise, and commitment to Anthem has been a valuable asset to implementing our vision and providing services to our members.

Please feel free to contact me for any additional information or questions at 770-986-0729 and email leigh.davison@anthem.com.

Sincerely,

Leigh A Davison

Leigh A. Davison

Staff Vice President LTSS Specialty Organization

ERIC R. GREITENS
GOVERNOR

MARK STRINGER
DEPARTMENT DIRECTOR

VALERIE HUHN
DIVISION DIRECTOR

PHONE: (573) 751-4054
FAX: (573) 751-9207

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL DISABILITIES
1706 EAST ELM STREET, P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
http://dmh.mo.gov/dd/

Friday, August 18, 2017

TO WHOM IT MAY CONCERN:

I am pleased to serve as a reference for Public Partnerships, LLC for the purpose of the State of Vermont Request for Proposal regarding the ongoing work they perform for the Missouri Department of Mental Health, Division of Developmental Disabilities. Public Partnerships began work in Missouri in January 2016. They were selected through a competitive procurement process to provide Financial Management Services to approximately 1,300 program individuals.

Public Partnerships is responsible for fiscal employer agent responsibilities including payroll, taxes, maintain employee qualifications and service documentation. Public Partnerships also provides customer service to Missouri's network of individuals, their families, employees, support coordinators and support brokers, and regional state self-directed support coordinator staff. To achieve this end, Public Partnerships developed and implemented comprehensive information management systems that support this work. Public Partnership's payroll and web-based systems provide tools that allow Division of Developmental Disabilities to create program integrity and insure individuals and families get the support the support they need in order to self-direct supports.

Their skill, expertise, and commitment to Missouri's goals allowed for continued growth of the program growing approximately 15% annual and currently serving over 1,600 individuals.

Please let me know if I can provide you with additional information.

Sincerely,

Kyla Mundwiller

Kyla Mundwiller
Department of Mental Health - Division of Developmental Disabilities
Director of Self-Determination
P.O. Box 687
Jefferson City, MO 65102
573-751-8331
kyla.mundwiller@dmh.mo.gov

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Medical Services
Home & Community Based Services
350 Capitol Street – Room 251
Charleston, West Virginia 25301-3706
Telephone: (304) 558-1700 Fax: (304) 558-4398

Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

August 15, 2017

To Whom It May Concern:

I am pleased to serve as a reference for Public Partnerships, LLC for the purpose of the State of Vermont Request for Proposal for a Fiscal Agent Employer. Public Partnerships began providing services for the WV DHHR Bureau for Medical Services (BMS) in 2007. They were selected through a competitive procurement process to provide Financial Management Services (FMS) and Support Broker Services for West Virginia's Aged and Disabled Waiver program, Intellectual/Developmental Disabilities Waiver program, and Traumatic Brain Injury Waiver program. Over 2,200 individuals on these programs are currently self-directing their services through Public Partnerships. This represents approximately 22% of the total waiver members and reflects PPL's contribution to the success of West Virginia's self-directed programs.

As our contracted FMS vendor, Public Partnerships is responsible for all aspects of payroll processing including tax withholding and reporting. Their Support Brokers and Customer Service staff provide information and assistance to program participants, their families, service providers, and Case Managers. Public Partnerships' BetterOnline web portal gives participants the ability to monitor their budget expenditures and real-time access to their service providers' timesheets and invoices.

I have been pleased with the quality of Public Partnerships' work, their responsiveness and their flexibility regarding BMS' evolving needs. I would recommend Public Partnerships without reservation as a partner well able to support states' goals to implement self-directed waivers. Their skill, expertise, and commitment have been a valuable asset to implementing our vision.

Please let me know if I can provide you with additional information.

Sincerely,

Patricia S. Nisbet
Director of Home and Community-Based Services

1F. Include a written statement confirming that the bidder possesses, or will obtain, the required insurance required by the State as outlined in the State's standard terms for contracts and grants, identified in Attachment C, which is attached to this RFP.

Public Partnerships LLC has included in this section a certificate of insurance as required by Attachment C to this RFP.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/3/2017

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

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

PRODUCER
Hays Companies
133 Federal Street, 2nd Floor
Boston MA 02110

CONTACT NAME: Michael Eaton
PHONE (A/C, No, Ext): (617) 723-7775 FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Great Northern Insurance Co.	20303
INSURER B: Colony Insurance Company	39993
INSURER C: Federal Insurance Co.	20281
INSURER D: Illinois Union Insurance Co.	27960
INSURER E:	
INSURER F:	

INSURED
Public Partnerships, LLC
148 State St.
10th Floor
Boston MA 02109

COVERAGES CERTIFICATE NUMBER: 17-18 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			[redacted]	4/1/2017	4/1/2018	EACH OCCURRENCE	$	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
							GENERAL AGGREGATE	$	2,000,000
							PRODUCTS - COMP/OP AGG	$	Included
							Employee Benefits	$	1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS X HIRED AUTOS / X NON-OWNED AUTOS			[redacted]	4/1/2017	4/1/2018	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $			[redacted]	4/1/2017	4/1/2018	EACH OCCURRENCE	$	10,000,000
							AGGREGATE	$	10,000,000
								$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		[redacted]	2/18/2017	2/18/2018	PER STATUTE / OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	Professional Liability Claims Made			[redacted] Retro Date: 2/27/1997	4/1/2017	4/1/2018	Each Claim/Aggregate Deductible: $100,000		$5,000,000

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

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

James Hays/CQUIRK

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2A. Working with Employers and Employees: The vendor shall demonstrate the ability and capacity to assist participating employers to learn and to carry out their responsibilities as employers. The participating employers are not employment professionals and will require support, patience, and clear instructions to carry out their responsibilities. The vendor shall be culturally sensitive and emphasize the philosophy of self-direction in all business practices. The vendor shall demonstrate its ability to provide prompt and accessible assistance to participating employers through a toll-free phone line with convenient hours, FAX, and internet access.

PCG Public Partnerships, LLC has the ability and capacity to assist participating employers to learn and to carry out their responsibilities as employers. We currently offer similar employer related support in many of our programs nationwide. Upon contract award, we will customize our existing orientation materials, and once approved by DAIL, begin utilizing our curriculum in the orientation training for employers. This training, which would be completed prior to the conclusion of enrollment, would be provided primarily by Public Partnerships' **Program Support Specialists (PSS)**. The employer would receive orientation training on what it means to be an employer and the roles of the employer, Fiscal/Employer Agent (F/EA), and employee.

Orienting the Employer

Public Partnerships has vast experience providing participants and employers with participant-directed services (PDS) orientation, enrollment, and employer best practices. Once the PSS contacts the employer and confirms the participants' orientation session, the **PSS** would prepare the packets and identify the participant packet delivery preference. The Program Support Specialists provide support and training in order to:

- Expedite paperwork processing,
- Decrease the enrollment timeframe of Participants and Employees,
- Provide a more hands-on, targeted, and comprehensive employer orientation that allows employers to direct their services confidently and in compliance with program rules and waiver policies. The Program Support Specialist would provide assistance in helping the employer understand, but not limited to:
    - his or her role as an employer,
    - how to review, approve and submit employee service hours,
    - how to report fraud and abuse,
    - how to report workers' compensation claims, and
    - how to avoid adverse unemployment costs that impact wage that can be paid to employees.

Enrollment Forms and the Enrollment Process

During the orientation call, participants are encouraged to start the enrollment process for at least one worker using the *Public Partnerships Over-the-Phone-Enrollment* phone line. Completing the employee's enrollment forms with support of the PSS significantly reduces the number of errors, reduces the enrollment timeframe, and leads to a higher participant and provider satisfaction with the process. We understand that the enrollment process can be intimidating and frustrating and it is our goal to make the participants and their employees feel at ease with us and the process.

Referral Process

Participants are provided information and assistance from the Program Support Specialist. The participant would be given the opportunity to schedule a phone visit as preferred. This process is designed so that each newly referred individual is offered a phone visit with a Program Support Specialist. Public Partnerships also utilizes **Peer Trainers** to conduct follow-up phone visits to provide additional assistance that the employer or employee may need after the initial phone visit with the **Program Support Specialist**.

In addition to Public Partnerships Orientation and Skills Training meetings, Public Partnerships' customer service is trained and available to participants to provide technical assistance with all program-specific enrollment packets and DAIL program rules.

Support through Customer Service

Public Partnerships values well-trained staff who understand that they need to provide excellent customer service with a full depth of understanding of the principles of self-determination. Training is provided extensively within the Public Partnerships organization to reinforce this key component of PDS. Our Customer Service Center representatives provide service exclusively to individuals in self-directed programs and, as such, the values of self-determination are ingrained in staff through consistent and ongoing reinforcement of its relationship to F/EA responsibilities in a PDS environment.

Customer Service Center staff members treat all callers with dignity and respect. No other treatment standard is acceptable. In many call centers, employee performance is measured by the length of time they are on a call. Public Partnerships specifically does not do this. We want our customer service specialists feel empowered to spend the time on the phone that is required to satisfy all of the callers' needs.

Callers are treated with dignity and respect. No other treatment standard is acceptable.

Upon contract award, Public Partnerships will establish a toll-free number available 24/7 for the exclusive use of the DAIL Program. To address the needs of our customers, a dedicated customer service line will be available Monday through Friday from 8:00 am to 8:00 pm EST/EDT and Saturday from 9:00 am to 1:00 pm EST/EDT, excluding federal and state holidays. A voicemail box will be activated for after hours and these calls will be returned in a timely fashion once business hours resume. Our automated phone system allows for callers to obtain timesheet status information at any time.

Public Partnerships will establish a toll-free high-speed fax number which will be available 24/7 for the exclusive use of the DAIL program. Public Partnerships will provide a communications channel for customers with auditory challenges through our teletypewriter (TTY) and telecommunications device for the deaf (TTD). All project staff are trained in cultural diversity and can communicate effectively by voice and TTY/TTD technology with clients who have disabilities, including deaf and the hard of hearing.

Public Partnerships will also provide an e-mail communication option through the Public Partnerships' BetterOnline™ web portal or any standard email server. BetterOnline™ has a "Contact Us" page which will provide the DAIL program specific phone number and fax number information along with a narrative box which can be used to email customer service. The DAIL program specific email address would be located on the Contact Us page and can be used to e-mail from a personal account if the participant/employer or employee prefers.

Public Partnerships will maintain a DAIL program-specific website that includes a program overview, program specific documents, training materials, and contact information. At a minimum, program documents will include sample packets, downloadable forms, payroll information, worker's compensation information, and how-to guides. Public Partnerships will

implement internal controls to monitor the accuracy of the materials included on the website and have procedure in place to update any out of date or inaccurate materials.

2B. Authorizations and Program Limitations: The vendor shall adhere to the State's processes requiring prior written/electronic authorization before the vendor initiates services with an employer. Limitations are established differently in each of the various programs.

PCG Public Partnerships, LLC has the ability to adhere to the State's processes requiring written/electronic authorization prior to the start of services. **Before we initiate services** with a participant and establish them or their designated representative as the employer, Public Partnerships will utilize a referral system to initiate the process of F/EA services. Authorizations are a required component in our enrollment process, hence employers and employees are not considered good to go until we have received a valid authorization for the employer. If authorizations are not received, our Program Support Specialist will work with the case managers to confirm authorizations were generated.

Authorizations must be received prior to initiating services and will service as a referral system for F/EA services.

Public Partnerships is able to accept and receive authorization files on a set frequency established with DAIL. Authorizations received via paper can be sent to our electronic fax for processing within by our Support Specialists and maintained within our BetterOnline™ web portal as electronic images. While reviewing the authorization received via fax, the Support Specialist will work directly with the referring Case Manager if there are any missing or inaccurate data received.

Public Partnerships supports expedited receipt of authorizations through an automated electronic file upload process if the client is able to create a file from its system. With the identification of several key records authorizations received can be implemented in the system with 24 hours allowing the participant to receive services within one day. We do this with many of our State clients who are pleased with how this expedited process supports their program participants.

We will accommodate the current method of authorization submission within the Vermont programs, and hope to work with the state to establish electronic authorization transmittals, if possible, in the future.

1. **Service Allocations: The service allocations for the programs are as follows:**

   a. **Attendant Services Program (ASP): Budgets are authorized on an annual basis, based on the participant's assessed needs. The participant's budget will determine the service allocation in dollars for all program options. The service authorization in dollars is a bi-weekly budget with no carry over of any remaining budget from pay period to pay period.**

Once initial and updated service allocations are received, we load them into our BetterOnline™ system (see section 2C Billing Agent for Family Directed Hi-Tech Nurses), where the service allocations can be viewed by participants, case managers, and other authorized stakeholders. Due to our vast experience managing different programs across multiple states with different authorization requirements and program rules, Public Partnerships has the ability to custom tailor our BetterOnline™ web portal to meet the specific requirements outlined by DAIL. Should we be awarded this project, Public Partnerships has the capability to receive service allocations from DAIL in accordance with agreed upon terms for all programs.

Public Partnerships BetterOnline™ web portal supports various authorization dynamics. It supports authorizations with the following variables: Multiple authorization timeframes (including but not limited to unit based, dollar based, annual authorizations, bi-annual authorizations, quarterly authorizations, monthly authorization, multiple service code menus, goods and/or service authorizations).

Below is an example of an annual unit based authorization.

Service	Authorization ID	Start Date	End Date	Authorized By	Unit Type	Authorized Units	In Increments Of	Total Authorized Units	Paid Units	Good To Pay Units	Remaining Units	Authorization Amount	Paid Dollars	Invoiced Dollars	Balance	Note	Status	Actions
W7341 Financial Management Service	AUL2016567	7/1/2017	6/30/2018	Date	Unit	12.00 units	1.00	12.00	0.00	0.00	12.00	N/A	N/A	N/A	N/A		Approved	
W1792 Personal Assistance Services	AUL2005819	7/1/2017	6/30/2018	Date	Hour	22,943.00 units	15 minutes	5,735.75 hours	462.00 hours	228.00 hours	5,273.75 hours	N/A	N/A	N/A	N/A		Timesheet Partially Submitted	

Below is an example of an annual dollar based authorization.

Service	Authorization ID	Start Date	End Date	Authorized By	Unit Type	Authorized Units	In Increments Of	Total Authorized Units	Paid Units	Good To Pay Units	Remaining Units	Authorization Amount	Paid Dollars	Invoiced Dollars	Balance	Note	Status	Actions
W1500 Participant Dir Community Supp	AUL2052169	7/1/2017	6/30/2018	Date	Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$96,637.32	$5,931.18	$2,016.63	$87,769.51		Timesheet Partially Submitted	
W7341 Financial Management Service	AUL2024477	7/1/2017	6/30/2018	Date	Unit	12.00 units	1.00	12.00	0.00	0.00	12.00	N/A	N/A	N/A	N/A		Approved	

b. Children's Personal Care Services (CPCS): Six-month Prior Authorizations measured in dollars, typically authorized in consecutive six-month segments for an annualized allocation. CPCS service authorizations also include consecutive allocation segments totaling a three-year period and short-term/pro-rated 30, 60, and 90-day extensions of benefits. CPCS includes a limit number (<100) of "C3" participants who access payments for goods and services, prior approved by the State in individual "spending plans."

As previously mentioned, Public Partnerships can accommodate DAIL's authorizations and spending plan requirements. During our launch process we will discuss the parameters necessary to build the specific authorization matrix.

Below is an example from our web portal of a goods and services based authorization with varying authorization periods.

Service	Authorization ID	Direct Care Worker	Start Date	End Date	Authorized By	Unit Type	Authorized Units	In Increments Of	Total Authorized Units	Paid Units	Good To Pay Units	Remaining Units	Authorization Amount	Paid Dollars	Invoiced Dollars	Balance	Note	Status	Actions
W1901: Part Of Goods & Services						Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$4,849.00	$4,849.00	$0.00	$0.00			
OTHER	AUL1992675	Wheelchairs and More Corp	6/5/2017	6/06/2017	Year	Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$322.00	$322.00	$0.00	$0.00		Paid	
OTHER	AUL1868859	NOVACARE PHYSICAL THERAPY	3/26/2017	4/6/2017	Date	Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$189.00	$189.00	$0.00	$0.00		Submitted	
OTHER	AUL1868857	Wheelchairs and More Corp	3/12/2017	3/25/2017	Date	Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$329.00	$325.00	$0.00	$0.00		Submitted	
OTHER	AUL1851777	[illegible]	1/15/2017	1/23/2017	Date	Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$75.00	$75.00	$0.00	$0.00		Submitted	
OTHER	AUL1851773	Wheelchairs and More Corp	1/1/2017	1/14/2017	Date	Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$50.00	$50.00	$0.00	$0.00		Submitted	
WHEELCHAIR	AUL1863094	Wheelchairs and More Corp	5/1/2016	5/14/2016	Year	Dollar	N/A	1.00	N/A	N/A	N/A	N/A	$2,674.00	$2,674.00	$0.00	$0.00		Paid	

c. Choices for Care (CFC):

i. Participant & Surrogate Directed Services including:

(1) Personal Care: An annual authorization based on the participant's assessed need will determine a service allocation in dollars for this program option. The service authorization in dollars is a biweekly budget with no carryover of any remaining budget allocation from pay period to pay period.

As mentioned above, we support many authorizations that have dollar or unit based thresholds; or both. The business rule that prevents budgets from being spent beyond the authorized last date of service will be built into the BetterOnline™ web portal logic.

(2) Companion and Respite: An annual calendar year service authorization based on the participant's assessed need determines the

service allocation in dollars for this program option. The service authorization in dollars is a budget with carryover of remaining funds each pay period. The budget authorization is by calendar year (January 1 to December 31).

While many state client programs disallow carryover, many current clients require Public Partnerships to carryover funds within monthly budgets for an entire year. We can accommodate carryover funding for specific services as required by DAIL. This is functionality is a standard offering in BetterOnline™.

ii. **Flexible Choices: A biweekly service allocation in dollars is determined based on the participant's assessed need. The participant works with an Intermediary Organization to detail how the expenditure of the service allocation/budget will be used. This option includes "savings". If a participant does not spend the entire budget in a two-week period, the unspent sum may be carried over as savings. Participants my not carry over more than $500 in savings from one fiscal year (July 1 to June 30) to the next.**

Carryover funding with defined threshold limits can be built into the BetterOnline™ web portal logic by unit based or by dollar based as indicated by program requirements.

d. **Developmental Disabilities Services (DDS): Annual Authorized Spending Limits in dollars, for each funded area of support, which are inclusive of employer payroll taxes. The calculated amount of the timesheet submitted must not exceed the remaining amount of funds in the Annual Authorized Spending Limits, for the funded area of support, unless there is another funded area for that individual, in which case, only the single timesheet that exceeds the budget may be paid by using funds from the second funded area. These budgets will need to be maintained by the vendor in the secure database as Developmental Services Authorized Spending Plan.**

Public Partnerships payroll and claiming system accommodates many variables that determine authorized payments. Several allowable expenses can be tailored for charging against a participant's budget. Some examples of client expense variables include: wage, employer taxes, unemployment and workers' compensation insurance expense and many more. We will customize the billing and payment methodology based on DAIL's spending budget protocol.

Below is an example of one client's expense elements that contribute to a participant's budget. Section 2E Payroll Reports illustrates data elements maintained in the database for each participant.

PAS Pay Rate: 12.05

		Employee Deductions							Employer Paid Deductions		
	Earnings	SocSec	MdCare	Fed	State	Local	Other	SUI	FICA	FUTA	WC
DCW:											
Reporting Month:	$265.10	$16.44	$3.85	$8.81	$8.14	$6.66	$0.18	$19.69	$20.29	$1.59	$7.42
YTD:	$2,267.83	$146.61	$34.34	$104.05	$72.78	$53.72	$1.63	$175.83	$188.15	$14.21	$66.27

e. Traumatic Brain Injury Respite (TBI): Authorized funding as identified in the individual's Plan of Care.

As previously indicated Public Partnerships can customize authorizations and spending plans in accordance with the individuals' plan of care.

2. The State, or for DDS the provider agency or Supportive Intermediary Service Organization (ISO), will provide timely, correct and updated information for eligible individuals and changes in authorized services such as terminations, changes in plans of care, etc.

We acknowledge that authorizations will be provided by the designed entity timely, correct and updated information for eligible individuals and changes in authorized services such as terminations, changes in plans of care, and/or additional information relating to services, there are situations in which records could receive an error. If an error is found an error file is generated after the automated file load is complete. For any service allocation that was not uploaded to Public Partnerships' system. Public Partnerships researches the service allocations in the error file; identifies the internal/external reason for non-load, and either,

a. Adjusts and resubmits the service allocations for reload, or
b. Provides the service allocation data error reason, participant identification and recommendation for service allocation resolution to correct upload error to the originating Intermediary Organization or the State.

3. Hourly rates may vary and are determined by the employer within the limits established by State and Federal law, State policy and the Collective Bargaining Agreement (CBA) (see Section 2.M.9. of this RFP for additional information regarding the CBA) and according to program standards. The State shall, by written notice, notify the vendor of any changes to the authorized rates of pay for employees and programs whose hourly rates are determined by the State.

Our BetterOnline™ web portal is designed to accept different rates based on guidelines and service allocations set forth by the state. Public Partnerships confirms that hourly rates may vary and are determined by the employer within the limits established by the State and Federal Law, State Policy and the Collective Bargaining Agreement and according to program standards. **We have vast experience working with unions and understanding Collective Bargaining Agreements.** Our experience is referenced within section 2M of this RFP response. Our system allows for a minimum and a maximum wage to be set based on program rules, for example wages paid to providers not covered by the terms of the CBA shall be paid no less than the Vermont minimum wage. We look forward to working with the state on any notices of changes to the authorized rates of pay for employees and programs whose hourly rates are determined by the State.

4. **The vendor will provide payment only for individuals who are Medicaid eligible at the time services are provided.**

Public Partnerships confirms that if awarded this project we will **provide payments only for individuals who are Medicaid eligible** and have a valid authorization in place at the time services are provided. We have extensive experience working with Medicaid agencies to establishing a standard CMS 270/271 Health Care Eligibility Benefit Inquiry and Response EDI Transaction set. We will verify member eligibility prior to posting payments for employee timesheet lines using data received in the 271 file obtained for valid dates of service. In addition, Public Partnerships can gain access and develop a process to utilize the Vermont Medicaid Portal to manually review a participant's Medicaid eligibility when additional verification is necessary for instances of timesheets pending payment due to no eligibility.

Medicaid Eligibility Verification is a key component of our payment validation process.

5. **For program participants, the number of hours billed in one calendar day cannot exceed 24 hours between multiple providers/employees, except in DDS as authorized by the Individualized Service Agreement (ISA).**

Our BetterOnline™ web portal has built in logic which prevents the system from paying timesheets with hours that are overlapping or exceeds 24 hours in one calendar day. Our rules based system can be customized per program based on the program needs and rules; including exception overrides for employee hours. As we work with DAIL on the fine details of each program, each rule will be reviewed and adapted for the needs of the program.

6. **For employees, the number of hours billed in one calendar day cannot exceed 24 hours between multiple participants/employers, except in DDS.**

Our BetterOnline™ web portal has built in logic which prevents the system from paying timesheets with hours that are overlapping or exceeds 24 hours in one calendar day. Our rules based system can be customized per program based on the program needs and rules; including exception overrides for employer hours. As we work with DAIL on the fine details of each program, each rule will be reviewed and adapted for the needs of the program.

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

Public Partnerships confirms that providers employed through programs covered by the CBA between the State of Vermont and AFSCME will be paid no less than the minimum wage established in that agreement. Public Partnerships also confirms that the wage paid to providers not covered by the terms of the CBA shall be paid no less than the Vermont minimum wage.

2C. Billing Agent for Family Directed Hi-Tech Nurses:

1. The vendor shall serve as the billing agent for family directed nurse-providers in the Medicaid Self/Family Directed HTN program. This shall involve:

PCG Public Partnerships, LLC has applied national best practices and our unmatched experience to develop a highly-scalable and fully integrated time keeping and payroll system that meets the unique requirements of Fiscal/Employer Agent (F/EA) services for Participant Direction.

a. Receiving timesheets from the nurse-provider;

Our BetterOnline™ web portal technology provides authorized users with real-time access to Participant and Employee demographic information, eligibility/qualifications, timesheet submission and payment history in a secure environment, 24 hours a day/7 days a week. Designed by staff with years of experience managing complex Medicaid Home and Community Based Services (HCBS) waiver requirements and implementing programs, BetterOnline™ reflects the best of commercial products and our experience with Participant Direction.

The BetterOnline™ web portal has role-based access. This means that each BetterOnline™ user is assigned to a role, which in turn has specific access rights. For example, all Participants belong to the Participant role. Users assigned to this role only have access to view their own demographic information, documents, service authorizations and Employees. They cannot see any other Participant or Employee information, preventing unauthorized access to PHI. Similarly, Support Coordinators and Case Managers can view Participant demographics, documents and service authorization and utilization data but only for those individuals on their case load.

Public Partnerships' BetterOnline™ web portal has role-based access for each user.

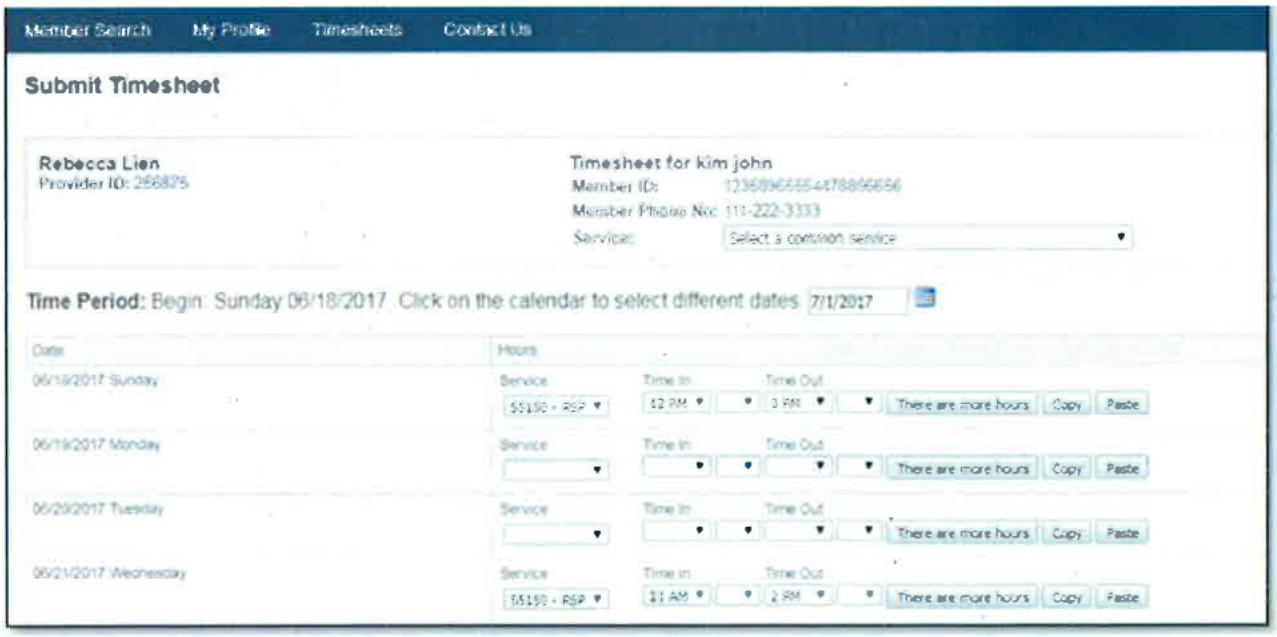
Public Partnerships has designed, tested and deployed timesheets and instructions for qualified Employees in accordance with other state program requirements and will do the same for the Vermont program. Currently, our technology allows for Employees to submit hours worked, and Participants/Employers to approve/reject hours worked in the following ways:

1. Online using the BetterOnline™ web portal;
2. On a mobile device using the Time4Care™ application; or,
3. Via traditional paper timesheets (upon request for those that do not have internet access or a smartphone).

With the submission of each timesheet, BetterOnline™ verifies the service entries do not violate any programmatic rules. BetterOnline™ is fully integrated with our back-end financial management and accounting system. The program specific logic is a safeguard so that each Employee can submit a timesheet only for the Participant with whom they are associated to in the system. BetterOnline™ provides real-time validation of all services and shifts entered so there are no errors that would prevent the timesheet from being paid. Should a timesheet not meet program requirements to allow payment, the Employee is notified at the attempt to submit. The Employee can then correct and try again to submit the timesheet or call our Customer Service if they have questions. Once the timesheet is submitted, the employer offers approval by logging into BetterOnline™ and electronically approving the timesheet. The electronic approval process has been approved for use by the Center for Medicare and Medicaid Services.

In the following example, the Employee will populate the timesheet with the:

- Pay period or date range of service
- Service code/name (list populated based on authorized services in the Participant's Individual Supports Plan)
- In time and out time for dates worked



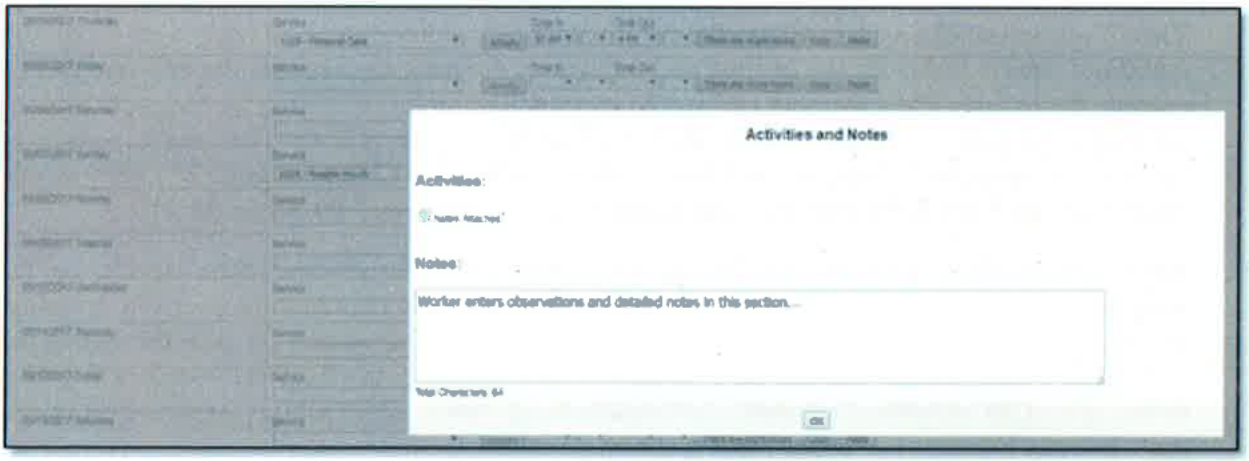
After completing the e-Timesheet, the Employee is ready to submit it for review and approval by the Participant. The BetterOnline™ web portal integration with our financial management system ensures thorough validation in real time to check for common timesheet errors and other issues that would prevent the timesheet from being paid such as:

b. Confirming timesheets meet minimum acceptable criteria established by the State;

Every timesheet submitted by an Employee or Hi-Tech Nurse to us is checked against the Participant's service allocation to ensure there are adequate funds to complete the transaction. This payment control ensures sufficient funds are in the Participant's service allocation and prevents overpayment from occurring. Additionally, this rule acts as a safeguard against fraudulent activity.

BetterOnline™ captures all submissions, payments, and complete financial transition history for every Employee. The system also has the ability to capture activities and notes for each Employee's shift that is submitted through e-Timesheet and the Time4Care™ application.

Below is an example of another program's timesheet that includes the notes requirement only. The system can be configured to require both activity and notes. Once the Employee enters their shift, the activity field will open for entry and the Employee can provide detailed notes, within the specified character limit.



If the Employee does not enter the activity and notes, they will receive an error message, as seen below, when attempting to submit their e-Timesheet until all requirements are met. When awarded the contract, Public Partnerships and DAIL can work to review the requirements of this feature and the timeline for implementation.

We configure the available services and applicable payment rules to meet the specific requirements of the contract, including applicable unit and dollar rates, limits, and state and local tax laws and regulations. In addition, BetterOnline™ provides a variety of standard and custom reports to enable DAIL to monitor Participant and Employee status and service allocation utilization information to promote more efficient and effective program management. Our systems and processes ensure compliance with applicable laws and regulations while giving our state clients and all stakeholders the tools they need to successfully manage Participant Directed programs designed for specific state policies and waivers.

Time Validation: The system allows the user to enter only valid time. For example, an Employee could not enter 8:00am for the in time and 7:00am as the out time because the out time cannot precede the in time. The timesheet tool would prompt the Employee to enter a correct out time. If the Employee truly worked a 23-hour shift, the Employee must split the shift into two dates of service. For example, if Sally worked from 8:00am on the 1st to 7:00am on the 2nd, Sally would report working from 8:00am to 11:59pm on the 1st and 12:00am to 7:00 am on the 2nd.

Budget Validation: Through our interactive budget validation process, time entered on the timesheet is tested against the Participant's Individual Supports Plan and the previous spending information housed in the financial management system. If submitted time exceeds the authorized Individual Supports Plan amount, the system will flag that the hours the Employee is attempting to bill exceed the authorized amount. The Employee can correct and resubmit the timesheet or call our Customer Service if he or she has a question.

Cross-Validation: BetterOnline™ checks the timesheet against existing timesheets in accordance with program rules. For instance, many Participant Direction programs prevent one Employee from working for two Participants at the same time, or bars two Employees from working for one Participant at the same time. Other programs prevent the submission of any time by an Employee who has not completed required trainings or certifications. With the submission of each timesheet, the system verifies that it does not violate any program-specific rules. We will customize these rules based on DAIL's preferences.

c. Converting timesheets to a format accepted by the Vermont Medicaid fiscal agent (currently DXC).

Public Partnerships has a robust Medicaid Billing System that allows us to customize the system per the Medicaid agency billing requirements. Public Partnerships has successfully worked with Medicaid agencies on establishing a valid 837/835 billing process. We look forward to working with the Vermont Medicaid billing contractor to identify the steps needed to convert validated timesheets into an acceptable format. The accepted format will be established during the testing process between Public Partnerships and Vermont Medicaid billing contractor. This allows the Vermont Medicaid system to confirm that the format of the file meets the systems processing requirements.

d. Submitting claims to the Vermont Medicaid billing contractor (currently DXC);

As timesheets are received by Hi-Tech Nurses, they will be entered in the BetterOnline™ system or as described previously the Hi-Tech Nurses can directly enter their timesheet into the system. We will then begin the claiming process for the validated timesheet batch, by converting the timesheet data into an accepted file format for the Vermont Medicaid system. This process will allow the timesheet to directly create a claim record without generating payroll to the Hi-Tech Nurses.

e. Monitoring the processing of a claim and informing the nurse-provider if there is a problem with payment of a claim.

The Vermont Medicaid system will receive the claims file and adjudicate each claim for payment directly to the Hi-Tech Nurses. A payment file should be submitted back to us in response. We will then process the payment file by automatically reconciling outstanding claims against the payment information contained in the file, including the payment amount and denial reason information. Outstanding claims are reviewed, analyzed, updated if necessary and then resubmitted for payment. We know how important it is to identify and resolve issues in a timely manner, and will work with stakeholders to determine a schedule which is ideal for all parties to review and resolve any denied claims.

2. The vendor will not produce checks based on these claims.

As stated above, we will be able to process the claims but will not produce checks and will be able to administer the program as currently designed.

3. The nurse-providers are functioning as independent contractors and, by serving as their billing agent, neither the vendor nor the families to whom the nurse-providers provide services are employers of these nurses.

We understand neither Public Partnerships nor the families receiving services are employers in the Medicaid Self/Family Directed HTN program.

4. It is the responsibility of the State Department of Vermont Health Access (DVHA) to ensure the nurse-providers have met all the requirements to be Vermont Medicaid providers.

As indicated above, we will only serve as billing agent in this program and will not be providing services to confirm nurse-providers meet program requirements.

5. The vendor is held harmless for bills they do not process as a result of errors on the part of the nurse/provider or the State.

We recognize as billing agents for the Medicaid Self/Family Directed HTN program, we are not held responsible for bills we are unable to process due to nurse/provider or State errors.

2D. Patient Share: The vendor shall demonstrate the ability to manage the Patient Share process in Choices for Care by:

1. Billing participating employers any Patient Share payments as determined by DVHA.

We are able to meet the requirements of billing the Participant for the Patient Share requirement based upon notices received from DVHA for the Choices for Care program. We are experienced in establishing data exchanges to support the receipt of Patient Pay notices on a daily basis. This experience will be used to guide our efforts in beginning the Patient Share process for the Choices for Care program.

2. Tracking the amount of Patient Share withheld by Medicaid.

We can design program rules that will track the collection of Patient Share within the Participant BetterOnline™ web portal. Reporting from within BetterOnline™ web portal can be created to allow for the tracking and monitoring of each of the participants who has Patient Share assigned. Quarterly Service Reports provided to the Employer can also detail the patient share amount.

3. Managing and tracking Patient Share notices from the DVHA.

We have an established operational processes to support the receipt of new and updated or cancelled participant patient share notices from the DAIL. These patient payment records are received daily and loaded into the PPL Web Portal and payroll processing system. Each patient share request is evaluated against criteria that has been established, reviewed and approved by DAIL.

"PCG Public Partnerships has an established operational process to support receipt of new, updated or cancelled patient share notices.

4. Where necessary, interacting with other service providers to ensure the "highest paid provider" determination accurately reflects the collection, withholding, and payment of Patient Share.

We have processes and procedures for working with additional service providers to ensure that the highest paid provider is the provider to collect the Patient Share. We have worked with State agencies as well as MCOs to assist with a clear path on this determination based on service utilization. We look forward to working with these stakeholders to accurately reflect the

collection, withholding, and payment of Patient Share.

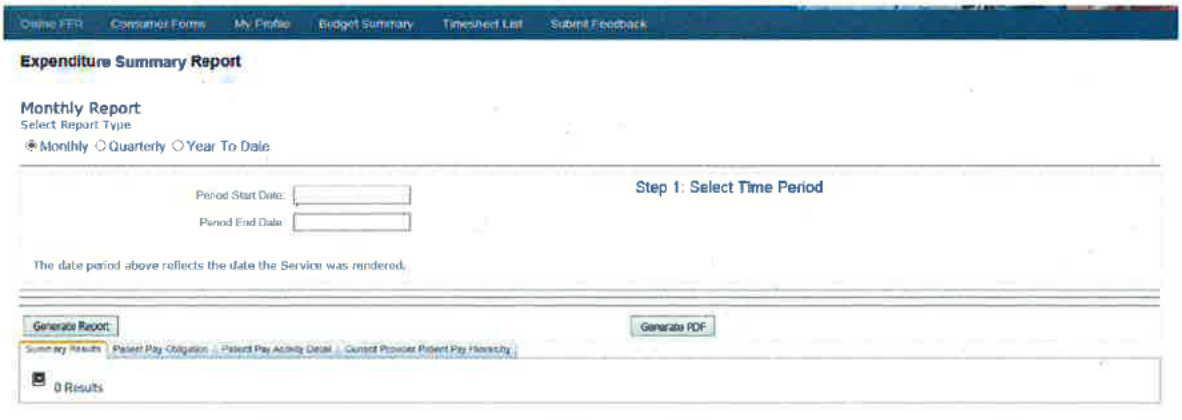
We have experience within other participant directed programs in which the patient share is automatically deducted from the designated employee during the pay period that contains the 1st day of the month. This practice allows for better accountability of program funds and deductions against actual services received. Public Partnerships produces a remittance advice and paystub that reflects the patient share that has been withheld during each bi-weekly pay period. The employee's paystub/remittance advice contains a line item that shows the patient share amount that has been withheld during the period. Those participants that have access to the BetterOnline™ web portal can also see the patient share detail within the portal. The employer can also call the Customer Service staff to request this information. Public Partnerships recommends exploring the model to deduct the patient share from the employee's net wages and look forward to discussing this further with DAIL.

