

Vermont Department of Disabilities, Aging, and Independent Living's (DAIL) Developmental Disabilities Services Division (DDSD)

Needs Assessments for Adults with Intellectual/
Developmental Disabilities

RFP# DDSD 306

October 29, 2020 4:30 PM EST

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I. Cover Letter

October 29, 2020

Ms. Clare McFadden
Deputy Director of Payment Reform
Department of Disabilities, Aging and Independent Living Commissioner's Office
280 State Drive/HC 2 South
Waterbury, VT 05671-2020
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Dear Ms. McFadden:

Public Consulting Group, Inc (PCG) is pleased to submit this response to the *Department of Disabilities, Aging and Independent Living (DAIL) for RFP# DDSD 306: Needs Assessment for Adults with Intellectual and Developmental Disabilities*. We appreciate the opportunity to propose a solution we believe will best serve DAIL and the individuals they support in advancing their goals. We understand the importance of supporting the right of individuals to live with dignity, respect and independence, and are eager to work with the Department to leverage our decades of experience in working with waiver programs and the individuals they serve.

As DAIL embarks on the transformation of this program, it is essential to have a partner who understands the challenges ahead, and shares the commitment to serving the individuals served by this program. PCG is that partner. As you will see throughout this proposal, PCG has a rich history of over 30 years working with the programs and individuals impacted by this procurement. In addition to that broad experience, the PCG Team includes a Program and Quality Manager who has overseen the implementation of a SIS-A implementation in another statewide program, as well as a previously recognized SIS-A trainer who brings years of experience in the use of the SIS-A tool and training assessors.

It is this experience, both broad and specific, which makes PCG the ideal partner for Vermont in continuing their leadership in the provision of person-centered Home and Community-based Services (HCBS) for people with intellectual and developmental disabilities. We look forward to working together to advance this essential program.

- ▶ 4.2.2. This bid contains information PCG considers to be proprietary and confidential under the State's Public Records Act, 1 V.S.A. § 315 et seq. PCG's audited financial statements for FY20 are included in *Section VI. Appendices*. Under 1 V.S.A. § 317(c)(9), PCG's Financial Statements should be considered confidential business records that under the statute would be protected as a trade secret and specifically information that if disclosed would give an advantage to competitors or bidders. The statements include sensitive and confidential data that shows PCG's present financial condition. Competitors could easily use this information to their advantage in positioning themselves within the market and with respect to their responses to certain RFPs. The company's financial condition is not accessible outside the company and internally it is only distributed to individuals on a 'need to know' basis. Moreover, PCG has consistently designated the confidentiality of such information in all of its proposals and contracts and has limited internal corporate access. Current and former PCG employees are prohibited from disclosing to anyone outside of PCG the information at issue, which the firm regards as proprietary and confidential to PCG; employees fully understand that PCG will enforce those restrictions. The information is not legally accessible to anyone outside of PCG except for current and prospective PCG clients who have requested the documents to assess PCG's financial strength to carry out projected services and who either sign non-disclosure agreements or otherwise treat the documents as confidential. The designation and exclusion of these records qualifies as an exemption to the public records law.

Finally, PCG is a closely held corporation and is not subject to public filings or public disclosure of its financial information. Accordingly, disclosure of its financial information would have serious adverse consequences with respect to the competitive position of PCG.

- ▶ 4.2.3. PCG does not propose an exception to any terms and conditions set forth in the Standard Contract Form and its attachments.
- ▶ Consistent with the Centers for Medicare and Medicaid Services (CMS) rules addressing conflict of interest in HCBS case management, PCG is an independent entity that is free of any relationship to Vermont DDSD services providers that would represent a conflict of interest.
- ▶ PCG is not be an organization that advocates on behalf of individuals with developmental disabilities in this State.
- ▶ PCG will staff this program with in-state assessors in anticipation of ultimately completing in-person assessments, understanding that the COVID-19 pandemic may result in the delivery of remote assessments based upon guidance from the State.

We welcome the opportunity to discuss your program goals and customize our services and delivery approach to your unique needs. If you have questions, please contact Jay Peck, Associate Manager, at jpeck@pcgus.com or by phone, 919-576-2209.

PCG looks forward to this opportunity and hopes that this proposal will be reviewed favorably.

Sincerely,



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



II. Technical Response

- A. Background and Experience
- B. References
- C. Reporting Requirements



A. Background and Experience

II. TECHNICAL RESPONSE

A. Background and Experience

About PCG

At Public Consulting Group, Inc. (PCG) we believe in the power of the public sector. We empower public sector health, human services, and education organizations to make measurable improvements to their performances and processes. Our public sector focus means we have a deep understanding of the challenges our clients face—from economic constraints to demographic shifts to regulatory changes—and what it takes to surmount them. For more than three decades, we have helped our clients:

- ▶ Maximize resources
- ▶ Contain or cut costs
- ▶ Make better management decisions
- ▶ Streamline their business processes
- ▶ Implement and improve their technology solutions
- ▶ Improve federal and state compliance
- ▶ Optimize individual outcomes

PCG is a government management and operations consulting firm specializing in Medicaid and related health, human services, and education programs. Established in 1986, PCG has been serving primarily public sector clients, nationally and globally, for 34 years. The firm has extensive experience in all 50 states and Canada, with a growing practice in Europe and worldwide.

PCG helps state health and human service agencies reform programs, restructure service delivery systems to best respond to regulatory change, maximize program revenue, achieve regulatory compliance, and improve quality and outcomes. PCG helps organizations deliver quality services with constrained resources, offering expertise in strategy and finance, revenue cycle management, and individual and provider services. PCG is a recognized leader in Home and Community Based Services (HCBS) waiver policy and services for individuals with intellectual and developmental disabilities (IDD). We have worked with states across the country regarding policy analysis, system redesign and implementation, and person-centered practices. PCG is financially and operationally poised for continued growth. For further indication of our financial stability, please see *Appendix G*.

PCG At A Glance

- Founded in 1986 and headquartered in Boston, MA
- Experience in 50 states, 6 Canadian provinces and the European Union
- 1,400 open contracts at any point in time
- 2,400+ senior consultants and staff in 57 offices

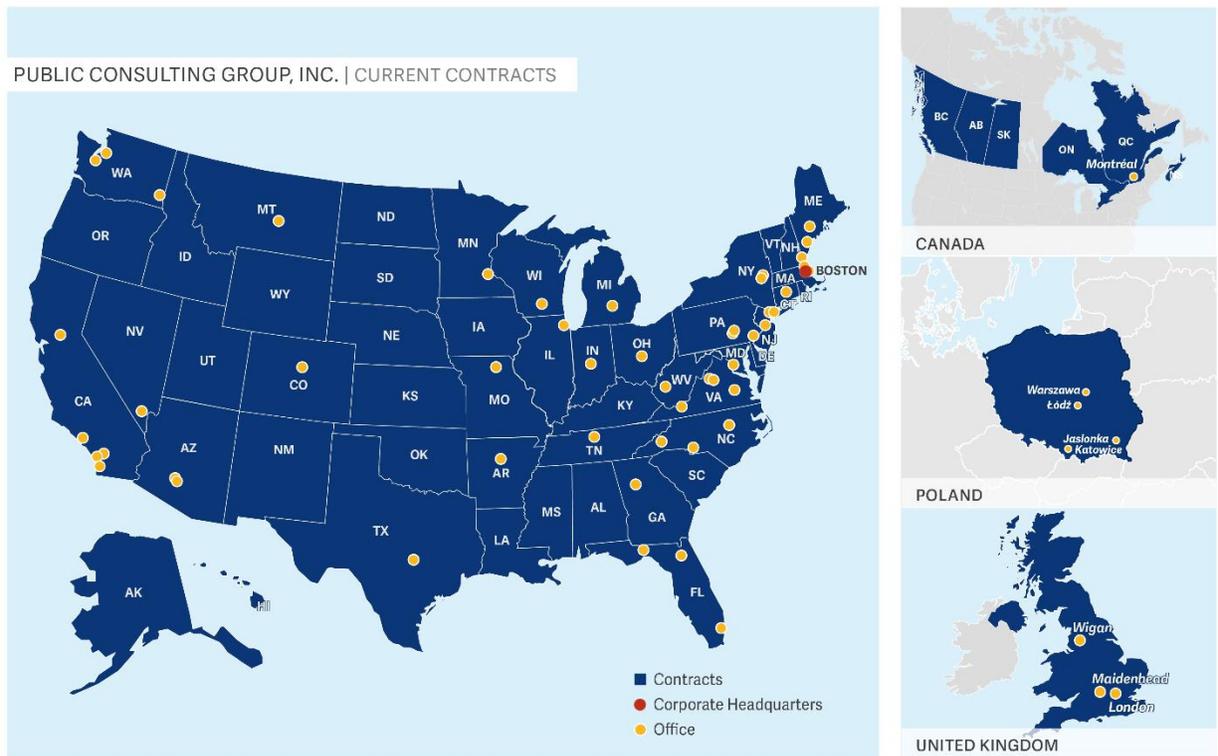


Figure II.1: PCG's Global Footprint.

Public Sector Focused

At PCG, we are passionate about inclusion and eliminating barriers for individuals to live the lives they desire, because we know that in the public sector, good results mean healthy, empowered, and successful individuals, families, and communities. PCG's mission and commitment to the public-sector dates to our founding in 1986, and we strive to **deliver meaningful services that help program participants reach their full potential through community supports, employment, skills training, and education.**

Additionally, we have worked extensively across the nation with HCBS providers and with stakeholders in aging and disability systems to further this mission. PCG's proposed team includes national experts in HCBS waivers and working with individuals with IDD, along with team members who have on-the-ground experience helping a state agency implement the Supports Intensity Scale (SIS). Our team includes a former division director for IDD services, who worked with Human Services Research Institute to implement the SIS in Colorado. This work occurred over a two-year timeframe and eventually led to the development of individual budgets. In addition, the team includes the Quality Lead who has conducted SIS assessments since 2006 and became a recognized SIS trainer in 2011. She is a previous state employee who was responsible for overseeing the administration of the SIS assessments, including training new assessors, and conducting yearly Interviewer Reliability and Qualification Review (IRQR) for assessors. She provided training and technical assistance regarding the SIS to SIS assessors, case management agencies, and other stakeholders, including individuals receiving services, families, and guardians. The Quality and Program Manager is also a former state employee who managed the statewide administration and quality assurance of the SIS. This work included extensive stakeholder engagement and reporting to the legislature, as well as amendment and development of regulations regarding SIS administration.

Our consultants have helped more than 2,000 public sector organizations maximize resources and make better management decisions. We use performance measurement techniques to improve business processes and maintain federal and state compliance for our clients, leading to better, higher quality outcomes.

PCG's 2,400+ employees have extensive experience and subject-matter knowledge in key related areas:

- ▶ HCBS waivers
- ▶ Services for individuals with IDD
- ▶ Administration of assessment of needs
- ▶ Medicaid and Medicare policy

Multi-Disciplinary Approach

PCG addresses the unique and often multi-dimensional challenges of each public-sector client by assembling project teams with specialties across the spectrum in Health and Human Services consulting and operations, with a focus on team members and partners who have deep experience with the populations served by our clients. By assembling resources from across the firm, we will take a multi-disciplinary approach to deliver a more powerful set of insights and solutions to the Vermont Department of Disabilities, Aging and Independent Living (DAIL).

In preparing to best meet the needs of DAIL, including the administration of the Supports Intensity Scale – Adult Version (SIS-A) assessment, PCG has assembled a team of professionals focused in four key areas, which you will see as a theme throughout PCG's proposal:

- ▶ ***In-Home and Telephonic Needs Assessment Experience.*** PCG's Quality Lead, **Lori Williams**, is a former recognized SIS-A Trainer and Interviewer, who has conducted hundreds of in-home SIS-A assessments and trained more than 60 assessors. In addition, PCG currently supports the State of Indiana by telephonically administering the Inventory for Client and Agency Planning (ICAP) along with five supplemental questions with individuals with IDD.
- ▶ ***State-level Experience in Overseeing Similar Programs.*** As the Program and Quality Manager, **Brittani Trujillo** brings a wealth of experience in leading SIS-A assessment programs, having overseen Colorado's administration and quality assurance of SIS-A assessments, with more than 1,100 assessments conducted each year.
- ▶ ***Experience Serving Waiver Programs and Their Populations.*** PCG has over 30 years of serving waiver programs across the country, with a deep understanding not only of the best practices in supporting their myriad populations, but an appreciation for the uniqueness of each waiver and the individuals supported.
- ▶ ***Project Management Rigor to Ensure Successful Operations.*** Program understanding and experience are the key to unlocking the potential success of a project. Project management provides the rigor and support to ensure that program visions come to fruition and can operate successfully in the long-term. PCG is committed to sound project management principles to support this effort and will install a Project Management Professional (PMP) to oversee daily operations and ensure success.

PCG Understands the Mission

PCG shares VT DAIL's mission for individuals with disabilities to grow old and to live with dignity, respect, and independence. VT DAIL will not find a more qualified partner to help Vermont remain a national leader in the provision of person-centered HCBS for individuals with IDD. PCG recognizes and understands VT DAIL's vision for improving quality by assessing individuals' needs with a standardized and norm-referenced tool, and to have this work completed by an independent third-party, apart and separate from the authorization and delivery of HCBS waiver services. VT DAIL's vision for the Needs Assessment vendor is increasingly holistic – providing for Vermonters to access the most appropriate services and supports, while effectively managing public resources as stewards of the program. As such, this vendor will function as a part of a bigger Medicaid program, which requires a partner with deep expertise in both assessments and Medicaid, specifically HCBS waivers for individuals with IDD. Only then can DAIL provide a seamless, integrated solution to individuals in need of, and receiving services, families/guardians, providers, and stakeholders.

PCG understands that no program operates in a vacuum, especially where the administration of Medicaid funds is concerned. As DAIL prepares to undergo transformation in this program, a partner armed with broad Medicaid and HCBS program knowledge – in addition to experience with and an understanding of

districts. See *Figure II.3* for a full list of PCG's projects within the State. Notable efforts include our continuing CAP and claiming work as well as our Medicaid Eligibility Determination work. Other highlighted efforts include our work within the Governor's Office from 2016 to 2017 on the Blue Ribbon Commission, where PCG submitted its collaborative recommendations on financing high-quality childcare within the state.

Project Name	Contract Term	PCG Practice Area
VT Department of Health Access Tools Medicaid Eligibility Determination	11/6/2017 – 10/31/2023	Health Services
VT AHS – AlloCAP Health	7/1/2015 – 9/30/2022	Health Services
VT AHS – EasyRMTS Health	6/1/2015 – 9/30/2022	Health Services
VT Brattleboro Retreat Revenue Cycle Assessment	9/17/2018 – 12/31/2018	Health Services
VT AHS Web–CAP ITB	10/1/2014 – 9/30/2016	Health Services
VT CAP Review	6/21/2004 – 6/30/2015	Health Services
VT AHS – AlloCAP Human Services	7/1/2015 – 9/30/2022	Human Services
VT AHS – EasyRMTS Human Services	6/1/2015 – 9/30/2022	Human Services
VT Blue Ribbon Commission Financing High–Quality Child Care Research Project	5/15/2016 – 1/31/2017	Human Services
VT AHS Human Services	7/1/2011 – 6/30/2015	Human Services
VT GoalView – Addison Central SU	7/1/2009 – Present	Education
VT Goalview – Addison Northeast SU	7/1/2009 – Present	Education
VT GoalView – Addison Rutland SU	7/1/2009 – Present	Education
VT GoalView – Addison Northwest SU	7/1/2009 – Present	Education
VT GoalView – Rutland South SU	7/1/2009 – Present	Education
VT GoalView – Rutland Southwest SU	7/1/2009 – Present	Education
VT GoalView – Rutland Central SU	7/1/2009 – Present	Education
VT GoalView – Rutland Northeast SU	7/1/2009 – Present	Education
VT Medicaid – Addison Northeast SU	9/1/2009 – Present	Education
VT GoalView – Orange Windsor SD	9/7/2009 – Present	Education
VT Franklin Northwest SU	7/1/2010 – Present	Education
VT GoalView Chittenden Central SD	7/1/2010 – Present	Education
VT GoalView Orleans Southwest SU	10/1/2010 – Present	Education
VT Goalview Colchester SD	4/1/2011 – Present	Education

Project Name	Contract Term	PCG Practice Area
VT Bennington Rutland SU	5/1/2011 – Present	Education
VT GoalView – Rutland City SD	7/1/2011 – Present	Education
VT GoalView – Burlington SD	7/1/2014 – Present	Education
VT – VTAOE Dual Enrollment Program System	5/15/2017 – 6/30/2019	Education
VT GoalView – Battenkill Valley SU	7/1/2009 – 6/30/2018	Education
VT Pepper – Burlington SD	9/30/2016 – 9/29/2017	Education
VT Pepper – Addison NW SU	7/13/2015 – 7/12/2016	Education
VT Goalview – Southwest Vermont SU	7/1/2013 – 6/30/2014	Education

Figure II.3: PCG Past and Present Vermont Contracts.

Our experience includes providing policy and program operational support and strategic decision-making guidance across all the populations covered under the HCBS program. This wide and deep HCBS expertise is imperative to take the Needs Assessment scope where DAIL wants it to go.

Since 2017 PCG has contracted with the State of Indiana, Division of Disability and Rehabilitative Services, Bureau of Developmental Disabilities Services (BDDS) to conduct the Inventory for Client and Agency Planning (ICAP) assessments statewide. PCG administers the ICAP to assess an individual’s needs and determine the appropriate level of support for individuals with IDD. PCG’s role includes the administration of five supplemental questions along with the ICAP.

In addition, since 2015 when PCG began working with states regarding the HCBS Final Rule, PCG has conducted assessments of individuals with IDD as part of determining a provider site’s compliance with the HCBS Final Rule. All PCG’s work with states on the implementation of the HCBS Final Rule has centered on the importance of the person-centered planning (PCP) process required by CMS. We have found that if PCP principles are not being fully implemented, then the achievement of compliance with the HCBS Final Rule is not possible. PCG has trained our staff on the principles of PCP, person-centered thinking (PCT), and person-centered systems (PCS), including the importance of quality PCPs that effectively meet the HCBS Final Rule requirements.

While much of the HCBS Final Rule work across the country focuses on the provider’s compliance, PCG knows and understands the importance of accurately assessing an individual’s needs to develop the person-centered service plan that accurately reflects those needs and authorizes services based on the assessed needs. The HCBS Final Rule is not just about provider compliance but encompasses everything done for and with an individual before the receipt of services.

Additionally, we have worked extensively, across the nation with HCBS providers and with stakeholders in Medicaid and aging and disability systems. We have conducted training and professional development activities and systems change activities across these systems. We have vast experience in evaluating service delivery, remediating problems, designing quality enhancement strategies, and delivering innovative solutions to our clients. We have been assisting health and human services agencies in managing long-term services and supports (LTSS) programs for **over 30 years**.

PCG’s support for programs supporting individuals with IDD spans a range of services. We help state and local health care agencies to respond optimally to reform initiatives, restructure service delivery systems, maximize program revenue, and achieve regulatory compliance. PCG uses industry best practices to help organizations with constrained resources deliver quality services by offering expertise in a number of areas: management and operations, consulting and implementation, health policy development and

implementation, information technology consulting, health care finance and reimbursement, and member and provider management services.

PCG employs over 150 assessors, reviewers, and investigators, many with strong assessment and human services backgrounds, including direct experience with IDD populations, needs, and services.

In the last seven years, our team has conducted 50,000 onsite HCBS provider assessments, and 16,000 in-person assessments and reviews.

We understand fully the individual perspectives of the IDD population, and the sophisticated orchestration required to work effectively with each individual to deliver quality LTSS while remaining within the bounds of continually tightening fiscal constraints. We have seen this firsthand in North Carolina, as well as Ohio, Illinois, South Carolina, Indiana, New York, Mississippi, Wisconsin, Colorado, Michigan, and California – all states with whom we have recently worked with – or are currently working with – their LTSS/HCBS programs.

Our track record over the past seven years is highlighted below.

Accomplishment	Volume
HCBS onsite quality reviews (QIOs)	200+
HCBS providers trained on service delivery in classroom setting	1,500+
HCBS violation health and safety report investigations	83,000+
Post-payment desk investigations	9,500+
Inventory for Client and Agency Planning (ICAP) Assessments	2,000+
HCBS Site Visits	30,000+
HCBS Onsite Settings Assessments	4,000+

Figure II.4: PCG HCBS Experience.

Deliverables	Volume
HCBS providers trained on service delivery in classroom setting	1,500+
HCBS providers trained via PCG’s online computer-based training module	3,000+

Figure II.5: Training.

Deliverables	Volume
HCBS onsite quality reviews (QIOs)	200+
HCBS provider calls fielded in customer support center	180,000+
HCBS provider enrollment applications processed	18,000+

Figure II.6: Customer Service and Quality.

Experience in Completing Assessments

PCG has hands-on experience in performing interviews with people with intellectual and developmental disabilities (IDD), families, and providers in other states including Indiana, South Carolina, Massachusetts, California, and New York. For example, in South Carolina, as part of determining compliance with the HCBS Final Rule, PCG conducted all residential and non-residential site assessments for the state, which included scheduling and conducting interviews with individuals with IDD. In Indiana, PCG currently administers the Inventory for Client and Agency Planning (ICAP) for individuals with IDD. This work also includes PCG administering five supplemental questions added to the assessment process by Indiana.

Staff Spotlight: Brittani Trujillo

- Oversight of all needs assessment and service plan development for all HCBS waivers and target populations.
- Oversight of the administration and quality assurance of the SIS, including development of individual budgets.
- Former case manager with experiencing conducting in-home needs assessments.

Not only does PCG have experience administering assessments to individuals with IDD, but our project team includes staff who implemented the Supports Intensity Scale (SIS) Assessment statewide and staff who oversaw the administration and quality of the SIS Assessment statewide. This work included a two-year implementation approach, assessing a certain number of individuals each year. Our project team also includes staff who have been recognized as a certified SIS trainer and assessor, including the newer SIS-A Assessment. Our team has worked with the American Association on Intellectual and Developmental Disabilities (AAIDD) from

previous state government roles, which included contract negotiations and oversight. In addition, the Quality and Program Manager and Quality Lead both have experience assessing the needs of all individuals seeking or receiving LTSS, including individuals with IDD. Furthermore, PCG's advisor oversaw the statewide implementation of the SIS.