Public Partnerships software can meet all programming needs and modifications as required in Section 1 (d) (i) (4) of the evaluation requirements.

2E. Payroll Reports: At the completion of each payroll, the vendor shall provide to participating employers and in DDS the Designated Agencies/Specialized Services Agencies/Supportive ISO, a statement showing the funds paid, the balance remaining in the authorized funding/service limits, the dates of service, the number of hours worked and the appropriate service code for each date of service. The purpose of the statement is for the participating employer, and the designated agency supporting the participant (if any), to know whether payments are consistent with the authorized funding/service limits, and to know whether the payment made to the employee is reflective of the timesheet submitted. The format of these reports will vary from program to program and will be designed to meet the needs of the participants and employers in those programs. The vendor shall also provide this information to the State if requested. The report shall be easy for the employer to read and to follow. The formats for these reports will be approved by the State. While these reports will be available via secure electronic format (e.g. secure e-mail or secure website), reports will continue to be available on paper distributed through the US Mail when requested by the employer for a specific instance or on an ongoing basis.

Public Partnerships offers payroll reporting online and available 24/7 to participants/employers, case workers, state staff and authorized stakeholders. We provide payroll reports through our BetterOnline™ web portal. Our system allows an authorized user access on demand and in real time to view usage. The below screen shot represents an Expenditure Summary Report within BetterOnline™ that gives the participant real time access to their utilization.

Upon contract award, we can configure reporting to accurately reflect the intricacies of each service utilized in the program. BetterOnline™ web portal's authorization module can be configured by unit or by budget, based on program need.



In addition to participant level views of our portal, we can configure roles within the portal that will allow Designated Agencies/Specialized Services Agencies/Supportive ISO users access to approved and relevant budget information for participants on an on-demand basis as well. This ability and access allows participants and DAIL members to effectively monitor and manage their budgets and tailor the usage to fit their needs. The configuration of these roles is designed to allow only the people who are authorized to see the participants' information the appropriate access. We are also able to offer these reports in a paper fashion to those who request it.

We have the ability to configure the information provided and the appearance of these reports. The reports can be customized per program to meet the needs of the participants and the approval of the DAIL.

We know that in order for state agencies to reap the benefits of participant-directed programs, participant-employers must be able to monitor funds and expenditure habits to become judicious participants of their supports and services. Along with the services we offer to our clients. Participant spending awareness can ultimately lead states to experience lower costs and greater efficacy, yielding lasting and positive impacts on all parties involved.

We help state agencies achieve efficiency by producing and distributing our Family Friendly Reports that are easy to comprehend and capture the specified items listed below:

(1) Participant's name, ID number, and mailing address;
(2) Monthly budgeted amounts;
(3) Amounts authorized for each service and spending thus far;
(4) Yearly budgeted amounts by services; and
(5) Projected expenditures for the remainder of the fiscal year;

The following page provides an example of a Family Friendly Report generated after each bi-weekly payroll period for review of budget utilization by participating employers and in DDS the Designated Agencies/Specialized Services Agencies/Supportive ISO. While we offer multiple ways to receive this report, we recommend accessing electronically since available on demand or through email for quick receipt.

VT DAIL Participant Directed Service Program
Public Partnerships.
LLC Fiscal Agent
Services
Street Name
City Name, VT 05671

Participant Name
Participant Address

Bi-Weekly Service Report
Vermont Choices for Care Program

Consumer ID: C000000
Statement Date: 02/15/2017
Activity Start Date: 02/01/2017
Activity End Date: 02/15/2017
Case Manager:
Page Number: 1
Questions: 1-866-123-1234

How to read the Monthly Account Statement

Will be designed to the needs of Vermont.

Section 1 - Prior Authorizations

- Section 1 will provide details regarding how the Participant can read their bi-weekly statement

Section 2 - Patient Share Information

We maintain all relevant spending and balance information associated with the participant's authorization. This information can be delivered on a prescribed basis that will allow participants to manage their budget most effectively. In addition to the planned distribution of these reports they can be made available to all interested parties on an on-demand basis via our reporting site

In addition to the Family Friendly Report, we offer an additional report that is beneficial in managing expenditures called the Budget Utilization Report. This report can be made available to participating employers and in DDS the Designated Agencies/Specialized Services Agencies/Supportive ISO on an as requested basis to assist in monitoring participant service utilization.

We have historically delivered the Budget Utilization Report on a monthly basis. The report lists the funds allocated to a participant, funds used in the prior month and any remaining balance in the participant's budget.

Budget Utilization Report
As of:04/07/2015

Participant PPL ID #	First Name	Last Name	Budget Period Start Date	Budget Period End Date	Total Appropriated amount	Total Monthly budget	Monthly Allocation	Total Monthly Amount Unallocated	Total monthly spent amount	Total Monthly Amount Balance	Month Start Date	Month End Date	By Month Allocated	By Month Spent	By Month Balance	Percent of Monthly Utilization
C000003	QA	TEST 1	10/01/2014	09/30/2015	57475.66	57475.66	57475.66	0	28213.78	29261.88	02/01/2015	02/28/2015	4788.04	4559.36	228.68	95.22
C000003	QA	TEST 1	10/01/2014	09/30/2015	57475.66	57475.66	57475.66	0	28213.78	29261.88	03/01/2015	03/31/2015	4788.04	4537.44	250.6	94.77
C000003	QA	TEST 1	10/01/2014	09/30/2015	57475.66	57475.66	57475.66	0	28213.78	29261.88	01/01/2015	01/31/2015	4788.04	4786.78	1.26	99.97
C000004	QA	TEST 2	06/01/2014	05/31/2015	26305.4	26305.4	26301.98	3.42	21726.58	4575.4	03/01/2015	03/31/2015	2239.16	2120.63	118.53	94.71
C000004	QA	TEST 2	06/01/2014	05/31/2015	26305.4	26305.4	26301.98	3.42	21726.58	4575.4	01/01/2015	01/31/2015	2237.52	2237.52	0	100
C000004	QA	TEST 2	06/01/2014	05/31/2015	26305.4	26305.4	26301.98	3.42	21726.58	4575.4	02/01/2015	02/28/2015	2072.99	2006.76	66.23	96.81
C000005	QA	TEST 3	03/29/2014	03/28/2015	55454.08	55454.08	55055.66	398.42	53984.98	1070.68	02/01/2015	02/28/2015	4365.44	4364.42	1.02	99.98
C000005	QA	TEST 3	03/29/2014	03/28/2015	55454.08	55454.08	55055.66	398.42	53984.98	1070.68	01/01/2015	01/31/2015	4214.91	4214.91	0	100
C000005	QA	TEST 3	03/29/2014	03/28/2015	55454.08	55454.08	55055.66	398.42	53984.98	1070.68	03/01/2015	03/28/2015	4853.12	3784.76	1068.36	77.99
C000006	QA	TEST 4	10/01/2014	09/30/2015	71455.68	71455.68	71455.58	0.1	33632.8	37822.78	02/01/2015	02/28/2015	5481.53	5296.42	185.11	96.62
C000006	QA	TEST 4	10/01/2014	09/30/2015	71455.68	71455.68	71455.58	0.1	33632.8	37822.78	03/01/2015	03/31/2015	6068.83	5361.33	707.5	88.34
C000006	QA	TEST 4	10/01/2014	09/30/2015	71455.68	71455.68	71455.58	0.1	33632.8	37822.78	01/01/2015	01/31/2015	6068.83	5777.38	291.45	95.2

We recognize the need for all parties, especially participants, to have an understanding of their spending and balances associated to their authorizations. Our ability to offer participants real time access to this information via our BetterOnline™ web portal, faster access via email, and paper copies if requested allows participants to manage their funds easier and more effectively.

2F. Unique Identifier:

The vendor shall maintain an Employer Identification Number (EIN) for each individual employer for the purposes of tax reporting and as a unique identifier in the secure system.

Public Partnerships has extensive experience obtaining Employer Identification Numbers (EINs) for employer in participant-directed programs. Public Partnerships obtains, on behalf of domestic employers, more than 15,000 EINs annually and currently maintains approximately 100,000 EINs across the portfolio.

Public Partnerships obtains EINs for individual employers per IRS regulations and maintains them as unique employer identifiers in the financial management system. The employers authorize Public Partnerships to obtain the EIN on their behalf through Form SS-4, Application for Employer Identification Number (EIN). Public Partnerships primarily obtains the EINs through the IRS online system, then enters them into our secure financial management system, BetterOnline™.

2G. Qualifying as the Fiscal Agent:

The vendor shall qualify to serve as a fiscal agent for each participating employer under required IRS procedures by obtaining required federal forms. The vendor shall also prepare for filing any appropriate state forms to be recognized by state unemployment and income tax agencies as a fiscal agent for the employer. The vendor shall not submit said paperwork to the IRS or other agencies until directed to do so by the State.

Public Partnerships will qualify to serve as a fiscal agent for each participating employer. First, Public Partnerships will obtain a reporting EIN specific to Vermont by submitting form SS-4 and specifying the entity type as a Employer/Fiscal Agent under IRC Sec. 3504. This allows Public Partnerships to handle the federal tax requirements for a household employer serving a disabled individual using government funds to pay for their own home care, including FICA, federal income tax withholding, and federal unemployment taxes (please reference sections 2H. Withholding and Judgments and 2N. Tax Related Services).

After Public Partnerships is recognized as a fiscal agent for Vermont household employers, Public Partnerships will obtain from each employer the necessary forms to be appointed as the fiscal agent for each employer (please reference section 2R. Employer and Employee Enrollment). On the federal level, Form 2678 Employer/Payer Appointment of Agent will be required. This form allows Public Partnerships to be approved as an agent authorized to file returns and make deposits or payments of Federal Insurance Contributions Act (FICA) taxes, income tax withholding, and Federal Unemployment Tax Act (FUTA). Public Partnerships will obtain from each employer Vermont Form PA-1 Special Power of Attorney and Vermont Form C-50 Limited Power of Attorney, when applicable. Those forms allow Public Partnerships to file and pay Vermont state income tax and Vermont unemployment insurance tax, respectively.

Public Partnerships shall not submit the forms to the federal or state agencies until execution of the contract with DAIL. Execution of the contract is direction to Public Partnerships to submit such forms as is necessary to fulfill the obligation to act as the fiscal agent.

2H. Withholding and Judgments:

The Internal Revenue Service (IRS) guidance shall be used to determine if an individual is an "employee" or an "independent contractor".

1. **The vendor shall ensure the employer's share of all taxes due, including state and federal income tax, FICA, and unemployment compensation taxes are withheld, filed, and paid on time and in full for each participating employee, and shall make advance payments of federal Earned Income Credit to eligible employees. The vendor shall not be responsible for reporting or payment of any state or federal taxes for any payroll activity not rendered by the vendor.**

Public Partnerships evaluates individuals as "independent contractors" or "employees" in accordance with IRS guidance as outlined in Publication 15-A, *Employer's Supplemental Tax Guide*, or Publication 1779, *Independent Contractor or Employee*. In situations where the determination is not clear, Form SS-8, *Determination of Worker Status for Purposes of Federal Employment Taxes and Income Tax Withholding*, would be submitted to the Internal Revenue Service. Public Partnerships performs this evaluation for individuals in more than 25 states (please reference section 2N Tax Related Services).

Public Partnerships has procedures and controls in place to facilitate the remittance and timely filing of the employer's share of taxes for each participating employee for state and federal income tax, FICA, and federal and state unemployment compensation. We will not make advance payments of Earned Income Credit to employees as the Advanced Earned Income Tax Credit was repealed by the Education Jobs and Medicare Assistance Act signed into law August 10, 2010. Public Partnerships will be responsible for reporting and paying tax on payroll activity it rendered, and will not be responsible for tax compliance on any other payroll activity.

2I. Garnishments: The vendor shall ensure that all judgments, garnishments, tax levy, and any other related holds on a worker's wage as may be required by local, state or federal laws, and/or State policy and procedure, is properly administered in accordance with those laws, policies and procedures. The vendor shall also process all judgments, garnishments, tax levies or related holds on an employee's wages required by local, state, or federal law.

We at Public Partnerships have a dedicated team of specialists based in Medford, Massachusetts and Phoenix, Arizona, that administers garnishments for all of our programs. We have established policies, procedures, and internal system controls for managing the application of all garnishments, levies, and liens on employees' payroll checks.

Our garnishment team is highly trained on federal and state laws to process garnishments and levies in the 21 states in which we operate. Garnishments orders are received through program fax or by mail and directed to our garnishment team through our BetterOnline™ web portal. The team carefully reviews all orders and validates requirements then processes the orders within our financial system in a timely manner. By using payroll codes to process payroll claims, our financial management system is designed to fully process all judgments, garnishments, tax levies, liens, or any related holds on employees' funds as may be required by local, state, and federal laws. The configuration for our payroll codes are sufficiently flexible and able to be customized to apply any requirements for calculations as may be required.

Our staff members are experienced in the setup and application of these codes to process payroll appropriately, based on the formal notification of any specific payroll holds that are needed. This includes reporting requirements from agencies that administer child support and other garnishments. We reserve the right to charge employees' usual and customary fees for processing garnishments, liens, and levies in accordance with applicable state laws and regulations.

Employees are able to identify garnishments and liens on pay stubs as it is easily recognized as a deduction. Employees are able to see their pay stub through the BetterOnline™ web portal for real time reviewing. If employees need assistance, our Customer Service team is available to answer questions and follow up with the garnishment team through support tickets if there is additional information requested.

Internal controls are in place to monitor the application of garnishments, levies, and liens on employees' payroll checks in an accurate and timely manner and for maintaining relevant documentation in the program files. We conduct a quarterly audit of program files to confirm

that payroll garnishments, liens, and levies are properly documented and entered into the payroll module of our financial management system. This quarterly review helps to validate all withheld funds are disbursed to the appropriate agencies and all period based withholding orders are current and up to date.

Documentation of all payroll holds will be maintained in the employees' electronic files on the BetterOnline™ web portal. Upon contract award, policies and procedures will be aligned to comply with any specific requirements of this project.

2J. Background Checks: The vendor shall:

1. **Perform background checks for all participant employees in accordance with the DAIL's Background Check Policy. http://dail.vermont.gov/sites/dail/files//documents/Background_Check_Policy_7-7-2017.pdf**

Public Partnerships has extensive experience conducting criminal background checks on Employees who are providing services to participants/employers in self-directed programs. We have standardized our processing of background checks and adapt for unique requirements of each program. We develop policies and procedures specific to each program and audit ourselves to ensure compliance with policies, rules and regulations. We will be able to seamlessly implement almost any methodology, including online platforms, to maximize quick response times and increase speed of Employee enrollment. Public Partnerships currently processes about 8,500 background checks per month (~102,000 per year) across 31 programs. Our centralized enrollment team performs processing for almost all of our programs. This provides efficiency and reliability in the process and optimizes cycle time. Our centralized team will process background checks in Vermont in accordance with DAIL's policy.

Upon contract award, we will customize our Employee Enrollment Forms Packet to include the following required Vermont background checks:

- Child Abuse Registry (Department of Children and Families)
- Adult Abuse Registry (Department of Disabilities, Aging and Independent Living)
- Criminal Background Check (Vermont Crime Information Center)
- Federal Exclusion (List of Excluded Individuals/Entities)
- Motor Vehicle Driver Record (Vermont Department of Motor Vehicles)

Upon receipt of the Employee paperwork, we will submit the required documentation for the Employee candidate to the appropriate entity for processing. We receive criminal background check results in accordance with industry best practices and state and federal regulations. These checks are maintained in the BetterOnline™ web portal on the employee's profile and are available for authorized users to view at any time. These results will be incorporated into the employee's "Good to Serve" criteria, so that an individual will not be able to provide services unless all criminal background check approvals are received and documented.

All results of background checks are tracked within our BetterOnline™ web portal. To the right is an example of an employee's required qualifications checklist where we are able to track the receipt, approval, expiration dates, and the status of the individual criminal background checks. These criteria can be customized to meet the specific needs of the Vermont programs, which includes the ability to block employees from receiving payment when an exclusionary finding is received. As permitted by DAIL, results will be provided to the Employer. Employers may be contacted by Customer Service or the Program team regarding the employees' blocked statuses.

Passed Abuse Registry Check Date	1/1/2007
Passed Felony Registry Check Date	1/1/2007
Passed Health Dept Registry Check Date	1/1/2007
OIG Registry (optional)	12/7/2011
Background Check Status	Pass
Passed Background Check date	11/17/2006
PFH Exp. Date	1/1/2010
PFH from CDS	No
RIF Received	Yes
Med Admin Train Date (optional)	

2. **Ensure employees are checked against the exclusionary lists as required by the State and the Federal Governments.**

   a) **Check the employee against the Department of Human Services Office of Inspector General's Exclusionary list.**

In all of our programs, we verify that individuals and entities do not appear on the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), or The System for Award Management (SAM), the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. In the event that they do appear on this list, they will not be permitted to work or be paid in this program.

   b) **On a schedule and in a format agreed upon by the State and the vendor, supply the State with a list of all employees currently active in its system. The State shall check these employees against such exclusionary lists as required by state and federal law and regulation. If any employee is found to be on any of these lists, the state shall inform the vendor of that finding.**

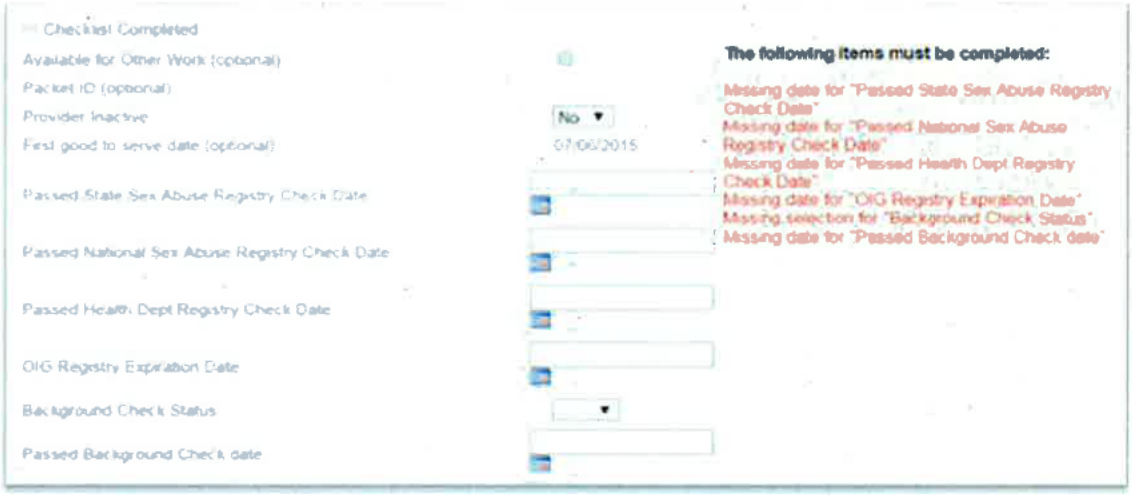
We will work with DAIL to determine the most efficient method(s) and processes for collecting the required criminal history information and identifying a format to provide a report on active employees in our BetterOnline™ web portal system. Our proprietary Unified Reporting Server (URS) gives us the flexibility to develop reports that combine any of the data elements in our system and is used in most of our programs to provide active employee information.

c) Upon being informed of the presence of an employee on any exclusionary list, confirm that the name on the list is, in fact, the employee receiving payment via their services.

We will meet with DAIL to better understand the specific criminal background check requirements and identify expectations, resources, and processes specific to completing criminal background checks for DAIL program employees. This includes but is not limited to; identifying the communication process between DAIL and Public Partnerships to notify of any employee on an exclusionary list and verification the employee receiving payment is the same person on the exclusionary list. Our current process includes blocking the employee in our BetterOnline™ web portal to ensure no further payment can be processed and communication to our Customer Service team to contact the employer after validation.

d) Upon learning that an employee is ineligible for payment as a result of an exclusionary finding on any background check, inform the employer of the findings and cease payment as of the date of the vendor's learning of the finding. Services cannot be provided until background checks are complete and the employee has met all background check requirements.

Our system requires these background checks to be completed and passed prior to an Employee being "good-to-go" and be paid for services. Below is an example of an Employee profile that has not had any of the required background or registry checks completed. The messages in red indicate the missing background checks. Employees are blocked from receiving payment if their information in BetterOnline™ web portal indicate any background check not completed or as a result of exclusionary findings. Our Enrollment team will submit a support ticket through the BetterOnline™ web portal and our Customer Service staff will notify the Employer of the findings. We will follow DIAL's direction regarding steps the employer can take to address the necessary background check requirements.



e) **Not process payroll for services provided for any employee who has not successfully met all required background checks or has not been granted a "variance" to work by the State.**

As mentioned previously, Employees must be "good to go" in order to process payroll. Part of our payroll processing includes an automated rules program that identifies employees with timesheets submitted that do not meet all requirements in order to be paid. One of these rules include checking BetterOnline™ to verify an employee is "good to go", indicating all criteria for enrollment has been met in order for payroll to continue.

If a timesheet is pended for this reason, our payroll system is configured to automatically provide the employee information to our Customer Service staff as well as updating the pended reason for employee viewing in our BetterOnline™ web portal. Our Customer Service staff will contact the Employer to advise of the pended timesheet and steps the employee can take to rectify the situation.

3. **In the case of DDS and Integrating Family Services-Respite and the Ombudsman Program, send verification to the appropriate Designated Agency/Specialized Services Agency/Supportive Intermediary Service Organization (currently Transition II) that a background check has been performed on all workers paid through the vendor. A background check, in**

accordance with State policy, shall be performed, when requested by an independent employer, on individuals who are hired by independent employers managing Developmental Services supports, but who may not use the vendor for payroll functions.

Upon award of the contract, we will work with DDS and Integrating Family Services-Respite and the Ombudsman Program to determine information needed for reporting to the appropriate Agency regarding background checks completed and employees paid through Public Partnerships. For communication outside our secure network, we implemented a company-wide Secure Email protocol that has been integrated into our Exchange email system to ensure stakeholders' privacy and HIPAA compliance. We employ industry standard methodologies, enabling technology, and tools to ensure confidential exchange of information via emails. We will also work with independent employers managing Developmental Services Supports without using Public Partnerships for payroll processing in order to establish the process to perform background checks.

2K. Accepting Timesheets: The vendor shall securely accept timesheets through a variety of media including the internet, email, fax and the US Mail.

Public Partnerships understands that program participants and their employees often require a variety of different ways to submit and approve timesheets. As an industry leading FMS agency, we have designed our timesheets and payroll systems to accommodate the needs of those we serve. We have the ability to develop program-specific timesheets that meet the needs of each program. As we work with the State, we will format both paper and electronic timesheets to ensure the relevant information is captured to meet the Vermont program requirements.

Public Partnerships has designed, tested and deployed timesheets and instructions for qualified Employees in accordance with program specific requirements across our programs. Currently, our technology allows for Employees to submit time worked, and Participants/Employers to approve/reject hours worked in the following ways:

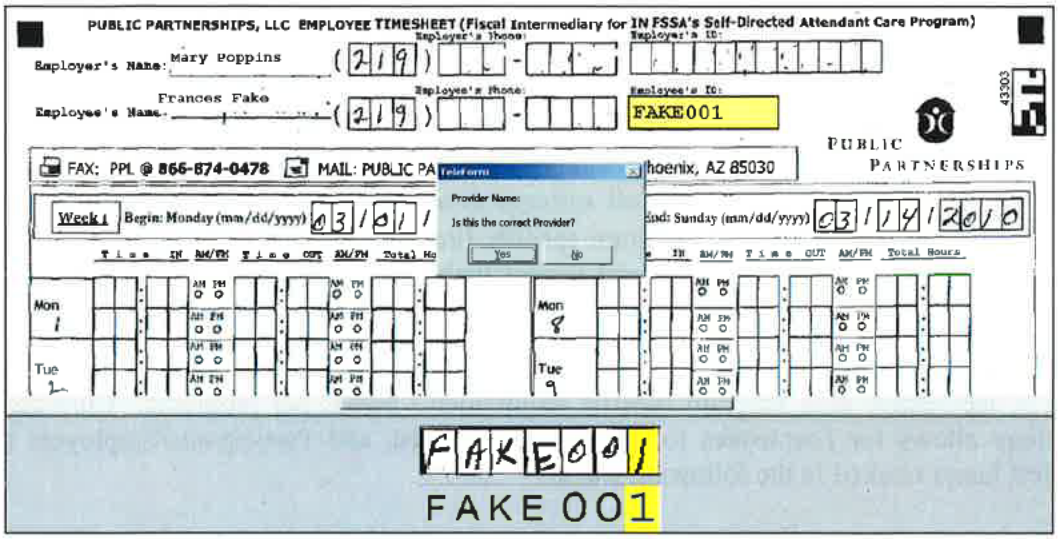
1. BetterOnline™ Web Portal E-Timesheet
2. Time4Care™ mobile application; or,
3. Paper timesheets that can be emailed, faxed, or mailed to us.

We offer a custom user guide online for any Employee and/or Participant for all of the above timesheet submission options. Timesheet instructions will also be included in the Employer handbook.

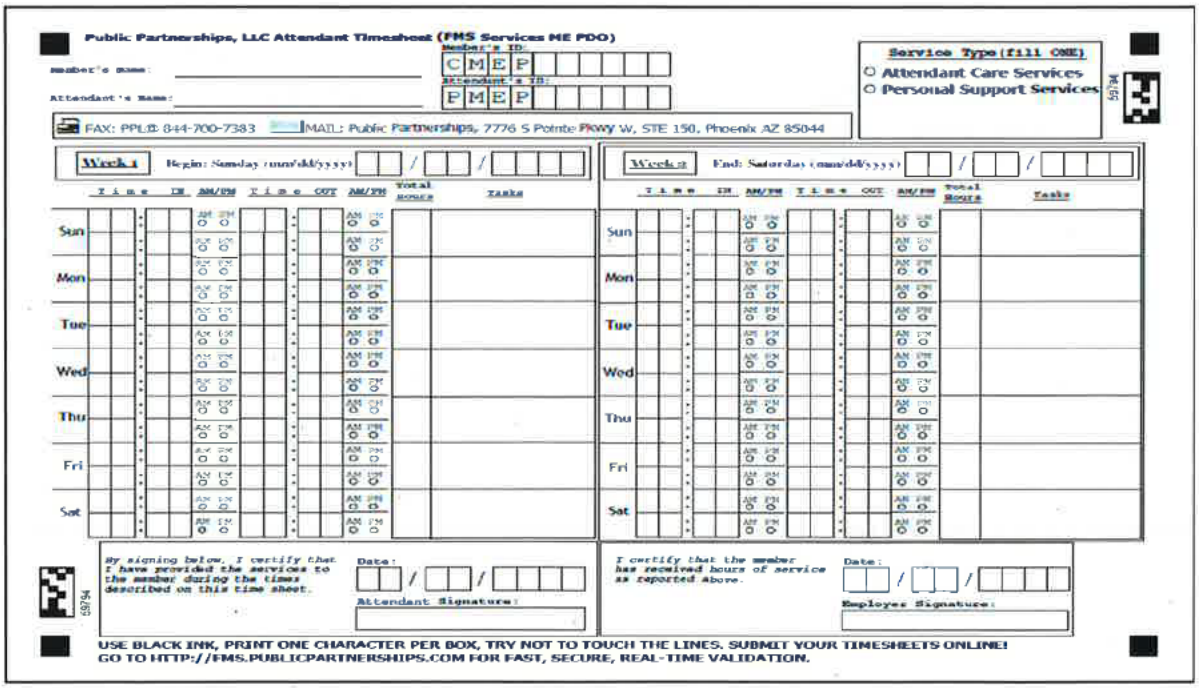
1. **Employers are encouraged to submit timesheets in an electronic format but the vendor shall provide participating employers and employees with paper timesheets and self-addressed stamped envelopes when requested.**

Paper Timesheets

In addition to electronic timesheets submitted via our BetterOnline™ web portal and our Time4Care™ mobile application, we also offer a paper-based timesheet submission option. Paper timesheets will be available in Vermont for download from our web site. Upon request, we will provide participating employers and employees with paper timesheets and self-addressed stamped envelopes. Faxed and mailed paper timesheets are automatically delivered to our Teleforms optical character recognition (OCR) system. Teleforms reads the timesheets and compares it to expected data, requiring staff confirmation of mandatory data fields. This method is more efficient than manual transcription of each timesheet and allows for human verification. This provides Public Partnerships with a competitive advantage when processing timesheets. An example of the verification through Teleforms is shown below.



In cases where the OCR is unable to read the timesheet, we manually inspect and enter all relevant information. If there are any errors or issues, the timesheet is flagged as a "pended" transaction. This initiates an outbound call from Customer Service to the participant/employer to try and resolve the situation. The timesheet remains on hold until the issue is resolved and it can be paid. A sample timesheet from one of our programs can be seen below:



2. The vendor shall design and accept timesheets both on paper and electronic formats. All timesheet formats shall be easy to read and to complete and shall be approved by the State prior to use by the vendor.

Electronic Timesheets

As mentioned in section 2C., our BetterOnline™ web portal allows employees to submit time, and employers to approve hours online through electronic timesheets. Our system has the ability to capture activities and notes for each Employee's shift that is submitted. We will work with the state on required elements of the e-timesheet upon contract award. Our electronic timesheet generates an electronic record that is permanently archived while providing a user interface that is simplistic and provides real time assurance that employees will be paid on time. Submitting electronic timesheets through our BetterOnline™ web portal offers distinct advantages, including a decreased opportunity for fraudulent timesheet submission (e.g., forged signature or time) because employers and employees log in with unique IDs.

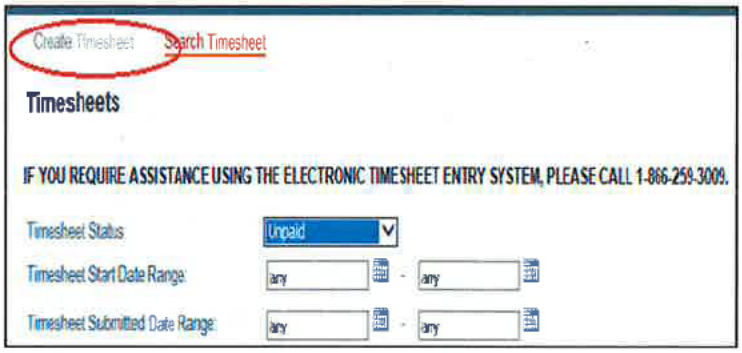
Highlights of E-Timesheets

- Multi-Service Timesheet
- 24/7 access for submission
- Real-time timesheet tracking and visibility

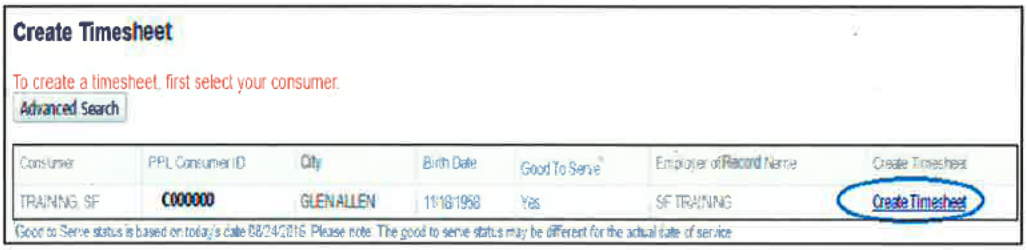
With the submission of each electronic timesheet, the BetterOnline™ web portal verifies that the service entries do not violate any programmatic rules. The BetterOnline™ web portal is fully integrated with our back-end financial management and accounting system. The program-specific logic ensures that each employee can submit a timesheet only for the participant with whom they are associated in the system. The BetterOnline™ web portal provides real-time validation of all services and shifts entered to ensure there are no errors that would prevent the timesheet from being paid. The employee can correct and resubmit the timesheet or call Public Partnerships' Customer Service or the Vermont-based Program Support Specialists if they have questions. Employers endorse timesheets for payment by logging into the web portal, reviewing and approving the timesheet. The electronic approval stamp has been approved for use by the Centers for Medicare and Medicaid Services.

The following screenshots show some of the functionality of our Electronic Timesheets, including the entry screen and the error screen that could be received if an invalid timesheet is submitted.

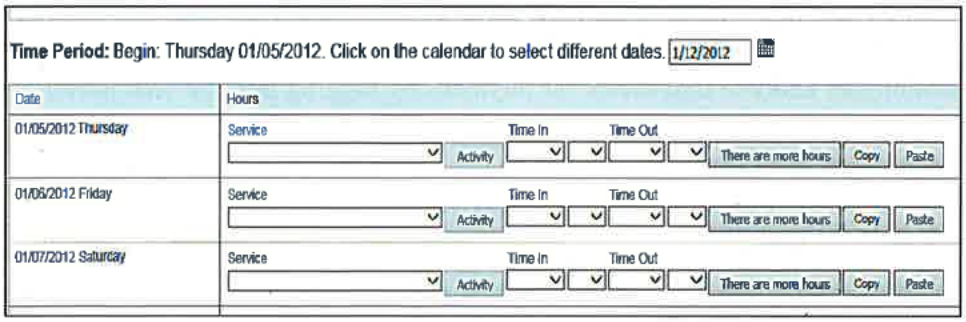
The worker begins timesheet entry by using their unique secure log in and selects "Create Timesheet".



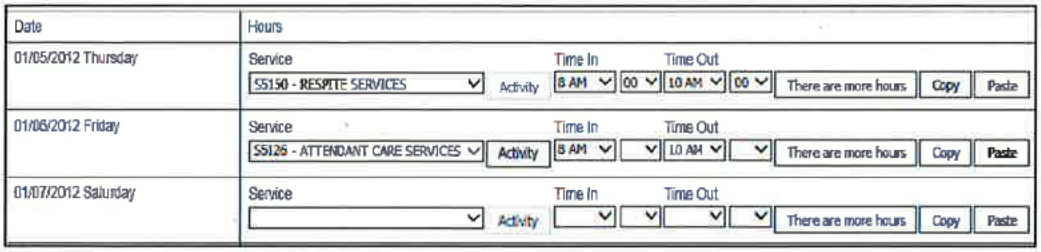
The worker will be directed to the "Participant Search" page as seen below where they will see a list of all of the Participants they work for and they will select the one for whom they are entering time.



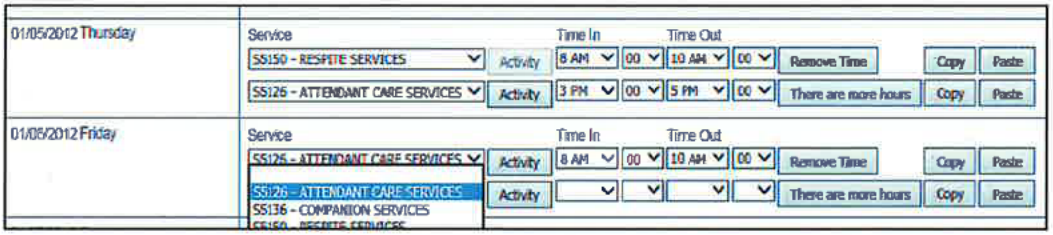
This is a time entry screen. The worker will enter the first date worked by clicking the "Service" drop down menu. A service must be selected for each day worked; if not, the system will prompt a notification when trying to submit the timesheet.



The worker will then select the service that was provided from the drop down menu. The service menu is based on the available services within the program.



The worker can add additional hours and services to the same date by selection the "There are more hours" feature.



After entering time, the employee submits the timesheet for employer approval. When the employer logs into the system using his/her own credentials, he/she will see the submitted timesheet and can approve or reject the timesheets. Approved timesheets are automatically queued in our payroll system for processing through our pay controls and then batching for payroll on the assigned pay day.

This is an example of a Worker trying to submit an e-Timesheet and receiving several error messages. This Worker would not be able to submit their timesheet until their entry met all of the program and service rules.

Confirm Timesheet

Error on 06/18/17 10:00 AM - 5:00 PM:
There is no Employee Rate established or effective for this Client No.
Authorization Line not found with sufficient Rate for this Submitted Rate.
You are not authorized to provide this service on this (these) date(s), please contact your employer for details
Pay Rate cannot be zero.
Billable Rate cannot be zero.
Date worked (06/18/2017) cannot be after "First Aid Certification Expiration Date" date (04/28/2017)
Date worked (06/18/2017) cannot be after "CPR Certification Expiration Date" date (04/28Date worked (06/18/2017) cannot be after "First Aid Certification Expiration Date" date (04/28/2017)
Date worked (06/18/2017) cannot be after "CPR Certifcation Expiration Date" date (04/28Insufficient remaining amount in Service Group pool.
Consumer is not enrolled

Rebecca Lien
Provider ID: 256875

Timesheet for Stacey Frey
Member ID: C01
Member Phone No: 5774752002

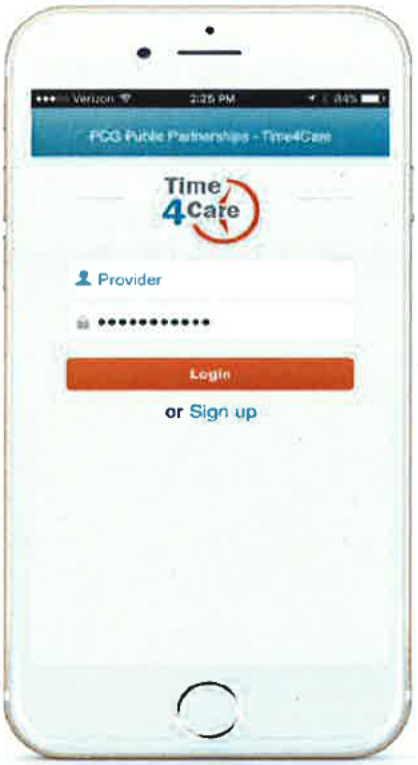
Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Activities
06/18/2017 Sunday	7 hours	RSP	S5150	10:00 AM	5:00 PM	7 hours	

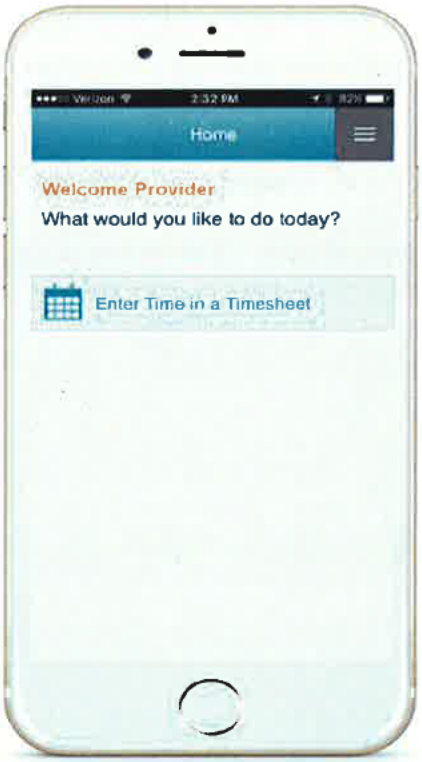
Mobile Application

For those employees and Participants/Employers with access to a smartphone or tablet, they may also submit and approve timesheets through Public Partnerships' innovative Time4Care™ mobile application. Public Partnership Time4Care™ mobile application provides Participants/Employers and Employees the flexibility and convenience of using a mobile device to enter and submit timesheets. The app is user-friendly and easy to understand. We have been developing and enhancing the user interface for over two years, and will continue to invest in improvements moving forward.

To obtain the Time4CareTM mobile application, users download the app on a smartphone or any other mobile device and login using their current BetterOnline™ web portal username and password. If they do not have a web portal user name and password, they can register using the app. Any time claimed using the mobile app is also visible in our BetterOnline™ web portal, and vice versa since the timesheet database is the same for web and mobile.

Just like with our BetterOnline web portal, Time4Care™ will notify employees if changes need to be made before they can submit their timesheet. Participants/Employers can use Time4Care™ too. Using Time4Care™ is an easy way for a participant to approve their timesheets from anywhere, anytime. Using their smartphone, participants can review, approve, and electronically sign off on the timesheet. The system has the ability to capture activities and notes for each Employee's shift.





The mobile application is available for free download and is fully compatible with Windows, Android and Apple smartphone and tablet devices. Anyone can download the application, but identity must be verified and validated with the Public Partnerships database in order to create an account and use the application.

3. Timesheets in any format shall be retained in compliance with Medicaid requirements established by the Center for Medicaid and Medicare Services (CMS) and as determined by the State.

We retain Timesheets in any format received in compliance with Medicaid requirements established by the Center for Medicare and Medicaid Services (CMS).

4. The vendor shall prepare the payroll from timesheets submitted by participating employers and as required by the participant's program.

Our financial operations team is trained on the specific payroll requirements for each of our programs. Once a timesheet is reviewed and confirmed "good to pay", we are able to process checks through our payroll system in a timely manner. Automation can be set up to ensure payroll is run as scheduled and payrolls are validated by the processing team before checks are printed. Employees can choose the payment option that works best, whether direct deposit, debit cards or paper checks. Processing of timesheets is further reviewed in Section 2L: Processing Timesheets.

2L. Processing Timesheets:

The vendor shall process time sheets and non-payroll payments as follows:

1. **Inspection: The vendor shall inspect timesheets and non-payroll payment requests to ensure they are completed correctly.**

Public Partnerships understands the importance of processing payroll on-time and accurately. Our systems and staff inspect each timesheet by using an Optical Character Recognition (OCR) program, or Teleforms, which converts text and images into an editable document, then our Timesheets team validates or corrects data entry information. In cases where the OCR is unable to read the timesheet, we manually inspect and enter all relevant information. We will only pay timesheets or invoices that pass the allowable services and units when compared with the service allocation or with Daily imbedded project rules.

2. **Review: The vendor shall review the number of hours and the types of services documented on the timesheets and the non-payroll payment requests to ensure:**
   a. **The participant is eligible for dates and services or payments represented;**
   b. **The amount to be paid does not exceed the authorized limits established by the State and the DA/SSA/SISO.**
   c. **The vendor shall have the ability to review timesheets submitted to identify basic errors/potential fraud, as agreed upon between the vendor and the State, such as employees billing duplicate hours for multiple employers or programs, hours submitted exceeding the possible number of hours in the day, employers billing overlapping hours for multiple employees, etc.**

We leverage our industry leading technology which automates the reviews necessary per the program rules established by DAIL in order to properly validate timesheets received.

The chart below provides examples of edit rules as described in sections a, b and c above. We can add this configuration to our payroll processing system to support the requirements in your programs.

No.	Description	Pend Message	Web Message
RULE0001	**Check for hours submitted exceeding 24 hours in a day**	Hours submitted cannot exceed 24 hours in a day.	You are reporting more than 24 hours worked in a day. Please check your entries and resubmit
RULE0002	**Check for amount paid to not exceed authorized limits**	Amount to be paid exceeds authorized limit	You are not able to exceed your authorized limit. Please contact your employer.
RULE0004	**Check for duplicate entry on an in process timesheet**	Duplicate entry on IN PROCESS Time Sheet No.	Some hours you are submitting are already pending for payment. Please check your entries and resubmit
RULE0005	**Check In Time overlaps in PAID Timesheet**	In Time overlaps entry on PAID Time Sheet No.	You are reporting same ""Time In"" as one of your previous timesheets. Please check your entries and resubmit
RULE0018	**Check for participant eligible for dates and services**	Participant is not authorized for this service or Date Worked is not within authorized date range.	You are not authorized to provide this service on this (these) date(s), please contact your employer for details

We are experienced in tracking and enforcing program limitations placed on workers per DAIL policy or state and federal laws. The BetterOnline™ web portal and payroll processing system is a rules-based system and has edits in place which identify and communicate with employees, participants/representatives, and Public Partnerships personnel regarding timesheet errors. If new rules are required by DAIL, they will be defined and configured within the system.

3. **The vendor shall contact the responsible employer regarding all concerns related to paperwork, timesheets, invoices and payroll process.**

Users of the electronic timesheet function in our BetterOnline™ web portal receive immediate feedback while completing and preparing the timesheet for submission. The system will prohibit the employee from submitting the timesheet in this method unless the timesheet meets all program requirements. If there are errors that the employee cannot resolve they are instructed to contact our Customer Service staff to assist in researching and resolving the issue. Issues which have the potential to prohibit electronic timesheet submission might be missing enrollment paperwork, insufficient or missing authorization data or other program rules.

If the employee and/or participant/representative submit timesheets through the fax or mail process, our staff will call the employee and/or participant/representative indicating there is a potential issue with the timesheet submitted. Staff will document the call and ask the employee and/or participant/representative to call our Customer Service Center to determine what the problem with the timesheet is, so that it can be resolved.

A hallmark of our customer service center is the support ticket (call documentation) tracking system in BetterOnline™. A support ticket is our method of electronically documenting all contact with participants/representatives, employees, employers, case managers, consultation service providers, and other authorized persons. This system is utilized to track any and all service issues and inquiries so that all customer service representatives follow up with the participants/representatives, employees, or other stakeholders as necessary.

Public Partnerships meets the requirements in the RFP Evaluation Criteria, section 1 (b) (i) of the scoring requirements

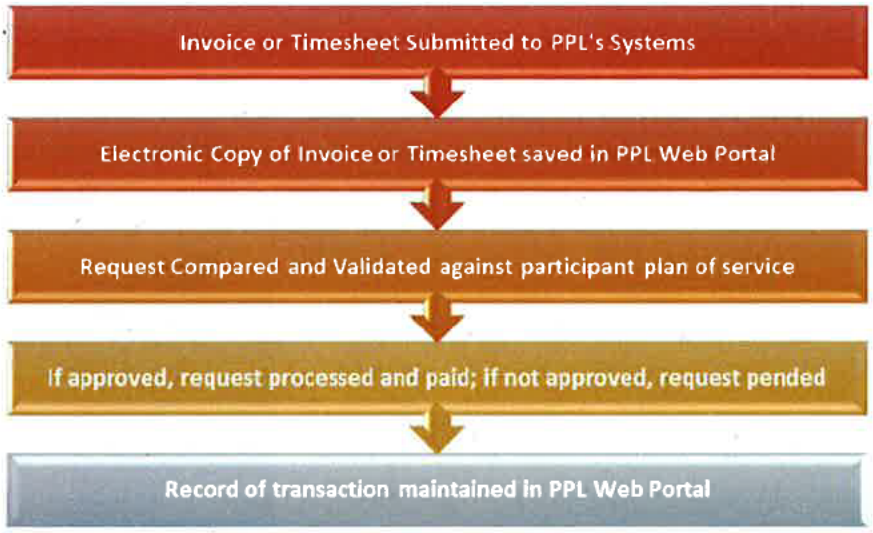
The BetterOnline™ web portal users with Public Partnerships access are able to automatically assign the support ticket to the appropriate staff member that is best able to resolve the issue. For pended and denied timesheet issues, this could also be a general bin for pending and denied timesheets. One efficient, timely, and effective method for responding to pending and denied timesheets is through the use of our automated outbound calling feature. Automated outbound calling allows us to contact participants/representatives and employees quickly to distribute general information in a cost-effective manner. From this bin of pending and/or denied timesheets, customer service is able to

generate an automated outbound call to participants/representatives or employees, per DAIL, letting them know that there is an issue with their timesheet and to call either our Customer Service center or the appropriate agency to get more information and correct the issue.

4. **The vendor shall identify and communicate via email or US mail to the participant's case manager, consultant or service coordinator, employers who demonstrate frequent or ongoing problems in the completion of payroll paperwork, non-payroll payment requests, or non-compliance with the required payroll process.**
    a. **The vendor shall have a method for tracking employers who demonstrate frequent or ongoing problems in the completion of payroll paperwork, non-payroll payment requests, or non-compliance with the required payroll process and shall provide the State with this information on a regular basis as agreed upon by the vendor and the State.**

The BetterOnline™ web portal houses the complete financial transaction history and supporting document for every employee and vendor, including an electronic copy of each paper, faxed or electronically submitted timesheet and invoice with a unique identifying number.

Upon payment, another electronic record is stored with full detail on the payment, including the day the payment was issued and the payment type: paper check or electronic file transmission (EFT) with unique payment identifying number.



Our payroll system has the capability to test timesheets and invoices against a multitude of rules to verify the timesheets and invoices are paid, which includes checking for both overbilling and missing or erroneous information. Timesheets and invoices are compared against the service delivery plan and eligibility data from the Eligibility Verification System (EVS); We will work with DAIL to create a process that will capture any timesheet or invoice that breaks program rules in order to provide DAIL with information on non-compliant trends. Our comprehensive record-keeping system allows us to respond quickly to any audit requests to provide documentation to validate claims submitted by Public Partnerships or to provide documentation for other inquiries on claims paid to employees (such as support for fraud investigations).

2M. Payments to Employees:

1. **The vendor shall pay employees via direct deposit but must have the capacity to pay via check for those employees who require it. In addition, the vendor shall:**

Public Partnerships provides employees the opportunity to choose from a variety of payment options, including direct deposit, debit cards and paper checks. We've invested in industry leading technology to facilitate our "GO Green" initiatives such as direct deposit and debit card payment options so employees receive their funds much faster. Additionally, the option to receive the remit from direct deposits by accessing online decreases the expense of printing and postage. We include a payment option form in the enrollment packets for employees along with instructions to make the process clear and easy. Employees can also be done electronically by the employee through our BetterOnline™ web portal.

Public Partnerships can meet all payment to employee needs as requested within section 1 (d) (i) (5) (6) of the evaluation criteria

2. **Have a process to answer questions and to provide information regarding payroll matters to employees, employers and participants.**

Participants, employees and employers will have access to a robust Customer Service venue. Our Customer Service department is supported by comprehensive call technology and a response system of representatives that can notify them of program changes efficiently and effectively. Besides using our BetterOnline™ web portal to look up enrollment and payroll information, employees can rely on our Customer Service staff. This staff is also trained specifically for providing support to program participants, are available to answer inquiries about how to manage tasks as an employer.

We have supported the payroll processing requirements for other self-directed service programs across the U.S. We have established policies and procedures we follow to properly process pay checks successfully for the thousands of support workers and vendors that we serve. We work with the states for each program to determine the necessary program requirements, document those requirements to identify the proper procedures and communicate this information with impacted functional areas within Public Partnerships so teams are on the same page.

3. **Upon the receipt of a properly completed timesheet, process payroll in a manner to ensure payment to employees on a schedule approved by the State. The schedule for payment shall be every two weeks.**

Upon contract award, we propose to conduct bi-weekly payrolls. Our financial operations team is trained on the specific payroll requirements for each of our programs. We are able to process and issue checks in a timely manner; our payroll schedules clearly outline the date in which timesheet/invoices are due as well as the date in which we will process and distribute payments. We will process and issue payments for timesheets with services which have been authorized with the participants' plan of service based on the payment schedule.

4. **Have a process to allow for the payment of a timesheet outside the standard cycle when the vendor has failed to pay the employee during the standard schedule due to vendor error, vendor system problems, or due to State error.**

As mentioned above, we establish policies and procedures for payroll processing. Included in policies and procedures are the steps our payroll processing team follows to address the need for payments of timesheets outside of the standard cycle times.

5. **Have a process to replace checks not received by the participating employee.**

We review the program needs and add steps to place an "off-cycle" schedule for payrolls if deemed necessary as well as providing our program team with "special payroll" form requests for ad-hoc payrolls. These additional payroll options are utilized to address any vendor, state or system issues.

"A hallmark of our customer service center is the support ticket tracking system in BetterOnline™."

A hallmark of our customer service center is the support ticket (call documentation) tracking system in BetterOnline™. A support ticket is our method of electronically documenting all contact with participants, employees, employers, case managers, and other authorized persons. This system is utilized to track any and all service issues and inquiries so that all customer service representatives follow up with the participant-representative, worker, or other stakeholders as necessary, including employee requests to replace checks not received.

The BetterOnline™ web portal users with Public Partnerships access are able to automatically assign the support ticket to the appropriate staff member that is best able to resolve the issue. One efficient, timely, and effective method for responding to pending and denied timesheets is through the use of our automated outbound calling feature. Automated outbound calling allows us to contact participant-representatives and workers quickly to distribute general information in a cost-effective manner. From this bin of pending and/or denied timesheets, customer service is able to generate an automated outbound call to workers or participant-representatives, per DAIL preference, letting them know that there is an issue with their timesheet and to call either Public Partnerships' Customer Service center or the appropriate agency to get more information and correct the issue.

6. **The vendor shall establish a protocol and procedure to address un-cashed checks in compliance with statutory requirements and procedures established by the State Treasurer.**

We will apply our existing procedures and tools to manage *returned* payments in accordance with Vermont Unclaimed Property Law upon contract award. Our Unclaimed Property team will proactively conduct due diligence on open checks as early as one month after issuance. If the property owner cannot be located, we will perform formal due diligence procedures and issue letters. In addition, we make outbound calls based on any new information received. Following due diligence, if the property owner cannot be located, we will compile a report per the VT Unclaimed Property Law.

7. **Have a process to regularly de-activate inactive participants, employers, and employees from the payroll system.**

As an experienced VF/EA FMS organization for 51 programs nationwide, Public Partnerships has developed policies and procedures for screening individuals and entities upon time of hire or contracting and on an ongoing basis to determine exclusion from participation in Federal health care programs.

- In many of our programs, we verify that participants and entities do not appear on the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE). In the event that they do appear on this list, they will not be permitted to work or be paid in this program.

- Upon detecting the exclusion of an employee or contractor, we will immediately report the discovery to the Bureau of Program Integrity via e-mail through the Medicaid Provider Compliance form, by U.S. mail, or by fax.

- All screenings will be thoroughly documented and maintained properly for auditing purposes.

As a standard practice, we periodically conduct self-audits to determine compliance with its programs' requirements. Public Partnerships will perform these same self-audits to confirm full compliance with Medical Assistance Bulletin 99-11-05.

8. Make payments for goods, services and in cash when requested by a participating employer and as allowed under state policies and procedures and program guidelines.

In addition to regularly processing timesheets for multiple programs, we also process invoices for agencies and independent contractors, including payments for goods and services. We will work with DAIL to determine the services approved for participants and process W-9s for agencies and contractors in order to pay on goods and services rendered. These payments can also include direct payments to participants based upon program requirements.

9. Have a process that addresses employee wage changes in a timely manner.

In the event that DAIL anticipates a rate change for services, we will implement and transition to the updated rate as appropriate. If during the transition to the new rate, an employee check must be reissued to compensate for the difference between the new rate and the previous rate, we will also adjust the billed amount submitted to the appropriate entity for reimbursement.

10. Follow the terms of the CBA between the State of Vermont and AFSCME. Please note: "Employees" as defined in this RFP are referred to as "Providers" in the CBA.

We have worked with multiple unions in other states and actively follow up with both the states and the unions to meet CBA requirements. Processing and paying Union Dues, Worker's Compensation, and Health Insurance, depending on the CBA requirements, are also applied in other programs. We have processes in place to follow suit with AFSCME.and will work closely with the union and DAIL to implement processes to meet additional CBA requirements.

11. Comply with the Department of Labor "Home Care" Rule. This includes but is not limited to having a process to ensure employees are paid overtime in accordance with the Department of Labor (DOL) rules and State program standards for granting exceptions to allow overtime. https://www.dol.gov/whd/homecare/agencies.htm

We understand how local and state labor laws, the Fair Labor Standards Act (FLSA) Home Care Rule and the Difficulty of Care regulations impact self-directed programs. We will partner with DAIL to setup the BetterOnline™ web portal to adhere to all applicable state and federal labor laws. We have experience in all of our programs setting up controls to prevent any labor law infractions. For each of our programs, we setup a payroll schedule both in our system and in a version that we provide participants and their employees. We will work with DAIL to setup a schedule to determine which payments are issued on a regular basis and we will also make sure that the defined schedule does not violate any federal or state labor laws.

Most recently, labor laws related to FLSA have become much more complex. Our experience is that the level of research and planning that states have done relative to FLSA and the Home Care Rule is as varied as their own programs. We are well-versed in the different models of compliance and can configure the payroll logic to support Vermont specific labor laws as well as protocols related to FLSA. We currently understand that Vermont allows overtime based on DOL rules and state standards for granting exceptions to allow overtime. We have assisted our programs through the confusing and complex Department of Labor FLSA Home Care Rule decisions and configurations.

Our client base is extensive and no two self-direction programs we support are the same. Within the context of the Home Care Rule, program diversity meant that we needed to become experts in virtually all the permutations of compliance. We have developed questions that provide us with the information needed to implement the appropriate system configuration. We do not provide advice on how a state should proceed in order to comply with FLSA (we recommend states confer with their legal teams on that front) but we are well-versed in the different models of compliance, can provide pros and cons and information about other states' experiences. We have standard configuration that complies with the Home Care Rule based on program design. Custom configuration is possible but subject to standard change control requirements.

- Public Partnerships meets Home Care Rule Specifications for:
- Third Party Joint Employers
    - Payment for Overtime

  - Payment for Travel
- Sole Employers
- Overtime within the participant's control
- Overtime at the representative (employer) level
- States limiting overtime services to 40 hours per week per employee
- Programs with services meeting the Companionship Exemption
- Programs applying the Live-in Exemption

12. Have a process to ensure employee sick leave accrual and use is tracked and implemented in accordance with the Vermont Earned Sick Time Rules issued by the Commissioner of Labor.

We currently track sick leave in other programs and have the ability to apply Vermont Earned Sick Time Rules. BetterOnline™ will allow payment of paid Sick Time to eligible employees once the accrual period is determined.

2N. Tax Related Services: The vendor shall provide the following tax-related services including:

1. **Preparation and mailing of W-2 forms and annual tax reports as required by the IRS and the State of Vermont, including W-5 forms;**

With over $1.4 Billion in funds under management, Public Partnerships has extensive experience managing payroll and taxes for employees. Building on more than a decade of proven experience, we have developed a strong understanding of the federal and state laws related to FMS for Medicaid-funded participant direction programs. Public Partnership's Tax Department has detailed knowledge of the complex array of required employment documentation, payroll requirements and federal, state, and local tax responsibilities for employees hired directly by an employer in a participant-directed program. As a standard practice, the Tax Department remains current on federal and state laws and regulations, including those related to labor, tax, immigration, and employees' compensation insurance.

Our Senior Tax Strategist is a Certified Public Accountant, and our Senior Tax Operations Manager is an IRS Enrolled Agent. Collectively, we currently have 39 full time employees in our tax department, handling tax and related matters for all of our programs. We are proud of the expertise we have been able to assemble in tax over our many years of operation and growth.

We have well established policies, procedures, and internal controls for timely processing and distribution of employees' payroll and related federal and state income tax withholding and employment-related taxes in compliance with all federal and state requirements.

Additionally, we track all taxes withheld and paid on behalf of the employer and the employee. We will monitor the payroll process to confirm that correct employer taxes are accrued and employee taxes are withheld from paychecks and paid to the appropriate designee, whether it is the IRS or state taxing authorities of Vermont.

Public Partnerships software can meet all programming needs and modifications as requested within section, 1 (d)(i)(2) of the scoring requirements

We will administer the filing of W-2 forms, including employee mailings for distribution of employee copies. Copy A of Forms W-2 (Wage and Tax Statement) will be filed with the Social Security Administration to report the wages and taxes of employees for the previous calendar year. In addition, a Form W-2 will be provided to each employee per IRS filing deadlines.

Forms W-2 are sent to Social Security Administration electronically, therefore a Form W-3 (Transmittal of Income and Tax Statements) is not required. Public Partnerships will meet requirements to file a Form W-2 for wages paid to each employee from whom:

- Income, Social Security, or Medicare taxes were withheld, or
- Income tax would have been withheld if the employee had claimed no more than one withholding allowance or had not claimed exemption from withholding on a Form W-4, (Employee's Withholding Allowance Certificate).

Legislation signed into law August 10, 2010, repeals the Advanced Earned Income Tax Credit. Recipients will not receive Advance EITC on their paychecks after December 31, 2010. Form W-5 is no longer applicable.

2. **Completion of IRS 941 deposits;**

We will make required IRS 941 deposits, which consist of FICA and income tax withholding, in a timely manner consistent with federal law and reporting requirements.

3. **Payment of workers' compensation insurance policy premiums. The State carries a single workers' compensation policy for all employees managed by the FE/A so the FE/A will not be expected to manage multiple individual policies;**

Payments for the procurement of Workers' Compensation are reconciled against payroll prior to submittal of premiums to the vendor as an added control to validate that ongoing coverage remains intact. A system-generated gross wages report of each participant/employer's Gross Wages, Employer Identification Number, Insurance Policy Numbers, and Date Ranges, is reconciled to confirm that a policy is in place for any reportable wages for a participant/employer. Completion and filing of quarterly payroll reports will occur in a timely manner consistent with Rule 26 http://labor.vermont.gov/wordpress/wp-content/uploads/Rule1-27-Adopted-11-1-16.pdf and reporting requirements.

4. **Payment of any other employment-related federal and state taxes;**

We will also make any additional applicable federal and state filings. Once Public Partnerships receives the employee enrollment packet, tax exemption status is recorded in the financial

management system for the employee. Our financial management system lifts applicable withholding requirements from the employee's payroll record. If exempt, we will not withhold FICA, federal or state income tax for the employee, or accrue the employer FICA, FUTA, or SUTA on the employee wages, as applicable. The financial management system tracks all taxes withheld and paid on behalf of the employer and the employee. A relationship worksheet, including family relationship and whether the employee and participant share a residence, is required with the other tax documents in the employment packet when an employee initially enrolls. This gives us all the information about and employee's or employer's particular tax situation in order to exempt them from the appropriate taxes. We capture the responses to this questionnaire in the financial management system. Our financial management system calculates and processes payroll and related federal taxes accordingly.

All federal and state tax deposits and related reporting will be made in a timely manner consistent with applicable state and federal law and reporting requirements.

5. **Completion of any other payroll-related reports or forms;**

Our Tax Department has individuals with a variety of professional certifications. These certifications require continuing education, which the Tax Department pursues diligently. Members of the department attend seminars hosted by the IRS, state taxing authorities, the American Payroll Association, and the National Resource Center for Participant Directed Services to stay current on applicable tax laws. Upon changes in reporting requirements or new tax laws, we will implement those requirements per the new regulations.

6. **Preparation and mailing of IRS 1099 forms for independent vendors;**

We will file Form 1099-MISC for each agency or independent contractor who has been paid per IRS payment thresholds. We follow filing deadlines as outlined by the IRS and state taxing authorities

7. **Payment of actual unemployment claim costs, as forwarded to the vendor by the Vermont Department of Labor (VT DOL). Employees served by the FE/A are State employees for purposes of unemployment insurance only. Thus, the FE/A will not need to file multiple sets of unemployment premiums. The FE/A will be expected to file unemployment forms by program;**

We will file unemployment insurance per state laws and regulations in conjunction with the rules of the contract. We will administer filings and payments in accordance with Vermont Department of Labor (DOL) and state regulations, and will file separate forms by program.

8. Participation in the annual Worker's Compensation Audit with the current policy carrier;

We reconcile workers' compensation payments based on the needs of the program, which can include monthly or quarterly assessments. Additionally, in most cases payments are submitted following each pay period using this process:

1. A reconciled report of all liabilities for workers' compensation payments is submitted to the workers' compensation broker contact for review.
2. A request for electronic payment to the vendor workers' compensation account is remitted.
3. Review of the payment details are audited and approved prior to payment transmission for each week.

We also provide quarterly assessment reports no later than 30 days after the end of the calendar quarter being reported and an Insurer's Reconciliation Statement by March 15th for the preceding year.

9. Refund to employees and to the State any FICA payments withheld for those employees for whom FICA withholding is not required.

We have an existing process in place for refunding the employer portion of over-collected FICA to the state client and employees in accordance with IRS requirements.

Our financial management system has built-in internal payroll controls that allow us to adjust FICA withholding, and calculate refund amounts that can be configured to meet the department's needs.

We have processes to monitor and bill the FICA paid for each employee. Furthermore, we have documented, approved policies and procedures, to refund any over-collected FICA to applicable employees and to eligible employers. Internal controls include monitoring of the FICA refund process and requirements for maintaining the relevant documentation in our files.

Following the final pay period of the calendar year, we determine FICA refund amounts in accordance with the annual threshold set in Pub 926. After all appropriate reconciliation and FICA refunding is processed by the IRS, we will refund excess employer FICA withholding to the state.

2O. Providing Information: In the capacity of an F/EA, the vendor shall communicate effectively and in a timely manner with relevant parties including participants, employers, and employees who have a wide variety of disabilities, cultural differences, and individuals with limited English proficiency. Written materials shall be provided in plain English at a 6th grade reading level and available in alternative formats (e.g. large print, compatible with telecommunication devices for the hearing and speech impaired, languages other than English). In addition, the vendor shall:

1. **Develop, implement, and maintain orientation and skills training for employers, in a variety of mediums (e.g. on line, in writing, in-person, etc.) to assist them to learn and to carry out their responsibilities as employers. The training shall be updated annually and/or as requested by the State.**

PCG Public Partnerships LLC firmly believes that the time invested in orientation and training for participants and authorized representatives at the time of enrollment has a direct and positive impact on the following outcomes:

- Decreases the amount of time it takes for the participant and his/her workers to become active on the program
- Empowers the participant to more fully exercise choice and control over supports and services
- Reduces the rate of errors on time sheets and other paperwork
- Increases the participants'/authorized representatives' satisfaction with the program

Public Partnerships understands the significance of communicating accurately, respectfully, and timely with each of the programs' Participants. Participants have multiple channels in which to communicate with our staff, including phone, text, email, in-person, fax, and mail. As such, we have the applicable staffing to ensure all channels of communication are responded to in accordance with the preference of the Participant. Our Program Support Specialists and Customer Service Representatives are the primary resources charged with communicating with Participants and/or Designated Representatives. All staff receive multiple trainings, including training to ensure communication is in a respectful, person- centered manner using People First language. These trainings are provided initially upon hire, annual ongoing refresher courses and re-training, as applicable, throughout the year. We desire to provide the best possible experience to the Participant when communicating with our team.

Training/Informational Sessions

Public Partnerships may also schedule trainings and/or information sessions, as needed, at various dates, times, and locations throughout the state. These informational and/or trainings sessions are provided to share new program information, instructions and training for new processes (including hands on assistance) and answer program questions. These sessions are available for Participants and/or Workers, depending on the stakeholders impacted. Participants have the opportunity to meet our staff in person, receive hands on assistance, and ask questions. An example of these trainings is when we transitioned to our system for the creation, submission, and approval of e-timesheets. These training sessions allowed the Participant to receive step by step instructions and instructional handouts on how Workers create and submit timesheets, and how Participants review and approve a submitted timesheet. These trainings were planned strategically in locations across the state that was convenient for Participants and Workers. Locations were chosen based on maximum occupancy and ease of access. Trainings were scheduled at different times and days to allow multiple opportunities for attendance. Participants and Workers were mailed notifications of the trainings and an invitation containing an RSVP online or call option. The notifications included Customer Service Call Center numbers for questions or to RSVP. The RSVP is encouraged of the Participant so that all locations will be well staffed to accommodate all persons including walk-ins.

2. **Have the ability to provide translation and interpreter services (e.g. American Sign Language and services for persons with Limited English Proficiency).**

In programs with Program Support Specialists, the Customer Service Call Center is an additional benefit to the Participant. There are times when a Support Specialist cannot answer the phone immediately because they are in the field assisting other Participants, or on the phone with a Participant. Our Customer Service Call Center is accessible and supports all Participants and Workers when they have questions or need assistance. Dedicated Customer Service staff will be assigned to the DAIL program, and trained on DAIL services, program materials, policies and procedures for each program. Staff communicate effectively with all Participants and their Representatives, including those who are culturally diverse and have a variety of disabilities. Our standard Call Center offering is English and Spanish speaking representatives. Many of our call center staff are bilingual, and we have the capability to support the following languages, if needed: Spanish, Arabic, Cambodian, Chinese, Korean, Laotian, Russian, Samoan, Somali,

Tagalog, Ukrainian, and Vietnamese. The call center staff would collaborate with the appropriate bilingual staff in the event one of these languages was needed or persons with limited English proficiency. While all of these bilingual staff are not dedicated DAIL call center staff, we have the capability to access the staff as needed for communicating with Participants. We would meet with DAIL to evaluate and support other language needs native to Vermont. Additionally, Public Partnerships has contracted with a vendor to provide a language line that can assist a Participant that prefers to speak in their native language that is not a language supported by our call center staff. Should the language line be needed, we will coordinate with the vendor and Participant to have their preferred language available. If awarded this contract, we will apply the same communication trainings and expectations of staff for the DAIL program.

3. **Ensure that employers are provided with information periodically provided by the State by inserting stuffers in pay or report envelopes, posting notices on the vendor's website and by other electronic means of notification.**

We will develop materials for educational purposes and then submit to DAIL for approval prior to distribution. All outreach material provided by us will be in plain language and in a format that may be easily understood by the Participant. Materials are developed, with the Participant and Employee in mind, by staff with expertise in the subject, and follow an internal review procedure prior to submitting educational materials to DAIL. This review procedure ensures that informational material such as newsletters, brochures, etc. will be limited to approximately 200 words for purposes of readability, is clearly legible and a minimum font size of 12pt; unless otherwise approved by DAIL in writing. All written materials will contain the notice of non-discrimination and taglines as required by DAIL.

All outreach material provided by us will be in plain language and in a format that may be easily understood by the Participant.

If awarded this contract, we will work with DAIL to evaluate the Participants needs and determine if paperwork will need to be available in Spanish, if applicable. In addition, Public Partnerships will provide written materials for training in plain English at a 6th grade reading level and available in multiple formats.

Upon approval from DAIL, written materials are provided in paper format or electronically depending on Participant preference. We will post Participant materials on the appropriate program web page. Materials posted to a web page can be electronically saved and/or printed. We will also distribute materials by email and mail, as requested (within 5 days of that request) or upon initial distribution if needed. Public Partnerships can ensure that employers are provided with information periodically by the state and have experience including notices and paperwork as stuffers in payroll. An example of current materials provided are tools for Participants and Employees to navigate the BetterOnline™ web portal and manage timesheets. These materials as well as assistance, if requested, from Support Specialists ensure that the Participant can successfully manage Participant Directed with greater satisfaction. These tools also ensure an understanding of and compliance with state laws, which will reduce instances of fraud or misuse of services. If awarded this contract, we will follow the same process for developing materials and submitting to DAIL for approval prior to submission.

Public Partnerships has established multiple pathways to make information available to DAIL stakeholders as well as to participants, families, and employees. Any new changes such as system enhancements, program changes or specific updates can be communicated to the field. Public Partnerships has great experience outreaching new and upcoming changes to both the State and families. Additional tools and resources that Public Partnerships uses to make information available to individuals served by DAIL programs are:

- *Newsletters*: Public Partnerships can send this to families, employees and Support Specialists quarterly to inform stakeholders of upcoming events, deadlines, and new technology available to them.
- *Mailings*: Public Partnerships can send notification and instructional documents to participants and providers via physical mail.
- *E-mails*: Public Partnerships would use this communication method to notify and inform DAIL Staff/Support Specialists when there is a Public Partnerships systematic change or improvement.
- *Blaze Calls*: Public Partnerships can customize messaging to make an automated outbound call to participants and employees.
- *Message of the Day*: PPL can customize an automated recording for all callers to hear upon reaching Public Partnerships Customer Service.
- *Portal Message:* Our BetterOnline™ *pop-up messaging* can provide a customized message when a user logs into the web portal.

2P. Claims and Reimbursement: The vendor shall enroll and maintain status as a Medicaid provider to process claims.

Public Partnerships has extensive internal expertise and systems to support on-time and accurate electronic claims processing. PPL has developed a **proprietary Medicaid Billing System to meet the specific Companion Guide requirements** for delivering EDI 837 files, and for receiving and processing the 835 Electronic Remittance Advice (ERA) file formats. Upon contract award, PPL will work with DAIL, Vermont Medicaid, DA/SSA/SISO, the State, and other needed stakeholders to obtain the necessary information needed to successfully perform claiming activities. With 51 active programs we have significant experience regarding claims and reimbursement processing.

Public Partnerships software can meet all programming needs and modifications as required in Section 1 (d) (i) (1) of the Evaluation Criteria

Further, the vendor shall:

1. **Have a process, agreed upon with the State, to verify and ensure Medicaid eligibility before submitting Medicaid claims for any participants.**

Medicaid eligibility verification is a key component of our BetterOnline™ web portal rules configuration. Prior to payroll being released for Employees, Medicaid eligibility is verified using the HIPAA Eligibility Transaction System (HETS 270/271). This file exchange allows the release of eligibility data to Medicare Providers, and their authorized billing agents for the purpose of preparing an accurate Medicare claims file.

Public Partnerships will use the HETS 270/271 to confirm a Participant's eligibility upon processing of timesheet received for services on their behalf and prior to processing for payment. We do this by securely submitting a HIPAA compliant 270 eligibility request file and then securely receiving the 271 eligibility response file. After receipt PPL would load the information into our BetterOnline™ web portal and process the timesheet against the response received within the 271 file for each date of service to be paid. All timesheets with a negative eligibility response would be placed in a pending payment status. The status is visible within the BetterOnline™ system for the Participant to view. In addition, the Participant will be able to reach our call center or the Vermont-based Program Support Specialist for further information regarding their timesheet status and will be provided clear direction on the action needed to take to correct this within the system.

Eligibility verification is one of our many pay controls, and we establish stringent processes, with quality control checks, in every program we operate to ensure Employees are not paid without a corresponding positive eligibility response for the Participant who is served.

2. Submit claims for reimbursement within required timelines.

Public Partnerships understands the importance of timely filing for claims reimbursement. We will work with Vermont to clearly understand the rules around the program's timesheet tolerance rules, Vermont's six-month timely filing requirements and claims adjudication cycle. That information along with the agreed upon payroll schedule will be used to create a program calendar and determine a program rule which will pend timesheets received after the timesheet tolerance period and timesheets received, that according to the program calendar, that when adjudicated by Vermont will exceed the timely filing requirement. PPL will work with Vermont Medicaid, DA/SSA/SISO, or the State to determine next steps regarding these pended timesheets. In addition, the status is visible within the BetterOnline™ system for the Participant to view and the Participant will be able to reach our call center or the Vermont-based Program Support Specialist for further information regarding their timesheet status and will be provided clear direction on the action needed to take to correct this within the system.

3. Work to resolve denied claims in the following manner. In the event of a denied claim, the vendor shall contact all involved parties within one business day. The vendor shall follow-up regarding denied claims at least weekly and until resolved. Claims denied due to timely filing issues become the responsibility of the vendor unless the vendor can prove otherwise.

We know how important it is to identify and resolve issues with denied claims in a timely manner, and we are committed to working with all Stakeholders to resolve denials. PPL will work with Vermont Medicaid, DA/SSA/SISO, or directly with the State to establish a program calendar that will take into consideration the payroll schedule and the claims adjudication cycle. After receipt and deconstruction of the 835 ERA file and within a timeframe in accordance with Vermont's adjudication cycle, financial analysts will prepare a denied claims report with denial reason codes that will be available for review. Upon contract award, PPL would work with Vermont Medicaid, DA/SSA/SISO, or directly with the State to establish a best practice denied claims resolution and communication process and that will meet Vermont's expectations.

4. Send claims to different funding sources dependent upon the participant's program. These may include, Vermont Medicaid, DA/SSA/SISO, or directly to the State.

Public Partnerships has the ability to provide claims directly to the appropriate funding source. We **work with several State Medicaid programs and** multiple Managed Care Organizations (MCO) nationwide. Our proprietary Medicaid Billing system is flexible and can accommodate multiple funding sources. Many of the states we currently operate in have different funding sources for different programs or the same program, so we don't anticipate issues meeting this requirement in Vermont.

Public Partnerships' has vast experience working with different funding sources.

2Q. Cash Flow: The vendor shall maintain cash flow sufficient to pay all payroll and non-payroll payments in accordance with the established payroll schedules for each program.

For every program we administer, we analyze all activities that affect the program's cash flow processes, such as payroll schedules, claiming schedules, reimbursement schedules and any related program rules such as pay date laws, and timely filing for claims. We use this information to create a master program schedule that optimizes the program's cash flow process and is ideal for all stakeholders.

Public Partnerships acknowledges the requirement to maintain cash flow sufficient to pay for all payroll and non-payroll payments. Upon award, Public Partnerships requests $2,675,000 from the State to support cash flow associated with these payments as an advance. This number represents approximately 105% of the total biweekly payroll amount that was provided in the written answers to bidders' questions. All funds received from the State to support payroll and non-payroll payments will be held in a non-interest bearing account separate and apart from any other account. We concur with the approach used to provide payroll funding to the current vendor in their contract.

The advance cash flow will be used to fund payments made for both payroll and non-payroll activities. Claims will be submitted to Vermont Medicaid, DA/SSA/SISO, or the State for reimbursement using the 837/835 claiming process described within section 2.P. of this RFP response. As reimbursements are received by Public Partnerships, the funding will be used for subsequent payrolls and will replenish the advance received from the State.

We assume that periodically we will be able to collaborate with the State to either increase or decrease the funding advance based on actual payroll data.

The State should rest assured that if any bi-weekly payroll exceeds the funding advance in escrow, Public Partnerships has adequate liquidity to cover the overage, and commits to doing so. Upon request we will be happy to provide audited financial statement to the State so the ability to cover any overages can be validated.

We understand that making timely and accurate payment to workers is one of the most important things we do, and take pride in our consistent ability to do so.

2R. Employer and Employee Enrollment: The vendor shall produce and distribute program-specific enrollment packets, all required forms and instructions, and the employer handbooks to all employers.

Public Partnerships automated file referral process is a streamlined method of data transfer in which the data is transferred same-day, and in a secure environment that is password-protected, thus maintaining the integrity of the data being transferred. The integrity of the data is upheld through the automated file transfer process by eliminating any human error that can be associated with the manual receipt and entry of the referral. Automated referral files leave secure electronic footprints of each transaction and the data contained, thus allowing us to report out to the State ensuring contractual requirements surrounding referral processing are met. The secure electronic footprints also remove errors or delays in receipt when emails or faxes with paper referrals not arriving at the intended destination.

In the event an incoming referral does not include all required fields; we have an automated system in place to notify the referring agency of necessary corrections so that the referral will loaded into our system properly.

We understand not all Vermont programs are currently equipped for electronic referral transactions. As desired, we can work with the State and applicable agencies on establishing electronic referral processes. Until then, our Vermont-based staff will be equipped to receive referrals via other means (e.g. paper) and initiate the process of manual entry into our system so the enrollment process can begin.