Qualifications

To further highlight PCG's experience, we have put together a Qualifications (Quals) Matrix. *Figure II.7.* showcases our prior projects. For further information on each project, please see *Appendix A.*

Projects		Persons Served	Duration	Population Experience	Assessment Experience			External and Technical Assistance	
State	Program	Number of Persons Managed	Contract Term	HCBS / IDD	Onsite / In-Person	Service Plan Review	Interviews	Customer/Member Support	Provider Engagement
OH	HCBS Provider Oversight and Management	33,969	July 2013 – Present	✓	✓	✓	✓	✓	✓
NC	Medicaid Provider Oversight and Management	273,000	July 2008 – Present	✓	✓	✓		✓	✓
IL	HCBS Quality Reviews	124,700	March 2018 - Present	✓	✓	✓	✓	✓	✓
WI	HCBS Compliance Onsite Assessments	84,000	April 2018 – Present	✓	✓	✓	✓	✓	✓
MS	HCBS Compliance Onsite Assessments	25,700	July 2018 - Present	✓	✓	✓	✓	✓	✓
CA	HCBS Compliance Onsite Assessments	145,000	February 2019 – August 2019	✓	✓	✓		✓	✓
IN	HCBS Waiver Consultation and Assessment Services	24,259	February 2015 – Present	✓	✓	✓	✓	✓	✓
SC	HCBS Compliance Onsite Assessments	32,000	October 2016 - Present	✓	✓	✓	✓	✓	✓
NY	HCBS Statewide Transition Plan Implementation	274,104	April 2017 – September 2017	✓	✓	✓	✓	✓	✓
CO	HCBS Post Payment Reviews	67,300	December 2018 – June 2020	✓		✓			
PA	HCBS Vendor Fiscal / Employer Agent, Financial Management Services	16,000	October 2012 – Present	✓		✓	✓	✓	✓
NJ	HCBS Fiscal Intermediary / Cash & Counseling	18,650	July 2006 – Present	✓		✓	✓	✓	✓
WV	HCBS Financial Management Services & Resource Consulting	2900	February 2007 – Present	✓		✓	✓	✓	✓
TN	HCBS Financial Administration Services/ Support Brokerage Services	3500	March 2010 – Present	✓		✓	✓	✓	✓
IN	HCBS Service Coordinator Training Services	24,259	February 2015 – June 2017	✓					✓
NC	Prior Authorization, Due Process Monitoring and Reporting	57,781	September 2008 - Present	✓				✓	
IN	ICAP Assessments	2,000	September 2017- Present	✓			✓		

Figure II.7: Qualifications Matrix.

Resumes of Managing Staff

Jay Peck

PCG's Project Director has more than 15 years' experience overseeing HCBS and IDD efforts working with multiple state agencies, as well as provider networks, to assess service delivery to vulnerable populations. **Mr. Jay Peck** will act as Project Director for this engagement. Mr. Peck brings operations experience of multiple scales, including undertaking a statewide HCBS implementation staffed by 50+ professionals. Further, Jay has managed a member engagement call center operation that handled stakeholder questions, concerns, and education. This work encompassed reviewing assessments, plans of care, and service documentation to ensure that Medicaid members were receiving appropriate care to meet their needs. Mr. Peck manages a team of professionals, each with decades of experience in serving the HCBS/IDD populations featured in this RFP.

Jon Riley

PCG's Project Manager is a previous state employee who has earned the Project Management Professional (PMP) designation. **Mr. Jon Riley** will manage, supervise, and monitor the performance of assessors to ensure that assessments are completed properly and in a timely fashion, as defined in the contractual performance expectations. Even prior to becoming a certified PMP in 2017, Jon was responsible for designing and executing the approach for both implementation and transitions to operations on efforts in PCG. Jon's project management experience has made him a subject matter expert within PCG for both project and program management functions in all phases. Jon's main work is predicated on sound communication and risk management with his clients, especially on newer efforts. As a former state employee in North Carolina for both the Division of Social Services as well as the Office of Rural Health and Community Care, Jon understands what is needed to make a successful transition within a program, especially for SIS assessments within this state. Jon's state government experience covered contracts administration for SNAP, TANF, Title IV-E block grant recipients in North Carolina and later transitioned to community development efforts in North Carolina's most rural counties for all populations seeking primary care within community-led networks. Since coming to PCG, Jon has led successful consulting engagements in over 15 state and tribal governments for operational and readiness assessments as well as revenue maximization and claiming efforts.

Brittani Trujillo

PCG's Program and Quality Manager is a previous state employee who oversaw needs assessment and service plan development statewide. With 17 years of LTSS experience, **Ms. Brittani Trujillo** will manage and lead the implementation and ongoing SIS-A assessments. For more than six years, Ms. Trujillo oversaw the implementation and quality of the SIS and SIS-A assessments in Colorado. This work included assuring an adequate number of SIS Assessors statewide, negotiation and management of the AAIDD contract, as well as stakeholder engagement regarding Colorado's use of the SIS. Ms. Trujillo's work also included the development of legislative reports related to the SIS. Ms. Trujillo amended regulation related to the SIS assessment and oversaw the development of individual budgets determined from information obtained from the SIS. She has extensive experience facilitating stakeholder engagement for systems change efforts and developed positive and collaborative working relationships with IDD stakeholders throughout CO. Prior to her state and PCG experience, Ms. Trujillo also served as a case manager for HCBS waivers, conducting in-home needs assessments for all target populations.

Lori Williams

PCG's Quality Lead is a previous state employee who was a recognized SIS Assessor and Trainer. Assessors will be supervised by **Ms. Lori Williams**, who has experience administering, scoring, and interpreting standardized educational or psychological assessments. Ms. Williams became a recognized SIS Assessor in 2006. Since that time, she has conducted hundreds of SIS assessments. She became a recognized SIS Trainer in 2011 and has trained more than 60 SIS assessors and conducted multiple SIS training events since that time. This work includes conducting guided practice sessions and IRQRs for SIS assessors. Ms. Williams also has experience as a case manager for individuals with IDD and has a Bachelor of Arts in Psychology. Her experience includes administering, scoring, and interpreting the SIS and SIS-A as well as providing technical assistance and quality assurance oversight statewide for multiple SIS

assessors. Ms. Williams also holds certifications in Integrated Care Management, Supervision and Leadership, Sex Offender Management Board training, Labor Relation Alternative (LRA) Investigation training, and Motivational Interviewing. PCG will contract with AAIDD so the Ms. Williams can receive training to reinstate her recognition as a SIS-A trainer and SIS-A assessor.

Scott Faria

PCG's Support Center Lead manages call center operations encompassing entire Medicaid and Contact Tracing Programs requiring person-centered training, and accommodations to those with disabilities. A certified Project Management Professional (PMP) and Operations Director, **Mr. Scott Faria** is a 20-year PCG veteran who oversees Call Center Operations Support across PCG's Health Practice Area. Mr. Faria matches state call center needs to specific requirements. He has taken a leading role in the standup and successful implementation of large-scale operations nationwide, including call centers serving thousands of members in Maine, Massachusetts, Mississippi, New York, North Carolina, Ohio, South Carolina, and Wisconsin. The systems he has deployed have enabled states to recruit staff, oversee staff training, enroll beneficiaries, meet daily case review requirements, and better track claims.

Van Cranford

PCG's Reporting Lead has nearly a decade of experience in data analysis and performance reporting. **Mr. Van Cranford** will serve as an advisor during implementation, ensuring that data collection methods are consistent with reporting needs of DAIL and working with the AAIDD team as needed during configuration and testing. During the operational phase, Mr. Cranford will be responsible for the production and quality assurance of reports to be submitted to DAIL. Mr. Cranford currently oversees reporting and analytics across several PCG projects, including HCBS-related projects in North Carolina and Ohio.

Nathan Grossman

PCG's Subject Matter Expert has worked with health and human services agencies in over two dozen states over the past 20+ years to provide a range of consulting, including disability and aging programs. **Mr. Nathan Grossman** has assisted state disability and Medicaid agencies to assess and improve community integration programs in several states. He also manages long-term technical assistance programs as well as IT planning and support projects for state disability agencies.

Sarah Salisbury

PCG's Subject Matter Expert has over 12 years of experience with a vast array of health and human services programs with specific focus on aging and disability services. **Ms. Sarah Salisbury's** experience includes managing complex stakeholder engagement initiatives and also organization transformation efforts. She has also managed statewide training efforts and managed state technical assistance provision.

Cathy Anderson

PCG's Subject Matter Expert is a former IDD director of Nebraska and the District of Columbia with more than 30 years of experience in government and consulting. **Ms. Cathy Anderson** has held leadership roles in state agencies supporting individuals with IDD and was responsible for the organization and management of statewide service systems. In Iowa, she served as the Chief Deputy Director for the Department of Human Services where she supervised the division of Medicaid, Mental Health, Child Welfare, Economic Assistance, Developmental Disabilities and Policy. She is also a past President of National Association of State Directors of Developmental Disabilities Services (NASDDDS) Board of Directors. She has extensive experience in designing, visioning, revising, and monitoring waiver programs both as a state employee and as a consultant.

Barbara Ramsey

PCG's Advisor is a previous state employee and former director of the Division for Intellectual and Developmental Disabilities. **Ms. Barbara Ramsey** will serve as an advisor during implementation. She has extensive experience designing and operating HCBS systems for older individuals and individuals with disabilities. Ms. Ramsey led Colorado's system transition to the use of the SIS for valid and reliable individual assessments, which included implementing the redesign of associated rates and the

development of individual budgets. She is versed in laws, principles, and practices of Medicaid LTSS and has a successful track record of managing complex system transformation.

Jamin Barber

PCG's Advisor is a previous state employee, behavioral health analyst, and operations executive. Mr. Jamin Barber will serve as an advisor during implementation. Having previously run consulting engagements recommending and implementing SIS, Mr. Barber has lent his experience to his current engagements while at PCG. Mr. Barber's key strengths are solving challenges through developing strong working relationships with customers and stakeholders through an establishment of a program vision. Mr. Barber will utilize his skills to assist DAIL to achieve a holistic, independent assessment entity for the IDD population in this engagement.

Jackie Whitlock

PCG's Program Support has over 30 years of experience in Human Services and Health Care arenas. Ms. Jackie Whitlock is a Qualified Intellectual Disability Professional (QIDP) with case management experience. She has assisted numerous states with research, training, onsite assessments, quality assurance reviews, and consultation surrounding their HCBS Statewide Transition Plans. Ms. Whitlock currently administers the ICAP assessments in Indiana.

For further information on each individual, please refer to Resumes in *Appendix B*.

Job Descriptions

To meet the scope of work and performance expectations of DAIL, PCG will employ a team of assessors, ensuring that an adequate number of fully-trained assessors are available to complete assessments throughout the State, and to meet contractual performance requirements in completing the assessments. All assessors will have passed the DAIL Background Check Policy prior to performing assessments.

PCG understands the importance of assessors having the education and experience of a QIDP and understands the nuance of assessing individuals with IDD compared to conducting clinical or medical assessments. While it is PCG's intention to surpass all minimum standards put forth by DAIL, our assessment team will, at a minimum have at least one year of experience working directly with individuals with IDD and will, at minimum, have a bachelor's degree in a human services field.

PCG may also employ assessors who meet other QIDP occupational categories as long as they also meet the one-year experience requirement for working with people with IDD.

The PCG project team is familiar with the AAIDD SIS-A orientation, initial, and ongoing training requirements. To be responsive to the needs in of DAIL, PCG will contract with AAIDD to train all assessors in the first year, as well as PCG's Quality Lead as a SIS Trainer and Assessors. The Quality Lead will attend SIS-A Assessor training along with the assessors. This training will consist of the following activities:

- ▶ **Orientation.** An introduction the philosophy, history, and administration of the SIS-A.
- ▶ **Practice.** SIS assessors will conduct 2-3 independent practice sessions before conducting guided practice sessions. PCG will also coordinate with DAIL and case management agencies to identify individuals receiving services to volunteer for practice sessions. SIS-A assessments conducted during a practice session will not count as an official assessment.
- ▶ **Pre-Guided Practice Virtual Training.** Before SIS assessors conduct guided practice sessions, trainees will meet with AAIDD Trainer to discuss independent practices and further prepare for guided practice sessions with the AAIDD trainer.
- ▶ **Post-Guided Practice Group Debrief.** SIS assessors will attend a group debrief to share knowledge and identify trends or concerns noted during guided practice sessions.
- ▶ **Pre-IRQR Virtual Training.** SIS assessors will learn about the IRQR process and receive answers to questions they have based on the practice interviews.
- ▶ **Assessor Reliability and Qualification Review (IRQR).** All SIS assessors will participate in an IRQR session with a SIS-A Trainer, which will occur initially and annually thereafter.

As stated previously, PCG will contract with AAIDD to train the Quality Lead as a SIS-A Trainer. ***PCG's identified Quality Lead is a previously recognized SIS-A Trainer and Assessor*** and has a long-standing relationship with AAIDD. Having the Quality Lead trained to conduct SIS-A training will help PCG assure consistency across SIS assessors and help PCG respond to changing needs within Vermont. With the Quality Lead trained to conduct SIS-A training, PCG can quickly train new SIS assessors when needed.

In addition to meeting AAIDD training requirements, the **SIS assessors will also be trained in Person-Centered Thinking and Practices.** The PCG team has a long and deep commitment to ensuring that people with IDD are fully integrated into the community, lead self-determined lives, and receive supports and services that help them to live the life they choose and achieve their goals.

PCG team members have received training in Person-Centered Planning, Person-Centered Thinking, and People First Language, and two members are also Ambassadors for the Charting the LifeCourse. The PCG team has also engaged Michael Smull from Support Development Associates to guide and assist us in becoming a Person-Centered Organization. We started this journey in the summer of 2016, first by having staff trained in person-centered concepts so we could deepen the staff's understanding and knowledge of person-centered practices. We believe that staff will provide even better service and add more value to our work with State clients when they are equipped with these skills. We are fully committed to the journey of becoming a Person-Centered Organization. Our commitment to becoming a Person-Centered Organization is reflected through our comprehensive approach and actions.

Subcontractor Work

PCG will utilize one subcontractor in addition to the contracted relationship with AAIDD. PCG will subcontract with Ms. Barbara Ramsey, a former director for the Division for Intellectual and Developmental Disabilities in Colorado. In her former role, Ms. Ramsey oversaw the implementation of the SIS assessment over a two-year period. Given her experience, Ms. Ramsey will serve as an advisor for this project.

Proposed Implementation and Management Plan

The PCG Team understands the challenges of managing transitions in statewide programs, and that the importance of a smooth transition is only heightened for programs providing supports and services to individuals in need. To that end, PCG’s proposed implementation team includes senior leaders with extensive experience with in-home assessments, the SIS-A assessment, HCBS programs, and project management. The team will be comprised of the following positions:

- ▶ Project Director
- ▶ Project Manager
- ▶ Program and Quality Manager
- ▶ Quality Lead, Assessor Supervisor
- ▶ Support Center Lead
- ▶ Reporting Lead
- ▶ Program Support
- ▶ Subject Matter Experts

To fill these roles, we propose individuals who will prove highly reliable, dependable, and knowledgeable in all areas of this scope of work. Each person proposed herein has worked extensively with individuals with intellectual and developmental disabilities (IDD) and providers for years. Please refer to *Figure II.8* for a visual depiction of how our proposed personnel will be structured in our organizational chart.

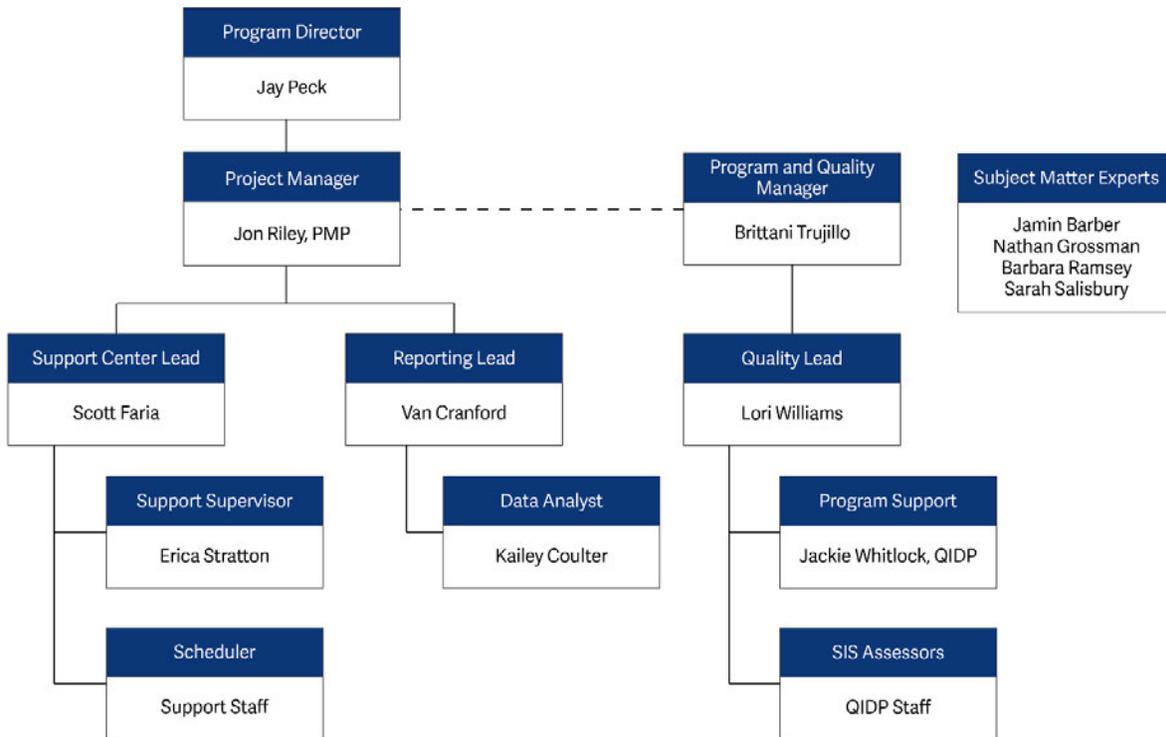


Figure II.8: Organizational Chart.

To ensure that the PCG team is prepared to begin delivering the highest quality services to DAIL on Day 1 of this engagement, we have included senior level subject matter experts (SMEs) to supplement the

expertise of the core Project Team during the Implementation period. The Implementation Team will be responsible for ensuring a smooth startup period until we reach steady-state operations of this contract. The staff depicted in the Organizational Chart will continue past implementation, and comprise the core Project Team, which will be responsible for daily operations of contractual functions and maintaining smooth operations as the contract progresses. Over time, some members of our Project Team may transition to Vermont-based individuals who will permanently fill these roles. This transition will only occur once we reach agreement with DAIL that the project is operating consistently and smoothly and, of course, only after DAIL approves of the transition.

Implementation Team members will be highly involved during the implementation phase of the project, leveraging their lessons learned from prior engagements and their experience with HCBS waivers, needs assessments, and working with individuals with IDD to ensure that the key services ramp up quickly and efficiently. Their expertise and insight will be immensely valuable to DAIL in the beginning phases of the project. By utilizing current PCG team members to guide the implementation, we can ensure a clean transition and mitigate the risk of staff onboarding and ramp up time at as critical of a juncture as the project's launch. We have built this model based on our experience implementing very similar work in states like Ohio, South Carolina, and Illinois, to name a few. DAIL can rest assured that it will be receiving the best of the best in terms of subject matter expertise at arguably the most critical stage of the project.

In addition to Key Personnel, PCG proposes a pool of Health and Human Services SMEs to enhance the project team. SMEs strengthen the overall team by offering targeted advice and insight when it is needed. This pool brings extensive expertise from past engagements and diverse professional backgrounds that relate to this scope of work. SMEs will be available throughout the project to answer questions from the project team and offer guidance and direction. We also bring two subcontractors who provide a combination of technical and lived experience perspectives:

- ▶ **American Association on Intellectual and Developmental Disabilities (AAIDD)** – As the authors and owners of the SIS-A, PCG will subcontract with AAIDD for all initial training needs, including their Train the Trainer option. In addition, PCG will subcontract with AAIDD for access to SISOnline, where all assessment information will be contained and reporting functionality to meet the requirements in the RFP.
- ▶ **Barbara Ramsey** – Ms. Ramsey, former director for the Division for Intellectual and Developmental Disabilities and former board member of NASDDDS, will serve as an advisor on this project. Ms. Ramsey's previous experience includes implementing the SIS throughout Colorado over a two-year timeframe. She brings extensive knowledge and expertise in SIS implementation and services for individuals with IDD.

PCG's staffing approach sets us apart from other vendors by offering additional guidance beyond the Key Personnel and guaranteeing a strong project team at all stages of the project.

Proposed Implementation Timeline

PCG will be operational to conduct assessments within 75 days, consistent with the Department's prescribed timelines and training specifications from our subcontractor, AAIDD. To safeguard against any major project mishaps, we have adopted a holistic project management approach shown in this Technical Response which has been adapted to fit the needs of the Department. PCG's project management plan shown in *Appendix F* details out our ramp up-up period to go-live. This project plan is consistent with our staffing plan in terms of resources needed to conduct 120-140 timely assessments per month as well as training to complete *at least* 800 assessments in the first contract year.

Creating In-State Capacity

PCG will identify local resources to conduct SIS assessments. PCG will work to identify resources with the most appropriate background and technical skills to successfully complete the assessments. The PCG Team will work with PCG's recruitment staff to develop a job description that will help us best attract the right resources. At minimum and in line with AAIDD standards, the job description will include the following requirements:

- ▶ A Bachelor's degree in a human services field

- ▶ Minimum of one-year experience working with individuals with IDD
- ▶ HCBS experience preferred
- ▶ Knowledge and experience with person-centered thinking, philosophies, and practices

PCG will assure that all candidates meet the QIDP requirements. In addition, PCG's recruitment team can include the applicant's location information in the recruitment efforts. This information will help the PCG Team identify applicants across the State of Vermont, which will be essential if/when in-person SIS-A assessments are able to occur. Initial assessors may be located outside of Vermont, as PCG currently has staff who meet the QIDP and AAIDD requirements. However, PCG will work continuously to hire assessors in Vermont.

PCG's job description for SIS-A assessors can be found in *Appendix C*.

Training of Assessors

Training is the bedrock of any successful operational program, especially a program implementing a needs assessment, as we will be interacting directly with individuals and other stakeholders. Ensuring that those individuals receive the appropriate supports and services, while interacting in an appropriate and supportive manner, is of paramount importance. Once our team of QIDP assessors has been hired and onboarded, they will receive two distinct training courses in preparation for administering SIS-A assessments to individuals.

Person-Centered Training

All assessors will receive training from PCG's person-first and person-centered planning training program. PCG's assessors are thoroughly trained and understand the importance of respectful person-first language in all communication. Respectful communication strategies include establishing rapport with the individual before starting the interview, not interrupting, allowing time for the individual to speak, paraphrasing back what is heard, and asking questions in plain, easily understood language. Topics included in the training are:

- ▶ Person-Centered Practice.
- ▶ Person-First Language.
- ▶ Plain Language.

AAIDD-Required Training

AAIDD SIS Trainers will conduct creative and interactive SIS-A training programs whereby training sessions are conducted using a virtual or in-person training format. For this implementation, it is anticipated that training will be virtual instructor led only (conducted via a virtual training platform). Training sessions are designed to be interactive and engaging with skill-building techniques, and may be facilitated using a virtual training platform, or during an in-person session. Generally, in-person sessions are conducted using either half or a full trainer day session, while those conducted using an interactive virtual training platform are conducted with smaller time frames over a longer period of time (e.g. four 2-hour virtual training sessions equals 1 full trainer day in-person training). A detailed description of the training course and contents can be found in *Appendix D*.

Access to AAIDD SIS-A

The PCG Project Manager (PM) will be responsible for the management of access to AAIDD SISOnline, and all included data and reporting. The PM will have access to the User Administration System (UAS) within the SIS platform, and all access requests will (with DAIL approval) be routed through the PM. The User Administration System (UAS) is set up to create new users and support current users. This allows the PM to manage the administrative options for the enterprise, including the creation of new user accounts, setup of roles/permissions, and management of existing users. In addition, the Quality Lead will also have a user profile with the ability to manage access to SISOnline. This will provide PCG with two staff who can manage user access, should one be out for any extended time.

Scheduling of Assessments

SISOnline will also be leveraged by the PCG Team in interview planning and the scheduling of assessments. By utilizing this technology option, we will keep all functionality within a singular system,

mitigating the risks associated with both technology integrations, and the practical challenges of having staff working in myriad disparate systems.

PCG Support Center staff will utilize the platform for recording the details of their interactions with individuals and guardians relative to the scheduling of the assessment interview. In SISOnline, the interview planning page is available to insert planning information to help schedulers plan for the interview. It can be opened when a record is created either from the action bar or the Other menu on the top blue bar of the assessment. Schedulers can insert helpful planning information on this page. Fields that facilitate the scheduling and planning process are:

- ▶ Interview Date – clearly state when interview is scheduled
- ▶ Interview Start Time – identify the time the interview starts
- ▶ Interview End Time – identify anticipated time the interview will end
- ▶ Assessor Pulldown – copied with the same data from the first page of the assessment

An assessment can be set as “To Be Scheduled”, “Scheduled”, “Rescheduled” or “Cancelled” with the status displaying as such in the review status column on the search results grid. Cancelled assessments will be hidden by default but are found by selecting “View Cancelled” within the advanced search criteria. Scheduled assessments will show up by default in the search grid. Users, either schedulers or assessors, will be able to set assessments as “To Be Scheduled”, “Scheduled”, “Rescheduled”, or “Cancelled”.

Referral Intake

The PCG Team will collaborate with DAIL to ensure that all individuals who are referred for assessment or reassessment will have been found eligible for SIS-A assessments by an approved party, as designated by DAIL, before a referral is made to PCG for assessment. Understanding that DAIL is setting up a new process to include the SIS-A assessments, we can be flexible to accommodate DAIL’s referral process as it is formalized. At the State’s request, PCG would also be able to provide insights into various methods of referrals, as our experience across other projects has included myriad methodologies of referring, including:

- ▶ Secure Email
- ▶ Secure Upload through Secure File Transfer Protocol (SFTP)

The PCG Team’s Support Center will house the referral and scheduling team. The PCG Team understands that the assessment/reassessment referrals and requests may come in from different sources based on decisions made by DAIL (for example, from various providers). We will work with stakeholders throughout the establishment of this process to ensure clear communication, efficiency, and most importantly a timely and accurate information flow is established.

Scheduling

Once PCG receives the referral, PCG will begin to process the referral for scheduling. While this process may be subject to modification as DAIL finalizes the referral process, it is anticipated that the scheduling of (re)assessments will include the following steps:

1. **Verify.** We will ensure all referrals are completed in their entirety, based on DAIL’s established protocols, prior to processing. If any key information is missing, we will initiate phone contact to the referral source to gather additional information within one (1) business day of referral. In the event that we are unable to make contact with the referral source, we will escalate the request to the appropriate party, as designated by DAIL.
2. **Outreach.** PCG will reach out to the individual or their guardian to schedule an appointment for the assessment. Scheduling will be based on dates, times and locations that accommodate the schedule and needs of the individual and also support the participation of guardians, family members, caregivers, case managers, and other assessment participants selected by the individual or their representative. Included in the appointment will be at least two (2) respondents who know the person well, preferably individuals providing primary support to the individual in their daily life.
3. **Coordinate.** PCG will conduct assessments in an accessible manner. This includes physical accessibility of the assessment location as well as accommodations for communication including language interpreters, deaf and hard-of-hearing interpreters, facilitated or augmentative

communication, and cultural competence. For individuals requiring any accommodations to complete the assessment, PCG will work with the provider to ensure that arrangements are made prior to the scheduled appointment.

4. **Follow Through.** PCG expects to have assessment appointments confirmed within five (5) working days of receiving the approved referral. Should PCG not be able to schedule the assessment within five (5) working days due to circumstances beyond PCG's control, we will maintain documentation of this and provide this information to DAIL. PCG will reschedule assessments as necessary in response to changes in individual circumstances, weather, and/or other events or circumstances that may result in a need to reschedule assessments.

PCG will confirm an appointment for the assessment for at least 90% of assessment appointments that is acceptable to assessment participants within five (5) working days of receiving the approved referral. At least 85% of all assessment appointments will occur within 15 working days of receiving the approved referral, and 100% of all assessments will occur within 30 working days of receiving the approved referral. Reasons for failing to meet these standards for any referral will be maintained in writing by PCG and reported to DAIL.

The PCG Team will maintain positive, respectful working relationships with all parties involved including individuals being assessed, family members, providers, and the State. PCG's Team will receive training from PCG's person-first and person-centered planning training program. PCG's Support Center and SIS-A assessors will be thoroughly trained and understand the importance of respectful and person-first language in all communications. Respectful communication strategies include establishing a rapport with the individual before starting the interview, not interrupting, allowing time for the individual to speak, paraphrasing back what is heard, and asking questions in plain, easily understood language.

Utilizing the SIS-A Tool

The assessment instrument will be the AAIDD SIS-A, including narrative and up to six supplemental questions established by DAIL. The PCG Team has extensive knowledge of the SIS-A tool, including experience in conducting both initial and reassessments, and providing statewide oversight of SIS-A administration and quality. PCG's team includes a previously recognized SIS-A trainer and assessor, who will renew her AAIDD accreditation and serve in a training and oversight role for this SIS-A statewide implementation. The project team is familiar with the narrative included with the SIS-A and has experience in administering supplemental questions not included in a standardized assessment.

Staff Spotlight: Lori Williams

- SIS consultant and former SIS Training & QA Manager for Colorado HCPF.
- Experienced facilitator with internal and external stakeholders.
- Previously recognized SIS trainer and assessor.

PCG has engaged with AAIDD, both to expand on our understanding of the tool and associated technologies, and also to understand the needs of implementing a new assessment in Vermont. PCG will be responsible for implementing and managing a subcontract with AAIDD for the use of the SIS-A platform, and has reached an agreement which will allow for a simple execution of a subcontract upon award. PCG will provide the subcontract to DAIL at this time. PCG understands that we will be responsible for all costs resultant from that contract, including implementation, licensing, and training and the implementation of six (6) supplemental questions at the direction of DAIL.

Included in PCG's contract with AAIDD will allow for all DAIL required metrics to be added to SISOnline. These metrics include, but may not be limited to:

- ▶ Percent of SIS assessments received by the case management agencies in less than 20 working days from the approved referral

- ▶ Percent of SIS assessments received by the case management agencies in less than 35 working days of receiving the referral

SISOnline has an automated report generator that can provide monthly reports for PCG to review and submit to DAIL. Information in these reports includes, but may not be limited to:

- ▶ Total number of referrals for the month
- ▶ Number and percentage of referrals processed within five working days of referral; reasons for not meeting this timeline.
- ▶ Number and percent of assessments scheduled within 15 working days of referral; reasons for not meeting this timeline
- ▶ Number and percent of assessments scheduled beyond 30 days; reasons for exceeding this timeline
- ▶ Number and percent of assessments completed, entered into SIS-A platform, and sent to the case management agency or intake specialist within 20 working days of referral; reasons for not meeting this timeline
- ▶ Number and percent of assessments completed, entered into SIS-A platform, and sent to the case management agency or intake specialist beyond 35 working days of referral; reasons for exceeding this timeline

SISOnline has the ability for a two-way interface with PCG's system. SISOnline can provide batch or real-time updates for each assessment completed or edited in SISOnline. It can also queue data and PCG can pull data reports on-demand. Bulk CSV reports can also be sent each time an assessment is completed or modified. Data from SISOnline can also be made available via an SFTP site.

The information available from SISOnline will allow PCG to generate a Master Interview Schedule Report. This report will be used to create the monthly report for DAIL. Besides basic demographic information, the report would include the following metrics in SISOnline:

- ▶ The date that the approved assessment referral was received
- ▶ The date that the assessment appointment was made
- ▶ The date that the assessment appointment(s) occurred
- ▶ The date that the assessment was fully completed and fully entered the SIS-A platform
- ▶ The date that the completed assessment is sent to the individual's case management agency or intake specialist

Reporting Requirements

PCG would also use the Assessor Monitoring and Activity History Report, for detailed information about each assessor and history of each assessment. This report will be used to monitor quality assurance and performance management of assessors as well as provide information about reasons an interview was scheduled beyond the required days allowed by DAIL. The reasons for scheduling beyond the allowable timeframe will be developed in partnership with PCG, DAIL, and AAIDD. The report may include the following data elements:

- ▶ First Name
- ▶ Last Name
- ▶ DOB
- ▶ SIS ID
- ▶ Interview Login ID
- ▶ Assessor Name
- ▶ Tracking Number
- ▶ Why Assessment being done
- ▶ Date Assessment Request Received
- ▶ Date of Assessment
- ▶ Date Quality Review Completed
- ▶ ODP Requested Change

- ▶ The date that the assessment was assigned to an assessor
- ▶ Review Status field
- ▶ Form Status field currently
- ▶ The Date the assessment was last edited or approved
- ▶ Medicaid ID
- ▶ Interview Date
- ▶ Created Date/Time Format

Additional data points can be added per DAIL's needs and/or requests.

PCG will provide or arrange for application administrator responsibilities for SISOnline including management of licenses and permissions, end user training, and end user support. We will utilize the following roles within SISOnline:

- ▶ Super User (SIS Program Manager and/or User Administrator)
- ▶ Assessor
- ▶ Quality Assurance
- ▶ Data Analyst (View Only)
- ▶ Intake Specialist (View Only)

PCG Assessor staff will be trained in the use of SISOnline in addition to the use of the SIS-A paper form. Where SISOnline is not used for the primary data entry, all paper assessments and narrative will be loaded into the SIS-A platform.

PCG will secure Business Associate Agreements (BAA) with all case management entities (CMEs) that allow sharing of assessment data with everyone's case manager. As a part of PCG's System and Organization Controls (SOC) 2 Type 2 certification, BAAs are an essential part of our everyday work. We will diligently pursue these agreements with the designated and specialized CMEs as well as the supportive ISO. For reference, the sample BAA is included in *Appendix E*.

SME Spotlight: Barbara Ramsey

- Past Board member of NASDDDS.
- Experience in managing complex system transformation, including Colorado's transition to the use of SIS in 2006.
- Former Director for Division for Intellectual and Developmental Disabilities and Deputy Director of Office of Community Living within Colorado HCPF.

PCG will require in our subcontract with AAIDD that AAIDD provide adequate security to SISOnline. This shall include a requirement that AAIDD maintain a Plan of Action and Milestones (POAM) document that addresses continuous improvement towards National Institute of Standards and Technology (NIST) 800-53 compliance. The POAM shall identify tasks needing to be accomplished, resources required to accomplish the elements of the plan, any milestones in meeting the tasks, and scheduled completion dates for the milestones.

PCG will secure a provision in its subcontract with AAIDD that requires that at the expiration of the resulting contract that all assessment data will be transmitted to the State in a format and manner acceptable to DAIL, or otherwise remain available to and accessible by the State in a manner agreeable to the State and AAIDD and pursuant to State standard contract attachments.

Supervision and Management of Assessors

PCG's Quality Lead will be responsible for supervising and managing the SIS assessors. The Quality Lead will coordinate with the Support Center staff regarding assessor schedules, including vacation and sick leave. This position will provide daily supervision to assessors, including development of performance plans, addressing training needs, and addressing any complaints received or concerns with assessments. The Quality lead will address and answer questions assessors have regarding the SIS-A assessment and mediate regarding any scheduling conflicts or concerns.

Complaint Management and Escalation Process

The PCG Team strives to maintain positive, respectful working relationships with all parties involved including individuals being assessed, family members, providers, and the State. In the event of any complaint by a stakeholder relative to PCG's performance, we will follow our Issue Management and Escalation Process which is based on the following framework that can be tailored to DAIL's expectations and needs, to come to a timely resolution of the complaint:

1. **Notification.** The PCG member is notified of a complaint from a stakeholder.
2. **Documentation.** The PCG member will document the complaint, recording all information received in support of the complaint.
3. **Escalate.** The PCG member will inform the appropriate PCG Project Manager (PM) of the complaint.
4. **Analysis.** The PCG PM will analyze the issue at hand, root cause, and identify the appropriate corrective actions to remedy the issue.
5. **Escalate.** The PM will meet with DAIL at regular check-in meetings to present the issue or trend, potential solutions, and come to a decision on next steps. Should the complaint warrant immediate attention, the PM will notify DAIL within 24 hours, or as agreed upon with DAIL.
6. **Corrective Action.** The PM will assign team members and deadlines to execute the necessary corrective actions to address the identified issues.

Decision Point: Has the issue been resolved?

NO: If the issue has not been resolved, then the PM will continue to follow the issue management and escalation process.

YES: Once the issue is resolved, then the PM will document the issue and resolution steps taken and notify DAIL. Any updated procedures will be shared with the entire project team.

7. **Documentation.** The PM will document the persisting issue, root cause analysis, and resolution steps taken thus far.
8. **Escalate.** The PM will inform the PCG Management Team of the persisting issue. The Management Team will call for internal meetings to devise a plan addressing the issue as effectively and efficiently as possible. The PM will request meetings with DAIL as needed to come to a collective and comprehensive understanding and resolution to the identified issue at hand.
9. **Corrective Action and Communication.** The PM will assign team members and deadlines to execute the necessary corrective actions to address the identified issues and update procedures. The updated procedures will be shared with the entire project team.
10. **Monitoring.** Progress on issue resolution will be monitored and reported to the PCG PM and DAIL.

Quality Assurance and Performance Management

PCG recognizes the importance of quality assurance and performance management, especially when implementing systemwide changes. Critical to successful quality assurance and performance management include assuring training occurs for all levels of the project team and that subcontracts are managed so that all parties are accountable and responsible for fulfilling their roles.

Maintaining Appropriate Level of Assessor Training

In addition to the IRQR assessments completed annually as part of the training program, the Quality Lead will periodically review a sample of all assessor's records. As a recognized SIS Trainer and Supervisor of the assessor team, the Quality Lead will maintain close communication with each individual assessor, and tailor quality reviews to follow up on those conversations and prior assessment reviews. Supplemental training will be provided by the Quality Lead when and if issues should arise in QA, concerns voiced by individuals, or as questions arise in conversations with the assessor.

PCG will use SISOnline to manage IRQRs of all assessors. SISOnline will allow PCG the ability to track IRQR and training information for each assessor. This data tracking will easily allow the Quality Lead to monitor assessor training information and assure that any new training needs and/or IRQRs are completed within the required AAIDD timeframe.

Managing Subcontracts and Meeting Assessment Timelines

Project Management Capabilities

The PCG Project Manager will be responsible for managing subcontracts, as well as ensuring that all timelines for completion of assessments are met. To track, monitor, and manage these and all other operational aspects of this project, we will lean on our decades of rigorous project management practices, as well as certified Project Management Professionals.

A key advantage to selecting PCG as a partner is our **organized and disciplined approach to project management**. Working almost exclusively with state government agencies, we fully understand and appreciate that – on the state side of the equation – obstacles arise, directions change, and resources can be diverted or constrained. This is all the more reason that – on the vendor side of the equation – the Department needs a partner that is organized with a plan, disciplined in sticking to that plan, transparent and accountable in communicating that plan, and flexible in adjusting that plan as needed.

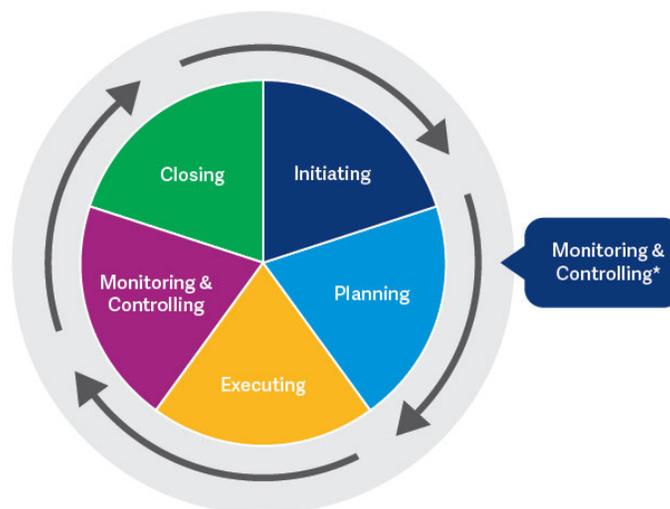


Figure II.9: PMBOK® Project Management Process.

PCG’s project management, quality control, and risk mitigation procedures ensure that we meet or exceed anticipated project performance in terms of time, cost, and deliverables. PCG manages each project according to the *PMBOK®* Project Management Process, which defines the project life cycle in five phases: Initiating, Planning, Executing, Monitoring and Controlling, and Closing (depicted in *Figure II.9*).

PCG will follow specific steps and create or monitor certain documents during each of these phases to ensure the project is managed efficiently.

PCG’s project manager for this effort, **Jon Riley**, is a certified Project Management Professional (PMP), supported by PCG’s Project Management Office (PMO), a team of PMP-certified project management specialists.

Project Kick Off Key Elements

A work plan outlining key steps in each phase of the proposed project, staff responsibilities, and timeframes for deadlines, and resources requirements.

A communications plan for the timely and regular distribution of key project information. This plan will establish communications protocols for the project manager and other stakeholders, facilitating the communication of project issues to the appropriate staff.

An agreement on key informants and stakeholders to identify participants for interviews or holders of key data needed for project success.

Figure II.10: Project Kick Off Elements.

Initiating

In writing this proposal, PCG has already initiated this first phase of the process. Steps include:

- ▶ Evaluating the RFP, ensuring that we possess the necessary resources to carry out the project work and deliver a comprehensive solution for the Department
- ▶ Compiling a preliminary Business Continuity Plan, incorporating all BCP requirements from the RFP
- ▶ Creating high-level project documents based on the scope of work as an advance-planning measure to provide initial estimates of the project's scope, budget, and resource needs

We will refine these documents once project work begins and PCG gathers more detailed project requirements from stakeholders.

Planning

The second phase of the project life cycle, Planning, begins once PCG and the Department sign the project contract (although we have begun some planning already). Steps after contract approval include:

Pre-kickoff Phone Call

- ▶ Establishing mutual consensus of project structure and goals
- ▶ Client and project manager reviewing the Statement of Work together to form an identical understanding of the project
- ▶ Helping PCG refine the preliminary project documents for the kick-off meeting.

Project Kick-off Meeting

- ▶ Gathering detailed requirements from the project stakeholders, allowing us to finalize the project's Work Breakdown Structure (WBS), Schedule, and Communications Matrix
- ▶ Reviewing potential risk factors with stakeholders in order to compile the initial Risk Register
- ▶ Finalizing and sending documents to the Department for final approval and sign-off

PCG commits to having a sound project plan well before the RFP mandated timeline, allowing ample time for feedback and edits.

Executing

The third piece of the project life cycle is the execution phase. During this phase, PCG, led by the Project Manager, will:

- ▶ Conduct project work according to the Project Management Plan
- ▶ Continually gather team performance data
- ▶ Conduct meetings and implement any approved changes
- ▶ Work closely with key Department stakeholders to ensure that all deliverables meet expectations and are easily understood
- ▶ Respond to requested changes to deliverables by the Department and maintain drafts of deliverables for future reference

During steady state operations, PCG will rely on our quality control procedures to ensure that actual project performance will exceed that of anticipated project performance in terms of time, cost, and deliverables.

To appropriately manage quality, PCG has built a robust quality model that is centered on statistical methods and Lean Six Sigma (LSS) concepts, as documented in the figure below.

Quality Management Model



Figure II.11: PCG’s Quality Model.

PCG’s Quality Control Model employs three phases:

- ▶ **Quality Planning:** PCG quality experts work with the client to define the relevant quality standards that apply to the project, as well as define how we will satisfy them. Other tasks include defining quality metrics and specific monitoring and reporting tools that PCG will use.
- ▶ **Quality Assurance:** PCG applies the tools and techniques identified during the planning phase.
- ▶ **Quality Control:** PCG provides continuous monitoring of the metrics and tools implemented during the Quality Assurance phase to determine if there are any defects occurring.

PCG’s Quality Control Model includes the review of project progress and results by project management and expert technical advisors. Our quality control procedures are designed to ensure that actual project performance will exceed that of anticipated project performance in terms of time, cost, and deliverables. Examples of PCG’s detailed quality control processes include:

1. For deliverables that include calculations, reporting, and data analysis, PCG performs multiple data calculation checks to ensure that the calculations are performed accurately and utilizes repeatable method of stock system reports and ad-hoc reports for easy review of results by the Department.
2. PCG reviews all source documents provided by the Department and other state contractors for use in administrative claiming calculations performed by PCG to ensure consistent and accurate assignments. Internal quality controls include reviews of readability, spelling, grammar, completion, and adherence to template standards.
3. PCG will work collaboratively with the Department to address any data questions, clinical questions, and template standards that arise and will maintain appropriate documentation of issues and resolutions as received from the Department.

Monitoring and Controlling

In Monitoring and Controlling, the Project Manager will continually analyze the team's performance data gathered during the Executing phase to determine if project work is being conducted according to the Project Management Plan. If a potential variance from the project scope is identified, PCG and the project stakeholders will initiate a Change Management process.

As change requests are submitted to the project manager, the project manager will hold meetings with any affected stakeholders to assess the request. During this meeting, the Project Manager and stakeholders will determine either to accept or reject the change request. Affected stakeholders are to evaluate the risks, benefits, and impact of implementation, and if the change request is approved, the Project Manager and stakeholders will determine the next steps (i.e., corrective or preventative actions) to implement the change. Though we expect minimal changes to this project's baseline, PCG's Change Management process is designed to effectively facilitate the implementation of any changes that occur. PCG's Project Manager or project team will never make changes to the project baselines without stakeholder knowledge.

Closing

The final phase in the project life cycle is closing. This crucial step is completed annually to evaluate the previous year of PCG's project performance. PCG will send the Department an online Client Feedback Survey that allows project stakeholders to provide feedback on PCG's project. At this juncture, PCG and the Department can also discuss reprioritization and any changes to the project scope that the client deems appropriate for the following year. To complete the closing phase, the PCG project team will collectively fill out an internal Lessons Learned survey to reflect on our project successes and areas for improvement. The collaborative survey response process provides PCG the ability to learn from past performance so that our work continually improves.

Staffing Plan

Having worked with Medicaid and IDD agencies across the country with oversight of numerous HCBS waivers, the PCG Team has extensive experience in staffing projects with qualified and trained professionals who regularly interact with Medicaid administrators, DD Directors, providers, and individuals receiving services. PCG has grown from a startup firm in 1986 to a global corporation with more than 2,400 employees and 57 offices.

The PCG Team lays heavy emphasis on our staffing plan to ensure our staff embrace the qualifications as well as the local knowledge, professionalism, and cultural awareness to engage effectively with all stakeholders involved in major Medicaid efforts such as this. At a minimum, the DAIL can expect the following with the PCG Team's staffing plan:

- ▶ Effective **recruitment** process to obtain a pool of qualified candidates
- ▶ Thorough **screening and criminal background** checks of qualified candidates.
- ▶ Rigorous **interview** process to ensure candidates' knowledge, professionalism, and communication skills

- ▶ **Stringent on-boarding and training** process prior to executing project responsibilities
- ▶ **Strategic organizational structure** addressing all project scope and staffing requirements

We are confident that our proposed organizational structure and staffing plan will allow us to effectively support DAIL’s implementation of the SIS-A assessment, inclusive of project management and operational needs.