Each new referral, regardless of method of receipt, will be reviewed daily by our Vermont-based Support Specialist staff. From there, a Support Specialist will be strategically assigned to each Participant based on current caseload and the region where the Participant lives. Our Support Specialist staff will assist the Participant with the enrollment process and educate the individual on becoming an Employer.

Upon receipt of a referral from the referring agency, a designated Supports Specialist will complete an initial direct contact with the Participant. During this training, the Supports Specialist provides a thorough training on the parameters of Participant Direction. They review the history, philosophy and processes for self-directing the person's supports, managing a budget, hiring Employees, and taking on the responsibilities of an Employer. The Supports Specialist also works with the employer to complete the necessary IRS documents and provides training to complete the Worker documents.

For each program we administer, we develop and provide comprehensive, user-friendly enrollment packets that include all the material necessary to establish Participants or Surrogates as employers, and to enroll individuals as Employees. In addition to the paper enrollment forms and information Support Specialists supply to Participants and Employees, we will offer our online enrollment system in Vermont. Should we be awarded the contract, we expect that online enrollment will be the primary method of enrollment in the Vermont programs, though we will still have the paper packets and processes for those unable to complete enrollment online.

Online enrollment is a great choice!

- *Instantaneous routing of enrollment documents speeds completion time*
- *Ability to utilize e-signatures and perform instantaneous electronic submission*
- *Significantly reduces omissions and errors*
- *Easy to use with guided assistance*
- *Safe and secure!*

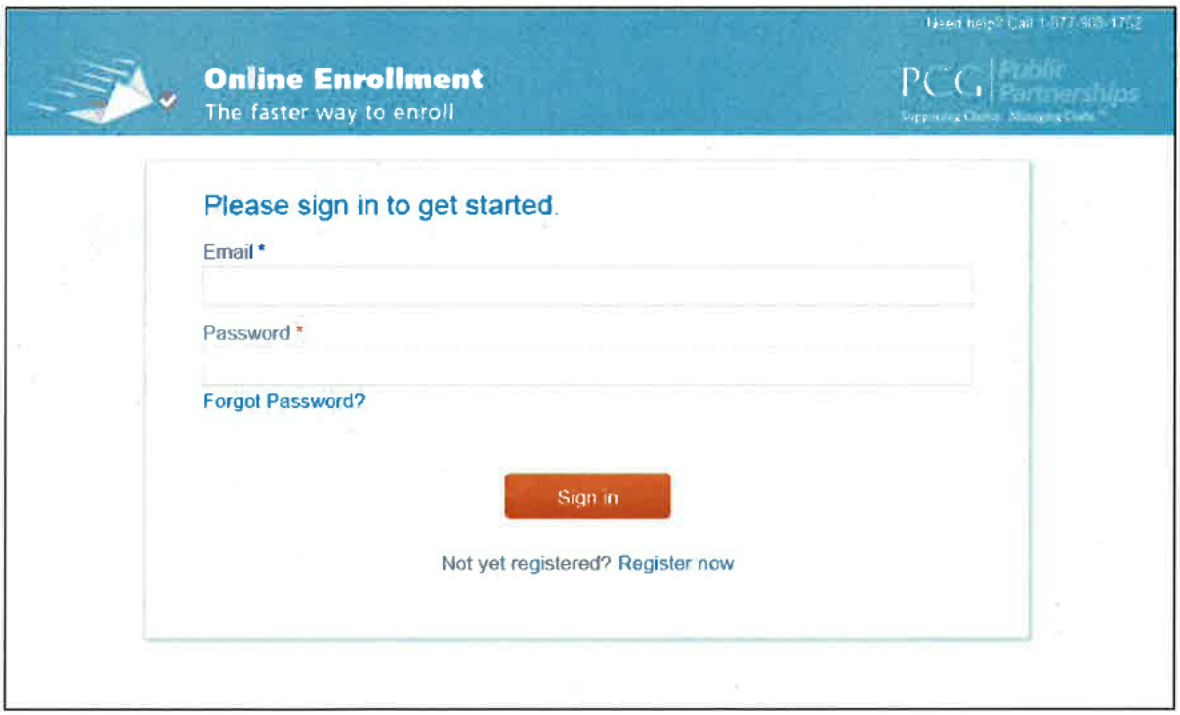
As outlined in the system details below, Online Enrollment easily guides Participants/Employers and Employees through the step-by-step process of completing enrollment paperwork and provides users with line of sight into the status of the enrollment throughout the process. Another major benefit of the electronic enrollment process is that Participant/Employers and Employees are typically able to complete enrollment and start services much faster than when using paper packets. The development and launch of this tool is another example of Public Partnerships building on experience and lessons learned in order to help make Participant Direction successful for the people we serve.

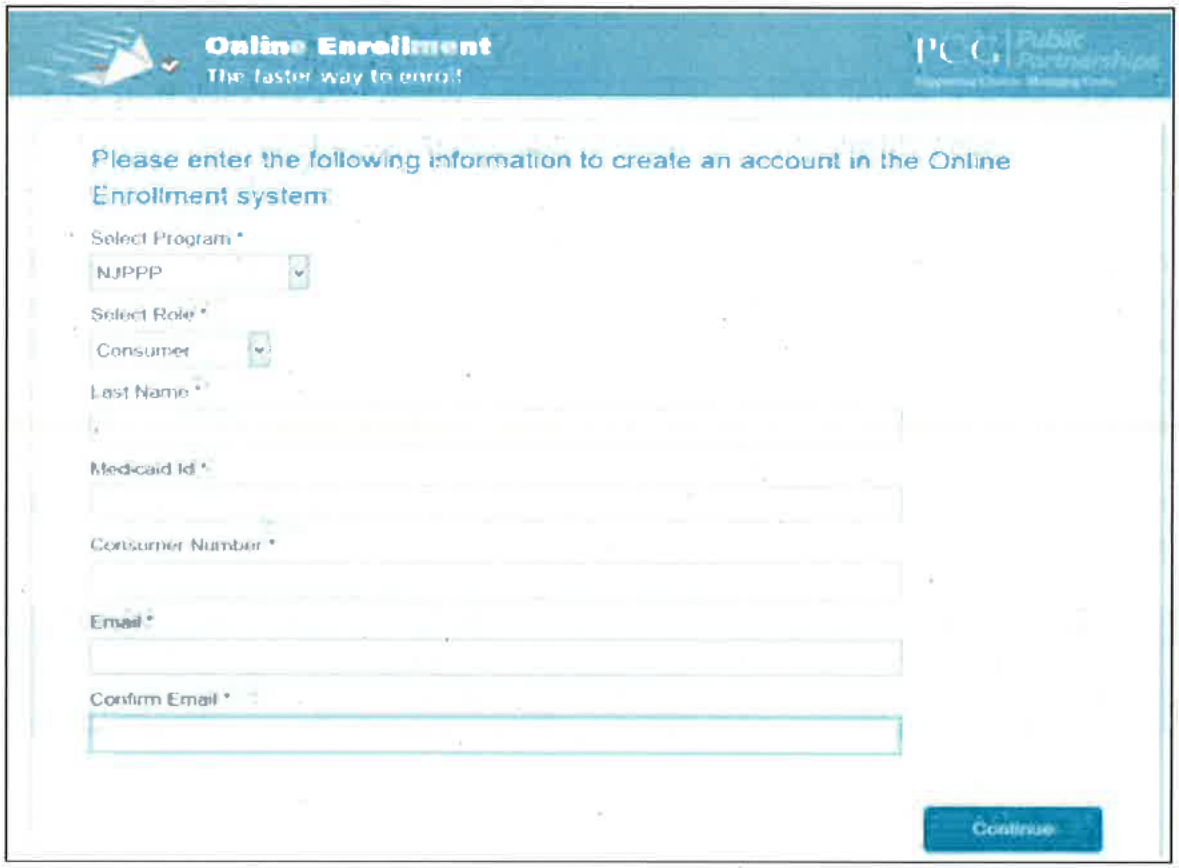
Public Partnerships understands the importance of enrolling Participants/Employers and Employees completely and efficiently. We will implement and pursue online enrollment as the preferred method of enrollment. Our online enrollment system will significantly reduce omissions and errors we sometimes see from Participants/Employers and Employees. The instantaneous electronic routing of the enrollment documents will also significantly reduce the

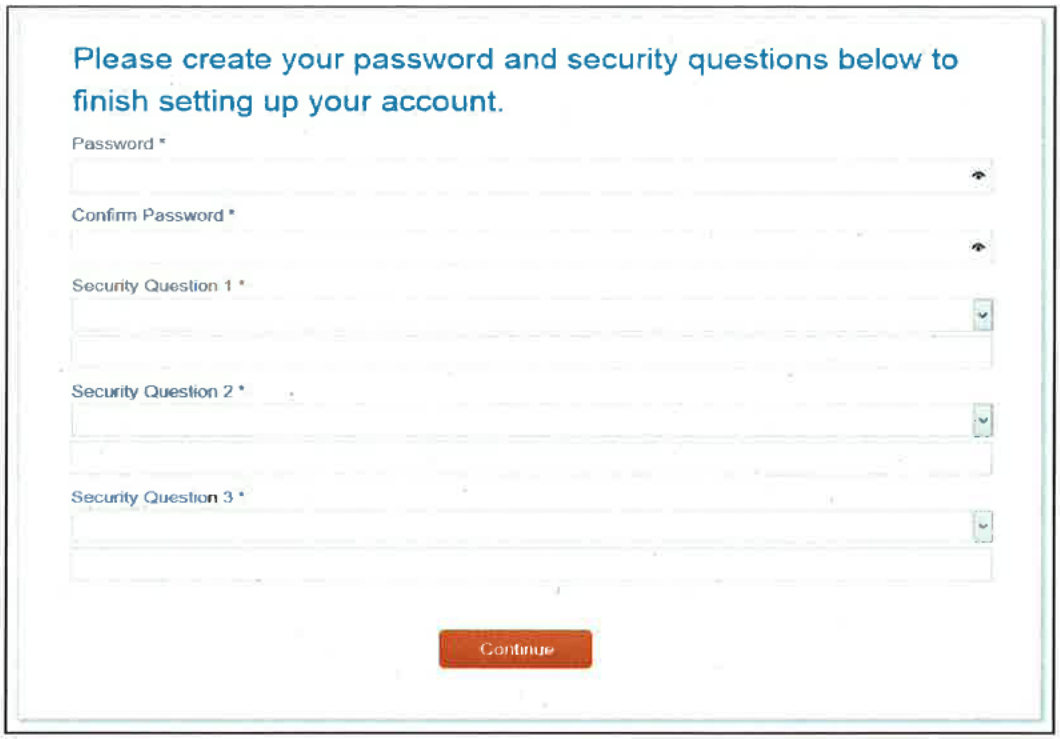
time it takes to complete enrollments, because mailing/faxing and associated document triaging are eliminated. So is the timely rework that occurs when paper forms must be revised and re-submitted.

The following is a preview of our easy to use, intuitive system. These screen shots are from another Public Partnerships program. Prior to deploying it in Vermont, the system will be configured to adhere to program requirements and terminology.

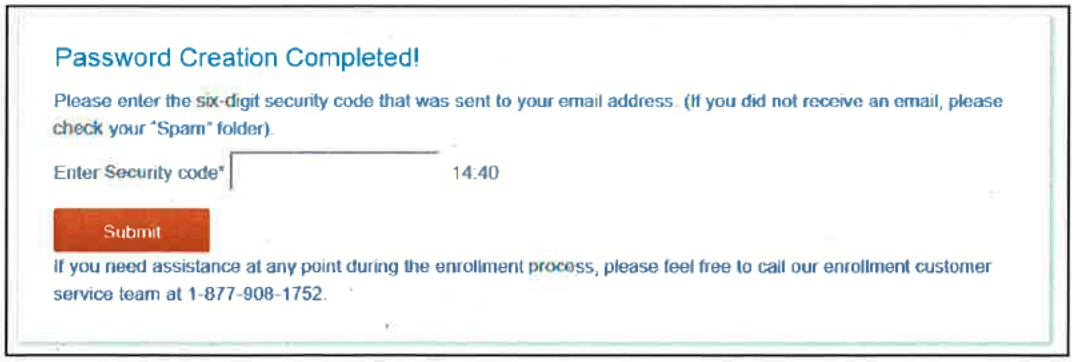
When the user goes to the Online Enrollment login page, they can sign in, or click the **Register now** link which will guide them in setting up their account and establishing their role, program, password and security questions. A user can only register in our secure system if a profile is already established. A profile is established in our system as soon as the referral is processed, as described at the beginning of this section. Our online enrollment system validates identity by comparing data input by the user with our system (validation elements are configurable by program, as needed). If the validation does not match, the user will contact the Program Support Specialist in our Vermont office to problem-solve.




Online Enrollment
The faster way to enroll
Please enter the following information to create an account in the Online Enrollment system
Select Program *
NJPPP
Select Role *
Consumer
Last Name *
Medicaid Id *
Consumer Number *
Email *
Confirm Email *
Continue



Once the security questions have been set up, we send an email with a verification code to the Participant/Employer. The Participant/Employer needs to check his/her email and enter the code.

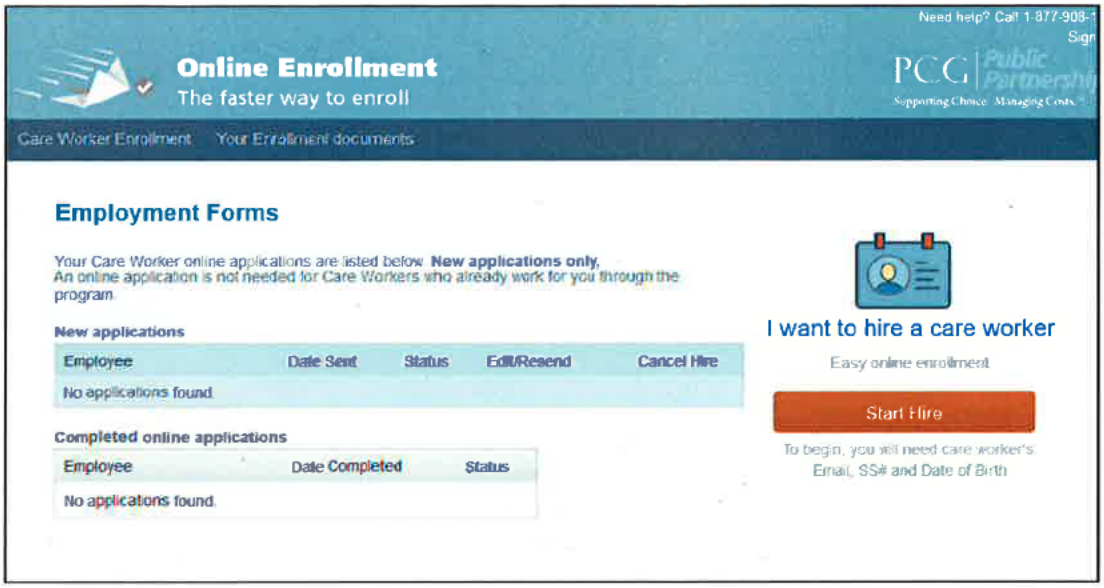


After entering the Security code provided in the email, the Participant/Employer clicks **Submit**, and the account is activated.

After this secure account registration, Participant/Employers can complete all their enrollment documents online. This even includes the IRS 2678 and SS-4 documents, on which the IRS still requires "wet ink" signatures. We have incorporated a download and upload functionality into our online enrollment system so documents that require "wet ink" signatures or signatures of third parties can be included. This capability also enables users to submit copies of documents like training certifications and driver's licenses through our online enrollment system.

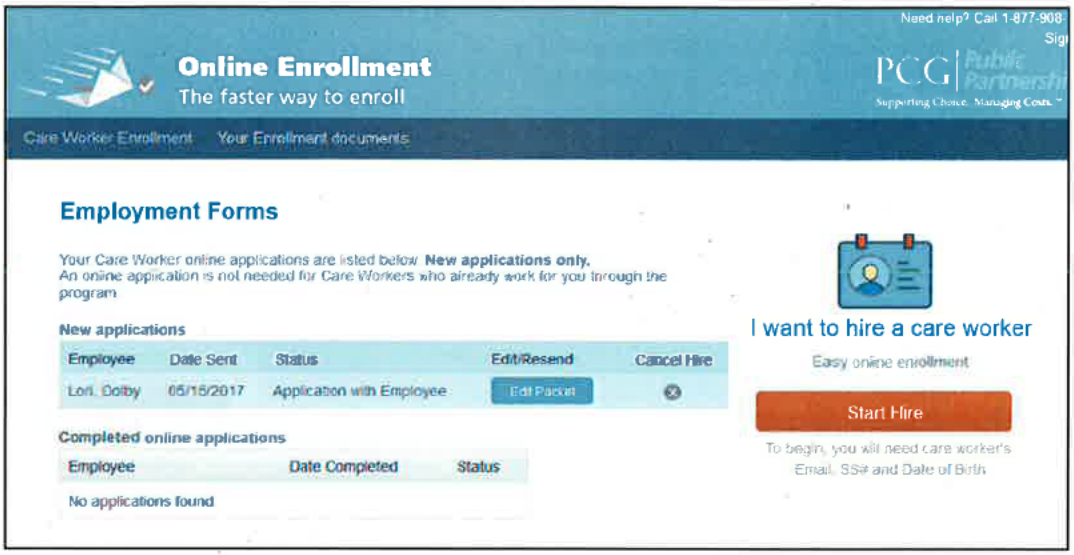
Please note that some vendors may propose using e-signatures on the IRS 2678 and SS-4 forms. We are confident the IRS does not sanction an e-signature approach on these forms at this time. Any vendors that accept e-signatures on these forms are exposing themselves and the State to risk. We are hoping to engage in dialogue with the IRS to promote e-signatures on all forms in the future, but that will take time. That is why our unique download/sign/upload functionality in the online enrollment system is the most effective and compliant way to get these forms completed in an electronic enrollment system.

After the Participant/Employer, has submitted his/her own enrollment packet online, he/she can click **Start Hire** on the "Care Worker Enrollment" home screen to start the Employee enrollment process.



The Participant/Employer is prompted for information about the Employee that is being hired, including name, email, date of birth, and pay rate (if applicable). The system then automatically sends the online enrollment request and link to the new hire via email. The new hire's online application will immediately show in the Worker's list of Employment Forms (see screen shot below). The Employer can edit the enrollment packet or cancel the hire from this screen. He/she can also see a history of all in-progress and completed online applications.

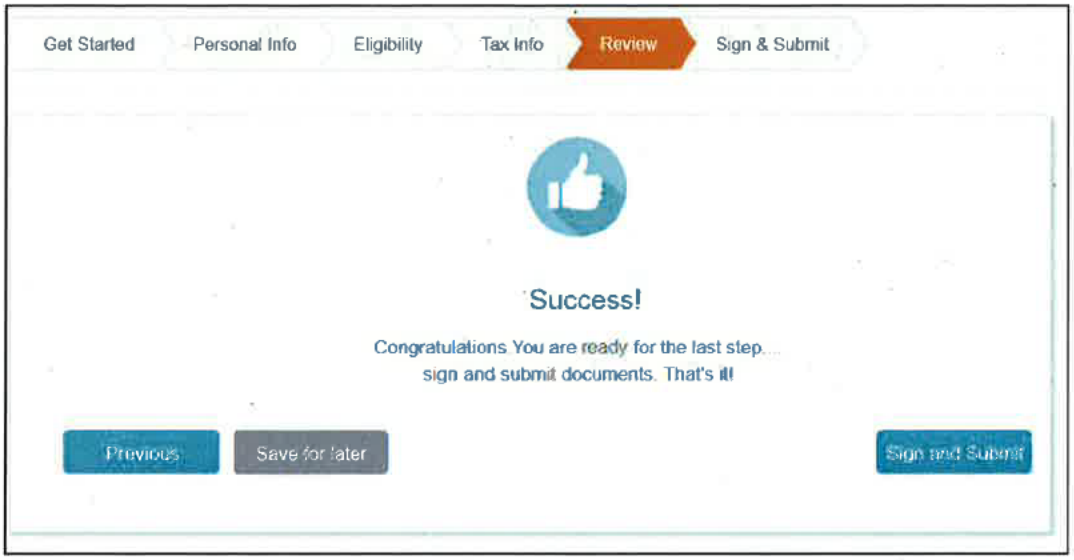
One of the unique characteristics of the Public Partnerships online enrollment system is it provides a self-service capability to Participant/Employers who want to hire new Employees. No mailing of packets or other interventions by us are required once the Employer has securely established an online enrollment user account.



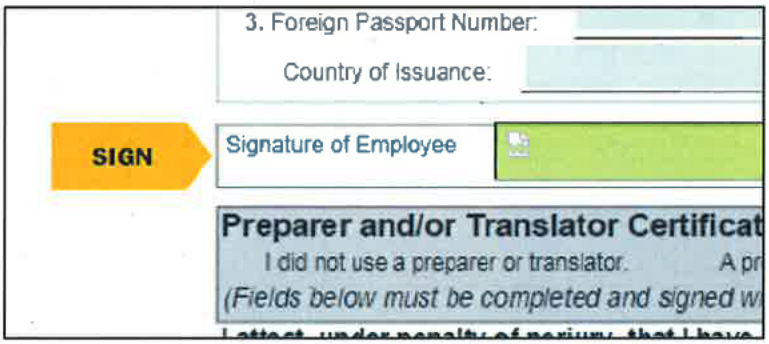
The Employee will receive an email with a link that he/she can click on to start the process of setting up his/her own online enrollment user account, password and security questions.

Our system will guide the Employee through setting up his/her Personal Information, Eligibility, and Tax Information. This includes all the same information that would be entered in the paper enrollment packet. In fact, our system actually takes all of the information entered through the intuitive web interfaces and populates the exact forms that are in the paper enrollment packet, in .pdf form. Users can log into the online enrollment system at any time and download or print the .pdf versions of the forms.

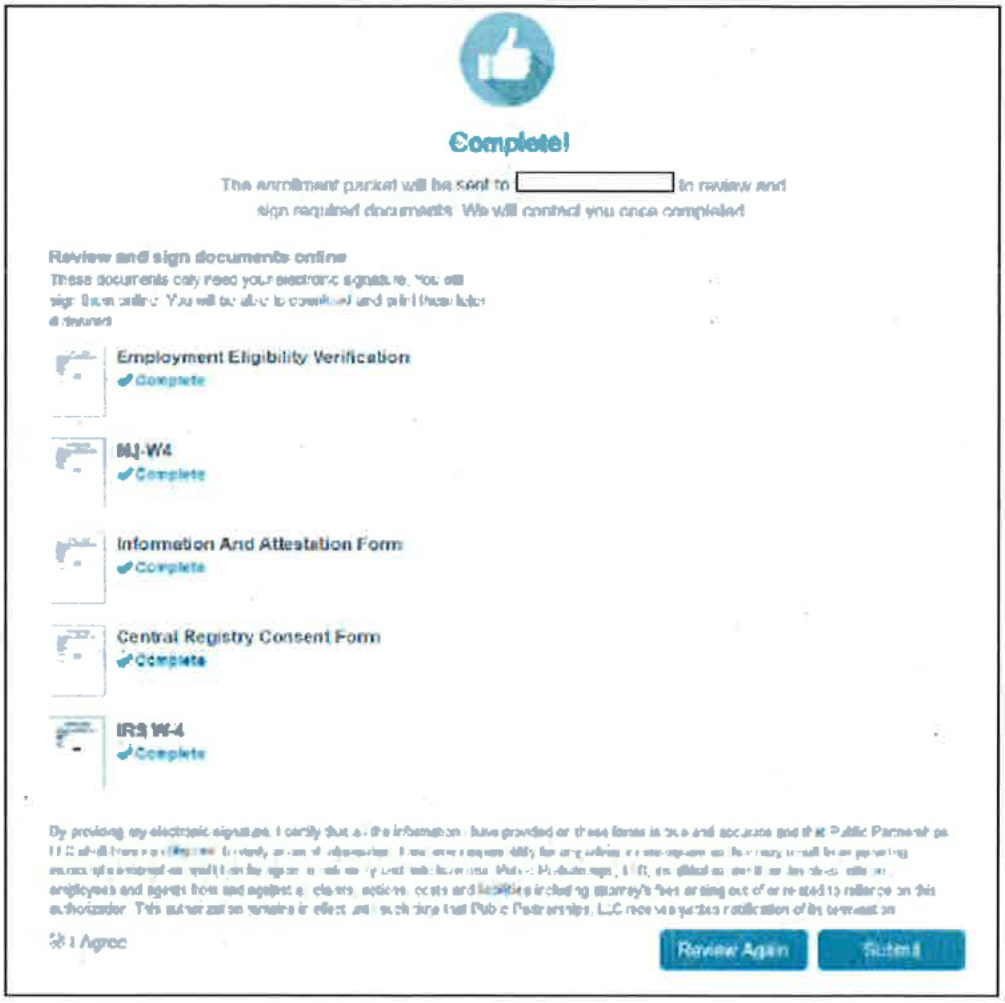
Public Partnerships also provides online instructions for the forms the Employee needs to fill out. Once the Employee has completed each of the steps, they will Signs and Submits the application using the electronic signature feature.



We make it easy for them to find where they need to sign. After creating an e-signature (which only needs to be done once), the user clicks in the green spaces to sign the forms.



After the Employee completes the online packet, he/she submits it to the Employer to review and counter-sign the required documents. This is completed through automated e-mail exchange, and therefore can be completed almost instantaneously. No coordination to exchange a paper packet is required.



The online enrollment process is completed once the Participant/Employer reviews, signs, and submits the Employee application to us. Before final submission, if there are any errors in the Employee forms the Employer can reject the forms back to the Employee for correction electronically in the system. This process, if needed, is seamless and efficient.

For Participant/Employers who want to continue to utilize paper forms, Public Partnerships recommends a single application. A single application includes all forms as one document. This option, in our experience, reduces errors of repetitive information, is easier to complete and reduces the time to enroll as far less documents require written information.

Upon award, Public Partnerships will work with the State to establish informational documents and tools, along with specific program, state and federal forms that need to be completed and signed by the employer, and submitted to us.

We are aware that many of the IRS required documentation can be complicated and confusing so the forms are pre-populated prior to printing and sending to the Participant's home. The Vermont-based Supports Specialists will be available to take sufficient time with the Participant or Representative to explain each line item and describe the significance of the documentation to the extent necessary prior to signing and dating. We have found that this approach can greatly improve the waiver Participant's/employer's comfort with the enrollment process.

Our standard Employer enrollment packet includes the following as part of the enrollment process (these will also be available online when online enrollment is available and selected):

- ✓ An introductory welcome letter;
- ✓ Information about Public Partnerships' Services and Operations - Roles and Responsibilities of the Employer, Public Partnerships, FAQs and Customer Service Contact Information
- ✓ IRS Form SS-4 - Application for Employer Identification Number
- ✓ IRS Form 2678 - Employer Appointment of Agent
- ✓ Instructions detailing completing and submitting each of the required forms to the Public Partnerships
- ✓ Two (2) Worker Employment Applications

Upon award, Public Partnerships will work with the State to create an Employee enrollment packet. The packet should be inclusive of required state and federal forms, program forms and informational documents and tools for the Participant/employer and the Employee to complete enrollment requirements successfully. All of the information contained in the Employees enrollment packet is also available for review and download on the Public Partnerships information website at www.publicpartnerships.com. Each program can have its own packet, based on specific program rules; we will obtain approval from DAIL for the packets prior to implementing them. (This includes the online enrollment "packets" since we have a process to ensure any forms that require edits are updated simultaneously in our paper packet generation system and online).

Employee forms and information can also be located on our BetterOnline™ web portal. Informational documents and resources information provided to the Employee also includes a user guide for accessing and using the BetterOnline™ web portal and Time4Care™ mobile application for electronic timesheets and other functions available to the Employee and Participant/employer. Our standard Employee packets are comprehensive, user-friendly, and include all the material necessary to establish individuals as an Employee. Our program enrollment packets are also available in Spanish and can accommodate other languages upon request by the State.

For those who are unable to use online enrollment, and need assistance "pre-populating" a paper packet, we will offer our over-the-phone enrollment option which allows us to mail out a pre-populated enrollment packet to Participants/Employers for their Employees to review and sign with the employer. Through this process, Employees call our Phone Enrollment team using a toll-free number, and we pre-populate their enrollment documents with the information they provide. We then mail them out for signatures. Over-the-phone enrollment is a fast alternative to traditional enrollment methods that reduces errors and helps ensure Employees are able to provide services as soon as possible. This may be a good option for Participants who are well-versed in hiring Employees and don't require the more "hand-on" assistance from one of our Vermont-based Program Support Specialists.

Employee Enrollment Packet Contents:

Our typical Employee enrollment packet contains the following required forms to be completed, signed and returned to us for processing. Like mentioned above, we can have different packets for each program, and will get final approval from DAIL before implementing the packets in Vermont:

- ✓ Worker Information and Attestation Form:
  This form condenses the 3 forms below into one complete document requiring signature. By incorporating these three (3) forms into a single application reduces errors of repetitive information, is easier to complete and reduces the time to enroll as far less documents require written information. The Attestations includes:

  - Application and Instructions Form to capture demographic information, including a customized Tax Exemption form that captures the relationship between the Employer and the qualified Worker;

- Employee Service Agreement;
- Employer/Worker Relationship Federal Tax Exemption Information Form

✓ USCIS Form I-9. Department of Homeland Security - Employment Eligibility Verification
✓ IRS Form W-4. Employee's Withholding Allowance Certificate
✓ CBC release forms permitting the required background searches

Informational documents and optional forms:

✓ Payroll Schedule
✓ Public Partnerships Customer Service and Contact Information
✓ Public Partnerships BetterOnline™ Web Portal Registration Instructions
✓ Direct Deposit Application and Instructions
✓ Change of Address/Contact Form

Public Partnerships provides Participant/Employers with USCIS Form I-9 and the USCIS instructions for its completion. Provision of Form I-9 can include all legitimate formats as defined by USCIS at that time, including provision of an electronic I-9 system. Participant/Employers are solely responsible for proper execution of USCIS Form I-9, as defined in Instructions for Form I-9, Employment Eligibility Verification Department of Homeland Security. This provision applies to execution of all formats of Form I-9.

If awarded the contract, we would discuss the potential pre-population of certain employer informational fields in the Employer certification, Section 2 of Form I-9 by the BetterOnline™ web portal, when paper packets are used instead of our online enrollment system. The pre-populated Employer-provided information would be for courtesy purposes only and should not be construed as creating joint responsibility for Public Partnerships in relation to Section 2.a. The Participant/Employer is responsible for the accuracy of this information and must edit the information if there is an error.

We will acknowledge receipt of Form I-9 executed by Participant/Employers. We will not attest that fields have been completed or are otherwise accurate; the Participant-employer retains full responsibility for ensuring that those sections are complete, accurate, and verified.

When a physical Form I-9 is executed, Participant/Employers will maintain the original with program records. Participant/employers are directed to forward a copy of the I-9 to Public

Partnerships for record-keeping purposes only. Electronic I-9s will be maintained by us per USCIS regulations. Public Partnerships will maintain a copy of Form I-9 in accordance with the record retention terms of agreement between DAIL and Public Partnerships, but reserves the right to execute I-9 retention timelines as defined by USCIS. The I-9 created in our online enrollment system is stored within the system automatically and can be downloaded by users of the system, as well as Public Partnerships enrollment staff. Our online enrollment I-9 is fully compliant with USCIS rules.

Enrollment Packet Processing

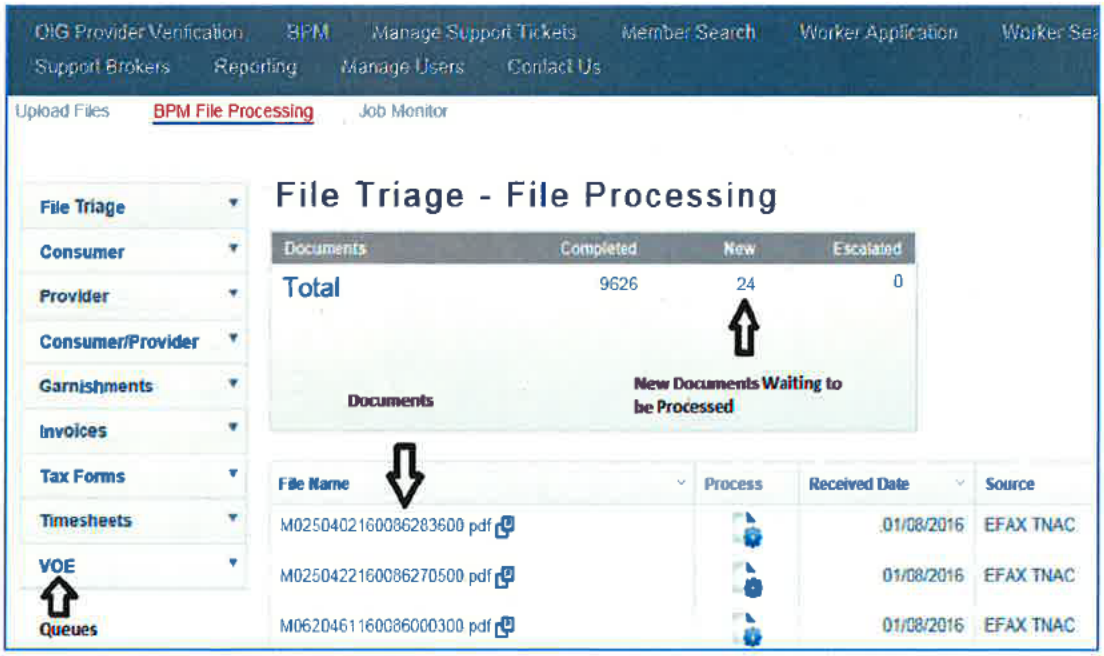
Upon receiving a completed Employer and Employee enrollment packet, our Financial Operations Enrollment team will process all paper and online documents and verify that all applicable forms have been received, accurately completed and signed by the Participant/employer and/or Worker in the appropriate sections.

Our online enrollment process offers immediate availability, notification, and status of enrollment documents. Email is used to notify the intended recipient of what is required of them to complete the forms. Processing online enrollment forms is consequently faster and more efficient. Our online enrollment system uses email as the primary means of communication.

Because these enrollment documents are time-sensitive and need to be processed quickly and accurately, Public Partnerships developed an internal module in BetterOnline™ that allows us to organize and process documents efficiently.

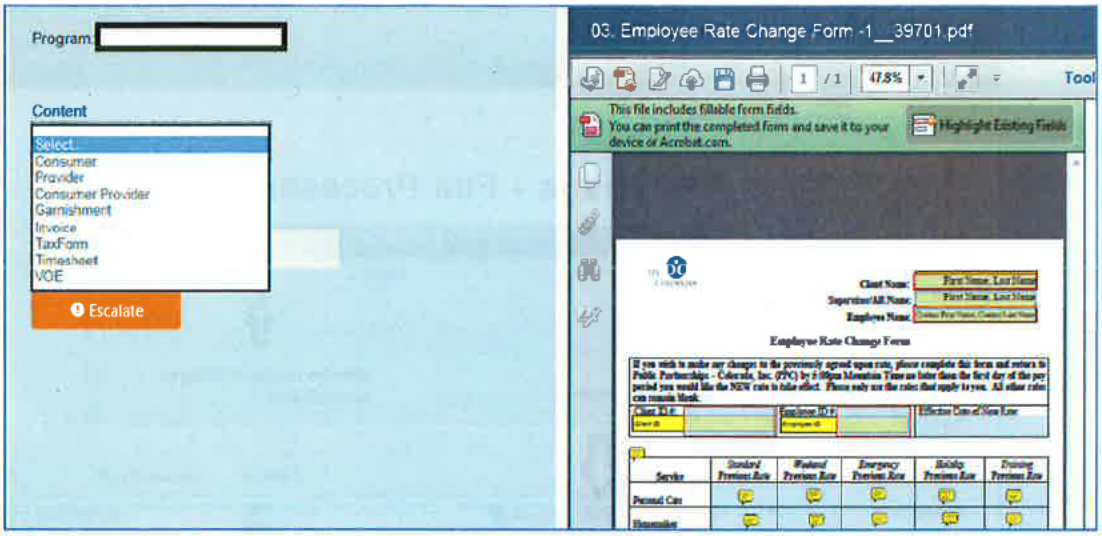
Business Process Management (BPM) is a workflow management tool that allows Public Partnerships to manage incoming documentation. All paperwork is reviewed and then assigned to the appropriate queue for attention. BPM tracks how long documents have been waiting for review so that staff can ensure all processing meets service line agreements.

Our BPM system and opens on a File Triage page as seen below:



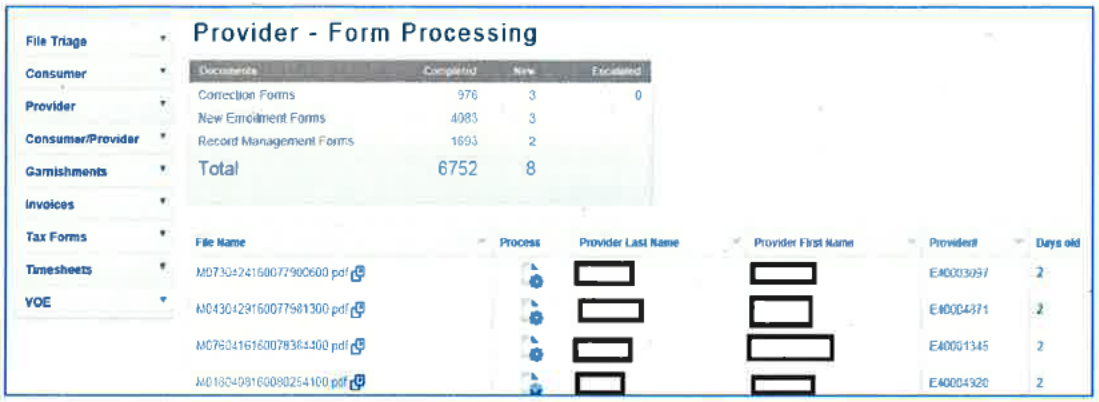
This page identifies in the left column the available queues into which the paperwork can be organized. The number of new documents waiting to be processed is listed in the dashboard under **New**. The individual documents that need to be processed and assigned to one of the queues are listed below the dashboard. Each day the enrollment staff manages this data.

Selecting the Process icon for the document will bring up the following screen:



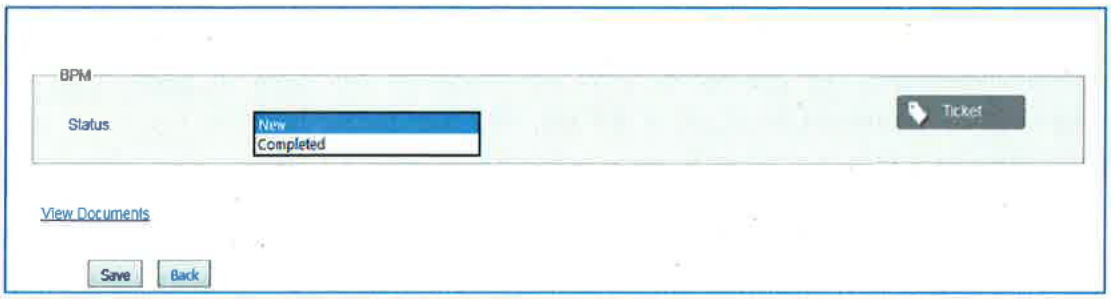
Here, the enrollment staff sees the document that has been sent to Public Partnerships and, using the drop-down menu on the left, can assign it to the appropriate queue. Below the drop-down menu, there is also an Escalate button. Occasionally, Public Partnerships receives notification that a document needs priority in processing. The Escalate button identifies the document as High Importance so the processing team can prioritize appropriately. The reason a document would need to be escalated and heightened in priority could be due to Worker terminations, processing errors on our behalf, DAIL requests due to Participant's health being at risk, etc. While the focus of our effort is on preventative measures to avoid errors and/or the need for escalations, we apply documented internal controls to be prepared for these instances, when necessary.