Staffing to Meet Expected Volumes

The PCG Team will utilize a flexible staff model to ensure our ability to meet not only the total expected volumes of assessments throughout the engagement, but also to be able to effectively accommodate the potential ebbs and flows of the assessment volume. Under this model, we will hire, train, and deploy several professionals who will be available to conduct assessments. Our intention through this approach is to hire and train more assessors than are minimally needed to complete the assessments, providing overlapping coverage and excess availability.

In the first year of the contract, PCG will be responsible for completing at least 800 assessments, or an average of 67 per month and 16 per week. Understanding that an assessor can reasonably complete no more than two (2) per day, particularly in light of the challenges of a virtual assessment cited by AAIDD, the bare minimum for staffing this volume would be two assessors. The PCG Team will staff a minimum of four (4) assessors during the first year, with that number increasing in subsequent years to similarly accommodate the increased volume and the requirement to conduct assessments in-person (should that occur). We have identified this staffing model to provide redundancy, ensure the capacity to meet DAIL needs, and to mitigate risks such as:

- ▶ Ebbs and flows of volume to accommodate the schedules of individuals to be assessed and the respondents
- ▶ Spikes in volume which may arise due to cancellations
- ▶ Staff availability, specifically as related to potentially conducting assessments in-person across the state, and accounting for geography and travel time
- ▶ Staff turnover, especially as assessors adjust to conducting interviews in a pandemic environment while balancing responsibilities of school-aged children

PCG Designs and Implements Our Support Centers to Meet Unique Requirements of Each Client

To support the scheduling and coordination needs of the program, the PCG Team will leverage a support center model which has allowed us to provide support to individuals, providers and stakeholders participating in Medicaid programs. PCG currently operates customer support centers serving over 23 states across the nation – from Augusta, Maine to Clarkston, Washington and Phoenix, Arizona to Raleigh, North Carolina – serving HCBS participants, Medicaid HCBS providers, Medicaid managed care members, Health Exchange enrollees, and many other populations.

PCG applies our extensive support center operations experience, along with our industry-leading call center technology to design, launch, and provide high-performing support center services at all call volume levels. The following table provides representative examples of successful support center implementation for other clients:

Support Center Implementations			
Support Center Project	Program Description	Population Served	Maximum Annual Calls Handled
Public Partnerships Limited	Support centers in Phoenix, Arizona and SeaTac, Washington serve consumers with a participant-directed service model that allows individuals with disabilities and their families in 23 states make their own choices	100,000	<ul style="list-style-type: none"> • 1,000,000+ inbound • 1,200,000+ outbound • 600,000 IVR-handled

Support Center Implementations			
	about what services they receive, how services are delivered and by whom.		
MaineCare Member Services	Support center in Augusta, ME provides Health Benefit Advisor services to members who are enrolled in the MaineCare (Medicaid) program. Members are assisted with enrollment into the Primary Care Case Management (PCCM) program, questions about covered services and benefits and community support resources.	300,000	<ul style="list-style-type: none"> • 112,000 inbound • 15,000 outbound
MA Health Connector	PCG was part of the team responsible for implementing and running the first public Health Benefits Exchange in the nation. Our support centers in MA and IL were staffed by up to 300 phone agents who handled up to 8,000 calls per day during peak periods.	300,000	<ul style="list-style-type: none"> • 1,000,000+ inbound • 1,000,000+ outbound

Figure II.12: Support Center Implementations.

Meetings with State Staff

PCG’s Project Team includes a Project Director, Project Manager, Program and Quality Manager, Quality Lead, and other advisors who will be available to meet with DAIL staff when needed to discuss contract performance and address any identified challenges. The PCG Team has been working remotely since March (and other PCG employees have been working remotely long before then). We are equipped to schedule and attend meetings virtually as long as the pandemic remains an issue and the need for social distancing remains in place.

PCG’s Program and Quality Manager and Quality Lead will also be available to collaborate with DAIL and AAIDD regarding any stakeholder engagement that may need to occur throughout the term of the contract. PCG’s Program and Quality Manager has extensive experience with stakeholder engagement regarding systemwide changes, including educating stakeholders on the SIS assessment.

Remote Assessments

In consideration of the COVID-19 pandemic, and the risk it poses to our communities and the individuals served by DAIL, the PCG Team understands the ways in which the SIS-A assessment process may need to evolve over the course of the contract term. With respect to that evolving need, we are prepared to conduct assessments in the safest way possible, given current Centers for Disease Control and Prevention (CDC) guidance, as well as direction from DAIL.

Virtual

Over the course of the past eight (8) months, as offices have closed and travel has been restricted, our reliance on virtual meetings has grown exponentially. So, too has our ability to function effectively via video chats grown to a significant degree. Following the lead of AAIDD, the PCG Team would propose to conduct assessments virtually until it is deemed safe to re-enter the homes of Vermonters.

While speaking with individuals or their guardians and respondents to schedule a virtual assessment, our staff will work with them to determine the most appropriate medium for conducting the visit. In a day and age where every phone, tablet, and computer has the potential to serve as a virtual meeting hub, we will discuss the availability of technology, and determine the details of the virtual assessment which will best suit the individual. Though PCG uses Microsoft Teams as our native in-house communication tool, we can

accommodate many other secure technologies which may be available to individuals, including WebEx, GoToMeeting, Zoom, and Google Hangouts.

As AAIDD trainings for the SIS tool for this engagement will be conducted virtually, this will allow our assessors the opportunity to discuss some of the nuances of virtual assessments and how they may differ from the in-home venue. We are confident that this delivery mode will meet the needs of individuals being assessed, while respecting all necessary safeguards to their health and safety.

Safe In-Home Visits

At such time as it is determined to be safe and prudent to initiate in-home assessments, the PCG Team is prepared to do so in the most responsible manner possible. We will work with DAIL to establish a protocol for safe in-home assessments which are consistent with CDC guidelines, meet the needs of the program and, most importantly, respect the health and well-being of Vermonters served by DAIL.

Upon completion of the assessment being completed or loaded into SISOnline, PCG will securely send an electronic copy of the completed assessment to the individual's case management agency or intake specialist, if no case management agency has been assigned.

Deliverables

The PCG Team will be utilizing the SISOnline to record all referred assessments. Assessments completed via paper forms will be recorded into SISOnline in their completion, including all narrative. PCG has reviewed reporting requirements with AAIDD and understands the capabilities of SISOnline in producing the required reports. Where applicable, PCG team members will compile reports to be submitted to DAIL using SISOnline data extracts.

To support performance reporting, for each assessment referral PCG will track and maintain documentation as follows:

- ▶ The date that the approved assessment referral was received
- ▶ The date that the assessment appointment was made
- ▶ The date that the assessment appointment(s) occurred
- ▶ The date that the assessment was fully completed and fully entered into the SIS-A platform
- ▶ The date that the completed assessment is sent to the individual's case management agency or intake specialist

The PCG Team will complete and enter the assessment information into the SIS-A platform and securely send an electronic copy of the assessment to the case management agency or intake specialist for at least 85% of all assessments within 20 working days of receiving the approved referral, and 100% of all assessments within 35 working days of receiving the referral. Reasons for exceeding the 20-working day standard for any assessment will be maintained in writing by PCG and reported to the State.

By the 30th of each month, PCG will submit a monthly report, to cover the prior month, to DAIL which includes:

- ▶ Total number of referrals for the month
- ▶ Number (#) and percentage (%) of referrals processed within 5 working days of referral; reasons for not meeting this timeline
- ▶ # and % of assessments scheduled within 15 working days of referral; reasons for not meeting this timeline
- ▶ # and % of assessments scheduled beyond 30 days; reasons for exceeding this timeline
- ▶ # and % of assessments completed, entered into SIS-A platform and sent to case management agency or intake specialist within 20 working days of referral; reasons for not meeting this timeline
- ▶ # and % of assessments completed, entered into SIS-A platform and sent to case management agency or intake specialist beyond 35 working days of referral; reasons for exceeding this timeline

Bi-annually, and within 30 days of the end of every six-month period, PCG will submit a report to DAIL which summarizes our performance, identifies problems and barriers, and remediation activities planned or taken.

Appendix F includes the Project Plan with retails regarding timeline.

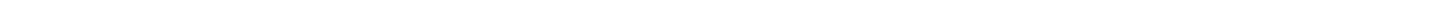
SIS-A Training Programs

The SIS-A is designed to measure the relative intensity of support needs of people with intellectual disability, aged 16 and above. The SIS-A evaluates practical support requirements of a person, aged 16 years and older, with an intellectual disability through a positive and thorough interview process. The SIS-A measures support requirements in 57 life activities and 28 behavioral and medical areas. The assessment uses an interview process with the individual, and those who know the person well. SIS-A measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy, as well as Exceptional Medical and Exceptional Behavioral Support Needs.

A detailed description of the AAIDD training course and contents that PCG will be utilizing can be found in *Appendix D*.



B. References



II. TECHNICAL RESPONSE

B. References

Below are references Public Consulting Group, Inc. (PCG) has provided to comply with section 4.4 of the DAIL RFP # DDSD 306.

<i>Reference 1</i>	
Name	Betty Pinion
Title	ID/DD Waiver Director
Agency	MS Department of Mental Health
Contact	239 North Lamar Street Jackson, MS 39201 Phone: (601)359-5797

<i>Reference 2</i>	
Name	Kelly Kaufman
Title	Director of Operations
Agency	Bureau of Developmental Disabilities Services
Contact	Division of Disability and Rehabilitative Services 402 W. Washington Street Indianapolis, IN 46204 Phone: (317) 460-1332 (cell) Email: Kelly.Kaufman@fssa.IN.gov

<i>Reference 3</i>	
Name	Michelle Probert
Title	MaineCare Director
Agency	Office of MaineCare Services

Contact	State House Station 11 - 442 Civic Center Dr. Augusta, ME 04333-0011 Phone: (207) 287-2093 Email: michelle.probert@maine.gov
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Reference 4

Name	Jennifer Martinez
Title	IDD Director
Agency	Personal Assistance Services of Colorado (PASCO)
Contact	9197 W. 6 th Ave. Suite 1000 Lakewood, CO 80215 Phone: (303) 513-5264 Email – jennifer.martinez@pascohh.com



C. Reporting Requirements

II. TECHNICAL RESPONSE

C. Reporting Requirements

Please find information below regarding Reporting Requirements. For more information regarding Public Consulting Group Inc. (PCG)'s response, please refer to *Section II. Technical Response, A. Background and Experience*, page 23 of our response.



III. Pricing

III. PRICING

Start-Up Reimbursement Plan

The PCG Team proposes a reimbursement plan to cover one-time costs associated with project implementation and start-up. Costs included in this plan can be placed in one of three buckets, year one AAIDD costs, initial assessor training costs and plans typical with the implementation of any project. Year one AAIDD costs include training, manuals, licenses, customization, and online tool costs. Initial assessor training costs include pre-orientation training, pre-guided practice, guided practice, post-guided practice, independent practice, pre-IRQR training, IRQR training, post IRQR group debrief, guided IRQR, observed IRQR and new interviewer orientation. Plans include standard operating procedures, a quality assurance plan, a project plan, a training plan and a project set-up logistical plan. The PCG Team is confident that funds expended on these initial activities will allow the team to be successful in subsequent years.

Proposed Pricing

Public Consulting Group, Inc. (PCG) is pleased to provide the following Pricing Response to the Department of Disabilities, Aging and Independent Living (DAIL).



IV. Certificate of Compliance

**Attachment 6.5
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 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
N/A	N/A	N/A

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

Reinvestment Act of 2009 (Act No. 54) will constitute non-compliance and may result in cancellation of contract and/or restriction from bidding on future state contracts.

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

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

1. Bidder owns, leases or utilizes, for business purposes, space that has received:

- Energy Star® Certification
- LEED®, Green Globes®, or Living Buildings ChallengeSM Certification
- Other internationally recognized building certification:

N/A

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:

N/A

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:

Please see attached statement on PCG sustainability policies and initiatives.

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

Public Consulting Group utilizes Staples for office supply purchasing of which 20% is spent
on sustainable products.

F. Acknowledge receipt of the following Addenda:

Addendum No.: N/A Dated: N/A
Addendum No.: N/A Dated: N/A
Addendum No.: N/A Dated: N/A

Bidder Name: Public Consulting Group, Inc. Contact Name: Jay Peck
Address: 148 State Street Fax Number: (617) 426-4632
10th Floor Telephone: (919) 576-2209
Boston, Massachusetts 02109 E-Mail: jpeck@pcgus.com
By:  Name: William S. Mosakowski, President and CEO
(representative) (Type or Print)

END OF CERTIFICATE OF COMPLIANCE

Sustainability Policies and Initiatives

Environmental

Public Consulting Group, Inc. (PCG) formed a “Green Team” in the spring of 2010 as a forum for designing and implementing firm-wide green practices to support our corporate sustainability efforts. In terms of office building maintenance, this Green Team works to ensure that environmentally friendly lighting and windows are part of PCG’s decision making process as buildings are renovated or newly-leased. Building maintenance practices also involve using low level lighting and water flow restriction devices as much as possible. Approximately 70 percent of the office furniture PCG purchases contains: minimum 30 percent recycled steel, 100 percent recycled polyester and plastic composite material, and 100 percent engineered wood. The firm purchases recycled paper and uses packaging made of 30 percent post-consumer recycled content. Twenty-nine percent of the firm’s purchased products and 36 percent of the paper products have eco features associated with them. PCG’s shred services for confidential paper document shredding recycle the scrap paper after shredding.



V. Worker Classification Compliance Requirement Form

Attachment 6.7

WORKER CLASSIFICATION COMPLIANCE REQUIREMENT

RFP/PROJECT: Needs Assessment for Adults with Developmental/Intellectual Disabilities

DATE: October 27, 2020

Self-Reporting Form

This form must be completed in its entirety and submitted as part of the bid response for the proposal to be considered valid.

The State of Vermont in accordance with Act 54, Section 32 of the Acts of 2009 and for total projects costs exceeding \$250,000.00, requires bidders comply with the following provisions and requirements.

Bidder is required to self-report the following information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification for worker's compensation. The state requires information on any violations that occurred in the previous 12 months.

Summary of Detailed Information	Date of Notification	Outcome
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

WORKER CLASSIFICATION COMPLIANCE REQUIREMENT: Bidder hereby certifies that the company/individual is in compliance with the requirements as detailed in Act 54, Section 32 of the Acts of 2009.

Date: October 27, 2020

Name of Company: Public Consulting Group, Inc.

Contact Name: Jay Peck

Address: 148 State St 10th floor

Title: Associate Manager, Health Practice Area

Boston, MA 02109

Phone Number: (919) 576-2209

E-mail: jpeck@pcgus.com

Fax Number: (617) 426-4632

By:  Signed)*

Name: William S. Mosakowski, President and CEO
(Type or Print)

*Form must be signed by individual authorized to sign on the bidder's behalf.

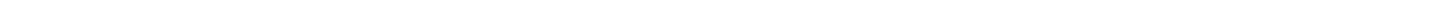


VI. Appendices

- A. Qualifications (Quals)
- B. Resumes
- C. Job Description
- D. Description of Training Course
- E. BAA Agreement
- F. Project Plan
- G. Financial Statements



A. Qualifications (Quals)



QUALIFICATONS

Client	Department of Medicaid, State of Ohio
Project	HCBS Provider Oversight
Timeframe	July 2013–Present
Scope	<p>Scope In Ohio, PCG has implemented a multi-component provider monitoring and oversight initiative that includes provider enrollment and support, onsite screenings, incident management, provider record reviews, provider training and technical assistance.</p> <div style="text-align: center;"> <pre> graph LR A[Provider Enrollment] --> B[Service Delivery] B --> C[Payment] D[Provider Training • Policy Updates • Data Analytics • Monitoring & Reporting • Quality & Outcomes] </pre> </div> <p>Provider Enrollment</p> <ul style="list-style-type: none"> • Application Enrollment and Support 225+ per month • Onsite Screening 20+ per month <p>Service Delivery</p> <ul style="list-style-type: none"> • Provider Training • Violation Investigations 783 per month <p>Payment</p> <ul style="list-style-type: none"> • Structural Reviews 200+ per month <p>Incident Investigation PCG investigates a wide variety of incidents for individuals and providers in the Ohio Home Care Waiver, MyCare Ohio (Duals Demonstration Waiver), HOME Choice (Money Follows the Person), and Medicaid Specialized Recovery Services Program (SRSP). PCG investigates more than 1,600 reported violations each month. In doing so, PCG completes the following functions:</p> <ul style="list-style-type: none"> ▶ Initial verification of an individual’s health and welfare within one business day; ▶ A full investigation to substantiate or unsubstantiate incident violations within 45 days; ▶ Approval of case management created prevention plans implemented to mitigate risk of incident reoccurrence; ▶ Referrals to the Ohio Department of Medicaid (ODM) for additional compliance action, including overpayment collections, fraud referrals, or other sanctions; ▶ Referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing; ▶ Collaboration with law enforcement, the Attorney General’s Office, and other investigatory entities; and ▶ Production of key analytical reports and report issues, educational needs of both providers and case managers, and identification of trends and patterns. <p>Structural Reviews PCG meets face to face with identified Ohio Home Care Waiver and SRSP providers annually/biannually to review documentation and to assure providers deliver services in a manner compliant with Ohio Medicaid requirements. PCG:</p> <ul style="list-style-type: none"> ▶ Prescreens all providers to determine which providers require a review;

- ▶ Conducts a face-to-face evaluation of all provider service documentation and billing, scanning all reviewed documentation for record maintenance;
- ▶ Reviews all provider billing to detect overpayments and fraud;
- ▶ Identifies provider compliance violations;
- ▶ Completes referrals to ODM for additional compliance action, including overpayment collections, fraud referrals, or other sanctions; and
- ▶ Submits referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing

Onsite Screenings

PCG helps Ohio satisfy federal and state regulations requiring unannounced onsite screenings for ACA-identified moderate and high-risk provider types. PCG:

- ▶ Developed a Provider Screening Checklist used to capture the required provider regulatory compliance;
- ▶ Developed processes for uncertainties inherent with an unannounced onsite screening;
- ▶ Educates providers onsite in areas of non-compliance;
- ▶ Tracks information collected during the onsite screening to produce key analytical reports regarding findings; and
- ▶ Conducted HCBS settings assessments for new and existing Adult Day Health Services providers to ensure compliance with the state's transition plan for new community setting rule. The assessment tool evaluated the following qualities regarding the facility setting:
 - Integrated in and supports full access to the greater community;
 - Selected by the individual from among setting options;
 - Ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint;
 - Optimizes autonomy and independence in making life choices; and
 - Facilitates choice regarding services and who provides them.

Provider Enrollment and Support

PCG is responsible for managing the enrollment of all ODM HCBS Waiver providers. Provider enrollment and support services include:

- ▶ Evaluation of provider applications to verify required documentation for both enrolling and re-enrolling providers;
- ▶ Checking applicable databases and ensuring automatic checks complete appropriately;
- ▶ Educating providers regarding program requirements to improve quality of services provided to beneficiaries; and
- ▶ Fielding several hundred project-wide calls through our customer call center each week, always assuring compliance with standard response and hold times.

Provider Education

PCG provides education and technical assistance to more than 5,500 providers serving individuals who utilize home and community-based waivers. Education is provided in person, online, and through the provider enrollment, incident investigation and structural review processes. Provider education includes:

- ▶ Providing HCBS waiver providers with the education necessary to operate in compliance with all relevant rules and regulations in the Ohio Administrative Code and Revised Code;
- ▶ Conducting face-to-face and online trainings, as well as webinars;
- ▶ Creating, uploading, and maintaining online video trainings on PCG's website;

	<ul style="list-style-type: none"> ▶ Creating educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations; and ▶ Providing notifications about new rules and/or modifications to existing rules. <p>Collaboration PCG is an active partner with ODM and other contractors in ensuring Ohio provides high-quality, innovative HCBS services. PCG is a member of various work groups and committees including:</p> <ul style="list-style-type: none"> ▶ HCBS Rules Committee- Highlights include spending 2015 working on processes and rules to support Ohio’s transition plan for CMS’ HCBS settings rule; ▶ State Plan Related Services Work Group- Coordination and development of state plan services; ▶ Protection from Harm Committee- Focus on ensuring the health and welfare of individuals with an emphasis on prevention; and ▶ Quality Steering Committee- Data evaluation of HCBS services, trends, and patterns.
<p style="text-align: center;">Key Achievements</p>	<p>From July 2013 through August 2020, PCG:</p> <ul style="list-style-type: none"> ▶ Concluded 106,665 incident investigations. ▶ Conducted 19,824 structural reviews. ▶ Conducted 3,714 onsite screenings. ▶ Processed 24,878 provider applications. ▶ Submitted 1218 fraud referrals ▶ Identified \$12,813,270.80 in overpayments ▶ Trained 1,484 providers via PCG’s custom online HCBS training modules ▶ Facilitated three in-person provider trainings per quarter with an average of 30-40 provider attendees on an ongoing basis. Due to COVID-19, we have not conducted in-person provider trainings since March 2020.
<p style="text-align: center;">PCG Staff Contacts</p>	<p>Angelene Willetts-Carvi Project Manager (614) 627-2325 awilletts-carvi@pcgus.com</p>
<p style="text-align: center;">Client Contact</p>	<p>Tara Stokes State of Ohio Department of Medicaid 30 East Broad Street, 5th Floor Columbus, OH 43215-3434 (614) 752-2916 tara.stokes@medicaid.ohio.gov</p>

Client	Division of Medical Assistance, State of North Carolina
Project	Prior Authorization, Due Process Monitoring and Reporting
Timeframe	September 2008 –Present
Scope	<p>North Carolina DMA requires prior authorization for many Medicaid services, such as private duty nursing, hospice care, and commonly abused prescription drugs. Medicaid recipients who receive these services must undergo periodic medical necessity reviews that may result in determinations for reduced, denied, or terminated service. Under the Code of Federal Regulations (§ 431.230) and United States Code (42 U.S.C.A. § 1396a), recipients may appeal these determinations and their services must be maintained by DMA until their appeals are resolved. By 2008, DMA was spending millions of dollars annually to maintain services because of excessive delays in Medicaid recipient appeals processing. In July 2008, the Legislature mandated DHHS eliminate the tremendous backlog of recipient appeals by October 1, before the appeals process was to be transferred from DMA to NC’s Office of Administrative Hearings (OAH), which PCG assisted the state in accomplishing.</p> <p>PCG conducted an organizational and staff assessment and used the information gathered to implement changes, including utilizing PCG staff to assist with hearings, in order to quickly eliminate the overwhelming and costly backlog of beneficiary appeals. Currently PCG develops, implements, and operates a process by which NC DHHS and the Office of Administrative Hearings seamlessly exchange documentation and information and monitoring and reporting on the performance of all prior authorization vendors in NC. The online clearinghouse provides all parties involved with a central point for all documents pertaining to a recipient appeal. This system significantly decreases the processing times of the appeals, as well as the amount of money that is allotted for recipients receiving maintenance of service. The system also provides various reporting capabilities, which allows the State to track the appeals process and ensure that prior authorization vendors are effectively serving NC beneficiaries by conducting due process in accordance with state and federal policies and procedures.</p> <p>PCG and DMA now actively leverage the Clearinghouse to transition from simply managing the beneficiary due process to providing oversight of it. The PCG solution is a centralized data collection and reporting tool used to process and monitor the prior authorization procedures of Medicaid-funded external vendors, including MCOs. The PCG system notifies vendors if their performance does not meet established benchmarks. Additionally, the system has the capability to track vendors’ subsequent corrective action plans, which address issues identified by PCG’s reviews.</p> <p>PCG uses the appeal management solution and suite of reports to inform the agency of potential issues and overall progress, equipping them for the policymaking process. In addition to operational tasks, we provide ad hoc consulting services that are in line with this project’s goals to:</p> <ul style="list-style-type: none"> • Ensure compliance with state and federal regulations • Streamline beneficiaries’ PA due process • Avoid costs associated with additional lawsuits • Centrally monitor the full PA process to identify potential issues in care access and delivery
Key Achievements	

	<ol style="list-style-type: none"> 1. Over 1,500 hearings conducted, eliminating a severe backlog of recipient appeals. 2. A fully customized online system that allows for all parties to view and exchange documentation and information regarding a recipient's appeal. 3. Over 1,000,000 Adverse Decisions have been processed since the inception of the online system 4. Over \$90 M in cost avoidance related to maintenance of service (MOS). 5. A 64% decrease in processing time of appeals, from an average 151 days in 2008 to an average 54 days in 2014. 		
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Client Contact	Frank Skwara, MA, RN Nurse Consultant; EPSDT/Due Process Division of Medical Assistance North Carolina Department of Health and Human Services 1985 Umstead Drive Raleigh, NC 27603 919.855.4269 Frank.Skwara@dhhs.nc.gov		

Client	Healthcare and Family Services, State of Illinois
Project	Home and Community Based Services Quality Reviews
Timeframe	March 2018–Present
Scope	<p>In 2018, PCG began providing Quality Improvement Organization (QIO) services to the State of Illinois to five of its nine Medicaid Home and Community Based Services Waiver (HCBS) programs. PCG Partnered with the Illinois Department of Healthcare and Family Services (HSF) on a series of quality improvement and monitoring initiatives to advance and improve the State’s approach to ensuring Federally mandated waiver assurance requirements and quality Improvement Initiatives. In close collaboration with HFS, PCG assists HFS in its administrative role as the State Medicaid Agency to ensure effective oversight of community-based services in the following waivers:</p> <ul style="list-style-type: none"> • Persons with Disabilities; • Persons with HIV/AIDS; • Persons with Brain Injury; • Adults with Developmental Disabilities; • and Persons Who are Elderly
Key Achievements	<ol style="list-style-type: none"> 1. Medicaid Waiver Performance Measure Reporting: to certify compliance with Federal quality assurance and monitoring requirements and to ensure that the health, safety and welfare of HCBS participants are protected and the waivers are operated in a fiscally accountable manner, PCG Conducts three (3) broad types of quality reviews: On-site Record Reviews, Comprehensive Provider Reviews, and remediations verifications reviews, all conducted on-site at case management and agency offices across the state of Illinois as designated by HFS. PCG was hired ¾ of the way through the fiscal reporting year which called for a strong working relationship with the client to ensure that all remaining reviews for the fiscal year were completed. Reporting required linking the prior contractor’s data and findings with our own. PCG successfully completed all quality reviews within the contractually obligated timeframes, even while setting up and deploying the project in the first few months of implementation. We were able to meet all contract deliverables and, in the process, built a strong partnership with the State of Illinois. 2. Electronic Platform database development: Better data and better technology leads to better opportunities to increase efficiency and improve outcomes. No one knows this better than PCG and as such, we developed a secure web-based platform for exchange of documentation between our clinical reviewers and HFS called, “Provider Information and Verification Oversight Technology”, or PIVOT. Our proprietary web-based application fully supports onsite review work and HFS in three major ways: Live and in production and is easily configurable, and contains the functionality needed to complete reviews in a simple modular platform. Robust workflow engine to manage and track the entire process flow, from scheduling and collecting documentation, to conducting the onsite review followed by the quality review process, and report finalization. The result is a streamlined workflow, as the clinical team using the portal know the exact records they are responsible to complete. Role-based access to all functionality guarantees that users with access to the system, including HFS employees, see the information they need to complete their workflow, and will not be overwhelmed with functionality. Further, the roles and capabilities assigned to each role are customizable to the

	<p>Illinois' preference. the PIVOT IL system was built and deployed with feedback and input from HFS. Our clients have a hands-on impact in the design and functionality of our software development process. Data access and customization has never been easier.</p> <p>3. Special Consulting Projects: Germane to PCG's services under the contract or that arise as the result of new or changed Federal or State law, rule or policy that pertain to waivers. Special Project include but are not limited to quality assurance reviews for 1915(c) HCBS Waivers, research on state of the art practices or national standards, including provider standards, health, safety and welfare measures and quality outcomes. These types of projects are researched, developed, operationalized, and monitored from start to finish by PCG consultants so that an accurate and comprehensive value is measured and realized from start to finish.</p>	
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<p>Client Contact</p>	<p>Tracy Anderson, RN LTSS Rebalancing/Waiver Unit 201 S. Grand Avenue East, 2nd Floor Springfield, Illinois 62763 Tracy.Anderson@Illinois.gov 217.557.1718</p> <p>Carla Wright, RN Health Facilities Surveillance Nurse LTSS Rebalancing/Waiver Unit HFS / Bureau of Quality Management 201 S. Grand Ave. E., 2nd floor Springfield, IL 62704 217.557.1867 Carla.wright@illinois.gov</p>	

Client	State of Wisconsin, Department of Health Services
Project	Wisconsin Home and Community Based Services (HCBS) Compliance
Timeframe	April 2018 – Present
Scope	<p>PCG is working with Wisconsin DHS on certifications and compliance with the HCBS Settings Final Rule of the 1-2 bed Adult Family Homes (AFH). PCG is initial certifications as well as annual recertification's of 1-2 bed AFH's located throughout the State of Wisconsin. PCG is also conducting onsite assessments to determine compliance with the HCBS Final Rule of all non-licensed, non-residential long-term care waiver settings.</p> <p>The purpose of the certification of the 1-2 bed AFH is ensure compliance with Wisconsin's program standards, as well as compliance with the HCBS Final Rule. For non-residential settings, the goal is to determine how waiver participants experience the HCBS services and to determine if they are fully integrated into the community to the extent they desire, have full access to the greater community and receive quality services.</p>
Key Achievements	<ol style="list-style-type: none"> 1. Conduct initial certifications of 1-2 bed AFH's; 2. Conduct annual re-certifications of 1-2 bed AFH's; 3. Conduct surveys of individuals and their guardians annually and submit results to DHS; 4. Conduct onsite assessments of all non-licensed, non-residential long-term care wavier settings to determine compliance with the HCBS Settings Final Rule; Make compliance determinations for each non-residential site and submit to DHS.
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Client	State of Mississippi, Department of Mental Health Bureau of Intellectual and Developmental Disabilities		
Project	Compliance Monitoring for Medicare and Medicaid Services (CMS) Final Rule Regarding HCBS Settings		
Timeframe	July 2018 - Present		
Scope	<p>As part of Mississippi’s statewide transition plan to satisfy the HCBS Settings Final Rule (“Final Rule”), PCG is providing subject matter expertise in HCBS settings requirements and conducting more than 260 site visit assessments to providers of both residential and non-residential services throughout Mississippi.</p> <p>PCG’s responsibilities include:</p> <ul style="list-style-type: none"> • Working with DMH to develop both residential and non-residential evaluation tools for assessing sites and individual’s experiences to determine compliance the Final Rule. • Recruit and train field staff on the requirements of the Final Rule. • Customize and utilize a web-based application to conduct all assessments according to Mississippi’s business specifications; • Develop processes, from scheduling to execution, to conduct site visits assessments; • Develop provider communication materials, such as FAQs, regarding the HCBS settings requirements and the site visit assessment process; • Schedule and conduct onsite visits with providers; • While onsite, identify and conduct interviews with individuals receiving services; • Aggregate the data and make determinations of provider compliance and assign providers to one of four categories: <ul style="list-style-type: none"> ○ The provider fully aligns with the Federal requirement; ○ Does not comply with the Federal standard but can with modifications; ○ Cannot meet the Federal requirements; or ○ Heightened Scrutiny. • Provide DMH information from the site-specific assessments and interviews that can be used to write a Final Rule Compliance Report for each provider; • Develop a template for Final Rule Compliance Reports; • Provide ongoing consultation as needed 		
PCG Staff Contacts	Nathan Grossman Engagement Manager 617-717-1189	Amanda Alvey Project Manager 317-829-6577	Kevin Hutchinson Supporting Manager

Client Contact

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Client	Department of Health Care Services (DHCS), State of California		
Project	Home and Community Based Services Community Settings (HCBS), Statewide Transition Plan - Site Assessments		
Timeframe	February 2019 – August 2019		
Scope	<p>As part of California’s statewide transition plan to satisfy the HCBS Community Settings requirements, PCG is providing subject matter expertise within the HCBS community by conducting 349 site visit assessments for residential providers that offer Residential Care for the Elderly (RCFE), Adult Residential Facilities (ARF) and Congregate Living Facilities (CLHF) throughout the State of California. Site assessments will be conducted from February 2019 to August 2019. PCG’s responsibilities include:</p> <ul style="list-style-type: none"> • Creation of evaluation tools for conducting residential site visit assessments. Development of provider communication materials, such as FAQs, regarding the HCBS settings requirements and the site visit assessment process; • Customization of PCG’s proprietary web-based application to conduct all assessments according to California’s business specifications; • Development of processes, from scheduling to execution, to conduct site visit assessments; • Aggregate the data and make determinations of provider compliance, including identifying potential heightened scrutiny settings; Provide each setting with a copy of the assessment report identifying any areas in need of remediation; • Provide DHCS information from the site-specific assessments • Tracking and reporting of trends identified in the field 		
Key Achievements	<ol style="list-style-type: none"> 1. Developed Electronic Onsite Assessment Tool 2. Onboarded and Trained Staff 3. Establish Quality Assurance Processes 4. Conducted 300 onsite provider reviews 		
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Client	Family and Social Services Administration, State of Indiana
Project	Home and Community Based Services Waiver Consultation and Assessment Services
Timeframe	February 2015 – June 2017
Scope	<p>PCG provided project management services for Family and Social Services Administration’s (FSSA) 8 waiver transitions related to the State’s Transition Plan resulting from HCBS Final Rule, which became effective on March 17, 2014. The new rule sets requirements to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community.</p> <p>FSSA created a Statewide Transition Plan to assess compliance with the HCBS rule and identify strategies and timelines for coming into compliance with the new rule as it relates to all FSSA HCBS programs. The programs currently under review include 1915(c) HCBS Waivers and 1915(i) HCBS State Plan Amendments operated by the following divisions within the Family and Social Services Administration.</p> <ul style="list-style-type: none"> • Division of Aging <ul style="list-style-type: none"> ○ Aged & Disabled (A&D) Waiver ○ Traumatic Brain Injury (TBI) Waiver • Division of Disability and Rehabilitative Services <ul style="list-style-type: none"> ○ Community Integration and Habilitation (CIH) Waiver ○ Family Supports Waiver (FSW) • Division of Mental Health and Addiction <ul style="list-style-type: none"> ○ Psychiatric Residential Treatment Facility (PRT) Transition Waiver ○ Child’s Mental Health Wraparound (CMHW) Program ○ Behavioral and Primary Healthcare Coordination (BPHC) Program ○ Adult Mental Health & Habilitation (AMHH) Program <p>PCG provided an assessment of services related to the waiver utilization and development of new service definitions under Indiana’s Community Habilitation & Integration (CIH) Waiver. Activities included facilitation of weekly policy discussions; planning and facilitation of Town Hall meetings; development of new and updated service definitions under the CIH Waiver, based on client feedback; in-depth “best practices” research; and development of substantial deliverables to the client.</p> <p>PCG conducted site assessments for FSSA’s Division of Aging. This work included scheduling and conducting site visits for waiver service providers to assess compliance with HCBS Settings Rule. PCG also developed training materials for provider stakeholder engagement sessions.</p> <p>PCG provides technical assistance to FSSA’s DDRS waiver service providers for completion of activities related to compliance with the HCBS Settings Rule. This includes developing and administering assessment tools and materials, reviewing provider documentation, and scheduling and conducting site visits.</p>
Key Achievements	<ol style="list-style-type: none"> 4. Project management for FSSA’s Transition Plan 5. Creation of a master Transition Plan that incorporates tasks and timelines from all divisions and PCG’s tasks. 6. Facilitation to ensure adherence to work plan action and timely achievement of benchmarks. 7. Development and implementation of a communication plan

	8. Organize and plan meetings between divisions and stakeholders 9. Assist and provide guidance through research and analysis of best practices 10. Provide technical assistance to providers 11. Collect and analyze documentation, including training materials, policies and procedures 12. Schedule and conduct site assess		
PCG Staff Contacts	Nathan Grossman Manager 617.717.1189	Cathy Anderson Senior Advisor 202.659.2500	Amanda Alvey Consultant 317.829.6577
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Client	Department of Health and Human Services, State of South Carolina		
Project	South Carolina Home and Community Based Services (HCBS) Assessments		
Timeframe	December 2016–Present		
Scope	<p>As part of South Carolina’s statewide transition plan to satisfy the HCBS Final Rule, PCG is providing subject matter expertise in HCBS Settings requirements and conducting more than 1,000 site visit assessments to providers of both residential and non-residential services throughout the State of South Carolina by December of 2017. PCG’s responsibilities include:</p> <ul style="list-style-type: none"> • Creation of evaluation tools for conducting residential and non-residential site visit assessments. The assessment tool evaluates the following qualities: <ul style="list-style-type: none"> ○ The setting is integrated in and supports full access to the greater community. ○ The setting is selected by the individual from amongst other setting options. ○ The setting ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint. ○ The setting optimizes autonomy and independence in making life choices. ○ The setting facilitates choice regarding services and who provides them. ○ The setting is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual. ○ The setting doors are lockable by the individual. ○ The setting provides individuals with the freedom and support to control their own schedules and activities, and have access to food at any time. ○ The setting enables individuals to have visitors of their choosing at any time. ○ The setting is physically accessible to the individual. • Customization of PCG’s proprietary web-based application to conduct all assessments according to South Carolina’s business specifications; • Development of processes, from scheduling to execution, to conduct site visits assessments; • Development of provider communication materials, such as FAQs, regarding the HCBS settings requirements and the site visit assessment process; • Execution of more than 1,100 site visit assessment for both residential and non-residential settings throughout the state of South Carolina; • Tracking and reporting of trends identified in the field; and Transmission of all site visit assessment results by December 2017. 		
Key Achievements	<p>13. Began implementation of pilot phase 5 weeks ahead of schedule. 14. Concluded all onsite assessments 2 months ahead of schedule.</p>		
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Client	Department of Health, State of New York	
Project	HCBS Statewide Transition Plan Implementation	
Timeframe	April 2017–September 2017	
Scope	<p>As the agency responsible for providing Medicaid-funded Home and Community Based Services (HCBS) in the State of New York, the Department of Health (DOH) has contracted with PCG to provide assistance with its implementation of the HCBS Waiver Final Rule through its Statewide Transition Plan.</p> <p>The HCBS Final Rule creates a fundamental emphasis on individuality, integration, personal control and choice. Implementation of the rule requires states to systematically assess their providers for compliance, and work collaboratively with providers, individuals participating in services, and other stakeholders to achieve program change. The HCBS Final Rule is about the experience of people enrolled in HCBS waiver programs, and that:</p> <p>“The setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community with the same degree of access as individuals not receiving Medicaid HCBS.” (CMS, “Regulatory Requirements for Home and Community-Based Settings.” March 19, 2014)</p> <p>The state’s validation process must include monitoring methods that review the integrity of the systemic change and process over time. An effective process includes a comprehensive evaluation tool, results tracking, training, and ongoing technical assistance provided to staff completing the reviews. It also involves, in an ongoing manner, the stakeholders (i.e. people receiving services, families, advocacy groups, providers and other interested parties).</p>	
Key Achievements	<ol style="list-style-type: none"> 1. Development of two site assessment tools: one for residential settings and one for non-residential settings; 2. Development of a menu of remediation strategies for providers to use to come into compliance with the Final Rule; 3. Development of tools to assess remediation progress; 4. Creation of a training plan for providers to understand HCBS Final Rule requirements and remediation strategies; 5. Execution of provider training sessions on HCBS Final Rule requirements and remediation strategies; 6. Development of heightened scrutiny tools and evidentiary packet template; 7. Completion of heightened scrutiny packages (up to 45 sites total); and 8. Consultation related to site assessments, remediation planning, heightened scrutiny, ongoing monitoring including changes to the existing surveillance practices, data gathering and management options, tracking of provider compliance, and transition planning for waiver participants when a setting does not achieve compliance. 	
PCG Staff Contacts	<p>Nathan Grossman Manager 617.426.2026</p>	<p>Sarah Salisbury Senior Consultant 518.375.2400</p>

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Client	Department of Health Care Policy and Financing State of Colorado	
Project	Home and Community Based Services (HCBS) Waiver Claims Post Payment Review (PPR)	
Timeframe	December 2018–June 2020	
Scope	<p>As the HCBS Waiver Claims PPR vendor, PCG works with the Colorado Department of Health Care Policy and Financing to provide the project management and clinical reviewer staff necessary to execute claim review projects focused on HCBS provider claims.</p> <p>In performing waiver claim PPR services, we work with the Department to identify HCBS provider claims for audit. First, we organize the selected claims into focused review projects, and work with the client to draft and send approved letters to the providers requesting medical records and other pertinent documentation. Then, when medical records and supporting documentation is received, it is triaged into our Case Management Tracking System (CMTS), where clinical reviewers audit the claims and medical records/documentation for both completeness, accuracy, appropriateness, as well as compliance with program rules and regulations, payment policies, billing manuals, and rates. Then, when reviews are completed, Department approved Summary of Findings and Notices of Adverse Action letters are sent to the audited providers. From there, the Department takes action on PCG findings for recovery and/or provider education opportunities. Lastly, in the event of informal Reconsiderations and appeals, the PCG team provides the documentation and support necessary to reconcile cases.</p> <p>Each fiscal year, the PCG team provides the Department with an approved final report of findings that then aggregates all of the review findings for that year to identify potential billing trends, FWA, and/or opportunities to change provider payment policies.</p>	
Key Achievements	<ol style="list-style-type: none"> 1. We are still in the process of implementing this new project and pulling together all of the necessary deliverables that precipitate project work. This includes a detailed policies and procedures document, operations guide, and draft work plan that details proposed review projects, audit methodologies, and implementation timelines. 2. We have finalized the customization of a state specific Case Management Tracking System that is unique to the Department's specific needs. 	
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Client	Department of Human Services, Office Long-Term Living Commonwealth of Pennsylvania		
Project	Vendor Fiscal/Employer Agent Financial Management Services		
Timeframe	October 2012-Present		
Scope	<p>Providing Financial Management Services (FMS) for waiver participants opting to self-direct their direct care services. For the Office of Developmental Programs (ODP), PPL provides VF/EA services for approximately 700 participants enrolled on either the Participant/Family Directed Service (P/FDS) or Consolidated waivers. PPL provides FMS for individuals serving as Common Law Employers who hire Support Service Workers to provide a wide range of direct care services such as Homemaker, Companion and Respite. Participants can also be approved for self-directed goods and services such as transportation reimbursement, vehicle accessibility adaptations and assistive technology. PPL has trained Supports Coordinators and Administrative Entities across the state on the VF/EA FMS model, while also working with ODP management to create an Employer Handbook, VF/EA informational materials and Employer skills trainings.</p>		
Key Achievements	<ol style="list-style-type: none"> 1. Transitioning 700 participants and approximately 1,600 Support Service Workers from another national vendor; 2. Ensuring all Support Service Worker wages are within the defined ODP wage limit; 3. Tightening the controls on the submission of service payment requests for 24hr Respite; 4. Developing a Web Portal for state administrators and program employers that provides real time access to budget information and spending; 5. Providing utilization, payroll, overtime and pending payment reports to ODP managers, and; 6. Achieving cost savings and efficiencies while enhancing services. 		
PCG Staff Contacts	Regina Stewart Senior Program Manager 717-884-7733	Colleen Fox Manager 617-717-1152	Mark Alteri Associate Manager 617-336-2923
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Client	State of New Jersey, Department of Human Services
Project	Fiscal Intermediary and Financial Cash & Counseling Services
Timeframe	July 2006 – Present
Scope	<p>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 Medical Assistance and Health Services Home (DMAHS)</p> <p>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).</p> <p>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 19,500 participants. Public Partnerships serves the following programs:</p> <ul style="list-style-type: none"> • 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 Medical Assistance and Health Services Home (DMAHS)– Personal Preference Program (PPP). <p>Public Partnerships has contracts with all five Managed Care Organizations (MCOs) operating in New Jersey:</p> <ul style="list-style-type: none"> • Aetna Better Health of New Jersey • Amerigroup • Horizon NJ Health • United Healthcare • WellCare <p>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; claims submission; monitoring health and safety in conjunction with our managed care and state partners; and customer service. In addition to the above listed services, Public Partnerships provides Financial Counseling (aka: Supports Brokerage) services for VD HCBS and DMAHS. For the Division of Developmental Disabilities (DDD) Public Partnerships provides co-pay collection as well.</p> <p>Launch challenges include:</p> <ul style="list-style-type: none"> • 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.