After documents are assigned to queues, specific enrollment teams review the documents. For example, the team assigned to Employee paperwork goes into BPM and selects the Provider queue on the left. Documents in the Provider queue are divided between Applications and Form Processing. As with the File Triage page, the individual queues have dashboards that show the number of forms processed and those that are waiting to be processed. The list of documents to be processed are listed below the dashboard.



When staff selects Process icon for one of the documents on this page, the BetterOnline™ web portal will open an appropriate screen for entering in the data from the form. For example, if staff selected the Process icon for one of the Provider New Enrollment forms, the system would go to the section of the BetterOnline™ web portal that collects provider enrollment data. Enrollment staff work with dual screens, so they have one screen open for entering data and another screen open to the document. This enables to staff person to simultaneously see the document and enter information from it into the appropriate screen as efficiently as possible.

While BPM brings the staff to the portion of the portal necessary to enter the data, it adds some unique features to the page. At the bottom of every page accessed is a place to enter BPM status and add a support ticket.



If the document has been processed completely, the staff assigns a Status of Completed. Once assigned Completed status, the document moves to BetterOnline's™ Document Management and can be viewed at any time from there. If there is an issue and the document has not been processed completely, the staff assigns it a Status of New. This ensures that it stays in the New Column in BPM until it can be completely processed.

The Ticket button is very important. Public Partnerships often receives incomplete or incorrectly completed paper documents. The Ticket button links directly to the Support Ticket module where our staff can indicate in the ticket exactly what is missing or incorrect and have that information transmitted by customer service.

For stakeholder choice and convenience, we accept a variety of document delivery methods. All of these delivery methods end up in the BPM module. Documents that are emailed to our program email boxes are delivered directly into BPM; and, rather than printing out of a traditional fax machine, documents sent to our administrative fax appear directly in BPM. We scan all mailed documents to a specific storage drive. That drive is swept continuously to load into BPM. Finally, some documents are delivered directly into the hands of our support specialists. These staff scan and then load the documents directly into BPM. As mentioned previously, documents submitted using our online enrollment system are automatically fed into BPM processing queues.

There are many benefits of our BPM system. With so many documents being sent to an FMS, it is critical to sort and process them appropriately. It is our experience that staff are more skilled and faster at processing documents if they specialized in certain documents. To that end, we created queues that enable our staff to divide documents by type. This ensures that the staff people who have been trained to process tax forms are not completing Verification of Employment documents. This gives us greater confidence that our documents are processed correctly.

It is also important to us that documents are processed expediently. BPM tracks the receipt of the document and the number of days the document has been in queue with the oldest unprocessed documents displayed at the top. We also track history so that every staff person who touches a document is held accountable for its successful processing. We can generate reports through BPM to determine the volume of incoming packets and/or the status of those packets at any given time, and we can make that information available to DAIL via the Participant/Employer Checklist in the BetterOnline™ web portal. The tracking and reporting capabilities that are available through BPM provide fiscal accountability, traceability and transparency into our operations which allows the State staff to better identify program trends, areas that may be in need of improvement, and gauge our program performance

Once we have received and processed all required Employer documentation, training, and obtained approval from the IRS for Public Partnerships to be agent of the Employer, we will flag the Participant as "Good to Serve" in BetterOnline™. Similarly, Employees will not be able to start providing services to the Participant until all required paperwork have been completed, received and approved by Public Partnerships and passed all required criminal background check requirements.

A major benefit of our BetterOnline™ web portal is that Participants/employers and Employees can track the status of their own enrollment. All stakeholders have visibility into their own personal records so they can see the updates in real time. In the screen shot below, the employer can see that the IRS SS-4 and IRS 2678 have been received and have all the appropriate fields completed. There is no need for the employer to call customer service; they can see this information whenever it is convenient for them.

Employees can also track the status of their own enrollment. In the next screen shot, the Employees can see that their background check and other required program documents have been received and processed. There is no need for the Employee to call a Program Support Specialist or customer service; they can see this information whenever it is convenient for them. When online enrollment is used, the same information is seen in the web portal.

Program Checklist

✓ Checklist Completed	
Available for Other Work (optional)	
Packet ID (optional)	300659625A
Provider Inactive	No
First good to serve date (optional)	06/20/2016
Passed State Sex Abuse Registry Check Date	06/08/2016
Passed National Sex Abuse Registry Check Date	06/08/2016
Passed Health Dept Registry Check Date	06/08/2016
OIG Registry Expiration Date	8/17/2017
Background Check Status	Pass
Passed Background Check date	06/14/2016
First Aid Certification Expiration Date	12/31/2018
CPR Certification Expiration Date	04/30/2019
Fraud and Abuse Prevention and Reporting Date	6/9/2016
Blood borne pathogens Date	6/9/2016
Date of training on overview of CHOICES and consumer direction	6/9/2016
Date of training on caring for elderly and disabled populations	6/9/2016
Date of training on abuse and neglect identification and reporting	6/9/2016
Date of training on critical incident reporting	6/9/2016
Date of training on use of EVV system	6/9/2016
Date of training on administration of health care tasks (optional)	
Medication Administration Date of Training (optional)	
Driver's License # on file (optional)	Y
Medicaid Agreement Signed	Y

If any of the Participant/Employer or Employee required documents are missing or incomplete, Public Partnerships staff will log the issue into BetterOnline™ by generating a support ticket. This will trigger the Program Supports Specialist in Vermont to make an outbound call to obtain the required information. The Supports Specialist will explain to the Participant/Representative or Employee what remains to be completed. Additionally, the Supports Specialist will contact the Participant/Representative or Employee weekly, at a minimum, until all completed documents have been received and the Participant/Representative and/or Employee are good to go.

As an alternative, Participants/Employers and Employees can contact us by using the program's designated toll-free customer service number, designated or our program-specific customer service email account to ask questions about the enrollment process. Our Customer Service Center's specialists will be trained on the program requirements and specifics, and are able to walk callers through the contents of the individual Employer and Employee packets. Part of our implementation plan is to conduct intensive training of our Customer Service specialists so they are knowledgeable on the program requirements and specifics for the Vermont programs.

The takeaways are:

- We create easy-to understand enrollment packets
- We offer an industry-leading online enrollment system as the preferred method to enroll Participants/Employers and Employees quickly and accurately.
- We have efficient tools and methods for processing paper packets for those who cannot use online enrollment.
- We offer multiple channels of support for people who need assistance with their enrollment forms: Vermont-based Program Support Specialists; toll-free customer service support (including our Phone Enrollment team); and instructional documents posted on our web site.

Employers often need information beyond what is in enrollment packets and associated instructions. Therefore, we provide Employer Handbooks to all Employers.

The handbook is a tool to help Participant/Employers understand their role and responsibility and tools for hiring workers. Most Participant/Employers that elect consumer direction may have never hired staff. This guide helps walk them through the dos and don'ts.

The handbooks will be designed according to each programs needs and requirement. Each handbook will contain the following, at a minimum,

- Public Partnerships roles and responsibilities
- The participant's Enrollment Packet (e.g., I.R.S. SS-4 Form; I.R.S. 2678; Worker's Compensation Insurance application; Introductory Letter; and instructions and sample forms and detailed instruction on how to properly complete each form)
- How participants recruit workers and the hiring process;
- How participants manage and discharge workers;
- The process for engaging service providers and vendors that provide individual directed goods and services;

- The MCO's role and responsibility under participant direction, if applicable;
- Appeals and grievances policies and procedures; and
- Troubleshooting for common problems, which may potentially hinder the participant from successfully utilizing the program; and

2S. Unemployment and Workers' Compensation: The vendor shall follow the procedures established to ensure coverage of eligible individuals under the group Workers' Compensation Insurance policy secured by the State:

Public Partnerships is in compliance with state and local tax laws, federal and state labor laws and state support worker's compensation insurance laws. Our tax team has extensive knowledge of unemployment requirements. Our team will work diligently with the State to establish all filing procedures. We will follow the guidance provided by the State regarding Employees serving Participants within the programs are considered State employees for the purposes of unemployment insurance only. As the F/EA, Public Partnerships will assist participants in fulfilling employer-related requirements associated with unemployment and Workers' Compensation.

Public Partnerships software can meet all programming needs and modifications as requested within section 1 (d) (i) (3) of the evaluation criteria

We will follow established procedures to maintain Worker's Compensation Insurance for eligible employees. Our highly-trained enrollment, registration, and tax teams work in tandem to process required forms and input each provider's information into their BetterOnline™ profile. Our financial management system verifies provider-specific information and verifies that all required forms have been received prior to issuing payment. Upon successful completion of program enrollment, Workers' Compensation Insurance is established. We understand the State carries a single workers' compensation policy for all employees serving Participants within the program and individual policies will not be established.

Additionally, the vendor shall:

1. **Establish a separate account with the VT DOL for each of the employee groups represented by the respective programs.**

Public Partnerships will establish the necessary unemployment insurance accounts with the VT DOL in accordance with laws and regulations as established by the VT DOL. PPL has documented, approved policies and procedures that detail each segment of F/EA processes, including controls to insure tracking and application of funds for unemployment tax withholding, filing and payment, and maintaining the relevant documentation in our files.

2. **File any reports relating to health insurance coverage which are or will become required, even though employees employed by participants are not considered employees of the State for purposes of health insurance coverage.**

Public Partnerships recognize that employees employed by program participants are not considered employees of the State for purposes of health insurance coverage. If any reports relating to health insurance coverage are or will become required, Public Partnerships will collaborate with the State to gather the relevant data for those reports and to determine who will be responsible for those filings.

3. **Serve as the employer's representative with VT DOL when claims related to the vendor's functions are filed and shall cooperate with the VT DOL in accordance with State procedures.**

We will serve as the employer's representative with VT DOL when claims related to the vendor's functions are filed and shall cooperate with the VT DOL in accordance with State procedures. Information pertaining to how a participant/employer reports a claim, education on tips and best practices for safe working environments, doctor panels (where applicable) and key contact information are provided to the Participant/Employer with the new enrollment materials, and made available on the Public Partnerships program website. Our customer service agents are also trained in the various workers' compensation rules of the states in which we operate. They will be fully versed on the Vermont program as part of the implementation activities. Additionally, our Vermont-based Program Support Specialists will be fully trained to assist Employers and Employees with workers' compensation issues and questions.

2T. Training and Communications: The vendor shall send a representative to training sessions as requested by the State. The vendor shall be reimbursed for actual expenses as agreed upon between the vendor and the State.

PCG Public Partnerships welcomes the opportunity to participate in training sessions for employers, their authorized representatives, employees, case managers, and other program stakeholders. From experience, we have learned the long-term benefits that result from being physically present for training sessions and pertinent stakeholder meetings. This not only ensures that information is accurately and consistently communicated, but also allows relationships to be established and gives Public Partnerships the opportunity to gain insight into the finer details of the programs.

We realize that it is not always possible for individuals to attend training sessions and that individuals have different learning styles. In addition to group training sessions, we will offer web-based trainings, written training materials, FAQs, training videos, and individual assistance through our Customer Service Specialists.

Following the award of the contract, we will carry out the orientation and enrollment meetings with existing participants as explained in Section 2.A. We also propose that a series of introductory training sessions are offered in several convenient locations across the State of Vermont for Case Managers and other program stakeholders who have a role in the referral and ongoing support of individuals who choose to self-direct their services. Providing Case Managers and others with a good understanding of the rights and responsibilities of self-directing employers is a proactive measure to help ensure the appropriateness of referrals and ultimate satisfaction and success of self-directing participants. Public Partnerships will work with DAIL to determine the locations and develop the agenda, schedule, and training materials for these sessions. The materials and a recorded version of the training can be made available via Public Partnerships' web site and program-specific web sites.

Public Partnerships' Program Management staff will be available to meet as needed with the State and during routine meetings we will include training and communication as a standing agenda item. All formal training activities and communications with participants and program stakeholders will be coordinated with the appropriate DAIL staff and any related expenses will be agreed upon in advance.

Our Marketing Team can develop educational materials targeted to a variety of users including individuals and their families who are considering self-direction, existing self-directing participants, their Workers, and Case Managers. We have created helpful "side-by-side" documents that compare the individual's choices and responsibilities under self-directed service models to those available through traditional service models to those available through traditional service models. In many of our programs, we provide "leave-behinds" like the toolkit and enrollment workflow examples shown below. Any marketing item can be created with input from Participants, Workers, Case Managers, and the State.

The Public Partnerships Marketing Team can develop educational materials and tools to support Participant Direction.

PCG Public Partnerships

You make your own choices.

Your case manager talked to you about the Participant Direction Option, or PDO. It lets you choose to make more of your own decisions about your services.

- You can hire, train, supervise, and dismiss your direct service worker(s) who provide you with certain long-term services.
- You can make decisions about what, how, where, and when you receive services.

The PDO team includes:

- **You**, the member
- **Your case manager**, who helps you reach your goals
- **The direct service worker**, who works for you
- **Your representative** (optional), a person you can choose to manage some PDO responsibilities for you, though you are always the employer of record
- **PCG Public Partnerships LLC (PPL)**, the fiscal/employer agent, handling payroll, tax filing, and related supports for you — so you don't have to
- **The PPL enrollment specialist**, a trained person who helps you when you enroll and while you get used to finding and hiring your workers

Here's how it works:

- You and/or your representative make decisions. This can include hiring, training and scheduling employees.
- You can get help from PPL and the enrollment specialist, so you can enjoy the more independent life that the PDO can make possible.
- Working with your case manager, you create an emergency backup plan so you don't have to worry.
- With your enrollment specialist's help, you hire and negotiate with the employee, making a work schedule that is best for you.

How can I participate?

We make enrollment easy.

If PDO can work for you, your case manager can refer you to your enrollment specialist, to help with the next steps.

PCG Public Partnerships

Our Support Specialists are available to all participants and their authorized representatives for ongoing education and assistance. Support Specialists are prepared to answer questions and provide resources regarding the employer's role and responsibilities including how to recruit, hire, supervise and terminate a Worker and how to effectively manage a budget. It is Public Partnerships' goal to empower participants with the knowledge and skills to successfully self-direct their services.

2U. Vermont Presence: The vendor shall maintain a physical presence in Vermont, which shall include an office with sufficient staff to receive timesheets, verify current funding/service authorizations and answer questions posed by employers, program participants and employees. The vendor shall also have the staff capacity for vendor staff and State staff to meet face-to-face (on a regular basis, but at least monthly). The vendor's staff, with whom State staff will communicate, shall have the authority to make decisions regarding the vendor's operations in Vermont.

We are a company that knows how to establish a truly local presence, while offering clients and the people we serve the benefits and back-up of a large, scalable operation. By having data centers and operating centers geographically dispersed, we can make sure continuity if operations is not affected by natural disasters or other local phenomenon. However, with the local staff we hire in our markets, we are able to truly integrate within the communities we serve.

For example, our employee benefits plan offers 1 full paid day every quarter to perform community service within the communities we serve. We envision this taking hold quickly in Vermont, and we look forward to being accepted as a local company.

Upon contract award we will procure and open an office in or around Burlington or Waterbury. Our corporate real estate director has already started working with a local commercial real estate agent to evaluate options. We have identified several that will meet our size and connectivity needs.

Our Vermont office will be suitable to support sufficient staff to receive timesheets, verify current funding/service authorizations and answer questions posed by employers, program participants and employees in person. Our Program Support Specialists will be based in Vermont, and will work in our office (or work remotely if that contributes to better service). We will employ at least one Program Manager, based in Vermont, who is familiar with the Vermont programs. This Program Manager will have sufficient time available to dedicate to this program. The focus of this staff person will include handling all Vermont responsibilities associated with this contract; he or she will serve as the main point of contact between Public Partnerships and DAIL. Lastly, our state-based staff will have expertise in the way payment and authorization data is currently recorded, transferred and stored, enabling them to be local subject matter experts.

A benefit of choosing Public Partnerships is that we can supplement our local Vermont team with resources and subject matter expertise form around the country when needed. We have a

close network of experts and process managers who regularly review and improve our local operations. When required, staff can be shifted either in part or entirely onto projects to support immediate staffing needs. Our Information Technology team is organized in such a way that any issues that emerge in Vermont affecting schedule and deliverables will become the priority of our extended IT staff in Boston. We will also be able to employ additional permanent and temporary staff as necessary. Public Partnerships has the depth and demonstrated experience to ensure that adequate resources are redirected as needed to meet projected due dates.

Public Partnerships is fully capable of adding additional and replacement staff to this project, as needed. Our organizational structure and project team structure ensures appropriate oversight and training for new staff prior to assuming operational responsibilities. Qualified replacement staff can be shifted from other projects or new staff can be hired as necessary. We have experience in hiring and training new staff for over fifteen years, including replacing key staff on other programs, and we can assure DAIL that any replacement staff will come to this Project as highly qualified and experienced personnel. We have extensive policies and procedures (P&P) manual for each project and will do the same for DAIL upon contract award. This P&P manual is updated as new information or techniques are introduced to the program. These manuals are used to support the training of qualified replacement personnel along with input from the program manager and experienced staff.

We have a standard process in place to establish office space appropriate for the needs of the business. The office will be equipped with standard operating equipment, high speed connectivity, and office furniture. Public Partnerships has expertise in opening offices and establishing secure, high speeds connections in all states.

The Vermont office will have the capacity for our staff and State staff to meet face-to-face (on a regular basis, but at least monthly). Our Program Manager and Program Support Specialists will have workspace within the established office space. The Program Manager will be the primary liaison to the State and other stakeholders with whom we need to collaborate. The Program Manager will be a full time employee, on site in our office, and dedicated to the Vermont programs. The Program Manager will have the authority to work with the State on daily operations of our services. The office will be open standard business hours and closed for all Federal holidays. Our staff will

Public Partnerships can operate in Vermont with a physical presence and sufficient staff, in accordance with Section 1 (c) of the evaluation criteria requirements

be trained on aspects of the programs and will be able to address all questions and provide a full range of services to any stakeholders.

2V. Other Duties: In addition to the above, the vendor shall:

1. **Provide reports to the State including financial statements and other reports to assist the State in monitoring the programs serviced by the vendor.**

PCG Public Partnerships, LLC will work with DAIL on producing the required reporting requirements set forth by DAIL to include but not limited to financial statements, Fraud and Abuse, Abuse and Neglect, New Hire Reporting, and Disaster Recovery planning. Public Partnerships, has the capability to comply with the current and additional reporting requirements outlined in this RFP. We have systems in place that allow us to gather, house, monitor, extract, and analyze data to provide program-stratified reporting to DAIL. Additionally, we provide a level of access of our reporting system to authorized DAIL users so on demand reporting is available to provide real-time data outside of the mandated reports put forth by DAIL.

Public Partnerships has a robust system of internal controls necessary for the performance of Financial Administration functions. Public Partnerships does not employ an internal audit department; however, we do undergo an annual attestation engagement SSAE 18 (SOC 1, TYPE II), defined by Statement on Standards of Attestation Engagements (SSAE) No. 16 issued by the American Institute of Certified Public Accountants (AICPA) SOC1 Type 2 assessment. This assessment is conducted by an independent, external CPA firm. The firm examines our description of our Financial Management Services Payroll Processing System for processing user entities' transactions. This CPA firm evaluates the suitability of both the design and operating effectiveness of our controls and assesses our ability to achieve our control objectives.

Our control objectives over Financial Administrative functions included within the scope of the audit include Organizational and Administration, New Program Setup, Enrollment Setup, Timesheet Entry, Payroll Processing, Payroll Tax Reporting and Processing, Safeguarding of Assets Under Management, Logical Access, Change Management, Data Transmission, Physical Access, and Backup and Recovery. The report for the period of January 1, 2017 through June 30, 2017 will be available on or before September 30, 2017.

In addition, we conduct an annual Yellow Book audit. This audit is conducted in accordance with the *Government Auditing Standards* issued by the Comptroller General of the United States. In addition to the normal level of audit testing required to issue a standard financial statement audit opinion, tests are performed on our compliance with certain provisions of laws, regulations, and contracts, noncompliance with which could have a direct and material effect on the determination of financial statement amounts.

Public Partnerships strongly believes in the importance of regular, independent audits as means of assessing our controls and measuring our progress, and we anticipate that any vendor would want to do the same. These audits provide an unbiased perspective on our Financial Administration functions and reflect our ongoing commitment to providing the highest quality service as we work to meet and exceed the expectations of this contract. All financial statements and/or other reporting will be made available to DAIL to assist with monitoring activities.

2. **Report any suspected abuse, neglect or exploitation of a vulnerable adult in accordance with Vermont Statutes Annotated Title 33, Chapter 69. http://legislature.vermont.gov/statutes/fullchapter/33/069.**

Public Partnerships operates 3 Customer Service Centers, located in Phoenix, Arizona, SeaTac, Washington, and Tampa, Florida. There will be a team of dedicated Customer Service Representatives to support the Vermont programs. All representatives are trained to assist all callers for all call reasons. When working with a vulnerable population it is important for all representatives to report al suspected abuse, neglect or exploitation calls regarding the adult population. It is our job as mandated reporters to report any suspected abuse, neglect or exploitation calls received directly within our call center and/or our staff within the Vermont office locations.

Public Partnerships will report any suspected abuse, neglect or exploitation of a vulnerable adult in accordance with Vermont Statutes Annotated Title 33, Chapter 69. http://legislature.vermont.gov/statutes/fullchapter/33/069. Public Partnerships provides the information requested by DAIL or any other agency investigating the report of abuse, neglect or fraud. Additionally, we take any action requested by DAIL or the state agency to recoup fraudulent payments or block a Worker.

3. **Report any suspected abuse or neglect of a child to the State according to Vermont Statutes Annotated, Title 33, Chapter 49. http://legislature.vermont.gov/statutes/fullchapter/33/049.**

Public Partnerships will also report any suspected abuse or neglect of a child to the State according to Vermont Statutes Annotated, Title 33, Chapter 49. http://legislature.vermont.gov/statutes/fullchapter/33/049 . All reports directly to Pubic

Partnerships are taken very seriously and tracked for direct reporting to DAIL in addition to the report made upon receipt to the department.

4. **Report suspected fraud within two business days to the State via the contacts identified by the State. http://ovha.vermont.gov/**

It is Public Partnership experience that much fraud and abuse can be eliminated if stakeholders clearly understand what fraud and abuse is. We will include training within our enrollment with participants to help with the key items to look for when reviewing timesheets and the proper submission of timesheets.

We are a mandatory reporter of any reports of fraud of abuse. If a Supports Specialist or customer service agent receives a report of potential fraud, the report is documented in a support ticket and sent to Program Management, who will report the suspected fraud within two business days, per the current contract requirements. Public Partnerships provides the information requested by Vermont or any other agency investigating the report of abuse or fraud. Additionally, we take any action requested by Vermont or the state agency to recoup fraudulent payments or block an Employee.

Public Partnerships not only identifies and reports potential fraud and abuse, our system is designed to minimize opportunities for fraud and abuse.

The above paragraphs describe how we identify and reports fraud and abuse, we go beyond this. Our system is designed to minimize opportunities for fraud and abuse. For example:

Timesheets

As mentioned briefly in an earlier section, our configurable pend rules enforce several rules that decrease opportunities for fraud and abuse. For example:

- Services must be authorized;
- Two or more Employees cannot be paid for working at the same time or overlapping time on the same Participant,
- A Participant cannot receive more than 24 hours of care in a day;
- An Employee cannot be paid for working for more than one (1) Participant at a time (form most services); and
- Each timesheet signature requires that the Employee and/or the Participant attest, "I

understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable federal and/or state laws".

These system attributes assist the state, Participants, Employees, and Public Partnerships in decreasing the opportunities for fraud and abuse to even occur. Our system is also ahead of the curve on the requirements of the 21st Century CURES Act, which requires by 2019 the use of Electronic Visit Verification (EVV). If requested, we can make EVV required as a part of timesheet submission. Our EVV System ensures that there is additional certification that the Employee is being paid to provide services only when they are with the Participant.

Fraudulent Checks

Additionally, we have established two programs with our banking partner, Citizen's Bank, to identify possible fraudulent checks. Using Positive Pay, there is a daily review of all paper checks submitted against what we wrote, identifying changes made to the checks. Using Automated Clearing House, all checks that are cashed electronically are also reviewed against what was written before they are cashed. Both programs have resulted in identifying checks that were fraudulently adjusted before payment was made.

5. **Securely maintain all timesheets, billing records, background check records and payroll records as required by law. All documents and records must be made available to the State and any of its agents, including state auditors, for review and auditing, upon request.**

Public Partnerships LLC (Public Partnerships) is committed to appropriately safeguarding the information it handles for or on behalf of its clients. Public Partnerships performs a risk analysis to determine risks to the confidentiality, integrity and availability of data entrusted to it by its clients and others ("Protected Data") and establishes internal controls aimed at reducing risks and vulnerabilities to a reasonable and appropriate level. Security measures include, but are not limited to, locating servers within Tier III or higher data centers, implementing logical and physical access controls, encryption of data in transit, deploying firewall and network intrusion detection, training workforce on security and privacy awareness, establishing back-up and recovery procedures, and establishing an incident management program.

The BetterOnline™ production and backup environments and supporting servers, are hosted in a Tier III or higher data center, as defined by the American National Standard Institute Telecommunications Industry Association standard. The data centers have obtained an

American Institute of Certified Public Accountants (AICPA) Service Organization Controls (SOC) 2 Type 2 report over their controls relevant to security and availability. Data center access is limited to individuals with a legitimate need and visitors/contractors to data centers are escorted within secure areas. Physical access controls for the data center includes the use of key cards or a 2-factor authenticated man-trap (e.g., card-key, biometric scan). Access authorization forms must be completed and authorized by management in order for new employees to obtain an access badge to the data center facilities. Guest access is controlled via a formal request to the facility by authorized personnel and guests are accompanied by Public Partnerships or facility staff. Please see ANSI/TIA-942 for a full listing of security controls required for Tier III certification.

Public Partnerships has applied these national best practices and our unmatched experience to develop a highly-scalable and fully integrated time keeping and payroll system that meets the unique requirements of Fiscal/Employer Agent (F/EA) services for Participant Direction. Our BetterOnline™ web portal technology provides authorized users with real-time access to Participant and Employee demographic information, eligibility/qualifications, timesheet submission and payment history in a **secure environment, 24 hours a day, seven (7) days a week**. Designed by staff with years of experience managing complex Medicaid Home and Community Based Services (HCBS) waiver requirements and implementing programs, BetterOnline™ reflects the best of commercial products and our experience with Consumer Direction.

The BetterOnline™ web portal has role-based access. This means that each BetterOnline™ user is assigned to a role, which in turn has specific access rights. For example, all Participants belong to the Participant role. Users assigned to this role only have access to view their own demographic information, documents, authorizations and Workers. They cannot see any other Participant or Worker information, preventing unauthorized access to PHI.

Public Partnerships' BetterOnline™ web portal has role-based access for each user.

We maintain all records and files associated with Participants and Employees electronically including timesheets, background checks, enrollment packets, billing records and payroll records for the State of Vermont to review at any time. Information is within our system and available to DAIL staff at any time. Since all documents are converted to electronic format upon submission and are stored in our Document Management System, it makes it easy for not only our staff to

access for DAIL staff as well to view any information received. Since our system limits access by user, those users who are authorized to view the records and documents and also enables those users to have access from any location.

BetterOnline™ captures all submissions, payments, and complete financial transition history for every employee. The system also has the ability to capture activities and notes for each employee's shift that is submitted through e-Timesheet and the Time4Care™ application. Additionally, the Participant doesn't have to rely on maintaining a paper trail and DAIL can review the activity and notes at any point through BetterOnline™ or generated reports. The system can be configured to require both activity and notes.

6. **Have a method for receiving, responding to, and tracking complaints and shall provide the State with complaint and complaint resolution information on a regular basis as agreed upon by the vendor and the State.**

Public Partnerships has detailed procedures for receiving, tracking, and responding to complaints. All complaints are tracked through support ticket documentation in our BetterOnline™ web portal. Complaints can be received by phone, mail, email, or in person. When a complaint is made, a support ticket is created that identifies the individual who made the complaint and the reason for the complaint. All support tickets automatically include a date and time stamp. This support ticket process allows us to prioritize complaints in accordance to program requirements, which are listed below.

We highly value the relationship we have with every participant, employee and Case Manager. We subsequently place high value in providing excellent customer service. Our Customer Service team receive a comprehensive onboarding that includes sensitivity training in addition to a thorough review of our Complaint Resolution policy and procedure for the program. Each representative is strongly encouraged to escalate participants to a supervisor when requested, and our program management staff are fully committed to staying connected to our program participants. All of our customer service interactions are digitally recorded and can be pulled from our archive to assess reported interactions and identify opportunities for staff coaching.

When complaints are received, the Support Specialist reviews the information documented in the support ticket and obtains any additional information needed to fully understand the complaint and possible resolution. Upon reviewing all factors, the Support Specialists determines a response to the complaint and oversees any actions for resolution of the complaint. The Support Specialist will work closely with the Program Manager. All action taken to resolve the complaint

is documented in the support ticket, including resolution of the complaint and the date it is resolved.

We try to resolve every complaint as quickly as possible. The Support Specialist or Customer Service Supervisor contacts the caller within 5 business days with a response and/or resolution to the complaint. For more complex situations, a resolution is provided to the caller within 30 days of the complaint.

All complaints are reviewed internally on a weekly basis to help us improve the program and identify areas for improvement. Quarterly, we can submit a Complaint Report to Vermont if requested. This report breaks down complaints received from all callers (Participants, Employees, and Case Managers, the reason for the complaint, actions taken, and the final resolution.

7. **Establish a procedure to ensure that participants who live out of state will continue to receive the vendor's services when approved by the State.**

Public Partnerships, LLC has experience in ensuring that participants who live out of state continue to receive services that have been approved by the State. We understand the importance of continuity of service delivery to Participants and just as important there are no disruptions in payment to Employees for those services. Therefore, families and participants that live out of state are not effected by any restrictions on payment, reporting and communication per State approval. Public Partnerships is able to determine eligibility through our established EDI 270/271 process with the State of Vermont. Upon receipt of a positive Medicaid eligibility response, the Participant is eligible for payment.

8. **Be required to notify the VT DOL of any newly hired persons, in the manner determined by VT DOL, in accordance with the requirements set forth by the State under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.**

Public Partnerships is prepared to notify the VT DOL of any newly hired persons, in the manner outlined by VT DOL, in accordance with the requirements set forth by the State under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. We have reviewed

the requirements set forth within the C-63 New Hire Reporting by the State of Vermont including:

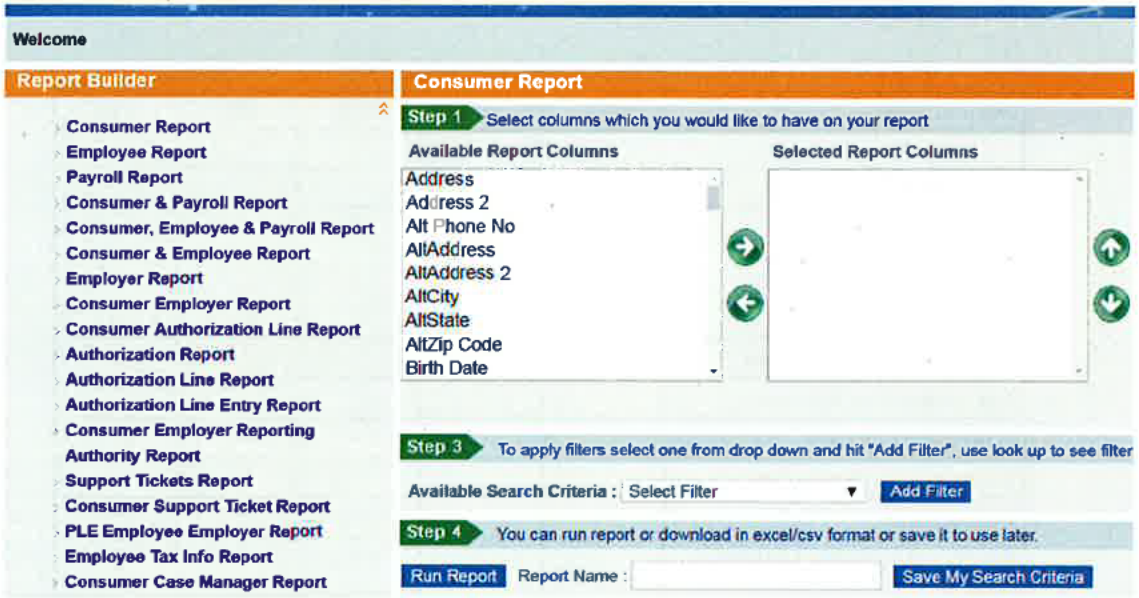
- Employer Name
- Employer Address
- Federal Employer Identification Number (FEIN)
- Employee Name
- Employee Address
- Employee Social Security Number
- Date of Hire

Reporting will take place within 10 days as noted in the C-63 New Hire Reporting Requirements Guide. Upon award of the contract, we will create the New Hire Report to meet the electronic submission specifications and will upload the report through www.labor.vermont.gov – Employer Online Services.

9. **Periodically produce reports, as requested by the State, as to services it provides. The vendor shall have a secure database which facilitates comprehensive reporting of information about program participants, employers and employees.**

Public Partnerships will periodically produce reports, as requested by the State, as to services it provides. Authorized users can access our integrated reporting module, the Unified Reporting Server (URS), through our secure system BetterOnline™ web portal is available 24 hours a day, 7 days a week. The URS offers three ways to generate reports and can save data in excel or csv format. If awarded this contract, authorized DAIL staff will be given access to the URS and can run reports at their leisure, without waiting for one of our staff to deliver them.

URS includes a feature that allows users the ability to create customize reports based on an almost exhaustive list of BetterOnline™ data elements. The data elements are grouped by category and include Participant, Employer, Employee, timesheet, and other data. A screenshot of URS is below:



URS Reporting is able to break down reporting on Participant, Employer and Employee data by multiple filters such as dates worked, demographic information, timesheet information and region. This will allow us to periodically produce reports, as requested by the State, as to services it provides.

An example of a standard report is our Participant count. This report provides the following information and an example is provided below:

1. Total # of active referrals for Participant Direction
2. Total # of members with an active authorization
3. Total # of employees
4. Total # of new hire packets processed along with criminal background checks

Business Process	FEB	MAR	APR	MAY	JUNE
CONSUMER/EMPLOYER					
# of Active Participants (participantsvthat received billable services within the current month)					
New Enrollment Received					
New Request for Services					
EOR Packets (New)					
# Successfully Processed					
Attendants					
# of Active Attendants (active in system)					
Attendant Packets					
# Successfully Processed					
CRIMINAL BACKGROUND REQUESTS					
Total Background Checks Initiated					

10. Have a functional disaster recovery plan in place for restoring software and master files and hardware backup in the event management information systems are disabled to ensure the payroll and payment systems remain intact. Penetration testing shall be performed on this system annually. Results of testing are to be submitted to the State for review. The Disaster Recovery Plan reviewed and revised as needed annually. Vendor shall provide the State a copy of their Disaster Recovery Plan and provide updated versions as they occur.

Public Partnerships has a robust Disaster Recovery Plan to protect the programs we serve for mitigating and reacting to an emergency event and resuming normal operations. Our Disaster Recovery Plan addresses restoring software, master and electronic files, hard copy files, and hardware backup in the event management information systems are disabled, to abate payroll and payment system interruptions. It also uses a collection of artifacts that establishes formal procedures and supporting technical solutions for mitigating and reacting to an emergency. The

Disaster Recovery Plan is part of our overall Continuity of Operations Plan and complies with industry best practice guidelines. Three key objectives are to:

1. Prevent the opportunity for a service failure;
2. Minimize any impact to operational services in the event of a system failure; and
3. Return to full system integrity and operation as soon as practical.

These objectives are achieved by employing the following preventative, detective and corrective strategies. We have identified how these strategies assist us in completing the duties identified in this RFP of:

1. Performance of Financial Administration functions;
2. Communication processes, including maintenance of customer service lines for Participants/Representatives and Employees; and
3. Maintenance of records.

Preventative Measures: As important as having a Disaster Recovery Plan is taking measures to prevent or mitigate a disaster's effects beforehand is even more critical. We have identified below some of the critical areas where significant investments have been made to institute preventative measures. This list evolves with system upgrades and procedures updates to keep in line with industry best practice recommendations.

- Data Center: Business critical systems are hosted in Tier III or higher data centers. Its fault-tolerant site infrastructure guarantees high availability with uninterruptable power supply, redundant power, and network paths for information technology systems and environmental systems.
- Architecture Design: Secure hosted systems that leverage data base clustering and fail-over techniques and are designed to be redundant and provide high availability within each data center.
- Backups: Systems and data, including payroll and claims files, are regularly and securely backed up using commercial backup applications with different types of data (e.g., operational data, non-data software installations) backed up at different frequencies (e.g., daily, weekly, quarterly).
- Maintenance: Regular maintenance is performed on systems to ensure software patches are up to date. Servers and network device hardware are supported by well-established and/or reliable vendors. Hardware is regularly replaced or refreshed before it becomes

obsolete and there are on-hand or on-contract backup hardware to replace devices that might fail, such as laptops or network routers.

The preventative measures' investments are not only a critical pillar to our Disaster Recovery Plan, they provide the necessary around-the-clock reliability to perform the Financial Administration requirements detailed in this proposal. These prevention activities also play a vital role in how our clients and stakeholders securely access records and interact with our systems. We regularly schedule, communicate, and complete security updates to our systems throughout the year. The updates that apply to our user interfacing tools, BetterOnline™ web portal and Time4Care™ mobile application, are posted as announcements on the login screen. This way all users see and are aware of our maintenance windows every time they login. The preventative measures are coordinated across all functional departments of our organization to ensure the updates are achieved timely, without impacting performance deliverables; such as timesheet, payroll, or annual and quarterly tax deadlines.

Detective Measures: Public Partnerships understands that new and different threats are continually emerging. In addition to preventative measures that we have in place to minimize the known effects of disasters, we also know that we need to monitor for new threats that may uncover unknown and unwanted events. Examples of some of our detective measures are:

- Server and Network Monitoring Software: Industry leading tools are employed to monitor the health of various hardware components of the infrastructure. There are multiple monitors to check for the status of the hosted systems (CPU, Memory, and Disk utilization, etc.). Alert and paging capabilities are built into the tools to get the right resources involved if systems do not respond as expected.
- Application Performance Monitoring: Public Partnerships has tools that simulate end user experience and provide early warning and alerts based on what end users will experience. These tools have alert and paging capabilities to get the right resources involved if systems do not respond as expected.

The investment and use detective measures provides us with necessary testing capabilities to proactively collect data and identify issues or threats before they occur. Through the use of detective measures, we have identified and developed safe guards and mechanisms that eliminates or reduces an unexpected or unwanted outcome. For example, we have used our detective measures to develop auto-saving capabilities within our electronic timesheet entry process, to ensure users do not lose their work when trying to enter, submit, or approve timesheets online.