	<p>Public Partnerships has hired over 100 staff members and opened offices in Newark, Princeton, and Hammonton, New Jersey.</p>
<p>Key Achievements</p>	<ul style="list-style-type: none">15. Consultation on the Fair Labor Standards Act and important tax incentives for household employers and employees16. Configuring payroll systems and processes to meet the unique requirements of six programs across three divisions of state government17. Deploying Public Partnerships BetterOnline™ web portal for each program18. Deploying Public Partnerships Time4Care™ mobile application for employee time capture19. Supporting the successful transition of over 11,500 participants from incumbent vendors in 2007 and 2017 (ongoing)20. Negotiating contracts, business associate agreements, and information security requirements with five MCOs, four clearinghouses, and the state MMIS vendor (Molina Health Systems)21. Assisting in the redesign of the state HCBS Database used by county care managers and state liaisons to enter individual service authorizations22. Designing and implementing daily electronic file exchange with multiple systems to retrieve service authorizations and return detailed payment activity <p>Provision of monthly spending and performance reports</p>

Client	State of West Virginia, DHHR Bureau for Medical Services
Project	Financial Management Services & Resource Consulting (Support Broker) Services for the ADW, IDD, and TBI Waiver Programs
Timeframe	February 2007 – Present
Scope	<p>The West Virginia Bureau for Medical Services has contracted with Public Partnerships to provide full-service fiscal/employer agent financial management (F/EA FMS) and resource consulting services for <i>Personal Options</i>, the self-directed option within the WV Waiver programs since February 2007. <i>Personal Options</i> provides waiver participants with budget authority and employer authority over certain home and community-based services. <i>Personal Options</i> programs include the Aged and Disabled Waiver, the Intellectual/Developmental Disabilities Waiver and the Traumatic Brain Injury Waiver.</p> <p>Public Partnerships provides participant enrollment and ongoing support, provider enrollment and credentialing, budget management, payroll and accounts payable activity, Medicaid claims submission, and customer service. Public Partnerships has offices in Charleston, WV. Staff resources devoted to this project include: 38 Resource Consultants, a Program Support Specialist, a Program Payroll Manager, and a Senior Account Manager.</p>
Key Achievements	<ol style="list-style-type: none"> 1. Consultation in the design of the self-directed option in three Medicaid Waiver programs 2. Implementation of PPL's BetterOnline™ web portal and Time4Care™ smart phone app which allow program participants and their employees to electronically submit and approve timesheets and mileage invoices. Participants may also monitor their budget utilization in real time through the BetterOnline™ web portal. 3. Provision of financial management and resource consulting services for over 2,500 active participants 4. Bi-weekly payroll and accounts payable activity including Medicaid claims submission averaging \$1,500,000
PCG Staff Contacts	<p>Chip Sovick Senior Account Manager 304-988-4205</p>
Client Contact	<p>Patricia S. Nisbet Director, Office of Home and Community Based Services Bureau of Medical Services 350 Capitol Street, Room 251 Charleston, WV 25301 Phone: 304.356.4904 Fax: 304.558.4398 Patricia.S.Nisbet@wv.gov</p>

Client	Bureau of TennCare, State of Tennessee	
Project	Financial Administration Services/Support Brokerage Services	
Timeframe	March 2010–Present	
Scope	<p>PPL supports the program transacting over \$12 million annually, providing a full range of fiscal intermediary services plus extensive employee relations and training activities with staff from PPL’s functional areas including Senior Management, Program Services, IT, Financial Operations, and Customer Service. A dedicated program manager oversees all aspects of the program operations, supported by a dedicated Financial Operations & Customer Service team. Flexible capacity is provided across PPL’s operations centers to respond to changes in program enrollment as needed.</p> <p>The Tennessee Bureau of TennCare has contracted with Public Partnerships, LLC to serve as the Fiscal/Employer Agent for the Tennessee CHOICES waiver program. This program allows elderly and disabled Tennesseans the option to self-direct their services. PPL services include: managing participant and provider enrollment, processing criminal background checks, processing semi-monthly payroll for payments to individual providers and home care agencies, processing payments for goods and services, providing customer service, and providing support brokerage. In this program TennCare also contracts with three Managed Care Organizations (MCOs) to provide and oversee service coordination for members.</p>	
Key Achievements	<ol style="list-style-type: none"> 1. Over 2300 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. 	
PCG Staff Contacts	<p>Kristin Byrd Sr. Account Director 615-983-5314</p>	<p>Matt Klooster Account Manager 615-983-5329</p>
Client Contact	<p>Pattie Killingsworth Assistant Commissioner Chief of Long Term Care The Bureau of TennCare 310 Great Circle Road, 4 West Nashville, TN 37243 Phone: (615) 507-6468</p>	

Client	State of Indiana, Bureau of Developmental Disabilities Services	
Project	Staff Training Services	
Timeframe	September 2015 - 2022	
Scope	<p>The Bureau of Development Disabilities Services (BDDS) contracted with PCG to design and develop a comprehensive series of e-learning courses and supporting professional development curriculum, materials, and resources. The project is designed to support the training needs of BDDS staff, specifically focusing on Service Coordinators located in regional offices across the state. The BDDS Service Coordinators make independent case decisions for the BDDS program including determination of client eligibility, development of the client service plans and work directly with individuals served, families and medical professionals to conduct needs assessments and provide guidance to individuals with disabilities assisting them in achieving access to necessary services for health and safety, and self-sufficiency.</p> <p>In March 2019, PCG's contract was extended to continue the provision of services for an additional 2 years.</p>	
Key Activities	<p>Key tasks related to this scope of work include:</p> <ul style="list-style-type: none"> • Annual Staff Training Needs Assessment • Online Training Module Creation and Development (24 total) • Annual BDDS Training Conference Organization and Planning • Quarterly Training Newsletter delivered to all BDDS employees 	
PCG Staff Contacts	Heather Gann Senior Consultant 865.590.7455	Travis Robinson Senior Consultant 317.829.6560
Client Contact	Cathy Robinson Director Bureau of Developmental Disabilities Services Division of Disability and Rehabilitative Services 2620 Kessler Boulevard East Dr #105 Indianapolis, IN 46220 317.234.4736 Cathy.Robinson@fssa.IN.gov	

Client	Division of Medical Assistance, State of North Carolina
Project	Prior Authorization, Due Process Monitoring and Reporting
Timeframe	September 2008 –Present
Scope	<p>North Carolina DMA requires prior authorization for many Medicaid services, such as private duty nursing, hospice care, and commonly abused prescription drugs. Medicaid recipients who receive these services must undergo periodic medical necessity reviews that may result in determinations for reduced, denied, or terminated service. Under the Code of Federal Regulations (§ 431.230) and United States Code (42 U.S.C.A. § 1396a), recipients may appeal these determinations and their services must be maintained by DMA until their appeals are resolved. By 2008, DMA was spending millions of dollars annually to maintain services because of excessive delays in Medicaid recipient appeals processing. In July 2008, the Legislature mandated DHHS eliminate the tremendous backlog of recipient appeals by October 1, before the appeals process was to be transferred from DMA to NC’s Office of Administrative Hearings (OAH), which PCG assisted the state in accomplishing.</p> <p>PCG conducted an organizational and staff assessment and used the information gathered to implement changes, including utilizing PCG staff to assist with hearings, in order to quickly eliminate the overwhelming and costly backlog of beneficiary appeals. Currently PCG develops, implements, and operates a process by which NC DHHS and the Office of Administrative Hearings seamlessly exchange documentation and information and monitoring and reporting on the performance of all prior authorization vendors in NC. The online clearinghouse provides all parties involved with a central point for all documents pertaining to a recipient appeal. This system significantly decreases the processing times of the appeals, as well as the amount of money that is allotted for recipients receiving maintenance of service. The system also provides various reporting capabilities, which allows the State to track the appeals process and ensure that prior authorization vendors are effectively serving NC beneficiaries by conducting due process in accordance with state and federal policies and procedures.</p> <p>PCG and DMA now actively leverage the Clearinghouse to transition from simply managing the beneficiary due process to providing oversight of it. The PCG solution is a centralized data collection and reporting tool used to process and monitor the prior authorization procedures of Medicaid-funded external vendors, including MCOs. The PCG system notifies vendors if their performance does not meet established benchmarks. Additionally, the system has the capability to track vendors’ subsequent corrective action plans, which address issues identified by PCG’s reviews.</p> <p>PCG uses the appeal management solution and suite of reports to inform the agency of potential issues and overall progress, equipping them for the policymaking process. In addition to operational tasks, we provide ad hoc consulting services that are in line with this project’s goals to:</p> <ul style="list-style-type: none"> • Ensure compliance with state and federal regulations • Streamline beneficiaries’ PA due process • Avoid costs associated with additional lawsuits • Centrally monitor the full PA process to identify potential issues in care access and delivery
Key Achievements	

	<p>23. Over 1,500 hearings conducted, eliminating a severe backlog of recipient appeals.</p> <p>24. A fully customized online system that allows for all parties to view and exchange documentation and information regarding a recipient's appeal.</p> <p>25. Over 1,000,000 Adverse Decisions have been processed since the inception of the online system</p> <p>26. Over \$90 M in cost avoidance related to maintenance of service (MOS).</p> <p>27. A 64% decrease in processing time of appeals, from an average 151 days in 2008 to an average 54 days in 2014.</p>		
PCG Staff Contacts	Kevin Hutchinson Manager 919.576.2210	Jay Peck Associate Manager 919.576.2209	Jon Riley Consultant 919.576.2217
Client Contact	Frank Skwara, MA, RN Nurse Consultant; EPSDT/Due Process Division of Medical Assistance North Carolina Department of Health and Human Services 1985 Umstead Drive Raleigh, NC 27603 919.855.4269 Frank.Skwara@dhhs.nc.gov		

Client	State of Indiana, Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services (DDRS), Bureau of Developmental Disabilities Services (BDDS)
Project	Inventory for Client and Agency Planning (ICAP) Assessment Services
Timeframe	September 1, 2017- Present
Scope	<p>The Inventory for Client and Agency Planning (ICAP) is one of the most widely used adaptive behavior assessments in the United States. The ICAP provides information about what type of services and supports an individual may need for daily living and determines an individual's level of functioning for Broad Independence and General Maladaptive Factors.</p> <p>In Indiana, PCG uses the ICAP to assess individuals with intellectual and developmental disabilities (I/DD) and complete the Indiana-specific addenda, commonly referred to as the Behavior and Health Factors, to determine an individual's level of functioning on behavior and health factors. PCG receives referrals from BDDS and completes the ICAP and addenda on individuals receiving or seeking to receive residential services through the Community Integration and Habilitation Waiver (CIHW); individuals requesting an increase or significant change in their established Objective Based Allocation (OBA); and, in specific circumstances, individuals requiring an assessment of Federal Level of Care.</p> <p>PCG provides Indiana with an Algorithm development (Algos) level (scored from 0-6) that Indiana uses in combination with the individual's age, employment, and living arrangement to determine that individual's OBA. Indiana uses the OBA to determine the level of supports individuals need to live in a community setting.</p> <p>The PCG project team is responsible for:</p> <ul style="list-style-type: none"> • Retrieving ICAP referrals from inicap@pcqus.com e-mail box • Logging ICAP referrals into the PCG ICAP Tracking database • Assigning ICAP to PCG staff person • Contacting key respondents to schedule phone interviews • Notifying BDDS of no contact and determining next steps • Conducting ICAP and addenda interviews • Data entering ICAP and ICAP addenda results into software • Transmitting HIPAA compliant ICAP results and question responses to the DDRS / BDDS electronic data system of record through web-services • Researching and correcting records that have not transmitted or been rejected by BDDS' system • Conducting ICAP QA reviews

	<ul style="list-style-type: none"> Reporting metrics 	
PCG Staff Contacts	Amanda Alvey PCG Senior Consultant (317) 829-6577	Ashley Fawcett PCG Senior Advisor (617) 717-1132
	Nathan Grossman PCG Manager (617) 717-1189	
Client Contact	Julie Reynolds Family and Social Services Administration Broad Band Executive DDRS – Administration 402 W. Washington St. Indianapolis, IN 46204 317-232-1965 Julie.reynolds@fssa.in.gov	



B. Resumes

Jay Peck

*Associate Manager at
Public Consulting Group,
Inc.*

Public Consulting
Group, Inc.

Jay Peck is an Associate Manager in PCG's Raleigh, NC office. Mr. Peck has over 13 years of experience in health and human services, technology, and management consulting. His primary focus has been in the area of Medicaid compliance and Program Integrity, having implemented and overseen Medicaid pre-payment and post-payment claim reviews in North Carolina and Massachusetts, as well as Medicaid provider monitoring projects in Ohio and North Carolina. In addition to Medicaid, Mr. Peck has experience in compliance reviews under the Social Security Act and auditing similar claims as part of a quality control initiative. He has assisted multiple states in completing ACF Federal Title IV-E Audits. Mr. Peck received his undergraduate degrees from Syracuse University, and his Master of Business Administration from Clark University.

RELEVANT PROJECT EXPERIENCE**Department of Health Care Policy & Financing, State of Colorado**

Waiver Claims Post Payment Review Services (December 2018 – Current): Project Director

Project: PCG implemented a post payment claims review process for the State's ten waiver programs. To accomplish this, PCG deployed a secure, online case management system, provided a trained clinical review team, and worked with the client to develop an audit plan to meet the Department's objectives.

Mr. Peck: As Project Director, responsible for oversight of the implementation and operations of review processes; training of staff; monitoring quality and timeliness of deliverables; and client communications and reporting.

Division of Medical Assistance, State of North Carolina

Provider Oversight and Investigation (November 2013 – Current): Project Manager

Project: PCG designed and implemented a provider investigation and oversight program to coordinate DMA's program integrity efforts more efficiently and effectively. To accomplish this, PCG developed and deployed a secure, online case management system to manage the intake of complaints/referrals as well as the subsequent investigations. By streamlining the investigation process, PCG was able to reallocate resources to more proactive provider reviews, broaden the footprint, and increase the impact of PI efforts.

Mr. Peck: As Project Manager, responsible for the implementation of both investigative and review processes; training of staff; monitoring of staff productivity; timeliness of deliverables; deployment of case management system; and client communications and reporting.

**Executive Office of Health and Human Services,
Commonwealth of Massachusetts**

Predictive Modeling and Support (September 2016 – Present)

Project: Plan, develop, and implement new pre- and post-payment program integrity algorithms, profiles, and detections aimed at identifying potential fraud, waste and abuse (FWA). Assist EOHHHS in successful

utilization of vendor program integrity system to catch potential FWA and maintain a high level of program integrity.

Mr. Peck: As Program Director, is responsible for all aspects of the project, including deliverables and client communication; provides subject matter expertise and support for project team and client.

Department of Health and Human Services, State of South Carolina

Program Integrity Operational Assessment (February 2017 – April 2017):
Project Manager

Project: The primary purpose of this project was for PCG to assess the Division of Program Integrity and provide analysis and recommendations to the South Carolina Department of Health and Human Services for both process and operational frameworks to improve overall program integrity efforts that would assist the South Carolina Department of Health and Human Services in moving forward with effective, efficient Medicaid administration by decreasing fraud and abuse.

Mr. Peck: As Project Manager, Mr. Peck was responsible for the monitoring of staff productivity; timeliness of deliverables; and coordination of findings and recommendations.

Department of Health Care Finance, District of Columbia

Program Integrity Operational Assessment. (November 2014 – February 2015): Project Manager

Project: PCG completed a thorough Program Integrity Assessment with DHCF, evaluating all aspects of Program Integrity in Washington, D.C. Project scope included assessments of: data analytics and data mining, policies and procedures, workflow, and staffing. Following the detailed assessment process, PCG provided the District with a complete set of recommendations to improve their Program Integrity functionality.

Mr. Peck: As Project Manager, responsible for all aspects of the assessment, coordination of findings and recommendations, and served as the primary liaison with client.

Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (July 2013 – July 2014) Program Implementation Lead

Project: PCG implemented a large-scale provider oversight operation within six months of initiation. Effectively implemented and operate project of 75+ staff members conducting investigations, provider reviews, onsite screenings, enrollment, and training. Upon assuming operations from the incumbent vendor, conducted a comprehensive review of all existing policies and procedures, identifying and resolving inconsistencies and compliance risks. Oversaw the writing and rewriting of operating protocols for each function, and implemented new performance measures, for both quality assurance and productivity. PCG also conducted a staffing and skills assessment through our expedited recruiting effort, onboarding new and incumbent staff and carefully assessing skillsets and knowledge levels.

Mr. Peck: As a Program Implementation Lead, oversaw the implementation of the provider review process, including the hiring of

state-wide staff of 15, training, and business process redesign. Led the successful transition from the incumbent vendor, and managed client communications and reporting.

DHHS, Division of Medical Assistance, Office of Program Integrity, State of North Carolina

Post-Payment Case Review (February 2010 – June 2013): Project Manager

Project: PCG designed, developed, implemented, and operates a process for performing clinical audits of provider-submitted claims for Behavioral Health, Personal Care, Community Alternatives Program (CAP), and Dental services for North Carolina Medicaid. In the course of these reviews, PCG conducts random sampling, quantitative and qualitative documentation review, extrapolation of findings, and appeal support. The entire process is operated through a secure, online case management system developed, deployed, and maintained by PCG.

Mr. Peck: As Project Manager, oversaw the process design and implementation of the program; the development of web application; the hiring and training of clinical review staff; client communications; and monitoring of deliverables.

DHHS, Division of Medical Assistance, State of North Carolina

Community Care of North Carolina (CCNC) Auto-Assignment

Project: PCG managed the implementation and operation of a process for matching eligible consumers with CCNC providers, and enrolling those consumers with CCNC Primary Care Providers, based on a number of factors, including PCP availability, patient history, and proximity.

Mr. Peck: As Project Manager, oversaw the process design and implementation of the program; client communications; and monitoring of deliverables.

DHHS, Division of Medical Assistance, Office of Program Integrity, State of North Carolina

Community Support Services Pre-Payment Review

Project: PCG developed and implemented an online tool which managed the collection of Medicaid claim data, upload of provider documentation, matching of documentation to the appropriate claim, and clinical review of each claim in a pre-payment environment.

Mr. Peck: As Project Manager, oversaw day-to-day operations, including uploading of claims/documents, training/oversight of clinical team, and served as contact person for providers and client.

Arizona Health Care Cost Containment System (AHCCCS) Administration, State of Arizona

Medicare Part D Claiming

Project: PCG developed and implemented a process for submitting facility prescription claims for Medicare Part D reimbursement. In addition, PCG implemented a web-based application for the management of claim rejections and provided reporting and billing support.

Mr. Peck: Assisted in the implementation of online billing application for state-owned facilities. Managed the process of contracting with Prescription Drug Plans, trained state and internal staff on the use of web application and claim processing.

State of Florida Department of Children and Families

Medicare Part D Revenue Recovery

Project: PCG developed and implemented a process for submitting facility prescription claims for Medicare Part D reimbursement. In addition, PCG implemented a web-based application for the management of claim rejections and provided reporting and billing support.

Mr. Peck: Assisted in the implementation of online billing application for state-owned facilities. Managed the process of contracting with Prescription Drug Plans, trained state and internal staff on the use of web application and claim processing.

DHHS, Division of Mental Health / Developmental / Disabilities / Substance Abuse Services, State of North Carolina

Medicare Part D Revenue Recovery

Project: PCG developed and implemented a process for submitting facility prescription claims for Medicare Part D reimbursement. In addition, PCG implemented a web-based application for the management of claim rejections and provided reporting and billing support.

Mr. Peck: Assisted the State with billing Medicare Part D Prescription Drug Plans (PDPs) and also provided technical support in the implementation of an enhanced billing tool that allowed State Operated Facilities to resubmit claims to the Medicare Part D program. Served as the point of contact between State Operated Facilities and Medicare Part D PDPs. Managed day-to-day operations of billing/re-billing system, including claim rejection analysis as well as suggesting and implementing procedural enhancements.

Department of Human Services, State of Illinois

Medicare Part D Revenue Recovery

Project: PCG developed and implemented a process for submitting facility prescription claims for Medicare Part D reimbursement. In addition, PCG implemented a web-based application for the management of claim rejections and provided reporting and billing support.

Mr. Peck: Assisted the State with billing Medicare Part D PDPs. Served as the point of contact between the State and the Medicare Part D PDPs. Managed day-to-day operations, including processing claims and correcting rejected claims.

Department of Social Services, Commonwealth of Massachusetts

Revenue Maximization Title IV-E

Mr. Peck: Was responsible for providing technical assistance to Regional and Area office staff, regarding revenue management activities including: Title IVE, Interstate Requests and Adoption Assistance. Evaluated all

legal, financial, and social worker documentation do determine Title IV-E eligibility in accordance with Federal regulations. Participated in Federal and State Audit process. Authored and maintained Standard Operating Procedures for Title IV-E Foster Care and Adoption Assistance.

Department of Children, Youth, and Families, State of Rhode Island

Title IV-E Eligibility Enhancement Project

Mr. Peck: Provided ongoing quality control assistance, developed technician-specific sample sizes with departmental staff, monitored and reviewed pending cases to identify pending status and causes. Provided on-going Permanency Planning quality control to assure Permanency Planning Hearings were held on a timely and regular basis.

Authored Standard Operating Procedures for Title IV-E Foster Care and Adoption Assistance.

Department of Services for Children, Youth and Families, State of Delaware

Title IV-E Procedures Manual Update/Revision

Mr. Peck: Was responsible for the combining of Title IV-E Foster Care and Adoption Assistance Procedures Manuals. Tasks included updating manual to reflect current regulatory climate, as well as incorporating the use of multiple software applications used in the process of reviewing IV-E cases. Also worked with DE staff to interpret ACF guidelines and to add a FAQ section, with responses, to Procedures Manual.

PROFESSIONAL BACKGROUND

Public Consulting Group

Raleigh, NC

November 2004 – Present

EDUCATION

Clark University

Worcester, MA

Master of Business Administration, 2017

Syracuse University

Syracuse, NY

Bachelor of Arts, Law and Public Policy, 2004

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

National Association for Medicaid Program Integrity, member

**Jon Riley, MPA,
PMP**

*Consultant at Public
Consulting Group, Inc.
Public Consulting
Group, Inc.*

Since joining PCG in 2014, Mr. Riley has been able to leverage his public sector health and human services experiences in North Carolina for PCG in the arenas of cost allocation provider oversight and monitoring as a dedicated consultant and project manager. Currently, Mr. Riley supervises two operational efforts that results in significant cost avoidance in terms of reduced recipient appeal timelines, continuance of benefits, and avoidance of federal payback of Medicaid dollars. Mr. Riley's skill set specializes in prior authorization appeals, federal compliance, managing case and clinical reviews, and operational project management. Mr. Riley is a certified Project Management Professional (PMP) from the Project Management Institute (PMI).

RELEVANT PROJECT EXPERIENCE**Department of Healthcare and Family Services, State of Illinois**

HCBS Waiver Reviews (February 2018 – Present): Consultant
Project: Assist the State to provide Home and Community-Based Services (HCBS) Waiver quality assurance reviews and recommendations for systemic quality improvement; conduct special projects, and provide a secure web-based platform for exchange of quality assurance information to ensure oversight of the HCBS Waivers. The HCBS Waiver reviews will include the following: Elderly Waiver, HIV/AIDS Waiver, Persons with Brain Injury Waiver, Persons with Disabilities Waiver, and Adults with Developmental Disabilities Waiver.

Mr. Riley works closely with HFS staff on current project implementation activities such as project management, staffing, contract management, and software development.

Division of Medical Assistance and Office of Administrative Hearings, State of North Carolina

Prior Authorization Due Process Monitoring and Reporting (October 2015 – Present): Project Manager
Project: Assist the State with maintenance of the secure, online clearinghouse that serves as the central point for all documents pertaining to a recipient appeal. PCG staff monitor authorizations and adverse decisions for all service types that require prior authorization. This monitoring is done through the Medicaid Prior Authorization reporting system to ensure that vendors are following the mandated appeals process and thereby ensuring that recipients are receiving the appeals process that they are entitled.

Mr. Riley works closely with DMA staff to design and improve workflow relevant to the recipient appeals process. Mr. Riley also supervises the project staff, website developers and administrative staff that work on this project to ensure operational efficiency.

Department of Health and Human Services, State of North Carolina

IMD Exclusion Compliance Onsite Audits and Case Management System (November 2015 – Present): Project Manager
Project: Mr. Riley serves as project manager for on-site audits of supervised living facility providers. Mr. Riley currently operates a Web-based Clinical Review Management System (CRMS). The CRMS directs

task workflow, increases operational transparency, manages collected documentation, captures clinical review data, guides onsite review scheduling, generates notification letters, and facilitates required reporting. DMA leverages the CRMS to manage implementation of a streamlined process and to minimize the burden on DMA staff resources via extensive automated functionality.

Department of Health and Human Services, State of North Carolina

Provider Investigation and Oversight (May 2016 – Present): Consultant
Project: PCG provides oversight of Medicaid providers through the investigation of provider complaints and data analytic initiatives. Mr. Riley assists with the development and quality assurance activities with internal and external performance reporting.

Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (October 2015): Business Analyst
Project: Serving as a business analyst, Mr. Riley assisted with user acceptance test scripts, quality assurance checks, system documentation, and other system related needs to assist with building an integrated waiver eligibility Case Management system.

PROFESSIONAL BACKGROUND

Public Consulting Group

Raleigh, NC June 2014 – Present

Department of Health and Human Services, Office of Rural Health and Community Care

Raleigh, NC September 2013 – June 2014

Department of Health and Human Services, Division of Social Services

Raleigh, NC February 2013 – September 2013

EDUCATION

North Carolina State University, School of Public and International Affairs

Raleigh, NC
Master of Public Administration, 2014

Appalachian State University

Boone, NC
Bachelor of Science, Community and Regional Planning, 2011

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Institute (PMI), Project Management Professional (PMP), License # 2114572

Brittani Trujillo
Senior Consultant at
Public Consulting
Group
Public Consulting
Group, Inc.

Ms. Brittani Trujillo has over 16 years of experience and brings to the project extensive experience in a vast array of health and human services programs with specific focus on aging and disability services, stakeholder engagement, system redesign, and public policy. She has a proven history working with Wyoming and California state staff, as well as Colorado state staff, advocates, providers, and stakeholders with knowledge of the political and programmatic structure. Prior to Ms. Trujillo joining PCG, she was involved in strategic planning and redesigning the Entry Point and Case Management system in CO for all individuals seeking or receiving Long Term Services and Supports.

Prior to her work at PCG, Ms. Trujillo managed the Entry Point and Case Management Section for Colorado's Medicaid agency, overseeing more than 47 agencies statewide, providing services to more than 60,000 people of all ages and disabilities, including individuals with intellectual and developmental disabilities. As part of her experience, Ms. Trujillo worked to develop a new level of care tool and needs assessment tools for all LTSS programs and individuals. Ms. Trujillo oversaw the administration of the Supports Intensity Scale assessment statewide, for more than 10,000 individuals. This work included the determination of individual budgets associated with the Supports Intensity Scale assessment. Ms. Trujillo worked to implement federal conflict of interest standards in CO and developed new rates for the Entry Point and Case Management system functions.

Ms. Trujillo has been trained in Person Centered Thinking and has provided case management services to individuals of all ages and disabilities throughout CO. Ms. Trujillo's experience includes the assessment of eligibility for Long Term Services and Supports programs as well as assessment of needs and service plan development. Ms. Trujillo has a Master of Business Administration with a focus in Change Management from the University of Colorado - Denver and a Master of Arts in Community Counseling from the University of Northern Colorado.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of Wyoming

Home and Community Based Services Waiver Support (March 2020 – Present): Project Manager

Project: Develop materials for case management agencies and case managers to support the changes made in the amended waiver, to include a handbook for participants and training for case managers. Provide recommendations for changes to the review of requests for increased funding and supports for individuals with intellectual and developmental disabilities. Develop materials for Participant Direction, to include materials for participants and case managers. Develop training materials for the HCBS Settings Final Rule for providers and case managers.

Developmental Disabilities Administration, State of Maryland

National Core Indicators Survey (January 2020 – Present): Project Manager

Project: Oversight and administration of the National Core Indicators survey for individuals, families, and guardians. Develop a work plan for the administration of the in-person surveys. Develop communication for families, guardians, providers, and other stakeholders.

Department of Health Care Services, State of California

Home and Community Based Services Settings Statewide Transition Plan (January 2020 – Present): Subject Matter Expert

Project: Develop and manage the public comment period for the Statewide Transition Plan. Analyze public comment and draft responses for review and approval. Assist in the development of a final Statewide Transition Plan.

Department of Developmental Services, State of California

Home and Community Based Settings Site Assessments (January 2020 – Present): Quality Assurance Lead

Project: Work with internal team on site assessment tool development, as well as work with stakeholders. Develop quality assurance metrics for site assessors and quality assurance staff. Provide oversight and direction for quality assurance of site assessment reports.

Department of Health Care Policy and Financing, State of Colorado

(November 2013 – January 2020): Entry Point and Case Management Section Manager

Project: Responsible for daily operations, cost control, and leadership functions for more than 60,000 children, adults, and families seeking or receiving long term services and supports programs. Identified areas of improvement and developed policy for the delivery of LTSS entry point and HCBS case management to ensure quality and cost-effectiveness, as well as compliance with federal and state requirements. Planned, directed, and implemented the programs, policies, and strategic direction of the Entry Point and Case Management Section. Developed and managed relationships with a variety of stakeholders representing diverse interests. Developed policy to ensure compliance with federal Person-Centered Service Plan requirements, to include the development of a new level of care tool, needs assessment modules, and service plan document. Redesigned the Entry Point and Case Management system in CO to ensure federal compliance with Home and Community Based Services Person Centered Planning. Developed a No Wrong Door implementation plan and implemented pilot sites across CO. Developed a new eligibility, assessment, and support plan process to ensure compliance with federal regulations. Developed and conducted training for case managers and providers.

Jefferson County Department of Human Services, State of Colorado

(January 2009 – January 2012): Case Manager Supervisor

Project: Supervised case managers and administrative support staff totaling 12 staff. Recruited, interviewed, hired, supported, coached, and trained all staff. Conducted budget planning, management, and monitoring related to the case management unit responsible for providing eligibility determination and case management for HCBS waivers, Home Care Allowance, as well as eligibility determination for Nursing Facility admissions and the Program of All-Inclusive Care for the Elderly. Created and monitored monthly quality assurance reports to ensure compliance with state and federal requirements regarding LTSS programs. Coordinated and collaborated with other county departments, Single Entry Point agencies, and state departments to develop and implement

outcomes for service delivery. Audited case manager activities to ensure compliance with federal and state requirements.

EDUCATION

University of Colorado

Denver, CO

Master of Business Administration

Concentration: Change Management, 2011

University of Northern Colorado

Greenley, CO

Master of Arts in Community Counseling, 2006

Metropolitan State College of Denver

Denver, CO

Bachelor of Arts in Psychology, 2001

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Person-Centered Thinking

Charting the LifeCourse Ambassador

Presentations

HCBS Conference, 2014

Redesigning Assessment in Colorado: Lessons for Other States Trying to Comply with the NEW CMS HCBS Regulations and Supporting Systems Change

HCBS Conference, 2015

Making the Transition to Conflict-Free Case Management in Alaska, Colorado, and Wyoming: Lessons from the Front Lines

Reinventing Quality Conference, 2016

Conflict of Interest and Case Management: State Experiences in System Redesign

HCBS Conference, 2017

Moving Towards Reliable and Valid Assessment Processes in Alaska and Colorado

HCBS Conference, 2018

Solving the Case Management Conundrum: State Experiences in Innovative Solutions

Stakeholder Engagement: Lessons Learned from the Field

Lori A. Williams

*Program Manager at
Public Consulting Group*
Public Consulting
Group, Inc.

Ms. Lori A. Williams is strong professional background in providing case management and care coordination, advocacy to individuals with developmental disabilities and seniors. Key successes in conducting needs assessments for individuals to locate and obtain services. Developing and implementing service/care plans. Enthusiastic about working with special populations of individuals.

RELEVANT PROJECT EXPERIENCE**Department of Health Care Policy and Financing, State of Colorado**

Division for Intellectual and Developmental Disabilities (2013 – 2019):
SIS Consultant, SIS Training & QA Manager

Project: Ms. Williams conducted all SIS-A training to CCB staff; lead guided practices; completed IRQRs to certify new SIS Assessors and recertify on-going SIS Assessors following all AAIDD guidelines. She completed quality assurance reviews on an on-going basis and provided retraining as needed. She provided technical assistance to internal and external stakeholders relating to rule interpretation and complaints to ensure compliance with State and Federal regulations. She supervised and organized program activities and ensured that program goals aligned with the Department's objectives. She managed funding mechanism program for the Department. Ms. Williams drafted, managed, and authorized program contracts. She compiled, analyzed, and documented data for program audits. She completed authorizations for appropriate nursing facility placement. She maintained relationship with AAIDD. She managed SIS users and access in SIS Online platform,

The Resource Exchange, State of Colorado

(2002 – 2013): Case Management Specialist

Project: Ms. Williams supervised and trained support staff; provided coverage as needed. She provided training and technical assistance to assure staff met job expectations. As an SIS Administrator, she oversaw all SIS related matters; conducted SIS assessments; conducted SIS training and IRQRs to new and on-going SIS Assessors following AAIDD guidelines. She reviewed/approved/denied prior authorizations and defended denials with Administrative Law Judge. She provided technical assistance to staff and community members for SIS, LTHH, and referrals. Ms. Williams completed investigations of Mistreatment, Abuse, Neglect, and Exploitation and death reviews. She processed and reviewed Incident Reports for follow-up and ensure resolution of incident. She facilitated the development, implementation, and documentation of Service Plan (SP). She coordinated and monitored the delivery of services and supports identified in the SP. Ms. Williams completed intake and enrollments into services and supports. She was involved in terminations, referrals, and enrollments to and from services and supports. She ensured initial and continued functional and financial eligibility for services. She embedded person with intellectual and developmental disabilities (IDD) into community organizations of interest: liaison between member and organization. She provided on-going follow-up with member and community organization to resolve any issues or conflicts.

PROFESSIONAL BACKGROUND

Brookdale Senior Living/Stellar Senior Living

Colorado Springs, CO October 2018 – November 2019

Community Health Partnership

Colorado Springs, CO November 2015 – June 2018

Department of Health Care Policy and Financing, State of CO

Denver, CO 2013 – 2019

The Resource Exchange

Colorado Springs, CO September 2002 – September 2013

EDUCATION

University of Colorado

Colorado Springs, CO
Bachelors of the Arts in Psychology, 2000

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Recognized Supports Intensity Scale (SIS) Trainer (June 2011 to October 2019), Mental Health First Aid Certification, Integrated Care Manager Certificate, UMASS, Supervision and Leadership Certificate, Boston University, CADER, Sex Offender Management Board (SOMB) Training, Labor Relation Alternative (LRA) Investigation Training, Motivational Interviewing. SIS Trainer and assessor, Human Services, Social Services Coordination, Skilled Auditor, Program Management, Referral Management, Record Management, Trainings/Presentation, Expertise in assessing needs

Scott Faria

*Operations Director at
Public Consulting Group*
Public Consulting
Group, Inc.

Mr. Scott Faria, PMP, Operations Director for the Augusta, Maine office, has been a member of the PCG team for over 19 years. Mr. Faria leads the call center and operations management teams, provides ongoing guidance and oversight to ensure successful execution of all daily operations and bears overall responsibility for all deliverables from the Augusta operations center.

RELEVANT PROJECT EXPERIENCE**Division of Medical Assistance, State of North Carolina**

Post-Pay Provider Review, Outreach/Training, ACA Screenings and IMD Data Entry Projects (September 2010 – Present): Operations Director
Mr. Faria: Provides on-site direction and oversight of operations staff located in Augusta, Maine providing support to NC-based clinical review, on-site screening and training teams. Responsible for delivery of data entry, scheduling functions, call center and quality assurance services and meeting daily and weekly case review requirements. Coordinate with Project Manager to meet needs of the project on an ongoing basis.

Department of Mental Health, State of Mississippi

Compliance Monitoring Project (August 2018 – Present): Operations Director

Mr. Faria: Provide on-site direction and oversight of operations staff located in Augusta, Maine providing support to MS-based on-site screening teams. Responsible for delivery of data entry, scheduling functions, call center and quality assurance services and meeting daily and weekly case review requirements. Coordinate with Project Manager to meet needs of the project on an ongoing basis.

Department of Human Services, State of Wisconsin

HCBS Compliance Project (March 2018 – Present): Operations Director
Mr. Faria: Provides on-site direction and oversight of operations staff located in Augusta, Maine providing support to WI-based on-site screening teams. Responsible for delivery of data entry, scheduling functions, call center and quality assurance services and meeting daily and weekly case review requirements. Coordinate with Project Manager to meet needs of the project on an ongoing basis.

Department of Health and Human Services, State of South Carolina

HCBS Site Visits and Assessments Project (February 2017 – November 2017): Operations Director

Mr. Faria: Provide on-site direction and oversight of operations staff located in Augusta, Maine providing support to SC-based on-site screening teams. Responsible for delivery of data entry, scheduling functions, call center and quality assurance services and meeting daily and weekly case review requirements. Coordinate with Project Manager to meet needs of the project on an ongoing basis.

Department of Health and Human Services, State of Maine

Fiscal Intermediary Call Center (July 2015 – Present): Operations Director

Mr. Faria: As Operations Director for ME Fiscal Intermediary call center, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure

successful execution of call center deliverables and compliance with service level agreements.

Independence Care System (ICS), State of New York

Project Claims Inquiry Call Center (January 2015 – October 2018):
Operations Director

Mr. Faria: As Operations Director for NY ICS call center, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure successful execution of call center deliverables as well as claims adjustments performed by customer service representatives and escalated issues researched and resolved by Team Lead and Supervisor.

Commonwealth Care Alliance (CCA), Commonwealth of Massachusetts

Claims Inquiry Call Center (November 2014 – October 2018): Operations Director

Mr. Faria: As Operations Director for MA CCA call center, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure successful execution of call center deliverables as well as claims adjustments performed by customer service representatives and escalated issues researched and resolved by Team Lead and Supervisor.

Department of Medicaid, State of Ohio

Ohio HCBS Provider Oversight Project (June 2013 – Present): Provider Enrollment Manager

Mr. Faria: As Provider Enrollment Manager for OH Home and Community Based Services waiver programs provider oversight project, responsible for on-site management of daily operations, staff recruitment and ongoing development of Augusta, Maine-based unit. Ensure successful execution of provider maintenance and enrollment deliverables and compliance with stringent service level agreements.

Office of MaineCare Services, State of Maine

MaineCare Member Services Project (August 2010 – Present): Project Director of PCCM Member Unit

Mr. Faria: As subcontractor to Molina Healthcare, serve as Project Director of PCCM Member Unit, responsible for overall management of Member Services daily operations, staff recruitment and ongoing project development. Manage education, enrollment, transfer and disenrollment of over 190,000 managed care eligible recipients. Oversee staff training and development programs. Carry out project invoicing and financial reporting. Ensure successful execution of all project deliverables.

Office of MaineCare Services, State of Maine

Health Benefits Advisor Project (January 2009 – August 2010): Project Director

Mr. Faria: As Project Director, responsible for overall management of daily operations, staff recruitment both in-house and on-site at client location and ongoing project development. Managed education, enrollment, transfer and disenrollment of over 190,000 managed care eligible recipients. Oversaw staff training and development programs. Carried out project invoicing and financial reporting. Played leading role in development and implementation of a comprehensive outreach and

education campaign designed to target Medicaid recipients. Participated in the development of outreach and enrollment materials. Ensured successful execution of all project deliverables.

Office of MaineCare Services, State of Maine

ME MMIS Design, Development, Implementation Project (June 2008 – April 2009): Analyst

Mr. Faria: As subcontractor to Unisys, participated in team responsible for identifying interfaces and conversion requirements for Design, Development and Implementation phase of ME Fiscal Agent project. Participated in ongoing series of meetings with subject matter experts and stakeholders to identify and document all requirements, assign action items and track progress at a granular level. Worked to identify and document specifications of several existing State-operated computer systems and databases to facilitate the interface and conversion processes.

Office of MaineCare Services, State of Maine

Health Benefits Advisor Project (May 2000 – December 2008):
Operations Analyst

Mr. Faria: Responsible for 24/7 Managed Care Provider Monitoring. Responsible for ongoing management of quarterly phone monitoring of Primary Care Providers participating in the State's Medicaid (MaineCare Managed Care) program. Distributed call lists, gathered results, and entered into database. Coordinated with client on potential non-compliant providers. Generated follow up letters, quarterly reports, and annual report. Responsible for coordinating development of new executables for MOOSE (PCCM Provider Network maintenance system), and installation at OMS. Performed reporting on Systems and related issues at monthly Status Meetings. Created six quarterly reports for Status Meetings. Performed monthly Provider to Site feed. Created monthly EPSDT reports for project management. Created various ad hoc queries for producing member mailings or to aid in project-related research for project management and client. Created and implemented survey database tool for ongoing quarterly Member surveys. Oversaw quarterly Member Services Satisfaction survey process. Compiled data and created quarterly reports on survey results. Conducted Quarterly Quality Management Assessment Survey (QQMAS), compiled results and distribute to project management. Participated in Medicaid Program Outreach and Education campaign. Provided informational sessions both in groups and one-on-one to potential Medicaid eligible audiences. Delivered educational presentations to state and community agencies across the State of Maine. Developed materials for use in statewide outreach campaign. Coordinated and managed targeted radio advertising campaign in coordination with outreach efforts. Documented and recorded all relevant data for regular status reports to the Bureau of Medical Services.

Department of Health and Human Services, State of Maine

Cost Allocation Reorganization Project (January 2005 – October 2006):
Analyst

Mr. Faria: Responsible for Cost Allocation Plan (CAP) narrative development. Researched and created narrative document detailing organization and allocation of all components throughout the ME DHHS for submission to Division of Cost Allocation for Federal Review. Drafted procedure manual documenting all relevant functionality included in ME

DHHS CAP software application. Participated in training of DHHS staff on using newly developed CAP software. Assisted with development of statistics, placement of individual accounts within organizational structure of CAP, and other developmental steps. Prepared and entered data, and ran quarterly CAP to produce reports for submission to DCA and analysis for review by DHHS.

Division of Health Care Finance Policy, Commonwealth of Massachusetts

Uncompensated Care Pool Audit Project (May 2006 – August 2006):
Auditor

Mr. Faria: Participated in a series of field audits on location at hospitals throughout Massachusetts. Completed work papers for several categories of targeted audits. Assisted with creation of final comprehensive report through preparation of summaries of individual hospital's findings.

Office of Group Benefits, State of Louisiana

Overpayment and Recovery Project (August 2003 – May 2005):
Investigator

Project: Mr. Faria: Gathered and analyzed data in performance of investigations to identify fraudulent or abusive billing practices by providers. Created case files and reported findings. Conducted interviews, determined processes across agency division, gathered documents, performed analysis of overall operations and provided recommendations for implementing change. Assisted in creation of HCA Claims Audit Report highlighting categories of incorrect claiming, top providers with incorrect claims, and areas of potential recoupment.

Office of Family Independence, State of Maine

Automated Client Eligibility System (ACES) Project (March 2002 – April 2003): Trainer

Mr. Faria: Assisted in materials development and training for OIAS staff. Contributed to Acceptance Testing phase of project. Delivered specialized trainings to Help Desk staff, supervisory staff, eligibility workers, and program managers. Functioned as "super-user" and provided one-on-one assistance to eligibility and ASPIRE workers during implementation while embedded at regional office site. Assisted with development and testing of Computer Based Training (CBT) system for the Automated Client Eligibility System.

PROFESSIONAL BACKGROUND

Public Consulting Group

Boston, MA

December 1999 – Present

EF International School, Inc.,

Boston, MA

September 1998 – June 1999

Boston Equiserve, LLP

Canton, MA

July 1997 – June 1998

Education Loan Services, Inc.

Braintree, MA

April 1991 – July 1995

EDUCATION

Bridgewater State University

Bridgewater, MA

Master of Arts, English, 1997

Bridgewater State University

Bridgewater, MA

Bachelor of Arts, English/Management, 1992

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Professional (PMP), 2010

Van Cranford

*Senior Business
Operations Analyst at
Public Consulting Group,
Inc.*

Public Consulting
Group, Inc.

Mr. Van Cranford is Senior Business Operations Analyst in PCG's Raleigh, NC office. Mr. Cranford specializes in data analysis and performance reporting. Mr. Cranford has been with the firm since May, 2013 but has been analyzing data on a professional level since 2011. Mr. Cranford holds Bachelor's and Master's Degrees from North Carolina State University, and is currently working on his Bachelor's in Computer Science.

Mr. Cranford's experience will allow him to play a significant role in this endeavor, especially in the areas of data analytics and reporting. He currently performs and has performed the same or similar role in Massachusetts, North Carolina, Washington D.C., and Ohio.

RELEVANT PROJECT EXPERIENCE**Executive Office of Health and Human Services,
Commonwealth of Massachusetts**

Predictive Modeling Managed Support Services (January 2017 – Present): Data Analyst

PCG provides predictive modeling service through and with its subcontractor BAE. Chiefly responsible for all data analysis aspects of the project from PCG's perspective, including policy research management, analysis management and coding, and analytic deliverables.

**Department of Health and Human Services, State of North
Carolina**

Provider Investigation and Oversight (July 2014 – Present): Data Analyst
PCG provides oversight of Medicaid providers through the investigation of provider complaints and data analytic initiatives. Chiefly responsible for all data analysis aspects of the project, including database creation and management and internal and external performance reporting.

Department of Health Care Finance, Washington, D.C.

Program Integrity Assessment (November 2014 – February 2014): Data Analytics and Data Mining Team Lead

PCG assessed all functions of Program Integrity at the Department of Health Care Finance, including: policies and procedures, staffing, workflow, and data analytics.

Responsible for evaluating the current state of data analytics and data mining of Program Integrity at the Department of Health Care Finance. Evaluation included an appraisal of both personnel and systems. Identified current problems and proposed solutions to address these problems.

Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (July 2013 – June 2014): Data Analyst

PCG provided oversight of Medicaid waiver providers through provider enrollment, incident investigation, structural reviews, and onsite visits. Performed a variety of data analytics functions that revolved around performance management and quality.

Produced monthly presentations, reports, and invoices demonstrating PCG production.

Department of Health and Human Services, State of North Carolina

Post Payment Review (June 2013 – September 2014): Data Analyst
PCG assisted the state in recovering Medicaid overpayments through the use of notifications and extrapolation.

Assisted with the conversion from Hewlett Packard to Computer Science Corporation data files. Ensured quality of files by referencing data points from both files against each other.

United Autoworkers Retiree Medical Benefits Trust

Low Income Subsidy Enrollment (July 2014 – Present): Data Analyst
PCG facilitates the process of enrolling United Autoworkers retirees into the Medicare Extra Help program. Provided this enrollment on behalf of the United Autoworkers Retiree Medical Benefits Trust.

Responsible for all data reporting on both a weekly and monthly basis. Create batch files to submit directly to the Social Security Administration for enrollment.

PROFESSIONAL BACKGROUND

Public Consulting Group

Raleigh, NC

May 2013 – Present

Haven House Services

Raleigh, NC

September 2012 – April 2013

North Carolina Museum of Art

Raleigh, NC

July 2011 – August 2012

EDUCATION

North Carolina State University

Raleigh, NC

Master of Public Administration, 2012

Dakota State University

Madison, SD

Bachelor of Science, Computer Science, 2019

North Carolina State University

Raleigh, NC

Bachelor of Science, Business Administration, 2010

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

SQL, Access, Excel, SAS Visual Analytics, Tableau, C, C++, Assembly, UML, Visual Basic, R, RStudio, SAS, LISP, PROLOG, SAS Enterprise Guide, SPSS, Project, Wrike, Visio, DataServer

Nathan Grossman
*Manager at Public
Consulting Group*

Mr. Nathan Grossman, a Manager, has over the past 20+ years worked with health and human services agencies in over two dozen states to provide a range of consulting on early childhood, child welfare, income maintenance and disability programs, including information technology, program administration, training and technical assistance, and financial and program analysis. Mr. Grossman has expertise in information technology system planning and implementation for public agencies and in federal revenue maximization and management in multiple areas of federal funding (Titles II, IV-D, IV-E, XIX, XXI and IDEA Parts B & C, SSI/SSA, CCDF, TANF and SNAP). Examples of recent relevant contracts that Mr. Grossman has managed include currently supporting experience includes the West Virginia Department of Health and Human Resources to implement a new integrated eligibility system by supporting Optum in a subcontractor role, providing project management, training and organizational change management expertise. Also, since 2012, he has supported the Pennsylvania Department of Human Services plan and enhance its technology support early intervention, early childhood, and home and community based services by managing a project team of about 25 staff. Along with the projects above, Mr. Grossman has led various programmatic, financial and technology evaluations for early intervention, developmental disability, aging, foster care, child care, behavioral health, and nutrition programs in AZ, CA, CO, CT, DC, FL, IL, IN, KS, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NM, PA, NJ, NY, OH, RI, SC, TN, VA, WA, WI and WV. Mr. Grossman received Prosci Organizational Change Management Practitioner certification in 2018 and Project Management Professional (PMP) certification in 2008.