Corrective Measures: If a disaster does occur, our goal is to be back up and running as quickly as possible. We have established corrective measures, captured in our business continuity planning, that are aimed at restoring our systems. As with other strategies described, the corrective measures are regularly updated as new and better measures are identified.

Public Partnerships' disaster recovery plan goes beyond hardware and software contingencies. With offices and servers located across the continental United States, our robust business continuity plan allows us to engage other facilities in order to continue financial administration business operations unabated and as such, limit the impact of a disaster on our clients and participants. In recent years, we have implemented our business continuity plan on two occasions. In October 2012 during Super Storm Sandy, we experienced power outages in the Boston area and immediately shifted check processing operations to our Arizona facilities. As a result of the Boston Marathon bombing in April 2013, the entire city and surrounding areas were shut down for over 24 hours. We successfully routed payroll operations, customer service, and project management responsibilities to our offices across the country. In both incidents, we were able to continue operations with no resulting interruptions in services to our participants or to the Employees who support them.

Experienced and knowledgeable resources are committed to our business continuity planning team. We employ Associate Participants of the Business Continuity Institute – conferred by the Business Continuity Institute, the world's leading institute for business continuity and the world's leading membership & certifying organization. We also employ Certified Business Resiliency Managers – conferred by the Business Resiliency Certification Consortium International, an international institute for business resiliency. Our personnel are trained to administer our Disaster Recovery and Continuity of Operations Plan.

While disaster recovery is only one facet of our Business Continuity Plan, the Disaster Recovery Plan benefits from corrective measures found in the Business Continuity Plan as table top exercises and disaster recovery testing. The Disaster Recovery Plan addresses critical processes and steps required to minimize impacts of system loss. The plan follows industry best practices and is tested annually. Not only does the testing provide us and our clients with the assurance that all necessary steps have been included in the Disaster Recovery Plan, it assists us in identifying areas for improvement and subsequently helps us successfully manage through a disaster.

Our Disaster Recovery Plan, as a part of our overall Continuity of Operations Plan, is uniquely qualified to meet and exceed the requirements of this proposal. Our key objectives are focused on preventing the opportunity for a service failure, minimizing an impact to operational services in the event of a system failure, and returning to full system integrity and operation as soon as practical. The objectives and measures used to as a part of our Disaster Recovery Plan provides Vermont with the necessary assurances that the performance of Financial Administration functions will not falter, that all relevant stakeholders will receive communications and updates, and that all records will remain intact and secure during preventative maintenance activities and unexpected outages. The assurances provided through our Disaster Recovery Plan are also uniquely supported by our organizational structure and the various business and operations locations we have across the country. This structure allows us to shift functions to other locations to maintain and meet out deliverables without interruptions.

We are committed to implementing and operating a disaster recovery plan that is unrivaled. We have made significant investments to develop and implement industry leading disaster recovery measures. Our dedication to disaster recovery objectives is directly influenced by the opportunity to provide our clients and their constituents with best-in-class products and services. The disaster recovery plan not only operates using industry best practices, but also in tandem with the support of Pubic Consulting Group (PCG), our parent company. Since our disaster recovery plan must adhere to the highest standards of all PCG clients, PCG provides us with provided additional expertise, resources, and capacity to successfully execute and manage any type of event. We believe that disaster recovery capabilities are critically important to guaranteeing the delivery of services and care is not disrupted. We understand the importance of continuity of service delivery to Participants and just as important there are no disruptions in payment to Employees for those services, even during a disaster. This is another reason that we have deployed a robust disaster recovery plan that goes above the standard requirements.

2W. Evaluation and Performance Measures: The State shall establish a process for evaluating the vendor during the contract period in accordance with performance measures listed in this section. The vendor shall identify how the vendor would evaluate its own performance relative to the information set forth below. The vendor shall also detail how the vendor would use the information to improve its business practices, and describe the method and frequency of reporting the information to the State. The performance measures include:

Public Partnerships has a thorough understanding of completing all requirements outlined in the scope of work on projects that encompass multiple waivers and program populations. Public Partnerships commits to collaborating with DAIL to continually monitor programs to improve quality, accuracy and timeliness.

We have an organized set of Policies and Procedures (P&Ps) that define each of the business processes that are performed to support participant direction. These P&Ps include defined business processes for:

- Mail Handling – inbound and outbound
- Participant enrollment business processes
- Employee enrollment
- Financial Management
- Timesheet Processing
- Payroll
- Tax
- Invoicing
- Customer Service
- Quality Assurance and Compliance
- Contract compliance
- Document Management
- Standard and Ad Hoc Reporting
- Training for staff and stakeholders

Public Partnerships can meet Evaluation and Performance Measures as requested within section 1 (i) (e) of the scoring requirements.

Once the P&Ps are developed and implemented, they are used to train new and existing staff on the required business processes. Each P&P describes the steps of the process, the systems or manual processes that are completed, the quality controls that are built into each business process, and what performance measures will be evaluated during the internal compliance audits. The P&Ps are updated each time there are any program changes that impact the processes.
Public Partnerships would work to develop a report card specific to identify quality control measurements for each of the DAIL programs. That report card can be provided on a monthly basis.

1. **Accuracy and timeliness of billing practices including the evaluation of vendor performance in understanding and implementing payroll and processes.**

Public Partnerships has extensive internal expertise and systems to support on-time and accurate electronic claims and invoices. We understand the importance of timely billing and will follow the DAIL timely filing requirement for submittal within 6 months from the date of service for each DAIL program.

When awarded this contract we will work with Vermont Medicaid, DA/SSA/SISO, or directly with the State to establish a process to work through denial trends and issues that are specifically related to the DAIL programs.

2. **Vendor success in providing assistance, support and relevant education to new participant employers and employees as well as on an ongoing basis.**

Public Partnerships has a multi-faceted approach to measuring success and improving our rate of success in providing support and relevant education to new participant employers and employees. The methods and tools described below facilitate self-monitoring performance while simultaneously augmenting support and education to employers, employees, and others with a role in the DAIL programs.

First, education and support will be provided through three venues: 1) Online training, 2) Written hard-copy materials and, 3) visits with Program Support Specialists either in-home or over the phone based on individual transitioning or new participant employer and employee preference. Employers and employees will be given information via all three venues on how to complete an online survey about their experience with receiving the support they need to enroll, submit timesheets using EVV (or on paper, as applicable) and, other relevant tasks. The link to the

survey will be hosted on the program web page created for the DAIL program. Public Partnerships will work with DAIL staff to develop survey questions specific to the DAIL programs. An example of an online survey currently used for one of our programs can be accessed by clicking on this link: http://www.publicpartnerships.com/programs/washington/IPOne/index.html and then clicking on the 'View' button:

***Online Survey**

Please select the link below to participate in a survey being conducted by Public Partnerships so that we can better understand how you received your training for IPOne and how we can improve the training.

View

Results from the survey will be compiled and reviewed on a regular basis agreed upon by DAIL staff and Public Partnerships. Areas identified for improvement will serve as the basis for ongoing maturation of education and supports in terms of approach, content, and the manner in which they are provided.

Next, a robust support ticket system is built into our BetterOnline™ web portal and used by the Public Partnerships customer service team to track call categories and sub-categories. The reports generated by the system identify caller trends. This is particularly useful during a launch or program transition period as the management team can use the trends to identify areas for enhancement and fine tune messaging, supports and education efforts to better meet employer and employee needs on a real-time basis. For example, the support tickets may indicate that the highest volume of calls over a period of a few days is about how to complete a particular form. In response to this, a message of the day can be programmed to play and describe what to do for the specific form people are calling about. Callers hear the message and have their question answered without needing to talk to a representative. Typically, actions like this result in a decline in call volume which can be interpretted as an increase in the confidence level of employers and employees in carrying out their role.

Public Partnerships Customer Service Call Center Operations allow us to measure specific, tangible Quality Assurance standards and measures. Our Customer Service Management Team tracks metrics related to the calls we receive by program. This helps us to ensure our high-performance standards for the Customer Service Center are consistently met. Reports produced by the system and used by the Public Partnerships team to monitor performance, predict program resource needs, and provide reporting to DAIL staff. Reports include but are not limited to:

- ***Standard Call Statistics***: Provides total calls per day and details about the calls such as average talk minutes, number of calls taken within the internal service level expectations, number of voice mails, number of calls completed in IVR (callers use the automated system to get answers to payroll questions) and, the percent of service level.
- ***Call Reasons & Results:*** Provides data on the types of reasons callers are calling and the percentage of total calls represented by each reason. Top call reasons can be targeted as areas needing additional messaging and outreach.
- ***Frequent Callers***: Provides capability to identify a list of top callers by reason. Program Support Specialists can reach out to the identified employers and employees and offer additional support and education based on the need at hand.

Public Partnerships uses tools such as the reports listed above to measure training success by monitoring if over time the individuals who have appeared within the report discontinue reaching out with the same questions. Reports can be made available to DAIL staff on an agreed upon schedule in accordance with reporting criteria mutually discussed and agreed upon contract award.

3. Vendor success in working with individuals with limited English proficiencies and cultural differences.

Our Customer Service Call Center Operations allow us to measure specific, tangible Quality Assurance standards and measures. There will be a team of dedicated Customer Service Representatives trained to support the DAIL programs. These Representatives can accommodate all callers, whether they are native English speakers, non-

Over half of our Customer Service Representatives are bilingual, supporting the following languages: Spanish, Arabic, Cambodian, Chinese, Korean, Laotian, Russian, Samoan, Somali, Tagalog, Ukrainian, and Vietnamese.

English speakers or have speech and hearing impairments.

Public Partnerships has national Call Centers based in Phoenix, AZ; SeaTac, WA; and Tampa, FL. Each is staffed with fully trained and knowledgeable team members. All employees in the SeaTac, WA based call center are bilingual and speak English and a language that is their native language. The center supports 13 different languages and beyond English, with live agents. A diverse multi-cultural approach is represented by the more than sixty bi-lingual agents. Other languages are supported through a contracts with AT&Ts language line services. The chart below lists the number of calls we have engaged in with non-English speaking callers participating in the WA IPOne program from January 1st through August 18th, 2017. We have provided this comprehensive language service for just over two years to the satisfaction of our WA state client.

SKILL (groups)	Total Calls
PPL-WA-IPOne-English	165461
PPL-WA-IPOne-Russian	11013
PPL-WA-IPOne-Spanish	8101
PPL-WA-IPOne-Vietnamese	7515
PPL-WA-IPOne-Arabic	3336
PPL-WA-IPOne-Somali	2769
PPL-WA-IPOne-Korean	2373
PPL-WA-IPOne-Cantonese	2216
PPL-WA-IPOne-Cambodian	1574
PPL-WA-IPOne-Ukrainian	1447
PPL-WA-IPOne-Mandarin	1062
PPL-WA-IPOne-Tagalog	939
PPL-WA-IPOne-Laotian	391
Total	**208197**

Customer Service Representatives in all call centers are trained in cultural diversity and can communicate effectively by voice and TTY/TTD technology with clients who have disabilities, including deaf and the hard of hearing. Callers with auditory challenges can communicate through our teletypewriter (TTY) and telecommunications device for the deaf (TTD) or they may appoint someone to speak on their behalf or serve as a translator for the live conversation. For example, someone who communicates using sign language can participate in a conversation with

a call center agent by relaying what they want to say to their representative through sign language then having that person relay the same inquiry verbally to the agent.

Additionally, most calls are recorded and used to measure performance for each individual call center agent. Last year, over 50,000 calls were evaluated for quality. Each call is scored on a comprehensive list of more than 35 attributes with each attribute having specific parameters that guide whether the Representative successfully completed the call. Customer Service Representatives receive one of two scores on each completed call: either they were perfect in every facet of a call or they need improvement. In many Call Centers, employee performance is measured by the length of time they are on a call. We specifically do not do this to ensure our Customer Service Representatives feel empowered to spend the time on the phone that is required to ensure that the caller's needs are satisfied. This sets us apart from other vendors. Our Customer Service Representatives strive to meet all 35 attributes on every call, allowing callers to feel confident that any time they call Customer Service, they will receive consistency and not feel as if they are being rushed off the phone. Every month, the Customer Service Team Lead will sit with each Customer Service Representative to evaluate their monitored calls. This provides the opportunity to discuss areas in need of improvement and how to capitalize on personal strengths. We believe this approach demonstrates the highest quality standard applied in the industry today.

4. **The extent to which the vendor is meeting the expectations of its stakeholder groups, including employers, participants, employees, community agencies and the State.**

Public Partnerships has a wide array of policies and procedures in place to measure quality assurance, conduct consumer satisfaction surveys, exercise internal audit controls, resolve complaints, and manage disaster recovery if needed. The following paragraphs provide a high-level overview of how each of these components and how they assure that the expectations of stakeholder groups, including employers, participants, employees, community agencies and the State are being met.

Key components of our quality management plan include outlining and monitoring program requirements, complying with state and federal tax regulations, tracking Customer Service, Financial Operations and Supports Broker metrics and ensuring confidentiality.

Monitoring and Quality Assurance

Public Partnerships creates efficient, functioning quality management plans for each program we

support, related to Financial Administration and Program Support Specialist functions. We want to ensure the delivery of services is in a manner that reflects personal preferences and choice, supporting the person-centered values and thinking. The National Quality Forum (NQF) created a committee to reach the consensus on a definition of HCBS and two characteristics identified as part of a high-quality HCBS system included: (1) provides for a person-driven system that optimizes individual choice and control in the pursuit of self-identified goals and life preferences characteristics of high-quality HCBS and (2) engages individuals who use HCBS in the design, implementation, and evaluation of the system and its performance. We strive to incorporate these characteristics into our quality management plan. Key components of our quality management plan include outlining and monitoring program requirements, complying with state and federal tax regulations, tracking Customer Service and Program Support Specialists metrics and ensuring confidentiality, which are all detailed below.

Customer Satisfaction Surveys

Participants as well as their level of satisfaction with our services. We administer annual Participant Satisfaction Surveys in most of our programs. Positive views of the services and the programs are typically in the 90% to 98% range.

These surveys are beneficial for the Participants we serve because they allow program Participants to provide open and confidential feedback about the program in a way they may not feel comfortable doing in direct interaction. Another advantage to satisfaction surveys are that they seek Participant feedback, ensuring they are at the center of decisions which relate to their life and the services they receive.

These surveys include statements for Participants to rate by agree/disagree with each statement on a five-point closed-ended scale, along with open-ended questions where participants can provide additional feedback.

Surveys are analyzed and compared to previous responses (when available), allowing us to identify program trends, strengths and weaknesses. We use the feedback we receive on each Participant satisfaction survey to help strengthen the program and improve the services we provide. We have also used feedback on Participant Satisfaction Surveys to update scripts for Customer Service and Program Support Specialist in order to provide clearer information on who

to call for what reason. If we are awarded a contract, a comprehensive recap of responses to each Participant Satisfaction Survey will be provided to Stakeholders on an annual basis.

Internal Audit Controls

Public Partnerships has a robust system of internal controls necessary for the performance of Financial Administration functions. Public Partnerships does not employ an internal audit department; however, we do undergo an annual attestation engagement SSAE 18 (SOC 1, TYPE II), defined by Statement on Standards of Attestation Engagements (SSAE) No. 16 issued by the American Institute of Certified Public Accountants (AICPA) SOC1 Type 2 assessment. This assessment is conducted by an independent, external CPA firm. The firm examines our description of our Financial Management Services Payroll Processing System for processing user entities' transactions. This CPA firm evaluates the suitability of both the design and operating effectiveness of our controls and assesses our ability to achieve our control objectives.

Our control objectives over Financial Administrative functions included within the scope of the audit include Organizational and Administration, New Program Setup, Enrollment Setup, Timesheet Entry, Payroll Processing, Payroll Tax Reporting and Processing, Safeguarding of Assets Under Management, Logical Access, Change Management, Data Transmission, Physical Access, and Backup and Recovery. The report for the period of January 1, 2017 through June 30, 2017 will be available on or before September 30, 2017.

In addition, we conduct an annual Yellow Book audit. This audit is conducted in accordance with the *Government Auditing Standards* issued by the Comptroller General of the United States. In addition to the normal level of audit testing required to issue a standard financial statement audit opinion, tests are performed on our compliance with certain provisions of laws, regulations, and contracts, noncompliance with which could have a direct and material effect on the determination of financial statement amounts.

Public Partnerships strongly believes in the importance of regular, independent audits as means of assessing our controls and measuring our progress, and we anticipate that any vendor would want to do the same. These audits provide an unbiased perspective on our Financial Administration functions and reflect our ongoing commitment to providing the highest quality service as we work to meet and exceed the expectations of this contract.

Complaint Resolution

Public Partnerships has detailed procedures for receiving, tracking, and responding to complaints pertaining to fraud and abuse. All complaints are tracked through support ticket documentation in our BetterOnline™ web portal. Complaints can be received by phone, mail, email, or in person. When a complaint is made, a support ticket is created that identifies the individual who made the complaint and the reason for the complaint. All support tickets automatically include a date and time stamp. This support ticket process allows us to prioritize complaints in accordance to program requirements, which are listed below.

When complaints are received, the Project Lead reviews the information documented in the support ticket and obtains any additional information needed to fully understand the complaint and possible resolution. Upon reviewing all factors, the Project Lead determines a response to the complaint and oversees any actions for resolution of the complaint. All action taken to resolve the complaint is documented in the support ticket, including resolution of the complaint and the date it is resolved.

We try to resolve every complaint as quickly as possible. The Project Lead or Customer Service Supervisor contacts the caller within 5 business days with a response and/or resolution to the complaint. For more complex situations, a resolution is provided to the caller within 30 days of the complaint. Once a resolution has been reached, Public Partnerships informs the Participant in writing of the resolution.

All complaints are reviewed internally on a weekly basis to help us improve the program and identify areas for improvement. Quarterly, we will submit a Complaint Report to each DAIL program manager. This report breaks down complaints received from all callers (Participants, Employee's, DAIL Case Managers) the reason for the complaint, actions taken, and the final resolution.

Disaster Recovery

Public Partnerships has a robust Disaster Recovery Plan to protect the programs we serve for mitigating and reacting to an emergency event and resuming normal operations. Our Disaster Recovery Plan addresses restoring software, master and electronic files, hard copy files, and hardware backup in the event management information systems are disabled, to abate payroll and payment system interruptions. It also uses a collection of artifacts that establishes formal procedures and supporting technical solutions for mitigating and reacting to an emergency. The Disaster Recovery Plan is part of our overall Continuity of Operations Plan and complies with industry best practice guidelines.

Three key objectives are to:

(1) Prevent the opportunity for a service failure;
(2) Minimize any impact to operational services in the event of a system failure; and
(3) Return to full system integrity and operation as soon as practical.

Preventative Measures: As important as having a Disaster Recovery Plan is taking measures to prevent or mitigate a disaster's effects beforehand is even more critical. We have identified below some of the critical areas where significant investments have been made to institute preventative measures.
This list evolves with system upgrades and procedures updates to keep in line with industry best practice recommendations.

- ***Data Center:*** Business critical systems are hosted in Tier III or higher data centers. Its fault-tolerant site infrastructure guarantees high availability with uninterruptable power supply, redundant power, and network paths for information technology systems and environmental systems.

- ***Architecture Design:*** Secure hosted systems that leverage data base clustering and fail-over techniques and are designed to be redundant and provide high availability within each data center.

- ***Backups:*** Systems and data, including payroll and claims files, are regularly and securely backed up using commercial backup applications with different types of data (e.g., operational data, non-data software installations) backed up at different frequencies (e.g., daily, weekly, quarterly).

- ***Maintenance:*** Regular maintenance is performed on systems to ensure software patches are up to date. Servers and network device hardware are supported by well-established and/or reliable vendors. Hardware is regularly replaced or refreshed before it becomes obsolete and there are on-hand or on-contract backup hardware to replace devices that might fail, such as laptops or network routers.

The preventative measures' investments are not only a critical pillar to our Disaster Recovery Plan, they provide the necessary around-the-clock reliability to perform the Financial Administration and Program Support Specialist requirements detailed in this proposal. These

prevention activities also play a vital role in how our clients and stakeholders securely access records and interact with our systems. We regularly schedule, communicate, and complete security updates to our systems throughout the year. The updates that apply to our user interfacing tools, BetterOnline™ web portal and Time4Care™ mobile application, are posted as announcements on the login screen. This way all users see and are aware of our maintenance windows every time they login. The preventative measures are coordinated across all functional departments of our organization to ensure the updates are achieved timely, without impacting performance deliverables; such as timesheet, payroll, or annual and quarterly tax deadlines.

Detective Measures: Public Partnerships understands that new and different threats are continually emerging. In addition to preventative measures that we have in place to minimize the known effects of disasters, we also know that we need to monitor for new threats that may uncover unknown and unwanted events. Examples of some of our detective measures are:

- Server and Network Monitoring Software: Industry leading tools are employed to monitor the health of various hardware components of the infrastructure. There are multiple monitors to check for the status of the hosted systems (CPU, Memory, and Disk utilization, etc.). Alert and paging capabilities are built into the tools to get the right resources involved if systems do not respond as expected.

- Application Performance Monitoring: Public Partnerships has tools that simulate end user experience and provide early warning and alerts based on what end users will experience. These tools have alert and paging capabilities to get the right resources involved if systems do not respond as expected.

The investment and use detective measures provides us with necessary testing capabilities to proactively collect data and identify issues or threats before they occur. Through the use of detective measures, we have identified and developed safe guards and mechanisms that eliminates or reduces an unexpected or unwanted outcome. For example, we have used our detective measures to develop auto-saving capabilities within our electronic timesheet entry process, to ensure users do not lose their work when trying to enter, submit, or approve timesheets online.

Corrective Measures: If a disaster does occur, our goal is to be back up and running as quickly as possible. We have established corrective measures, captured in our business continuity

planning, that are aimed at restoring our systems. As with other strategies described, the corrective measures are regularly updated as new and better measures are identified.

Public Partnerships' disaster recovery plan goes beyond hardware and software contingencies. With offices and servers located across the continental United States, our robust business continuity plan allows us to engage other facilities in order to continue financial administration business operations unabated and as such, limit the impact of a disaster on our clients and participants. In recent years, we have implemented our business continuity plan on two occasions. In October 2012 during Super Storm Sandy, we experienced power outages in the Boston area and immediately shifted check processing operations to our Arizona facilities. As a result of the Boston Marathon bombing in April 2013, the entire city and surrounding areas were shut down for over 24 hours. We successfully routed payroll operations, customer service, and project management responsibilities to our offices across the country. In both incidents, we were able to continue operations with no resulting interruptions in services to our participants or to the workers who support them.

Experienced and knowledgeable resources are committed to our business continuity planning team. We employ Associate Participants of the Business Continuity Institute – conferred by the Business Continuity Institute, the world's leading institute for business continuity and the world's leading membership & certifying organization. We also employ Certified Business Resiliency Managers – conferred by the Business Resiliency Certification Consortium International, an international institute for business resiliency. Our personnel are trained to administer our Disaster Recovery and Continuity of Operations Plan.

While disaster recovery is only one facet of our Business Continuity Plan, the Disaster Recovery Plan benefits from corrective measures found in the Business Continuity Plan as table top exercises and disaster recovery testing. The Disaster Recovery Plan addresses critical processes and steps required to minimize impacts of system loss. The plan follows industry best practices and is tested annually. Not only does the testing provide us and our clients with the assurance that all necessary steps have been included in the Disaster Recovery Plan, it assists us in identifying areas for improvement and subsequently helps us successfully manage through a disaster.

Our Disaster Recovery Plan, as a part of our overall Continuity of Operations Plan, is uniquely qualified to meet and exceed the requirements of this proposal. Our key objectives are focused on preventing the opportunity for a service failure, minimizing an impact to operational services

in the event of a system failure, and returning to full system integrity and operation as soon as practical. The objectives and measures used as a part of our Disaster Recovery Plan provides DAIL programs with the necessary assurances that the performance of Financial Administration and Program Support Specialists functions will not falter, that all relevant stakeholders will receive communications and updates, and that all records will remain intact and secure during preventative maintenance activities and unexpected outages. The assurances provided through our Disaster Recovery Plan are also uniquely supported by our organizational structure and the various business and operations locations we have across the country. This structure allows us to shift functions to other locations to maintain and meet out deliverables without interruptions.

We are committed to implementing and operating a disaster recovery plan that is unrivaled. We have made significant investments to develop and implement industry leading disaster recovery measures. Our dedication to disaster recovery objectives is directly influenced by the opportunity to provide our clients and their constituents with best-in-class products and services. The disaster recovery plan not only operates using industry best practices, but also in tandem with the support of Pubic Consulting Group (PCG), our parent company. Since our disaster recovery plan must adhere to the highest standards of all PCG clients, PCG provides us with provided additional expertise, resources, and capacity to successfully execute and manage any type of event. We believe that disaster recovery capabilities are critically important to guaranteeing the delivery of services and care is not disrupted. We understand the importance of continuity of service delivery to Participants and just as important there are no disruptions in payment to Employee's for those services, even during a disaster. This is another reason that we have deployed a robust disaster recovery plan that goes above the standard requirements.

5. **Vendor success in identifying basic errors/potential fraud by employers and employees, such as:**
   a. **Employees billing duplicate hours for multiple employers or programs;**
   b. **Hours submitted exceeding the possible number of hours in the day;**
   c. **Employers billing overlapping hours for multiple employees;**
   d. **Employers who demonstrate frequent or ongoing problems in the completion of payroll paperwork, non-payroll payment requests, or non-compliance with the required payroll process.**

Public Partnerships' BetterOnline™ web portal can identify basic errors and potential fraud by employers and employees. During the program design, Public Partnerships will configure payment rules to meet the specific business and payroll requirements needed to accept a timesheet as 'good to pay'. 'Good to pay' configuration will assure that if any of the criteria

defined by DAIL as not acceptable exists, the timesheet will either be rejected altogether (not processed) or be processed and pend. In either situation, no payment will be issued until the criteria causing the rejection or pend is resolved. Configured rules will not allow payments to be issued if any of the following conditions exist on the timesheet.

- Duplicate billing for multiple employers
- Duplicate billing for multiple programs
- Not allowing more than 24 hours per day to be claimed or the total number of hours per day allowed by DAIL.
- Not allowing for claiming overlapping hours when working for multiple employers

Below is a list of additional reasons that typically appear on a Reject report and that DAIL may want to consider implementing:

- Number of units claimed is more than the number of units authorized
- Mileage can only be submitted for days on which personal care (or other specified services) are provided
- Entries cannot be in the future

Other reasons why a timesheet may be processed but payment pended include:

- Provider not authorized to provide a specific service on a given date
- Provider is not eligible to receive payment for all or some of the days worked

These system attributes assist DAIL, Employers, Employees, and Public Partnerships in decreasing the opportunities for fraud and abuse to occur. Additionally, use of EVV as part of timesheet submission ensures that there is additional certification that the Employee is being paid to provide services only when they are with the Participant/Employer.

Public Partnerships not only identifies and reports potential fraud and abuse, our system is designed to minimize opportunities for fraud and abuse.

The Program Support Specialist team tracks

many metrics related to program defined rules and other program supports, including error rates on payroll paperwork, non-payroll payment requests paperwork, enrollment paperwork and processes. Weekly, the Program Support Specialists come together as a group to discuss these issues. The Program Support Specialist role can be crucial for a Participant's or their Employee's success and have formed these metrics around our experiences with Consumer Direction programs. These metrics and weekly meetings focus on ensuring that contract requirements are met and that Employers and Employees are receiving the appropriate assistance necessary to enroll in the program. Data collected is then used to modify P&P's, update Customer Service call scripts along with establishing new process improvements.

6. **The cost or reimbursement strategy for administrative costs associated with the management of the contract.**

Public Partnerships has extensive experience submitting on time and accurate electronic claims and invoices in many of the 51 programs we support.

Public Partnerships will submit a monthly Administrative invoice to DAIL for reimbursement for administrative Financial Administration and Program Support Specialist services, New Participant Fee, and New Employee Fee. This invoice will be submitted to DAIL via a secure email and provides an accurate report of participants receiving Consumer Directed services. The invoice will include a breakdown of the number of participants with an active authorization for the month and the number of new Participants and Employees.

2X. Implementation Plans

Public Partnerships can meet the requirement of a February 1, 2018, payroll start date. However, our experience has shown that challenges will inevitably occur. The key to a timely launch on a tight schedule will be communications between the Public Partnerships team and Vermont State representatives, and other stakeholders involved in authorizations and billing.

As you will see in the work plan provided, we will need to work quickly to determine the unique needs and requirements of each of the programs that are a part of this RFP. In order to provide enough programming time for our developers, we will need to work closely with Vermont State staff during the month of December, 2017, to quickly finalize all program requirements, enrollment materials, training materials, billing requirements, communication plans and any other processes that will need technical development.

We also need to consider the communications plan to Participants, Employees, and vendors. We will need to communicate early and frequently to ensure they understand how make the transition and establish access to Public Partnerships systems. We will start hiring Vermont-based staff as soon as we receive the notice of contract award. The local staff will help with communications, but we will need State and other stakeholder assistance as well.

All things considered, we recommend the State consider immediately extending the current vendors contract until March 31, 2018, and setting a first payroll date of April 1, 2018. The extra two months will go a long way in ensuring a smooth transition for participants and employees. It will also provide a benefit of starting with a new tax filing quarter. Our experience has shown us that transitioning in the middle of a tax quarter can be challenging if the incumbent vendor does not work hand-in-hand with us to provide payroll data.

On the following pages, you'll see we present two implementation plans: one for the RFP-required payroll start date of February 1, 2018; the other for an April 1, 2018 start date. Again, we can meet the February 1 date, but advise that it will be a better transition for all parties if the two extra months are allotted.

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
PHASE I				
I. Prior To/Upon Contract Award				
Meet with SCM within ten days of contract award notification	PPL	CD	9/18/17	10/2/17
Engage in contract negotiations within five days of contract award notification	PPL	CD	9/18/17	9/25/17
Confirm in writing any substantive oral clarification of, or change in, PPL's Proposals made in the course of negotiation discussions	PPL	CD	TBD	TBD
Submit final Quality Assurance Monitoring Plan	PPL	CD	12/1/17	1/1/18
Submit Training and Performance Plan	PPL	CD	12/1/17	1/30/18
Confirm Registration with the Vermont Department of Treasury	PPL	CD	12/1/17	1/16/18
Confirm enrollment as a Vermont Medicaid Provider	PPL	CD	12/1/17	1/16/18
Complete signed Contract within 5 business days of contract award	PPL	CD	9/18/17	9/25/17
Establish third-party agreements with MCOs and approved electronic billing method	PPL	CD	12/1/17	1/16/18
Obtain proof of bonding and registration with the state of Vermont, as applicable	PPL	CD	12/1/17	1/16/18
Demonstrate a separate FEIN assigned for services provided in Vermont that is used to file federal employer taxes in the aggregate on behalf of participants who are employers (i.e. participant employers) of support workers	PPL	CD	12/1/17	1/1/18
Secure physical space, capacity, and equipment necessary to operate effectively	PPL	CEO	12/1/17	3/31/18
Recruit, hire, and train additional support and counseling staff to support the roll out and transition, as needed	PPL	CD	12/1/17	2/28/18
Establish an organization file to maintain all contract documents	PPL	PM	9/18/17	9/25/17
Identify key contacts within DAIL and PPL	PPL/DAIL	PM	9/18/17	9/25/17
Submit and implement Member Services Implementation Plan	PPL/DAIL	PM	12/1/17	1/31/18
Implement Quality Assurance Management Plan	PPL	PM	12/1/17	1/31/18
II. Project Kick Off and Roll-Out Strategy				
Organize and attend Kickoff Meeting to identify programmatic goals and core operational guidelines (development of business rules)	DAIL/PPL	CD	12/1/17	12/8/17
Review and confirm project goals with Vermont DAIL	DAIL/PPL	CD	12/1/17	12/8/17
Identify and plan program launch risk areas	DAIL/PPL	CD	12/1/17	12/8/17
Establish Meeting criteria/schedule with previous agencies	DAIL/PPL	CD	12/1/17	12/8/17

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Establish weekly status meeting schedule with DAIL	DAIL/PPL	CD	12/1/17	12/10/17
Attend ongoing status meetings	DAIL/PPL	CD	12/1/17	3/31/18
Review Reporting Requirements and Specifications	DAIL/PPL	CD/CIO/DA	12/8/17	1/31/18
Review PCG Disaster Recovery Plan	DAIL/PPL	CIO	12/8/17	1/31/18
Review customer service policies and procedures	DAIL/PPL	CD	12/8/17	1/31/18
Review complaint and grievance policy and procedure	DAIL/PPL	CD	12/8/17	1/31/18
Draft program business rules and process flow document	DAIL/PPL	CD/COO	12/20/17	1/15/18
DAIL to review business rules and process flow document	DAIL		1/15/17	1/20/18
Update this contract schedule into a finalized implementation plan including all tasks, action steps, timelines, and responsible parties for all RFP requirements	PPL	CD/PM/COO/LTM	12/1/17	1/31/18
Submit implementation plan to DAIL for review and comments	DAIL/PPL	CD	1/31/18	2/7/18
Finalize implementation plan and submit to DAIL within five business days from receipt from DAIL	PPL	CD	2/7/18	2/13/18
Submit transition plan to DAIL for review and comments	DAIL/PPL	CD	1/31/18	2/7/18
Finalize transition plan and submit to DAIL	PPL	CD	2/7/18	2/13/18
Finalize contact letter to program participants to introduce PPL as new VF/EA and assign counselors to each participant	PPL	CD	12/30/17	1/31/18
Provide and review a Communications Plan for VF/EA FMS Transition	PPL	CD/COO	12/15/17	1/31/18
DAIL to sign off on Communications Plan for VF/EA FMS Transition	DAIL		12/30/17	2/5/18
Draft Participant Enrollment Packet	PPL	CD/PM/FOC	12/27/17	1/22/18
Draft Participant Transition Packet	PPL	CD/PM/FOC	12/27/17	1/22/18
Draft Support Worker Employment Packet	PPL	CD/PM/FOC	12/27/17	1/22/18
Draft Vendor Packets, as required, for Independent Contractors and Vendors	PPL	CD/PM/FOC	12/27/17	1/22/18
Draft Policy and Procedure Manuals specific to each program	PPL	CD/PM/FPC	12/15/17	3/1/18
Make available final Policy and Procedure manuals	PPL	CD/PM/FOC	3/1/18	3/1/18
Provide training on policies and procedures, up to two times a year	PPL	CD	TBD	TBD
Ensure capacity to provide materials in alternative and accessible formats	PPL	CD/PM	12/27/17	1/22/18
DAIL to sign off on Enrollment Packet	DAIL		1/22/18	1/26/18
DAIL to sign off on Participant Transition Packet	DAIL		1/22/18	1/26/18
DAIL to sign off on Employment Packet	DAIL		1/22/18	1/26/18
DAIL to sign off on Vendor Packet	DAIL		1/22/18	1/26/18

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Provide and review the Problem Escalation Procedure (PEP) for both routine and emergency situations ten (10) Business Days after notice of Contract award or after the date of the Notice to Proceed, whichever is earlier	DAIL/PPL	CD	9/18/17	10/2/17
DAIL to sign off on the Problem Escalation Procedure	DAIL		10/9/17	10/16/17
Discuss with DAIL the option of organizing a monthly Transition Advisory Group to focus on communications, complaints and tracking issues during the implementation process	DAIL/PPl	CD/PM	12/14/17	12/20/17
If decision is made to organize a Transition Adviosory Group, identify participants, consultants, state agency managers, and PPL managers to contribute to the Transition Advisory Group	DAIL/PPl	CD/PM	12/14/17	12/20/17
Develop billing and payment methods for non-medicaid providers. Develop billing methods for program participants, such as co-pays	PPL	CD/PM	12/1/17	1/31/18
Conduct in-person meet and greets or otherwise contracted by phone/mail (100%)	PPL	CD/PM	12/1/17	1/31/17
Complete Preliminsary Readiness Review	PPL	CD/PM	12/1/17	12/30/17
Complete readiness review	PPL	CFO/CD/PM/FOC	12/1/17	1/31/18
III. Training Participants, Representatives, Support Workers, Agencies, & Case Managers, as appropriate				
Develop materials to train Consultants, Common-law Employers, and Support Workers on the completion of State and Federal forms	PPL	CD/PM	12/21/17	1/4/18
DAIL sign off on the training materials	DAIL		1/4/18	1/9/18
Develop materials to train the DAIL Staff, Participants, Common-law Employers, Representatives, and Support Workers on use of the PPL Web Portal	PPL	CD/PM	12/31/17	1/14/18
Organize and schedule training sessions, as needed, for parties that plan to use the PPL Web Portal	PPL/DAIL	CD/PM	1/1/18	1/31/18
Host training sessions as required	PPL	CD/PM	1/10/208	1/31/18
IV. Operational Infrastructure Development				
Develop task matrix defining roles and responsibilities of Financial Operations and Customer Service Staff	PPL	CD/PM	12/23/17	1/8/18
Establish a dedicated toll-free telephone number with voicemail and call queue capabilities and the capacity to track all communications from any source	PPL	CS	12/23/17	1/8/18
Document standard inbound call verification protocol	PPL	CS	12/23/17	1/8/18
Configure call queue (e.g. general inquiries, Spanish speaking, after hours VM)	PPL	CS	12/23/17	1/8/18
Configure automated triaging of common CS calls (e.g. timesheet receipt)	PPL	CS	12/23/17	1/8/18
Configure IVRA systems (e.g. Hold My Place; You Again)	PPL	CS	12/23/17	1/8/18

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Establish designated DAIL Toll Free E-Fax account	PPL	PM	12/23/17	1/8/18
Establish a TTY|TDD line	PPL	CS	12/23/17	1/8/18
Establish a DAIL program-specific email account	PPL	PM	12/23/17	1/8/18
Establish Teleforms fax number for paper based timesheet submittal if applicable	PPL	PM	12/23/17	1/8/18
Establish E-Timesheet fax number if applicable	PPL	PM	12/23/17	1/8/18
Register to file employer withholding returns and payments electronically	PPL	FOC	12/23/17	1/8/18
File for and receive authorization from the Vermont Department of Labor to file state unemployment taxes electronically	PPL	FOC	12/23/17	1/8/18
Train customer service and financial operations specialists on program policies and procedures	PPL	CD/PM/CS/FOC	1/2/18	1/25/18
Launch a program-specific website for the Vermont Programs on PPL Corporate Website	PPL	CD/PM	1/2/18	1/25/18
Review written internal controls to monitor the accuracy of the website materials	PPL	CD/PM	1/2/18	1/25/18
Coordinate workers' compensation insurance	PPL	CD	12/1/17	1/25/18
Develop Support worker, independent contractor, and vendor payment schedule(s)	DAIL/PPl	CD/PM	12/15/17	1/25/18
Establish criminal background check process and training policies	DAIL/PPL	CD/PM/FOC	12/13/17	1/25/18
V. Funds Management				
Establish system to submit claims for payment electronically to the Vermont MMIS system and billing systems of MCOs	DAIL/PPL	ACM/FT	12/7/17	1/15/18
Define service invoicing procedures, including schedule, format and file specifications	PPL	ACM/FT	12/7/17	1/15/18
Initiate configuration of PPL Billing System	PPL	ACM/FT	12/7/17	1/15/18
Establish project-specific segregated bank accounts for unique programs/Using Agencies	PPL	FT	12/13/17	1/15/18
Establish EFTS account for Federal Tax Deposit	PPL	FT	12/13/17	1/15/18
Complete testing of submission of claims	PPL	FT	1/15/18	2/15/18
VI. Information Systems Technology Development				
Establish IT contacts within DAIL	DAIL/PPL	CD/PM/DA	12/1/17	12/15/17
Comply with and adhere to the State IT Security Policy and Standards	PPL	CD/PM/DA/IT	12/1/17	12/31/19
Establish project IT infrastructure	PPL	CD/PM/DA/IT	12/6/17	1/5/18
Develop functional specifications for financial management system	PPL	CD/PM/DA/IT	12/6/17	1/5/18
Review functional specifications with DAIL	DAIL/PPL	CD/PM/DA	1/5/18	1/12/18
Configure web portal to meet DAIL needs	PPL	DA/IT	1/12/18	2/16/18
Configure participant enrollment screen	PPL	DA/IT	1/12/18	2/16/18

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Configure support worker provider enrollment screen	PPL	DA/IT	1/12/18	2/16/18
Configure provider (vendor, independent contractor) enrollment screen	PPL	DA/IT	1/12/18	2/16/18
Customize common-law employer document checklist	PPL	DA/IT	1/12/18	2/16/18
Customize support worker document checklist	PPL	DA/IT	1/12/18	2/16/18
Customize provider (vendor, independent contractor) document checklist	PPL	DA/IT	1/12/18	2/16/18
Create timesheet submission screen and logic	PPL	DA/IT	1/12/18	2/16/18
Create invoice submission screen and logic	PPL	DA/IT	1/12/18	2/16/18
Configure financial management platform to process budgets	PPL	DA/IT	1/12/18	2/16/18
Configure pre-populated packets as appropriate	PPL	DA/IT	1/12/18	2/16/18
Review functional specifications with DAIL	DAIL/PPL	CD/PM/DA	1/5/18	1/12/18
Establish connection with DAIL Eligibility Verification System (EVS) system to receive eligibility and plans of service for participants, including receipt of authorized support worker hours to pay support workers' timesheets	DAIL/PPL	CD/PM/DA/IT	1/12/18	2/16/18
Develop eligibility query in batch fashion to DAIL's EVS before paying transactions for goods and services in plans	PPL	DA/IT	1/12/18	2/16/18
Configure Service Matrix	DAIL/PPL	CD/PM/DA	12/13/17	1/12/18
DAIL Sign off on service matrix	DAIL		1/12/18	1/15/18
Establish rules engine requirements for processing payments against allowable services at reasonable and customary rates, as determined by DAIL in the service matrix	PPL	DA/IT	1/15/18	2/16/18
Configure Timesheet and Invoice processing rules engine	PPL	DA/IT	1/15/18	2/16/18
Configure tax brackets to account for all federal, state and locality taxes as well as thresholds	PPL	DA/IT	1/15/18	2/16/18
Configure pay controls based on service type (paid hour/reimbursement)	PPL	DA/IT	1/15/18	2/16/18
Configure pay rate thresholds in accordance with Vermont specific wage and hour requirements	PPL	DA/IT	1/15/18	2/16/18
Configure Web-Based program timesheet and timesheet template for reoccurring schedules if required	PPL	DA/IT	1/15/18	2/16/18
Configure Invoicing Module	PPL	DA/IT	1/15/18	2/16/18
Configure Support Tickets (to include categories such as complaint and sub-categories for incident tracking)	PPL	DA/IT	1/15/18	2/16/18
Configure User Roles and accessibility privileges as applicable	PPL	DA/IT	1/15/18	2/16/18
Provide DAIL SCM and other DAIL staff, as appropriate, with access to the Web Portal and Reporting sites	PPL	DA/IT	2/16/18	2/16/18

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Conduct internal PPL end-user testing	PPL	CD/PM/DA/IT	2/16/18	3/1/18
Conduct system review with DAIL	DAIL/PPL	CD/PM/DA	3/5/18	3/5/18
Finalize system design	PPL	CD/PM/DA	3/5/18	3/5/18
DAIL provides PPL with final system approval	DAIL		3/5/18	3/5/18
VII. Transition Data to PPL				
Review and customize PPL's established transition documents	DAIL/PPL	CD/PM/DA	12/7/17	1/5/18
Identify sources of data to be transitioned	DAIL/PPL	CD/PM/DA	12/7/17	1/5/18
Issue request for data, including timelines, format, and method of delivery	DAIL/PPL	CD/PM/DA	1/5/18	1/12/18
DAIL to ensure delivery of data requested from the state and incumbent VF/EA FMS provider(s)	DAIL		1/12/18	1/19/18
Host monthly Transition Advisory Group meetings for first six months of transfer	DAIL/PPL	CD/PM	12/20/17	6/20/18
Enrollment of Transitioning Participants - Common-law Employers				
Create a Participant file to maintain all transitioning employer tax and programmatic enrollment documentation	PPL	PM/FOC	12/9/17	1/5/18
Current VF/EA FMS provider(s) / state provides PPL with all requested participant data	DAIL/PPL	CD/PM/FOC	1/5/18	1/5/18
Receive copy of the IRS Notice CP 575 G, Assignment of Employer Identification Number to PPL	PPL	PM/FOC	1/9/18	1/15/18
Submit new agent appointment on IRS Form 2678, Agent/Payer Authorization for the transferred participant	PPL	PM/FOC	1/9/18	1/15/18
Record Common-law Employer-Support Worker FICA/FUTA/SUTA liability status in PPL's Payroll System	PPL	PM/FOC	1/9/18	1/15/18
Receive information related to participant's state unemployment tax withholding accounts	PPL	PM/FOC	1/9/18	1/15/18
Request and receive any outstanding required forms that were not completed or accurately transferred	PPL	CD/PM/FOC	1/15/18	2/12/18
Transition existing workers compensation policies to the PPL national group policy by taking the following actions: 1. PPL will create a policy cancellation document that will be signed by the common law employer and the PPL POA 2. PPL will submit cancellation documentation to the current insurance provider and process premium refunds 3. PPL will place refunds into a WC refund account for the client to cover premium payments the new policy	PPL	CFO/CD/PM/FOC	12/30/17	1/15/18
Enrollment of Transitioning Support Workers				
Create a transitioning provider file to maintain all tax related/enrollment documentation	PPL	PM/FOC	12/9/17	1/5/18
Current FMS provides PPL with demographics (to include unique identifier)	DAIL/PPL	CD/PM/FOC	12/15/17	1/5/18

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Receive provider and agency documentation and data per defined FE/A transition process and procedure	DAIL/PPL	CD/PM/FOC	12/15/17	1/15/18
Receive confirmation that providers were reported to New Hire reporting agency	DAIL/PPL	CD/PM/FOC	12/15/17	1/15/18
Receive and record provider filing status and exemptions in the PPL's Payroll System	DAIL/PPL	CD/PM/FOC	12/15/17	1/15/18
Request and receive any outstanding required forms, including family relationship forms, for which we need data and original forms.	PPL	CD/PM/FOC	1/15/18	2/12/18
Receive all provider holds, garnishments and tax levy state documentation (if applicable)	DAIL/PPL	CD/PM/FOC	1/15/18	2/12/18
Verify accuracy and keep W-9s in the Vendors/Contractors files	PPL	PM/FOC	12/15/17	**12/31/19**
PHASE II				
VIII. Ongoing Operations				
System "Go Live": Commence ongoing VF/EA FMS services effective 1/1/2016	**PPL**	**All Staff**	2/1/18	**12/31/20**
Maintain staff as listed in the RFP and sufficient to perform contractual obligations	PPL	COO/CD/PM	2/1/18	12/31/19
Operate in accordance with §3504 of the Internal Revenue Service (IRS) Code, Revenue Procedure 70-6, 1970-1 C.B. 420, and IRS REG- 137036-08 and any other future revenue procedures, notices or publication promulgated by the IRS	PPL	CD	2/1/18	12/31/19
Ensure comprehensive provision and quality assurance of VF/EA FMS to eligible participants (and representative when applicable) enrolled	PPL	CD	2/1/18	12/31/19
Ensure participants and representatives are served by engaged\qualified staff that are knowledgeable of self-directed services and the provision of VF/EA FMS	PPL	CD	2/1/18	12/31/19
Ensure all PPL project staff work cooperatively with DAIL staff and coordinate on execution of project objectives	PPL	CD	2/1/18	12/31/19
Ensure all personnel working on the project are receiving appropriate training	PPL	CD	2/1/18	12/31/19
Maintain confidentiality of all participant records and transactions in accordance with Federal and State laws/regulations and ensure compliance with HIPAA and HIPAA Business Associate Agreement	PPL	All Staff	2/1/18	12/31/19
Comply with all Federal, State, and local laws applicable to its activities and obligations under the Contract	PPL	All Staff	2/1/18	12/31/19
Keep up to date on all Federal and State rules, regulation, forms, instructions, notices and publications related to its fiscal management duties and for updating forms and procedures as necessary	PPL	CD	2/1/18	12/31/19
Abide by record retention procedures for all applicable federal, state and local government agencies	PPL	CD	2/1/18	12/31/19
Follow Vermont procedures for information handling and sharing	PPL	All Staff	2/1/18	12/31/19

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Ensure ongoing compliance with HIPAA standards and guidelines in all business operations	PPL	All Staff	2/1/18	12/31/19
Conduct regular Steering Committee Meetings and manage the execution of all resulting action items and deliverables	DAIL/PPL	CD	2/1/18	12/31/19
Ensure proper disposal of both hard and electronic working copies of information during work on this project as well as upon project completion	PPL	CD	2/1/18	12/31/19
Ensure adequate measures are in place to prohibit unauthorized access, copying and/or distribution of information during work on the project	PPL	CD	2/1/18	12/31/19
Maintain the Policies and Procedures Manual to ensure compliance with current policies and procedures on all VF/EA FMS responsibilities	PPL	CD	2/1/18	12/31/19
Notify DAIL immediately of any actual or suspected fraud, neglect and/or abuse	PPL	CD	2/1/18	12/31/19
Cooperate with all State and Federal auditors and appeal hearings	PPL	CD	2/1/18	12/31/19
Provide information to participants, Support Workers, Independent Contractors, Vendors, and DAIL staff as requested and appropriate	PPL	CD	2/1/18	12/31/19
Update program page on publicpartnerships.com as necessary	PPL	CD	2/1/18	12/31/19
Establish and review internal performance standards to evaluate effectiveness & efficiency of operations (timeliness and accuracy of payment, customer service, complaints, satisfaction, non-provision of services)	PPL	CD	2/1/18	12/31/19
Maintain such records as are necessary to confirm compliance with its MBE and VSBE participation obligations	PPL	CD	2/1/18	12/31/19
Maintain Customer Service operations				
Maintain customer service office hours between 9:00-5:00 (Eastern Time Zone), M-F, and one day open until 8. This will exclude approved holidays,	PPL	CS	2/1/18	12/31/19
Provide access to appropriate translation and interpretation services and materials in alternate formats	PPL	CS	2/1/18	12/31/19
Provide after-hours message system	PPL	CS	2/1/18	12/31/19
Return calls and emails within one business day	PPL	CS	2/1/18	12/31/19
Track calls as required and for reporting purposes	PPL	CS	2/1/18	12/31/19
Respond and track all complaints	PPL	CS	2/1/18	12/31/19
Maintain enrollment operations for participants and attendants				
Continue monthly Transition Advisory Group meetings for first six months of transfer	DAIL/PPL	CD/PM	12/20/17	6/20/18

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Transition to quarterly Transition Advisory Group meetings focusing on key issues and metrics of the growth of the programs	DAIL/PPL	CD/PM	6/20/18	12/31/19
Track participant enrollment status in PPL's system	PPL	PM/FOC	2/1/18	12/31/19
Process and maintain pre-populated employer enrollment packets	PPL	PM/FOC	2/1/18	12/31/19
Initiate participant enrollment within 3 days and distribute within two days of direction from Using Agency			2/1/18	12/31/19
Process enrollment packets for completion, within 7 business days of receipt, and notify participant of missing or incomplete paperwork	PPL	PM/FOC	2/1/18	12/31/19
Submit forms to be agent of employer to IRS and Vermont tax agencies	PPL	PM/FOC	2/1/18	12/31/19
Receive approval from IRS and Vermont tax agencies to be agent of employer	PPL	PM/FOC	2/1/18	12/31/19
Assist participants in procuring workers' compensation	PPL	CFO/CD/PM/FOC/CS	2/1/18	12/31/19
Obtain State unemployment insurance account numbers for participants and register participants with worker's compensation	PPL	PM/FOC	2/1/18	12/31/19
Process and maintain support worker/employer paperwork	PPL	PM/FOC	2/1/18	12/31/19
Process and maintain employment packets	PPL	PM/FOC	2/1/18	12/31/19
Process IRS Form W-4	PPL	PM/FOC	2/1/18	12/31/19
Process USCIS Form I-9 to verify provider's citizenship or legal alien status as required by the DOJ and INS	PPL	PM/FOC	2/1/18	12/31/19
Audit employment packets for completion	PPL	PM/FOC	2/1/18	12/31/19
Track participant enrollment status in PPL's Web Portal	PPL	PM/FOC	2/1/18	12/31/19
Perform background checks on support workers as required	PPL	PM/FOC	2/1/18	12/31/19
Follow up on all common-law employer and participant paperwork until complete	PPL	PM/FOC/CS	2/1/18	12/31/19
Maintain participant and support worker records	PPL	PM/FOC	2/1/18	12/31/19
Perform New Hire Reporting for new support workers	PPL	PM/FOC	2/1/18	12/31/19
Maintain billing operations				
Submit electronic service claims to Vermont MMIS for payment on a weekly basis	PPL	ACM/FT	2/1/18	12/31/19
Maintain payment operations				
Receive payroll data from support workers	DAIL/PPL	CD/PM/FOC	2/1/18	12/31/19
Receive plan of service and eligibility information from DAIL	DAIL/PPL	CD/PM/FOC	2/1/18	12/31/19

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Pay support workers per the established payroll and accounts payable schedules	PPL	CD/PM/FOC	2/1/18	12/31/19
Process garnishments, levies, liens and holds as reported	PPL	FOC	2/1/18	12/31/19
Verify that all expenditures are authorized in the participant's budget and confirm participant's eligibility	PPL	CD/PM/FOC	2/1/18	12/31/19
Calculate and withhold taxes (Federal, State, and Local as applicable) for common-law employers and support workers	PPL	FOC	2/1/18	12/31/19
Comply with all Federal and State laws for the payment of household employees	PPL	CD/PM/FOC	2/1/18	12/31/19
Receive Transactions for reimbursement daily	PPL	PM/FOC	2/1/18	12/31/19
Verify Transactions against DAIL-provided guidelines, budget, authorization, and eligibility daily	PPL	PM/FOC	2/1/18	12/31/19
Pay agency/goods and services providers per the established payroll and accounts payable schedules	PPL	PM/FOC	2/1/18	12/31/19
Maintain financial management operations				
Deposit FICA taxes each payroll using EFTPS	PPL	FOC	2/1/18	12/31/19
Complete quarterly tax filing report	PPL	FOC	2/1/18	12/31/19
Complete quarterly State Unemployment Ins. deposit and filing	PPL	FOC	2/1/18	12/31/19
File Forms 941 in aggregate quarterly	PPL	FOC	2/1/18	12/31/19
Provide copies of the quarterly report detailing FUTA filings to DAIL	PPL	FOC	2/1/18	12/31/19
Provide copies of the quarterly report detailing SUTA filings to DAIL	PPL	FOC	2/1/18	12/31/19
Provide copies of the quarterly report detailing federal employment tax filings to DAIL	PPL	FOC	2/1/18	12/31/19
Quarterly complete Employer's Notice of Change forms to close SUTA and WC accounts for participants no longer enrolled	PPL	FOC	4/1/18	12/31/19
Quarterly revoke of IRS Form 2678 for participants no longer enrolled	PPL	FOC	4/1/18	12/31/19
Quarterly revoke of power of attorney forms for participants no longer enrolled	PPL	FOC	4/1/18	12/31/19
Close out EINs for participants no longer enrolled in the program	PPL	FOC	2/1/18	12/31/19
Undergo annual SSAE 16 audit	PPL	ACM/FT	2/1/18	12/31/19
IX. Reporting - Web Portal and Paper				
Maintain, report, and analyze utilization and expenditures for participants served	PPL	CO/PM	TBD	TBD
Provide regular spending reports to participants, support workers, consultants, and other designated parties	PPL	CO/PM	TBD	TBD
Document and report suspected fraud or abuse to the Office of Inspector General and DAIL	PPL	CO/PM	TBD	TBD
Submit reports to the appropriate Using Agency by required deadline	PPL	CO/PM	TBD	TBD
Submit data as required to DAIL per request	PPL	CO/PM	TBD	TBD

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
Provide quarterly reports to DAIL and Using Agency's as required	PPL	CO/PM	TBD	TBD
Ensure standard reports and deliverables are made on the agreed upon schedule	PPL	CO/PM	TBD	TBD
X. Yearly Tax Preparation and Reporting				
Consult with IRS personnel to resolve any questions about IRS procedures or requirements pertaining to the reporting of household employees	PPL	CFO/FOC	12/1/18	12/31/18
Hold planning session for end-of-year tax processing	PPL	CFO/COO/CD/PM/FOC	10/8/18	10/21/18
Complete annual SSN verification for employees	PPL	CFO/FOC	11/10/18	11/24/18
Calculate and process eligible FICA and FUTA individual refunds	PPL	CFO/FOC	11/24/18	11/24/18
Generate and distribute year-end information returns (W-2, 1099)	PPL	CFO/FOC	1/8/19	1/31/19
File and deposit FUTA in aggregate	PPL	CFO/FOC	1/8/19	1/31/19
Conduct end of year tax processing for state tax agencies	PPL	CFO/FOC	1/8/19	1/31/19
Complete annual tax filing and reporting for each employer	PPL	CFO/FOC	1/8/19	1/31/19
Process wage reporting information to state unemployment	PPL	CFO/FOC	1/8/19	1/31/19
Process Earned Income Tax Credit	PPL	CFO/FOC	1/8/19	1/31/19
XI. Transition Plan				
Organize and manage the timely transition of VF/EA FMS services to new vendor	PPL	CD	TBD	TBD
Submit a draft transition plan to DAIL	PPL	CD	TBD	TBD
Supply DAIL with all required information to ensure a smooth and timely transition	PPL	CD	TBD	TBD
Ensure all records are properly retained for after completion of the project	PPL	CD	TBD	TBD
PPL Resource Key				
CEO: President/CEO				
COO: Chief Operating Officer				
CFO: Chief Financial Officer				
CIO: Chief Information Officer				
CD: Contract Director				
PM: Program Management Staff				
ACM: Accounting Manager				
FT: Finance Team				
FOC: Financial Operations Center Staff				

Task	Responsible Party	Primary PPL Resource*	Est. Start	Est. End
DA: Database Administrator				
IT: Information Technology Staff				
LTM: Launch Team Manager				
CS: Customer Service Staff				

4. Reporting Requirements

Public Partnerships LLC has a robust proprietary reporting system called the Unified Reporting System (URS) within the BetterOnline™ web portal. As is true with all applications using BetterOnline™, reports are available to authorized users any time upon demand. Data are pulled directly from our core databases, so reports are updated with real-time information.

In addition to viewing detailed information, such as participant expenditures, authorized balances, and timesheet statuses directly on the BetterOnline™ Web Portal, authorized users can design their own reports using the Report Builder functionality within the URS. The user can choose to build a report composed of customized fields, filtering and designing them according to user needs. The user can select the format in which to generate the report and hand-select the data that will populate in the report. In addition to the Report Builder functionality, we will also design custom reports required by this RFP and make those available to Vermont and other authorized users through URS in the "ad hoc" reports section.

Public Partnerships software can meet all programming needs and modifications for reporting as requested within section 1 (d) (ii) of the evaluation criteria

Public Partnerships will work with Vermont upon contract award to specify the requirements of the requested monthly report. Each report will be available in an electronic format through the BetterOnline™ web portal, in a secure environment, to all associated and authorized stakeholders - or, in the case of some information like tax filings, will be provided on a schedule requested by the State. At a minimum we will provide the currently-provided reports: **participant numbers, employee numbers, wages, FICA, admin fees, unemployment collected and paid, and workers comp collected and paid, by program** Reports will be provided to DAIL by secure email or be placed on a secure FTP site, as directed. In the sections below, we show screen shots of our URS, as well as some samples of reports provided to states in our other programs.

Unified Reporting System

Our URS can provide data analyses for patterns, trends and anolmalies important to our clients and stakeholders. Report accessibility is safeguarded, associated with role credentials in our web portal, and will be established in accordance with DAIL direction for the appropriate end user.

Our reports can be used to identify utilization of services that may warrant further investigation as potential fraudlent or abusive activity. Here is a sample list of some common reports used for that purpose:

- Pended/denied payments
- Employees with out-of-state address
- Top billers and top wage earners
- Multiple 24-hour shifts
- Billing >24 hours per day across multiple participants
- Overlapping services

The screenshot below shows our Unified Reporting System home page which offers capabilities for Adhoc, Saved, and Report Building:

Standard Monthly Reports

The chart below lists some of our most commonly used standard reports.

Report	Purpose	Audience
Consumer Report	List demographic information of Individual, including relationship to Employees and Surrogate Employer	State Administrative Staff
Employer Report	List demographic information of Employer including Employer Identification Number (EIN).	State Administrative Staff/Case Managers
Current Authorization Report	Summarize current authorizations associated to Participant	
Budget Utilization Report	Summarize allocated funds for Individual in monthly format	State Administrative Staff/Support Coordinators
Payroll History Report	Summarize payroll history for Employees.	State Administrative Staff

Program Utilization Monthly Roll-up by Service Code

,Public Partnerships, LLC. Utilization Report

Number of Participants accessing each service

Service cod	Count of Consumer No
5505	2
5506	5
5510	14
5511	15
5520	121
5521	132
5522	76
5523	38
5524	84
5525	111
5530	64
5531	8
5532	2
5535	6
5536	2
5540	97
5545	73
5550	21
5555	139
5574	16
5575	15
5577	3
(blank)	
Grand Total	1044

Total Expenditure for Each Service

Service cod	Sum of Amount
5505	$ 1,475.00
5506	$ 4,042.50
5510	$ 10,137.50
5511	$ 11,900.00
5520	$ 410,715.00
5521	$ 527,696.25
5522	$ 465,763.75
5523	$ 160,368.75
5524	$ 385,014.50
5525	$ 798,161.00
5530	$ 89,821.87
5531	$ 11,876.00
5532	$ 2,194.40
5535	$ 1,300.00
5536	$ 1,350.00
5540	$ 30,653.99
5545	$ 24,797.16
5550	$ 1,605.71
5555	$ 69,710.30
5574	$ 16,065.00
5575	$ 19,481.25
5577	$ 1,056.25
(blank)	
Grand Total	$ 3,045,186.18

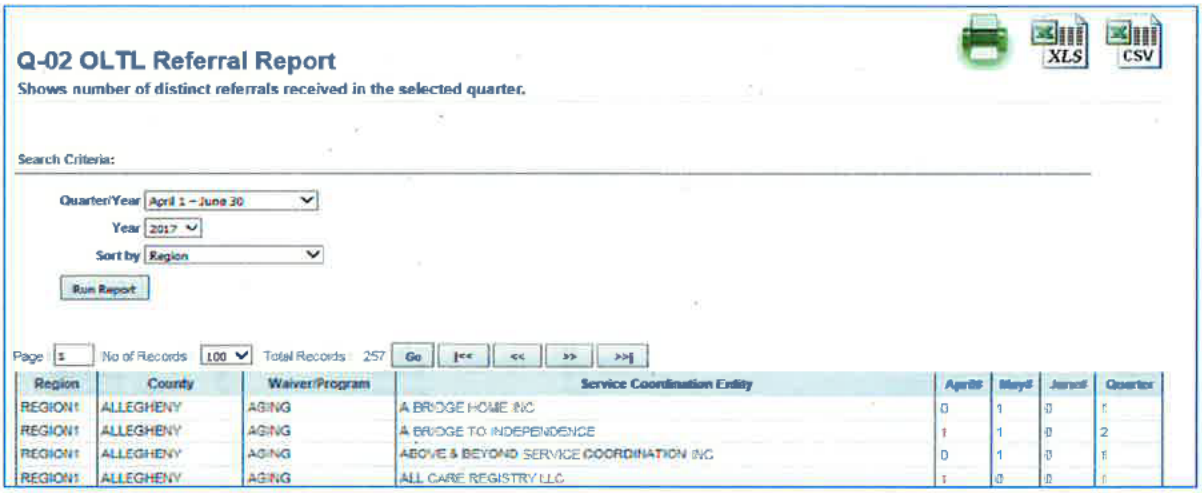
Quarterly and Annual Reporting

Public Partnerships can build and generate reports available on a quarterly and annual basis. Reports can be developed for any date range and can be sorted by region, county, and waiver/program.

The following are examples of standard Quarterly and Annual Reports:

Referrals Report

A sample report of the number of referrals received, presented by referral source. The report can be printed or converted to .pdf as is or exported to Excel or .csv for additional analysis.



Q-02 OLTL Referral Report

Shows number of distinct referrals received in the selected quarter.

Search Criteria:

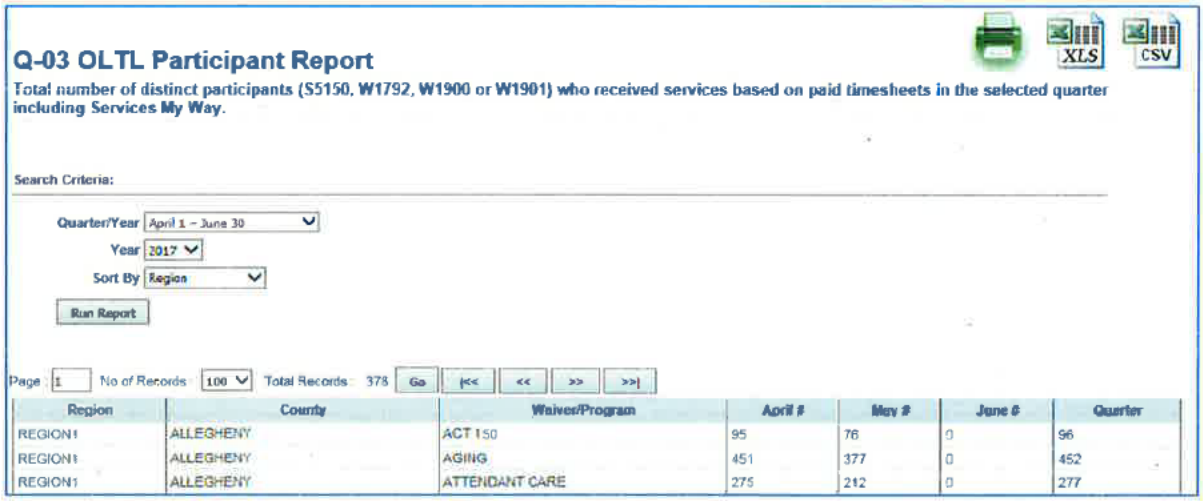
Quarter/Year: April 1 – June 30
Year: 2017
Sort by: Region
Run Report

Page 1 No of Records 100 Total Records: 257 Go

Region	County	Waiver/Program	Service Coordination Entity	April#	May#	June#	Quarter
REGION1	ALLEGHENY	AGING	A BRIDGE HOME INC	0	1	0	1
REGION1	ALLEGHENY	AGING	A BRIDGE TO INDEPENDENCE	1	1	0	2
REGION1	ALLEGHENY	AGING	ABOVE & BEYOND SERVICE COORDINATION INC	0	1	0	1
REGION1	ALLEGHENY	AGING	ALL CARE REGISTRY LLC	1	0	0	1

Participant Report

A sample report of the number of individuals receiving F/EA FMS during the report period.



Q-03 OLTL Participant Report

Total number of distinct participants (S5150, W1792, W1900 or W1901) who received services based on paid timesheets in the selected quarter including Services My Way.

Search Criteria:

Quarter/Year: April 1 – June 30
Year: 2017
Sort By: Region
Run Report

Page 1 No of Records 100 Total Records: 378 Go

Region	County	Waiver/Program	April #	May #	June #	Quarter
REGION1	ALLEGHENY	ACT 150	95	76	0	96
REGION1	ALLEGHENY	AGING	451	377	0	452
REGION1	ALLEGHENY	ATTENDANT CARE	275	212	0	277

Average Utilization Report

A sample report of the average number of employee hours per participant, also presented by service coordination agency.

Q-11 OLTL Average DCW Hours Per Day Report

Shows the number of distinct participants by average number of DCW staff resource hours per days served based upon paid timesheets.

XLS

Search Criteria

Quarter: April 1 – June 30
Year: 2017
Sort By: Sort by Region

Run Report

Page: 1 No of Records: 100 Total Records: 376 Go |<< << >> >>|

Region	County	Waiver/Program	Average Hours Per Day						
			0-4	5-8	9-12	13-16	17-20	21-24	24+
REGION1	ALLEGHENY	ACT 150	32	46	11	4	3	0	0
REGION1	ARMSTRONG	ACT 150	6	11	2	0	0	0	0
REGION1	BEAVER	ACT 150	3	5	1	0	0	0	0
REGION1	FAYETTE	ACT 150	0	2	0	0	0	0	0

Sample Worker Service and Pay Rate Report

Member ID	Member Last Name	Member First Name	Provider No.	Provider First Name	Employee Pay Rate	Service
M14254017	Member	Sample 1	E10000815	Sample 1	13.00	S5125
M14254017	Member	Sample 1	E10000815	Sample 1	13.00	S5125D
M14254017	Member	Sample 1	E10000815	Sample 1	12.00	S5150
M14254017	Member	Sample 1	E10000815	Sample 1	12.00	S5150C
M14254017	Member	Sample 1	E10000815	Sample 1	15.00	T1019
M14254017	Member	Sample 1	E10000815	Sample 1	15.00	T1019F
M14254017	Member	Sample 1	E10001000	Sample 2	13.00	S5125D
M14254017	Member	Sample 1	E10001000	Sample 2	12.00	S5150C
M14254017	Member	Sample 1	E10001000	Sample 2	15.00	T1019F

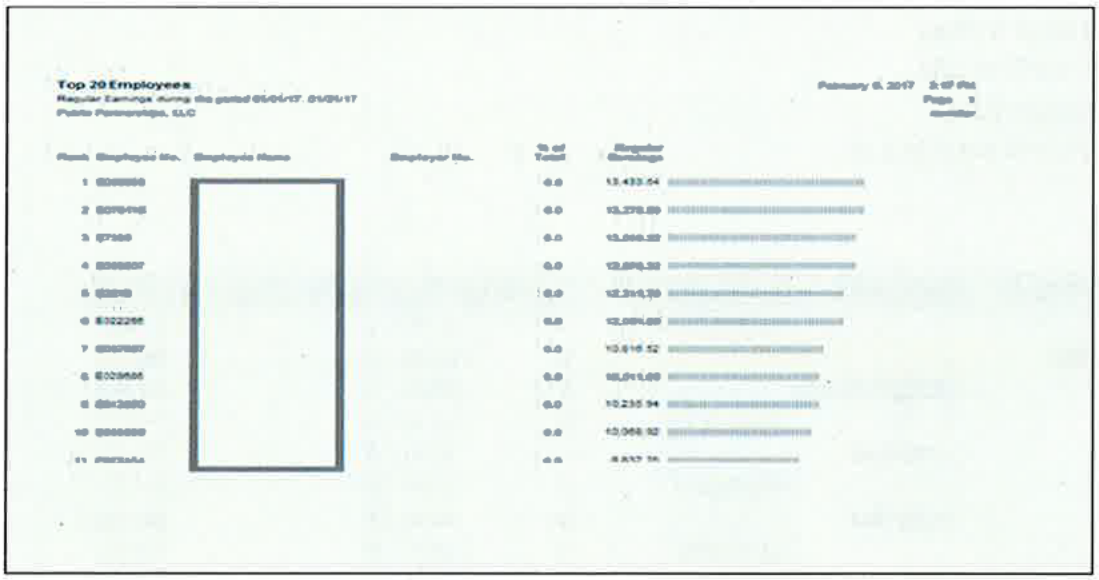
Unemployment and Workers Comp Report

Sample reporting on collection of Unemployment and Workers Comp by program, shown in Excel.

Consumer No	Plan	Service/Payroll Code	Sum of Deduction
C000294			$ 10.00
	Program		$ 10.00
		Workers Comp	$ 10.00
C000419			$ 15.00
	Program		$ 15.00
		Unemployment	$ 15.00
C000425			$ 10.00
	Program		$ 10.00
		Workers Comp	$ 10.00
C000467			$ 30.00
	Program		$ 30.00
		Unemployment	$ 30.00
C000737			$ 15.00
	Program		$ 15.00
		Unemployment	$ 15.00
C001239			$ 15.00
	Program		$ 15.00
		Unemployment	$ 15.00
C001729			$ 20.00

High Earner Report

The below High Earner Report shows the regular earnings for the designated date range by employee. If the employee works for multiple participants, the total for all participants will be accumulated and populated in the regular earning column.



Workers Providing Services for Multiple Participants

This is a URS report for a specific time period to identify employees who provided services for multiple participants, along with the hours and the wages earned for each participant. The raw data report can be used to identify multiple data elements. Fields within the raw data file can be viewed in a pivot table as seen below.

- Hours worked
- Overtime paid
- Wages paid
- Payroll period dates

Provider PPL ID	Consumer ID	Pay Period End	Sum of Unit Paid	Sum of Line Amount Gross
		04/13/2016	$ 35.00	$ 316.40
AGAR002			$ 112.00	$ 967.28
	[redacted]		$ 44.00	$ 388.72
		04/06/2016	$ 44.00	$ 388.72
	C001342		$ 30.00	$ 271.20
		04/06/2016	$ 30.00	$ 271.20
	C001343		$ 38.00	$ 307.36
		04/06/2016	$ 38.00	$ 307.36
AGEE002			$ 40.50	$ 366.12
	[redacted]		$ 15.00	$ 135.60
		04/06/2016	$ 15.00	$ 135.60
	[redacted]		$ 25.50	$ 230.52
		04/06/2016	$ 25.50	$ 230.52

Participant Family Friendly Report

Public Partnerships has experience designing reports based on specific requirements and offers a variety, such as spending reports, which are available to participants and their families. The below is an example of a utilization report available to Participants and Employers for service monitoring on a daily, weekly or monthly basis. Utilization is based on timesheets paid.

VT DAIL Participant Directed Service Program
Public Partnerships,
LLC Fiscal Agent
Services
Street Name
City Name, VT 05671

Bi-Weekly Service Report
Vermont Choices for Care Program

Consumer ID: C000000
Statement Date: 02/16/2017
Activity Start Date: 02/01/2017
Activity End Date: 02/15/2017
Case Manager:

Page Number: 1
Questions: 1-866-123-1234

Participant Name
Participant Address

How to read the Monthly Account Statement

Will be designed to the needs of Vermont.

Section 1 - Prior Authorizations

- Section 1 will provide details regarding how the Participant can read their bi-weekly statement

Section 2 - Patient Share Information

- Section 2 will provide details regarding how the Participant with a Patient Share would understand all withholdings.

Section 1

Shows you full budget detail (Authorized Budget), how many dollars have been used (Hours Paid) and how many are left (Remaining Balance)

Section 1: Attendant Care & Companion Services Prior Authorization

SERVICE GROUP	START DATE	END DATE	ATTENDANT ID	ATTENDANT NAME	AUTHORIZE BUDGET	HOURS PAID
Attendant Care Services	02/01/2017	02/15/2017	E000001	JESSICA TEST	$7000.00	$420.00
Attendant Care Services	02/01/2017	02/15/2017	E000002	PATTY EMPLOYEE	$7000.00	$370.00
REMAINING BALANCE						**$6,210.00**

Section 2: Patient Share Information

Patient Pay Obligation

START DATE	END DATE	NOTIFICATION DATE	REQUIRED MONTHLY AMOUNT

Patient Pay Activity Detail

SERVICE PERIOD	SERVICE PROVIDER	PATIENT PAY AMOUNT	PAYMENT DATE	MONTH PAYMENT FOR	CHECK/REMIT/ADVICE#

Call Center Reporting

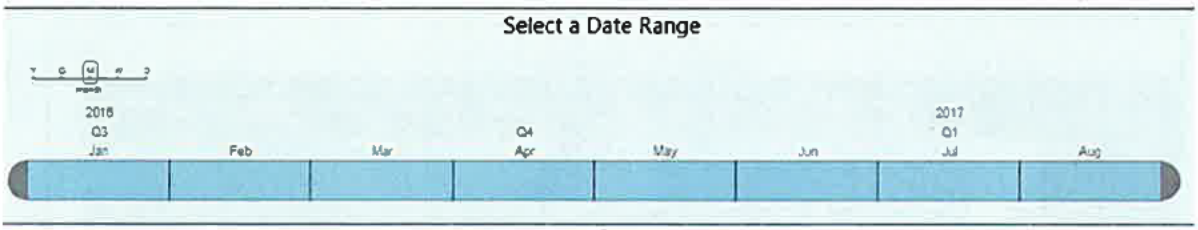
Our Customer Service Call Center Operations allow us to measure specific, tangible Quality Assurance standards and measures. Public Partnerships has years of experience providing customer service to household employers and their attendants. Therefore, we fully understand the call patterns, drivers and cycle times for increased call volumes when providing payment services. We believe that full transparency through comprehensive reporting is the best way to analyze, predict and respond to call volume variance. Furthermore, through reporting and data analytics, we can assure DAIL that we are meeting call demands and exceeding expectations from call "handle rate" to quality of customer interaction. Our call center platform is able to report metrics on a wide range of variables (see below).

Standard Monthly Customer Service Performance Reporting

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

Our call handling system can be utilized by the local Program Support Specialists. Therefore we can capture call data and report on statistics for that team as well.

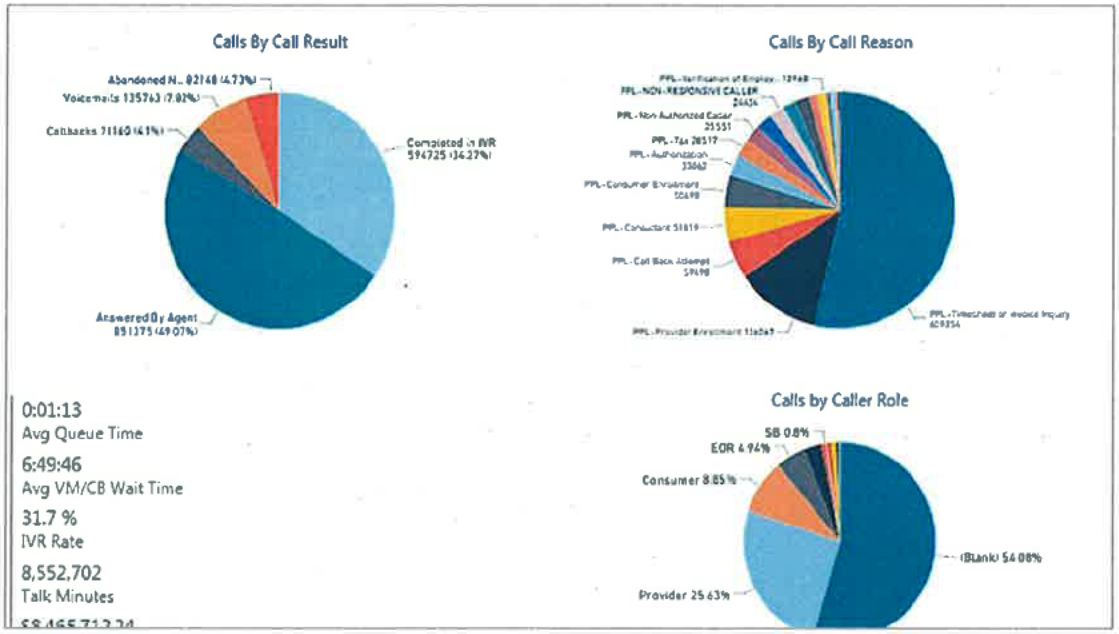
Sample Standard Call Metrics



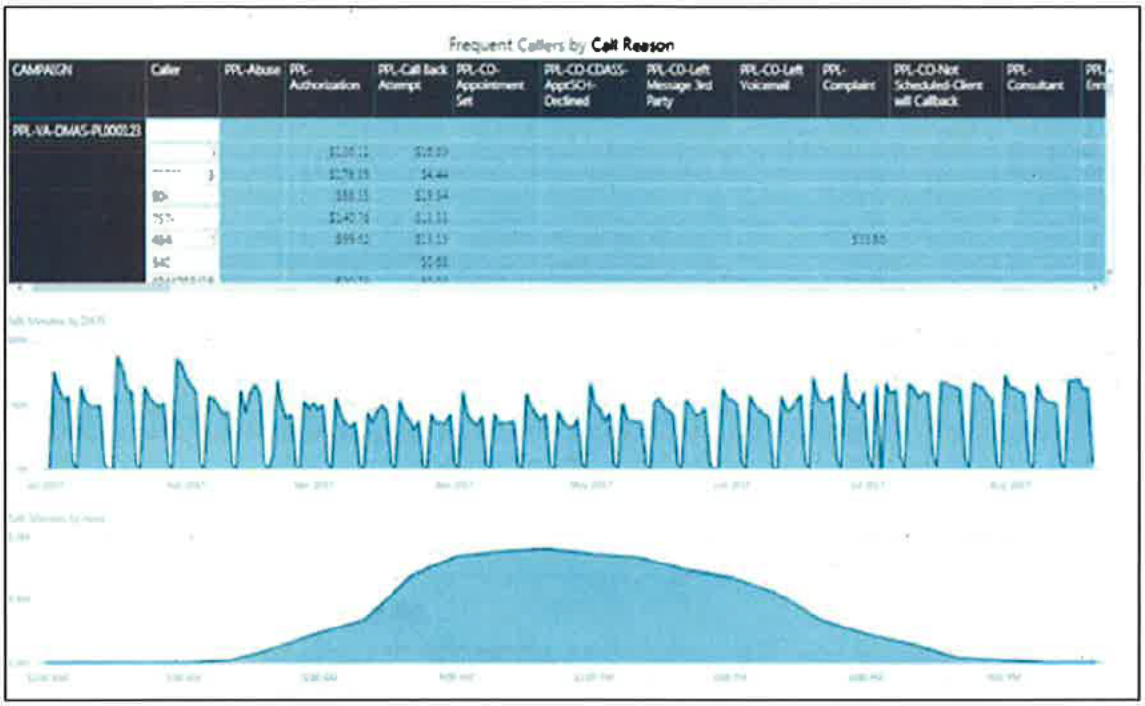
Call Center Statistics

DATE	Total Calls	Completed in IVR	Voicemails	Callbacks	Taken In SLA	Taken Not In SLA	Abandoned In SLA	Abandoned Not In SLA	Abandon Rate	Avg Queue Time	Avg VM/CB Wait Time	Avg Call Duration	Service Level
1/1/2017	848	738	107				3			0:00:00	-	0:00:00	100.0 %
1/2/2017	6063	5369	690				3	1	0.0 %	0:00:00	-	0:00:00	100.0 %
1/3/2017	17339	4064	645	501	2735	4264	2525	2207	12.7 %	0:02:43	2:16:30	0:08:03	56.3 %
1/4/2017	11134	3322	346	437	4763	1043	839	384	3.4 %	0:01:14	7:45:26	0:08:39	85.1 %
1/5/2017	10166	3421	252	392	4774	547	633	147	1.4 %	0:00:44	3:28:01	0:07:52	92.7 %
1/6/2017	13423	4425	234	423	3667	1679	1230	1586	14.4 %	0:02:06	2:42:25	0:08:15	70.6 %
1/7/2017	2532	1415	316	24	575	93	81	28	1.1 %	0:00:26	22:38:17	0:08:33	95.1 %
1/8/2017	1078	887	191				0	1	0.1 %	0:00:00	-	0:00:00	99.9 %
1/9/2017	12180	3211	314	755	4225	1795	1173	707	5.8 %	0:01:57	1:05:15	0:08:01	77.3 %

Sample Call Report by Caller Role and Call Reason



Sample Call Report for Frequent Callers by Call Reason



This Section provided an overview of our reporting tools, along with some of the reports used in our many programs. The main takeaway is that, using our URS and customer service reporting tools, we have the ability to design and generate countless reports. We look forward to working with the State on the reporting package that will provide the most meaningful and useful information to monitor and guide the Vermont programs.

5. Certificate of Compliance

Public Partnerships, LLC has included in this section the completed Certificate of Compliance.

CERTIFICATE OF COMPLIANCE

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

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

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

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

____ Yes __x__ No

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

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

Summary of Detailed Information	Date of Notification	Outcome
None Noted		

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

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

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

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

   PCG leases LEED certified space is located in Sacramento, CA.

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

   For over the last 10 years, Public Partnerships has participated in an NStar Energy Star promotion at our corporate office at 148 State Street, Boston MA.

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

   _____

   _____

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

   - PCG's Boston office has received the Bronze award from the City of Boston for bike friendliness.

- Approximately 70% of the office furniture purchased by PCG contains: minimum 30% recycled steel, 100% recycled polyester and plastic composite material, and 100% engineered wood.
- PCG uses packaging made of 30% post-consumer recycled content.
- PCG's shred service for confidential paper documents recycles after shredding.
- PCG purchases recycled paper.
- PCG's approved list of sustainable office supplies allows PCG to order only the most environmentally friendly products.
- Low level lighting and water flow restriction devices are used as much as possible in our building management practices.
- As buildings are renovated or purchased, environmentally friendly lighting and windows are part of PCG's decision making in terms of building maintenance.

F. Acknowledge receipt of the following Addenda:

Addendum No.: V10 Dated: July 27th, 2017

Addendum No.: UPDATE TO TIMELINE Dated: August 22nd, 2017

Addendum No.: _____ Dated: _____

Bidder Name: PCG Public Partnerships LLC Contact Name: William Weddleton

Address: 40 Broad St. Fax Number: (617) 717-0085

4th Floor Telephone: (617) 717-1262

Boston, MA 02109 E-Mail: wweddleton@pcgus.com

By: W M Weddleton Name: William Weddleton
Signature of Bidder (or Representative) (Type or Print)

END OF CERTIFICATE OF COMPLIANCE

6. Price quotation/proposed reimbursement: Describe the proposed reimbursement for producing each of the Contract products/deliverables.

Our response to this Section is organized using the outline in the RFP Evaluation Criteria (Section 13.A.1.f):

f. Cost

i. The cost estimate and pricing structure shall be realistic, market-competitive, affordable and cost-effective for the value provided to the State. The cost proposal must be a firm, fixed cost of the services, expressed in a per participant/per month format. The State will not accept any open-ended, time and materials bid. Any one-time software or other infrastructure costs must be broken out as individual budget line items. Vendor may include pricing options for levels of support or include other services offered by the vendor and their associated costs. If other services or pricing options are included, descriptions should be clear about what the services include and how costs are calculated, as appropriate.

We will perform all of the duties presented in this proposal for the following reimbursement:

1. Base Price for all activities and services contained in this proposal, including the secure documentation solution, for the initial 2-year contract term:

Administrative Fee	**$79.00** per participant per month
One-Time Software/Infrastructure Implementation Cost	**$655,000**

2. Price of the Electronic Visit Verification (EVV) System, to be added to the Base Price, and to be effective on the go-live date of the EVV system:

Additional Administrative Fee	**$7.00** per participant per month

One-Time Software/Infrastructure Implementation Cost for EVV	**$355,000**

Notes on Pricing:

- The prices quoted above were developed assuming the contract will be awarded to a single vendor. If we are awarded along with another vendor, we will revise the pricing to account for the specific method of assigning programs and participants to the vendors.
- The prices quoted above were developed assuming the State will provide the cash flow requirements for payroll requested in Section iv(1) below. If the State is unable to provide the requested cash flow funding, we will amend pricing to account for the specific costs and associated risk of advancing working capital for payroll.
- The Base Price software/infrastructure costs of **$655,000** consist of the following individual budget line items:

Core database, systems applications, and web portal configuration for 5 different program, including variations within programs as needed, including: ▪ Requirements gathering and documentation ▪ System programming of program rules, including pay controls and real-time pend functionality ▪ Web portal set-up, including user-based role access and functionality ▪ E-timesheet configuration (including mobile application integration) ▪ Online enrollment system configuration ▪ 24-hour Interactive Voice Response (IVR) System configuration ▪ Vermont reports development within our Unified Reporting Server (URS)	**$570,000**

Rigorous User Acceptance Testing (UAT), including: ▪ Documentation of testing results ▪ Remediation of deficiencies identified during testing ▪ Deployment of systems into production and regression testing to validate systems readiness for external users	**$85,000**

- The One-Time EVV Software/Infrastructure Implementation Costs of **$355,000** consist of the following individual budget line items:

EVV system configuration and set-up, to include: ▪ Requirements gathering and documentation ▪ EVV System programming for Vermont-specific program rules ▪ Server and web portal integration ▪ User interface modifications, as needed ▪ EVV exceptions reporting configuration/set-up	**$240,000**
Vermont-specific EVV training material development and deployment, including: • Web-based training materials • EVV educational materials for Public Partnerships staff and referral sources • EVV Promotional materials, developed in partnership with the State and deployed per approved marketing and communications plan • Paper collateral, as needed	**$30,000**

Rigorous User Acceptance Testing (UAT) of the EVV system, including: ▪ Documentation of testing results ▪ Remediation of deficiencies identified during testing ▪ Deployment of systems into production and regression testing to validate systems readiness for external users	**$85,000**

ii. Vendor shall include the methods that will be used to calculate costs for additional work that may be requested by the State which relate to the FE/A services or State business needs but are not included in the original contract.

In cases of additional work or change orders, Public Partnerships has a standard approach to cost proposals. We perform rigorous analyses of required time and materials, based on the scope of the work to be performed. We have standard bill rates for staff time, depending on the type of resources needed. The bill rates are market-based and very fair to our clients. By combining our resource estimates and bill rates, we deliver an all-inclusive cost proposal to clients for the needed work. The cost is a firm number. We assume any risk for over-utilization of resources, as long as the scope does not change during the project, and do not charge our clients for overages. All cost proposals include comprehensive scoping, development, and testing required to bring the needed changes into production and ready for the end user.

iii. Reliability of vendor's past cost projections is demonstrated via references.

We encourage the State to contact the references we have provided. We are confident they will validate our reliability and integrity with respect to cost proposals, along with the quality of our end product.

iv. Costs should be stated in per-participant/per-month figures

Our Base Price and EVV add-on price are simple, straightforward, all-inclusive per-participant/per month figures, as specified in Section f.i above.

(1) The State recognizes the potential delay between payment to specific employees and reimbursement from Medicaid claims. Therefore, the vendor should note any cash-flow requirements. The cash flow requirements must be separate from the per-participant/per-month cost.

As explained in Section 2.Q. of the Work Plan section of this proposal, we request $2,675,000 to provide cash-flow for bi-weekly payroll for all programs. These funds will be held in a non-interest bearing account. They will remain State property during the duration of the contract, including extensions, and will be refunded in full to the State upon contract termination. We will draw on the funds to meet payroll, and will replenish them with reimbursements for filed claims. We will work with the State and other stakeholders to resolve any denied claims, but denied claims will not affect the cash flow advance.

7. G. Electronic Visit Verification:

i. Demonstrate the vendor can implement an Electronic Visit Verification System in Vermont. The vendor shall describe the system's flexibility and adaptability related to:

(1) Secure internet access by computer, tablet, mobile devices or other method;

(2) Limited or no internet access where Personal Care services are delivered;

(3) Changes in schedule or location of services;

ii. Demonstrate the system is user intuitive and supports self-directed or surrogate employers and employees.

iii. Provide documentation the system is cost effective and does not create undue financial burden for employers or employees.

iv. Documentation the system meets the requirements as identified in 21st Century Cures Act.

v. System must be accessible to people with disabilities and compatible with adaptive technologies, including JAWS, ZoomText, and Dragon Naturally Speaking. System should be compliant with Section 508 or Web Content Accessibility Guidelines (if web-based). (WCAG).
http://www.vermont.gov/portal/policies/accessibility.php
http://www.section508.gov/section-508-standards-guide
http://www.justice.gov/crt/508/report/software.htm
http://www.w3.org/

Well before passage of the 21st Century Cures Act in December, 2016, **Public Partnerships began developing a proprietary and HIPAA-compliant, integrated Electronic Visit Verification (EVV) system.** We realized years ago that the integrity of the programs we administer would be enhanced with EVV. Also, the health and safety of individuals is better assured when EVV is in use. We developed our EVV with these core principles in mind.

Our EVV system is built upon our Time4Care™ time capture mobile application and will support self-directed and surrogate directed employers and employees within the DAIL Personal Care Services and Home Health Care Services under Medicaid. The EVV user interface and core functionality utilize Time4Care™ version 1.5 features. Our implementation process will be to gather and document requirements, then program the necessary rules into our already-existing system to meet the DAIL EVV requirements.

A key benefit of **our EVV system is that it is integrated with our core financial management services infrastructure**. Therefore, it works seamlessly with our payment rules engines and payroll services. This integration is a critical differentiator of our EVV system from other EVV offerings. F/EA vendors that must procure and try to integrate a third party EVV solution will have difficulty doing so. The interfaces can be unstable and the user experience degraded. In our experience, a non-integrated EVV does not provide the line of sight necessary for Participants to adequately manage their services and their employees. The lack of line of sight will cause Participant dissatisfaction while reducing their ability to be accountable for their Participant and Surrogate Directed Services, and will result in pay delays to the Employee.

The passage into law of the 21st Century Cures Act on December 13, 2016, placed EVV implementation at the forefront of state agencies' near-term planning. EVV is core to the experience and outcomes of Participants and their Employees. We believe EVV must be seamlessly integrated with financial management service systems in order to dually ensure program integrity and a good experience for users.

The 21st Century Cures Act adds a new subsection (l) to Section 1903 of the Social Security Act (42 U.S.C. 1396b). That subsection specifies the characteristics of a compliant EVV system. **Specifically, the EVV must, at a minimum, electronically verify the:**

- **Type of service performed;**
- **Participant receiving the service;**
- **Date of the service;**
- **Location of service delivery;**
- **Employees providing the service; and**
- **Time the service begins and ends.**

Public Partnerships' EVV system meets and exceeds the characteristics of a compliant EVV system specified in the 21st Century Cures Act.

Our EVV system meets and exceeds these requirements by incorporating a sophisticated mix of validation techniques that, together, produce a dynamic picture of services delivered and rules compliance.

The following graphic shows a high-level overview of the core features of our Time4Care™ EVV:

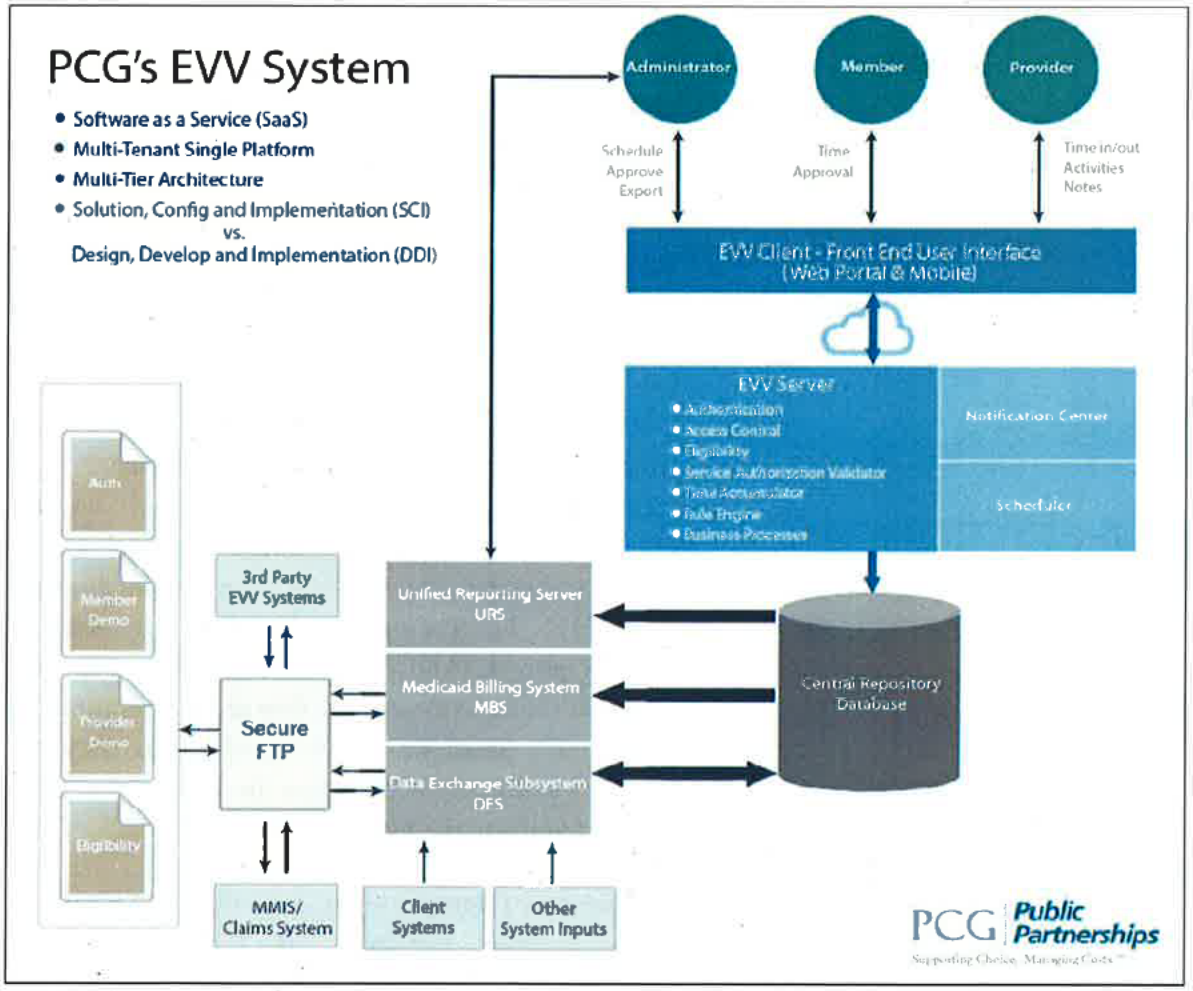
Our EVV system was designed and built, and operates using a multi-tenant, multi-tier architecture, single-platform system that offers the greatest amount of flexibility and customizable configuration. **The role-based system requires secure login/authentication via user account creation and management, and allows each role to only view appropriate data for their designated access levels.** Authenticated users are granted real-time access to their individually authorized program information 24 hours a day, seven (7) days a week.

Due to the flexibility and reliability of our EVV system, we use an exclusively electronic EVV interface. **The system has full offline capability**, which will be described in further detail below. Our architecture and approach optimize the total cost of ownership, improve the accuracy of data, and enhances the user experience without expensive and inflexible landline telephony or fixed-visit EVV hardware.

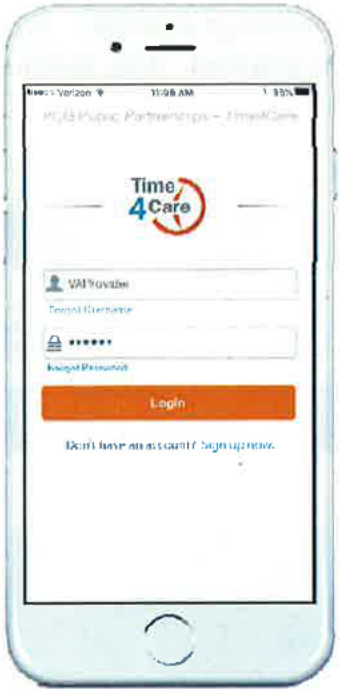
The next diagram provides an overview of the entire EVV system, showing how it is integrated with the database. Some key takeaways:

- The system has customizable roles, each with their own permissions and functionality (green circles).
- It is built upon the core Public Partnerships system infrastructure, so the EVV server pulls directly from the payroll rules engine. This allows real time notifications of time-sensitive information, such as authorization limits.
- We developed and integrated proprietary notifications and scheduling systems into the EVV server (illustrated by blue boxes in the diagram).
- Our integrated reporting server delivers customized exceptions and utilization reports.

- We designed and incorporated seamless file and data exchange processes. Therefore, our EVV can import data from 3rd party EVV systems, if needed. Also, external data, like demographic files, eligibility, etc., are fully integrated.



We designed the user interface of our EVV system specifically for Participant Directed services. This is in stark contrast to many of the EVV systems on the market today, which were designed primarily for agency-directed care. Our unmatched expertise in Participant Direction provided insight for development of our user experience and key features. **The user interfaces for our EVV system consist of our integrated BetterOnline™ web portal and the Time4Care™ mobile application.** In our EVV system, the mobile application is the exclusive interface for Employee clock-in, clock-out, and visit detail submission.

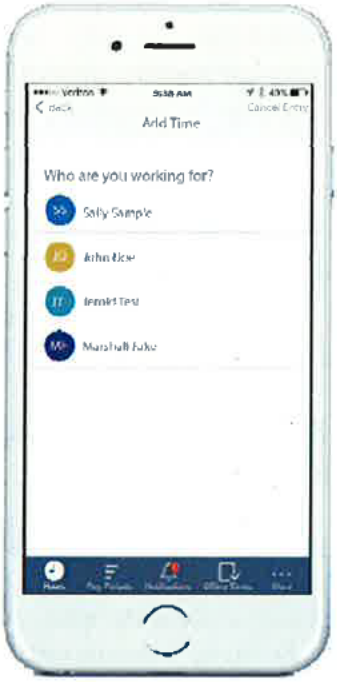


We developed our EVV system with a focus on Consumer Direction and benefits to the Participant. Therefore, we established user-based roles that include the household employer role. Participants can review and approve/reject time entries in the mobile application. They can also choose to use the BetterOnline™ web portal if preferred. In full support of individuals with adaptive technology needs, our EVV product development roadmap includes system development that is fully compatible and compliant with **Section 508 and Web Content Accessibility Guidelines.** This enhancement will be available before year end 2017.

Our EVV system is fully compliant with 21st Century Cures Act requirements without utilizing landline telephone or fixed visit in-home devices. Those approaches are antiquated, costly, and no longer necessary given today's mobile technologies and pervasive internet connectivity. **The mobile application is available for free download and is fully compatible with Windows, Android and Apple smartphone and tablet devices. Anyone can download the application, but identity must be verified and validated with the Public Partnerships database in order to create an account and use the application.**

The series of images show key features of our EVV system's user interfaces; the accompanying text highlights the characteristics, and shows how the system fully complies with all of the 21st Century Cures Act requirements, and the requirements of this procurement.

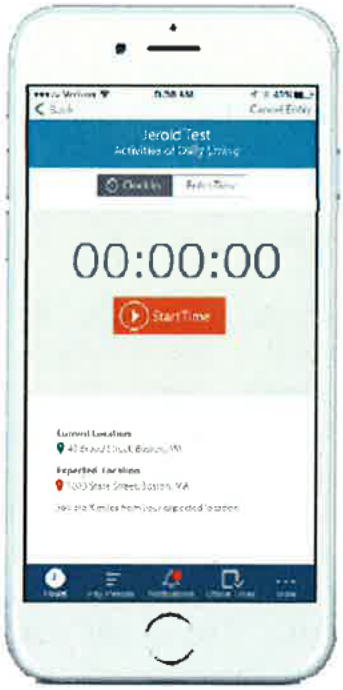
On the top left is the login screen that appears when a user opens the application. There are two unique roles with unique functionality: Participant and Employee. Before using the application for the first time the user needs to register, as mentioned above. Users can register



using the application itself, or through the BetterOnline™ web portal.

After the Employee logs in, he/she sees the above screen, which, we call the "hours" view. It is designed as a calendar. The Employee can see what hours have been worked today, including active clock-in. The Employee can also scroll backwards through past days to see summary of work performed in the past.

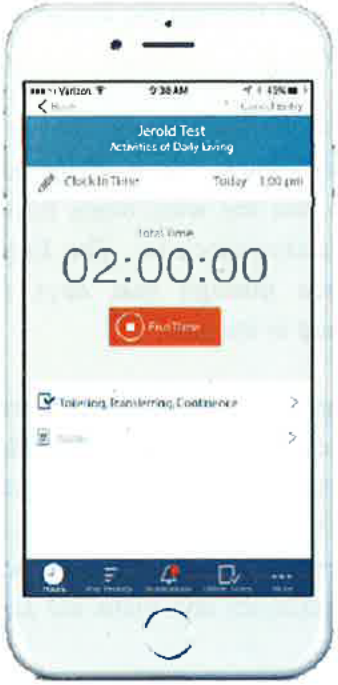
After pressing "Add Time" on the home screen, the Employee is asked who the service(s) will be provided for. The application can accommodate as many Participants as are associated in our system. The application has a user-friendly color-coding scheme that assigns a specific color to each Participant. All activities and visits are assigned the corresponding color.



After selecting the Participant, the Employee sees the clock-in screen on the bottom left.

The white space in the lower half of the screen is the user interface for the critical geo-location functionality. **The geo-location function records an Employee's clock-in/clock-out location. This information can be cross-referenced with the expected location, which is based on the Participant's physical address in our system, or another address entered by an authorized user with administrative access to BetterOnline™.** As part of our EVV product development roadmap, we are working on functionality that will allow for service-specific expected locations. That will be available before the January 1, 2019, EVV mandate.

Inconsistencies between actual and expected locations are flagged, or if desired, the system can be configured to prevent an Employee from clocking in altogether if the location is different from the expected location. The



mismatch radius is configurable to any distance. Therefore, our EVV supports community integration by establishing a distance threshold for approved services delivered outside the home. We will work with DAIL to establish the desired location rules. **The system allows for maximum flexibility so locations in which participants receive services are not restricted.** The back-end location capture and reporting enables post-visit analysis if fraud or neglect are suspected.

When ready to start providing service, the Employee clocks in by pressing the orange "Start Time" icon.

When clocked in, the **clock runs continuously, regardless of what the Employee does with the device. The application can be closed; even if the battery runs out the clock will still be running continuously when power is restored.**

When the visit is completed, the Employee will press the "End Time" icon.

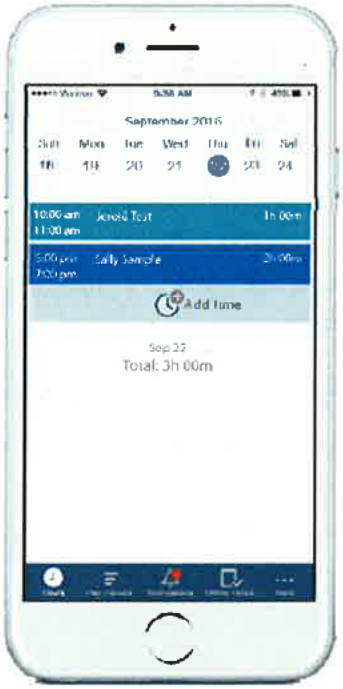
Geo-location is captured again at clock-out, and will be flagged as an exception if the Employee is outside the pre-set distance radius. The Employee is not prevented from clocking out based on location.

After clock-out, the visit is ready for the Participant/Employer approval. We developed three different methods for time entry review and approval/rejection. There is an "Approve Now" capability that allows the Participant/Employer to approve on the Employee's device immediately after the service is concluded, using a private pre-established PIN. This method of approval is convenient and seamless, but can be disabled if desired by DAIL. The second method of review/approval is through the Participant role within the application. The Participant/Employer would log in and perform approval actions on his/her own device and time

schedule. The third method is through BetterOnline™ web portal for approval of e-Timesheets by Participants/Employers.

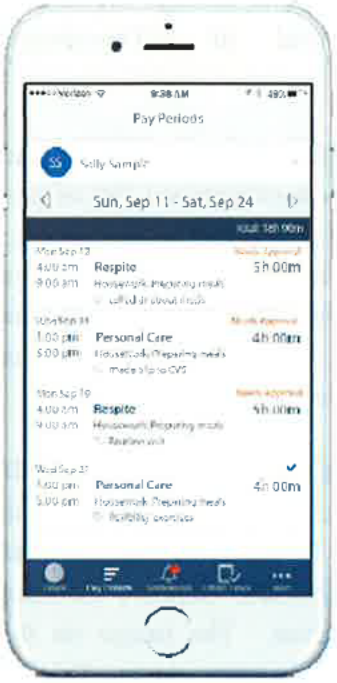
During or after the visit, the Employee will enter the type of service performed from a customized list of program activities. This capability is especially valued by agencies and MCOs for care plan integration. If desired, we will work with DAIL as directed, to establish a relevant and desired list of activities. Or, activities capture can be disabled in the EVV if desired.

In addition to activities, Employees have the ability to enter free-text notes for each visit to further record details of the services performed. These notes can be of value to administrators, agencies, MCOs, Support Coordinators and to Employees themselves. The image on the left shows the user interface for the notes screen. This mirrors the same activity and notes entry process for e-Timesheets outlined earlier under 'Public Partnerships' BetterOnline™ Web Portal section. Like activities, notes functions can be disabled, if desired.



When the time entry is completed, the Employee can see the completed time entry in the "Hours" calendar view, as shown in the screen shot to the left. In this view the Employee can see who received the service, total time of the service, time the service began and ended, and total accumulated work time for the day. If the Employee wants to review activities, notes, or other details of a visit, he/she can open the details screen.

Sometimes employees forget to or can't clock in. Or they clock in after the shift started. In situations like this it is important that the EVV system gives users the flexibility to manually adjust times, especially in Participant



Direction programs. Our EVV system has **full capability for retroactive adjustment of shift start or end times**, when appropriate.

The screen on the left shows a completed visit that has been re-opened for editing. The employee can manually adjust in and/or out time by pressing the "pencil" icon. When a clock-in/out entry is manually adjusted in this manner, the visit is flagged in the database as an "exception" entry in case it warrants later analysis for fraud or neglect. However, importantly, there are no barriers to adjusting time if needed, so there is no delay in payment as long as the participant approves the new entry.

Likewise, if a Participant rejects a time entry, the Employee can manually adjust the rejected entry and resubmit it for approval. This back and forth reject and re-submit functionality within the EVV application facilitates efficient communication and resolution of problems.

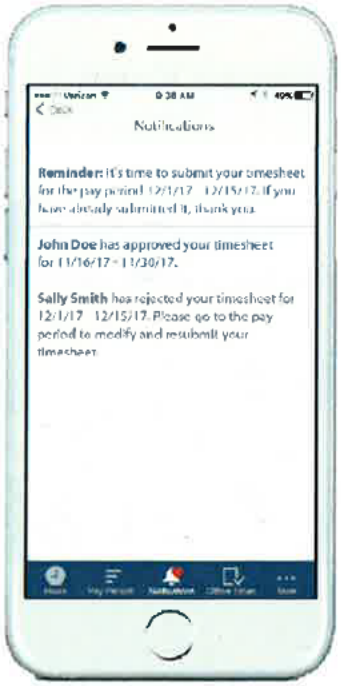
In addition to the "Hours" view shown above, our EVV has a "Pay Period" view, shown to the left. This view lets an Employee review all time entries by pay period, along with the approval status: needs approval, approved, pended, or rejected.

This view and its associated functionality was designed with Consumer Directed services in mind. Our EVV is seamlessly integrated with our payroll system, therefore the information is accurate, timely, and helpful to Participant/Employer and their Employees.

This same view is the home screen view in the Participant role of the EVV application. When Participant/Employer logs into his/her own EVV account, the pay period screen shows which time entries need action and total hours accumulated in the selected pay period.

The Participant/Employer can scroll through all of the Employees who provide services and take action on their time entries. The Participant/Employer can see our timesheet pending reasons, approve time, and reject time with associated reasons from a list and/or free text. When a time entry is approved or rejected, a notification transmits automatically to the Employee.

Our EVV system notification engine is highly customizable and useful for Participants/Employers, Employees, Case Managers, and Support Coordinators. Notifications are delivered to the device on which the EVV is used, using the device's imbedded notification capability. Also, within the application, the user can press the "Notifications" tab on the bottom and review a history of notifications, as seen to the left.



Our proprietary scheduling system can be incorporated with the EVV system. If that configuration is selected, notifications can be customized based on deviations from schedule – for example, missed visits, which will allow ease of schedule changes. The EVV can also be used without the scheduling tie-in. This configuration seems to be the current preference of states for consumer direction programs because it allows for flexibility and ease of scheduling changes based on the Participants' needs and preferences.

Our EVV application has full offline capability. When the device is not connected to the internet, the Employee can still clock in and clock out. As soon as internet connectivity is restored, the visit automatically uploads to the EVV server. The screen shown on the above left displays an offline time entry awaiting upload.

When time entries are performed in offline mode the application still captures location of the service, using the GPS capability of the device. The only feature not available in offline mode is the real-time comparison of actual location and expected location of service. However, retrospective reporting allows administrators to review all offline entries and location data. If an Employee regularly utilizes offline mode, the appropriate person can review the situation and intervene if needed.

Although our EVV is intuitive and easy to use, **we will have a robust training capability to assist and educate all Employees on the use of the system. We will utilize a multi-pronged training approach that includes:**

- Incorporation of hands-on training for Participants/Employers during in-home visits;
- Incorporation of EVV-specific material in the Employee orientation;
- EVV download and use instructions located on the DAIL specific program website;
- Incorporation of best practices identified by the U.S. Department of Health and Human Services as provided by DAIL;
- An EVV introduction letter incorporated in online and paper enrollment materials for Participants/Employers and Employees.
- Customer Service Information and Assistance for Participants and Workers

Our local Program Support Services staff will be well versed in our EVV proprietary system and will be able to provide training and support for program Participants who prefer face to face training. Training and support will also be provided for all other stakeholders as requested by DAIL.

Public Partnerships meets all needs for Electronic Visit Verification in Section 1 (g) of the scoring requirements.

Public Partnerships meets all of the requirements for the Electronic Visit Verification system as outlined by DAIL. We understand and ensure all Participants have the tools they need to successfully self-direct their services.

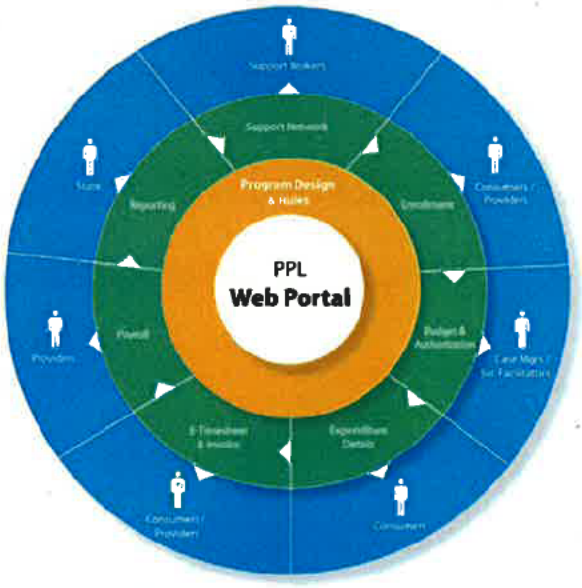
8. H. Secure Documentation Solution:

i. Demonstrate the vendor can implement a secure system allowing for the collection and monitoring of additional service documentation. The system shall include:

1) The ability for an employee to enter a description of the services provided.

Over the years, Public Partnerships has developed a comprehensive, fully integrated, web-based system, Public Partnerships' BetterOnline™ web portal technology. Designed by staff with years of experience managing complex participant-directed state and federal HCBS program requirements, BetterOnline™ reflects the best of commercial products and Public Partnership experience in supporting self-directed services.

Public Partnerships' BetterOnline™ web portal will serve as the secure information system for collection and monitoring of additional service and documentation. Public Partnerships' Time4Care™ mobile application and our BetterOnline™ web portal will include or collect all service documentation requirements outlined in this RFP. Public Partnerships will work with DAIL to define each service definition and tasks associated within the timesheet and notes fields for employees to enter a description of the services provided.



2) A multi-tiered, secure role based environment to allow viewing of appropriate levels of data.

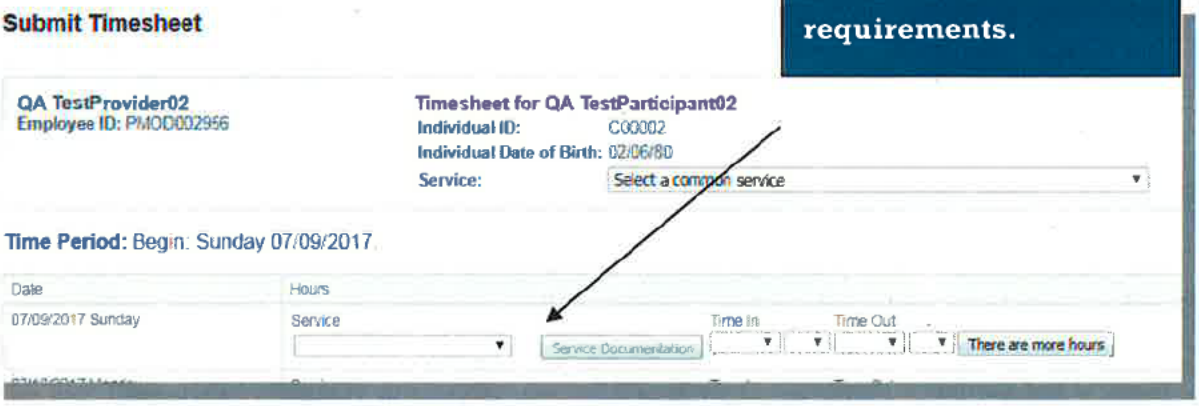
Our BetterOnline™ web portal technology is configured to allow role based access associated with a user's login credentials and can restrict or allow access to any data element, application, or system functionality based on the role. Roles in the system are specifically designed to allow users to see certain information or carry out certain tasks. For example, DAIL staff will have access to information from the entire program, however, Participants would only be able to access information related to their own records. Employees, likewise, only have access to information related to the Participants they support. BetterOnline™ roles are completely configurable to meet DAIL requirements for each desired user role.

3) If web-facing (web-based) all traffic must be encrypted.

Public Partnerships' BetterOnline™ web portal technology uses HTTPS protocol with AE 256 based SSL certifications for web traffic encryption.

ii. Examples of vendor experience successfully implementing and maintaining similar systems.

All Public Partnerships programs have secure document solutions woven into every aspect of financial management using our BetterOnline™ web portal technology and Time4Care mobile application.

For example, Public Partnerships worked hand in hand with the state of Missouri Department of Mental Health staff to design the collection and monitoring of services and tasks defined within the participant-directed program to meet security and program standards through a user-friendly interface. The following screen example demonstrates the BetterOnline™ web portal technology system ability to fully meet the needs of service documentation for various and unique participant-directed programs, including those in Vermont.

The Public Partnership e-timesheet can track Service Tasks and Documentation requirements.