RELEVANT PROJECT EXPERIENCE**Department of Health and Human Resources, State of West Virginia**

Integrated Eligibility System (November 2017 - Present): Engagement Manager

Project: Served as Engagement Manager in PCG's subcontract to Optum to support the statewide implementation of a new integrated eligibility system, replacing and modernizing enterprise case management systems for Medicaid, TANF, SNAP and Child Care Subsidy eligibility, as well as comprehensive case management systems for child welfare (CCWIS), child support, and child care subsidy and licensing. PCG's role is provide the full training and organizational change management complement across all programs, as well as providing the line of business leads for integrated eligibility and child welfare.

Rehabilitation Commission, Commonwealth of Massachusetts

Acquired Brain Injury (ABI) Needs Assessment Study (July 2016 – May 2017): Engagement Manager

Project: Served as Engagement Manager to identify the specific needs of individuals with acquired brain injury (ABI) in the Commonwealth. The assessment also explored best practices with a strong focus on the following service models: post-acute rehabilitation, transition from rehabilitation to day/community or residential programs, skills training, case management, social/recreation needs, transportation, respite care, behavioral health needs, employment, and community supports. Using literature review, nationwide best practices research, and consumer focus

groups throughout the state, PCG developed recommendations for aimed at improving quality outcomes.

Department of Health and Human Services, State of South Carolina

HCBS Final Rule Site Assessment (December 2016 – December 2017): Engagement Manager

Project: Served as Engagement Manager to complete over 1,000 HCBS Final Rule onsite assessments for residential and non-residential sites statewide. The purpose of the assessment was to determine how waiver participants experience HCBS services and to determine if they are fully integrated into the community to the extent they desire, have full access to the greater community, and receive quality services. Interviews are conducted with waiver participants, family, service coordinators, and provider agency staff.

Department on Aging, State of Illinois

HCBS 1915(c) Waiver Community Care Program Rate Study (January 2018 – January 2020): Engagement Manager

Project: Served as Engagement Manager to complete independent rates studies for the following four Community Care Program services as part of complying with the renewal of their Medicaid Home and Community-Based Services (HCBS) waiver program: Emergency Home Response Services (EHRS); Adult Day; Adult Day Transportation; In-Home Care Services.

Adult Protective Services Rate Study (May 2015 – October 2015): Engagement Manager

Project: Served as Engagement Manager to complete a comprehensive time and rate study of the APS program to make recommendations regarding a fair rate of reimbursement for provider agencies and administrative agencies. PCG gathered cost, activity, and other information from 42 contracted service providers through multiple data collection tools. A cost report collected essential personnel and operating expenses, as well as APS revenue. PCG captured time and activity by administering a time study, which involved site visits to numerous providers around the state.

Office for People with Developmental Disabilities, State of New York

Study to Design a Mobility Management Program (March 2016 – December 2016): Engagement Manager

Served as Engagement Manager for a multi-agency independent assessment of the mobility and transportation needs of persons with disabilities and other special populations, resulting in a report to the NYS Governor, Senate and Assembly. The overall goal of the project is to develop a plan that will improve self-direction, community inclusion and competitive employment through mobility management transportation options for New Yorkers with disabilities.

Governor's Executive Chamber, State of New York

Universal Incident Management System (October 2014 – January 2016): Engagement Manager

Project: Engagement Manager for a two-year review of the need for a new universal incident management system spanning 7 state agencies, including aging, disability, mental health, education, and child welfare.

Department of Human Services, Commonwealth of Pennsylvania

Human Services Enterprise IT Consulting Project (April 2012 – Present): Engagement Manager

Project: Engagement Manager for an eight-year term, \$5M+/annual operation to support enhancement and maintenance of two large-scale statewide enterprise IT system, PELICAN and HCSIS, which support early childhood and home and community-based services. The scope of services includes strategic planning requirements collection and validation, training, user communications, and project management.

SACWIS Feasibility Study (2008 - 2010): Engagement Manager

Project: Served as Business Project Manager on project; develop automated system requirements related to intake and investigation, case management, fiscal, and resource management, among other areas. Perform feasibility analysis for attaining federal Statewide Automated Child Welfare Information System (SACWIS) compliance with current systems; identify and evaluate alternatives for achieving compliance and meeting other federal, state and county requirements while incorporating cost/benefit and risk analyses.

Department for Children and Families, Rehabilitation Services, State of Kansas

Technical Assistance, Training, Evaluation and Technology Services (July 2015 - Present): Engagement Manager

Project: Support the five-year Kansas End-Dependence Initiative, to employ 2,000 Kansans with disabilities through implementation of new evidenced-based vocational rehabilitation services.

Program Evaluation, Analysis and Quality Assurance (August 2013 – September 2014): Engagement Manager

Project: Served as the Engagement Manager for a comprehensive program evaluation of eight vocational rehabilitation services offered by Rehabilitation Services (RS). PCG created, distributed, collected, and analyzed a number of evaluation tools aimed at capturing information regarding service delivery, length of services, as well as staff composition of contracted providers. PCG also executed a three-week time study in order to quantify time spent on activities related to providing RS services, including direct client time, travel time, and time spent on administrative activities.

Department of Health, State of New York

Early Intervention State Fiscal Agent (April 2013 - Present): Business Process Redesign Lead

Project: Business Process Redesign Lead for a 5-year term contract to manage all provider payments for \$600M early intervention statewide program by accessing, federal Medicaid, private insurance, state and local reimbursement and funds. As the State Fiscal Agent, PCG provided claims and billing operations, web-based billing system development, training & customer services support.

HCBS Final Rule Statewide Implementation Plan Support (April 2017 – March 2018): Business Lead

Project: Assist the state develop provider self-assessment, site assessment, remediation plans and heightened scrutiny processes across its HCBS waivers to achieve compliance with the HCBS Final Rule.

Evaluation and Analysis of Current and Alternative Reimbursement Methodologies for the Early Intervention Program (September 2010 – December 2014): Project Manager

Project: Served as the project manager to support the efforts of the Department, with advice and assistance from the Reimbursement Advisory Panel, in completing an assessment of the program's current reimbursement methodology. The outcome of this project will be to recommend possible alternative reimbursement methodologies that meet the Department's objective to provide efficient and economical early intervention services.

Family and Social Services Administration, State of Indiana

Inventory for Client and Agency Planning (ICAP) Assessment (September 2017 – Present): Engagement Manager

Project: For the Indiana Division of Disability and Rehabilitative Services (DDRS), acted as Engagement Manager in conducting needs assessments for about 900 individuals with developmental disabilities annually.

Medicaid HCBS Waiver Design and Transition Planning (February 2015 – February 2017): Engagement Manager

Project: Acted as Engagement Manager on a three-year project to support the State's Transition Plan resulting from HCBS Final Rule, mandating integrated community settings. (42 CFR 441.301(c) (4)-(5), and Section 441.710(a)(1)(2)). The changes impacted 8 different Medicaid 1915(c) Waivers administered by the Division of Aging, Division of Disability and Rehabilitative Services, and the Division of Mental Health and Addiction. Through three additional scopes of work, also assisted the state revise and resubmit its Community Integration and Habilitation (CIH) Waiver for CMS approval and assisted the Division of Aging and the Division of Disability and Rehabilitative Services coordinate provider self-assessments and conduct initial site visits to determine compliance with the HCBS Final Rule.

Vocational Rehabilitation Evaluation and Payment Processing (April 2017 – Present): Engagement Manager

Project: On two separate multi-year contracts, acted as Engagement Manager to support Indiana's Vocational Rehabilitation program. The first contract is to produce quarterly employment outcome evaluation reports, which includes designing and developing a new data warehouse. The second contract is to implement a new IT system to manage all vocational rehabilitation provider payments statewide, including payment authorization, funds management, and banking functions.

Department of Human Services, Division of Family Development, State of New Jersey

Child Care Workforce Registry System (April 2017 – Present): Engagement Manager

Project: Served as Engagement Manager in leading the day to day operations and management of New Jersey's Childcare Workforce Registry System, supporting cross sector early childhood professionals,

including: child care workforce, early intervention professionals, Head Start staff, higher education faculty and administrators as sponsoring agencies, and DFD state staff. Responsibilities include training and professional development certifications for early childhood providers across the state, review and approval of all training and sponsoring agencies offering training to the Registry membership, review and approval of state funded higher education tuition scholarships.

PROFESSIONAL BACKGROUND

Public Consulting Group

Boston, MA

April 2000 – Present

Deloitte

Boston, MA

January 1999 – February 2000

EDUCATION

Clark University

Worcester, MA

Master of Business Administration, 2004

Bucknell University

Lewisburg, PA

Bachelor of Arts in Economics and English, 1998

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Organizational Change Management

Prosci ADKAR Change Practitioner Certification, 2018

Person-Centered Training

Michael Smull of Support Development Associates, 2016

Project Management Institute

Project Management Professional Certificate, 2007

Sarah Salisbury
Associate Manager at
Public Consulting
Group
Public Consulting
Group, Inc.

Sarah Salisbury is an Associate Manager with PCG and has over 14 years of experience in a vast array of health and human services programs with specific focus on aging and disability services, early childhood programming, rate setting, and cost reporting. She has managed rate studies and fiscal analysis for Early Intervention (EI), Vocational Rehabilitation (VR), and Home and Community Based Services (HCBS) programs in numerous states. Ms. Salisbury also assists states with Federally required HCBS Statewide Transition Plan (STP) activities, including provision of person-centered planning trainings and compliance site assessments.

Prior to her work at PCG, Ms. Salisbury completed the Public Management Internship program in New York State while working for the State's Budget office. At Division of the Budget, her portfolio including Home Energy Assistance Program (HEAP), Supplemental Security Income (SSI), homelessness, supportive housing, Supplemental Nutrition Assistance Program (SNAP), EI, state operations, and IT infrastructure. She also developed cost savings and revenue maximization recommendations for IT development projects and strategic sourcing. Her other past work has included serving as a subject matter expert for the federal Office of Refugee Resettlement, and public affairs at the U.S. Embassy in Guatemala.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of NY

Person-Centered Planning Comprehensive System Transformation Statewide Training Initiative_(January 2019 – Present): Engagement Manager

Project: Project Manager for a Statewide person-centered planning (PCP) training initiative, including all recruitment, coordination, curriculum development, delivery, and reporting. The goal of this initiative is to providing training in Person-Centered practice, planning and thinking as well as the development of the templates necessary to implement these practices across service systems. Over the 2-year contract, 12 Learning Institutes, 172 Regional Trainings, and 8 webinars will be conducted along with development of a comprehensive Resource Library/ Toolkit.

HCBS Final Rule Statewide Implementation Plan Support (April 2017 – November 2017): Project Manager

Project: Acted as Project Manager and assisted the state in developing provider self-assessment, site assessment, remediation plans and heightened scrutiny processes, and trainings across its HCBS waivers to achieve compliance with the HCBS Final Rule.

State Fiscal Agent (December 2013 – June 2014): Business Process Redesign Team Member

Project: Business Process Redesign Team Member for a 5-year term contract to manage all provider payments for a \$700M early intervention program by accessing federal Medicaid, private insurance, state and local reimbursement and funds. Specific work included development of an operational plan for IT development transition, review and documentation of system user interface, coordination of User Acceptance Testing, troubleshooting provider concerns and securing stakeholder input through development of a targeted survey and structured interview sessions.

Early Intervention Provider Cost Report (March 2014 – December 2014): Served as the project manager to support the efforts of the Department, in completing an analysis of provider costs, development of a Medicaid state plan amendment and determining potential long term strategies for collecting cost data. The outcome of this project was to recommend possible alternative cost reporting methodologies that meet the Department's objective to provide efficient and economical early intervention services.

Developmental Disabilities Support Division, State of NM

Family Infant Toddler (FIT) Rate Study (May 2017 – December 2017): Project Manager

Project: Served as the Project Manager for a project focusing on the study and development of rates for agencies providing early intervention services. This project involved dissemination and analysis of a comprehensive cost reporting and time study tool to FIT providers, and providing rate recommendations, including alternative rate structures.

Home and Community Based Settings (HCBS) Rate Study (July 2018 – June 2019): Project Manager

Project: Serve as the Project Manager for a project focusing on the study and development of rates for agencies providing HCBS services. This project involved dissemination and analysis of a comprehensive cost reporting and time study tool to providers, research peer state best practices, and providing rate recommendations, including alternative rate structures.

Department of Mental Health, State of MS

Consultation for HCBS Compliance Monitoring (July 2018 – Present): Team Member

Project: Assist with determining ID/DD Waiver and IDD Community Support Program provider compliance with the HCBS Settings Final Rule. Includes review and revision of site assessments and interview tools, and site assessments and interviews with individuals receiving services.

Office for People with Developmental Disabilities, State of NY

Study to Design a Mobility Management Program (March 2016 – December 2016): Project Manager

Project: Project Manager for an assessment of the current transportation system and how it meets, or fails to meet, the needs of individuals with disabilities. The primary goal of the project was to identify promising practices or models that utilize natural supports, shared-ride and /or other resources to address the transportation needs (and especially the employment-related and community inclusion transportation needs) of individuals with developmental, mental or physical disabilities. The work included facilitation of stakeholder interviews and focus groups, needs assessment/ gap analysis, best practice research and final report including recommendations for a pilot program.

Governor's Executive Chamber, State of NY

Universal Incident Management System (October 2014 – May 2016): Deputy Project Manager

Project: Deputy Project Manager for a review of the need for a new universal incident management system spanning 7 state agencies, including disability, mental health, education, and juvenile justice. The

work includes development of detailed business requirements and a fit/gap analysis.

Division of Disability and Rehabilitative Services (DDRS), State of IN

First Steps Fiscal Analysis and Rate Study (January 2018 – June 2018): Project Manager

Project: Serve as the Project Manager for a project focusing on a fiscal analysis and rate study for the early intervention program. This project involved dissemination and analysis of a comprehensive cost reporting and time study tool to First Steps providers, and providing rate recommendations, including alternative rate structures along with a comprehensive fiscal review and recommendations of the current program structure.

Department of Early Education and Care, Commonwealth of MA

Workforce Business Process Reengineering (January 2019 – June 2019): Project Manager

Project: Serve as the Project Manager in a review of childcare workforce business processes. This project includes a current state assessment, options analysis, BPR recommendations, including high-level business requirements, development of integrated Learning Management System (LMS) RFP, review of RFP responses, and facilitation of internal agency workgroup to discuss integration needs.

Transportation Study (February 2017 – June 2017): Project Manager

Project: Serve as the Project Manager in a broad review and assessment of childcare transportation services, including a report on findings and recommendations.

Office of the Child Advocate, Commonwealth of MA

Residential Schools Approval and Licensing Data and Systems Review (December 2017 – June 2018): Team Member

Project: Conducted a review of the data currently collected for residential schools including review of data currently not shared electronically or analyzed across agencies. The review produced a data taxonomy and crosswalk, including a documented process for how to create a residential school ID, and development of a Go Forward Recommendation based on the data and IT findings.

Administration for Children's Services, State of NY

Comprehensive Review of Early Care and Education Division (March 2014– June 2014): Project Manager

Project: Reviewed the approach to childcare subsidy/ early learn programs to offer best practices and opportunities for improvement/ streamlined services. Specific areas of focus included, but were not limited to, fraud and program integrity and childcare for child welfare referrals.

Office of Early Childhood, State of CT

Organizational Assessment (August 2014 – December 2014): Team Member

Project: Conducted an organizational assessment for a newly created early childhood agency utilizing continuous improvement methodologies and tools. Specific areas of focus include reviewing agency priorities,

funding sources and uses, staffing, programmatic functions and providing recommendations/ options.

Opportunities for Ohioans with Disabilities, State of OH

Statewide Vocational Rehabilitation Fee Structure (June 2015 – May 2016): Project Manager

Project: Served as the Project Manager for a project focusing on development of a cost based statewide fee structure for agencies providing vocational rehabilitation (VR) services. This project involved dissemination and analysis of a comprehensive cost reporting tool to VR providers, conducting community forums to discuss recommended changes, as well as gathering and analyzing best-practice standards in regards to job coaching and job development training, education and experience.

PROFESSIONAL BACKGROUND

Public Consulting Group

Charlotte, NC

December 2013 – Present

New York State Division of the Budget

Albany, NY

August 2009 – December 2013

EDUCATION

Rutgers University

New Brunswick, NJ

Master of Public Administration

Concentration: International Public Service and Development, 2008

Cornell University, School of Industrial and Labor Relations

Ithaca, NY

Certificate in Management Development, 2010

Nyack College

New York City, NY

Bachelor of Arts in Social Science, 2005

Cathy Anderson

Senior Adviser at Public
Consulting Group
Public Consulting Group,
Inc.

Ms. Cathy Anderson has more than 30 years of experience (government and consulting). She has held leadership roles in state agencies supporting people with intellectual and developmental disabilities and was responsible for the organization and management of statewide service systems. She is the Former I/DD director of Nebraska, and the District of Columbia, in Iowa she served as the Chief Deputy Director for the Department of Human Services where she supervised the divisions of Medicaid, Mental Health, Child Welfare, Economic Assistance, Developmental Disabilities and Policy. She is also a past President of NASDDDS Board of Directors. Ms. Anderson has extensive experience in designing, visioning, revising, and monitoring waiver programs both as a state employee and as a consultant. Her work with waivers began when she was part of the design team for Nebraska's first HCBS waiver for people with intellectual disabilities, and has continued throughout her career by designing, revising, and implementing numerous HCBS waivers.

Ms. Anderson is a key member of engagements involving the HCBS Settings Final Rule and other waiver work. She has presented at several national conferences and has consulting done work in 27 states. Recently, Ms. Anderson became a certified Ambassador for the Charting the LifeCourse practices.

RELEVANT PROJECT EXPERIENCE**Department of Developmental Services, State of California**

Home and Community Based Services Settings Assessment and Person-Centered Planning (September 2018 to Present): Engagement Manager
Project: Work with all stakeholders, including consumers, families, Regional Centers, service providers, other stakeholders, and the state departments to promote understanding of the principles of HCBS and person-centered planning practices.

Department of Developmental Services, State of California

Settings Assessment for Compliance with the HCBS Settings Final Rule (June 2020 to Present): Compliance and Training Manager
Project: Conduct onsite and/or virtual site assessments to determine compliance with the HCBS Settings Final Rule. Interview providers and individuals receiving services. Provide written information necessary to develop Acton Plans to address areas of non-compliance.

Department of Health Care Services, State of California

Remediation of Settings Assessments and Statewide Transition Plan (February 2020 to Present): Subject Matter Expert
Project: Collaborate with the internal team on site assessment reports and CAPs, as well as work with providers to ensure Federal compliance. Develop an outline and assist with implementation of a remediation process. Assist with implementation of a heightened scrutiny process. Develop provider communications and guidance. Develop and administer provider trainings related to achieving compliance with the Final Rule.

Department of Health, State of Wyoming

Increased Funding, CC Waiver Implementation and Training (March 2020 to Present): Subject Matter Expert

Project: Provide subject matter knowledge and expertise on case management, including development of waiver language, training, needs assessment, resource allocation, federal compliance, and the redesign of a case management system. Scope of work also includes recommendations on implementation of participant direction and revisions/recommendations to improve the process for review of requests for additional funding and development and delivery of training modules.

Department of HealthCare Policy, State of Colorado

HCBS Settings Compliance (March 2020 to Present): Technical Advisor
Project: Provide technical advise on various topics including rights restrictions, informed consent and other areas as requested. Also review provider plans of correction for accuracy.

Department of Health-Developmental Disabilities Supports Division. State of New Mexico

HCBS Rate Study (September 2018 to June 2019): HCBS Settings Expert
Project: Work with the state agency and an advisory committee to assess current rates, complete a rate study for HCBS waiver services, ensure that recommended rates are fair and efficient. Conduct research and provide information and recommendations on best practice from peer states.

Department of Mental Health, Division of Home and Community-Based Services, State of Mississippi

IDD/DD Waiver and IDD Community Support Program Compliance (August 2018 to present Health): Subject Matter Expert
Project: As part of the implementation of Mississippi's Statewide Transition Plan to bring the State and providers into compliance with the Home and Community Based Settings (HCBS) Final Rule (42 CFR 441.301(c)(4) and 42 CFR 441.301(c)(5)), PCG is completing assessments of all day and residential settings funded through the ID/DD Waiver and IDD Community Support Program to determine compliance with all requirements of the Final Rule. Provision of training and technical assistance via a series of webinar sessions. Review and provide technical assistance to providers to remediate issues found as part of the onsite assessments.

Department of Health Services, State of Wisconsin

Provider Training (April 2018 to present): Subject Matter Expert
Project: Provide training and quality oversight for PCG community assessment reviewers who complete onsite assessment, certification, and/or recertification of waiver settings

Family and Social Services Administration Bureau of Developmental Disabilities Services, State of Indiana

E-Learning Courses and Professional Development and Curriculum Resources (March 2016 to present): Subject Matter Expert
Project: The BDDS contracted with PCG to design and develop a comprehensive series of e-learning courses and supporting professional development curriculum and resources. The project is designed to support the training needs of BDDS staff, specifically focusing on the BDDS Service Coordinators located in regional offices across the state. PCG is responsible for conducting a needs assessment of staff training, development of online core training modules, development and delivery of an annual conference and preparation and publication of a quarterly newsletter.

Technical Assistance to FSSA's DDRS Waiver Service (February 2017-December 2017): Subject Matter Expert

Project: PCG provides technical assistance to FSSA's DDRS waiver service providers for completion of activities related to compliance with the HCBS Settings Rule. This includes developing and administering assessment tools and materials, reviewing provider documentation and scheduling and conducting site visits.

FSSA HCBS Transition Plan (February 2015-2017): Project Manager

Project: Project management services for the implementation of the FSSA's Home and Community-Based Settings Rule Transition Plan. Provided project management to ensure the timely and effective implementation of the transition plan for the Divisions of Aging, Disability and Rehabilitation Services, and Mental Health and Addition. Other project tasks included development and implementation of a communication plan to ensure ongoing and transparent involvement of stakeholders, including drafting of materials and facilitation of meetings; and completion of research for FSSA on national regulatory development and changes as well as lessons learned from transition plan implementation in other states.

DDRS CIH Waiver Redesign (July 1, 2015-October 2016): Project Manager

Project: Project management services for the redesign of the Indiana Division of Disability and Rehabilitative Services (DDRS) Community Integration and Habilitation (CIH) home and community-based waiver program. Ms. Anderson provides project management to ensure the effective completion of weekly policy discussions to formulate waiver changes and the subsequent writing of waiver amendments; facilitation of town hall meetings and communication strategies with all relevant stakeholders; coordination with other contractors relevant to this project work and provision of technical assistance throughout the project.

Division of Disability and Rehabilitative Services, Bureau of Developmental Disabilities Services (BDDS), State of Indiana

Inventory for Client and Agency Planning (ICAP) (September 2017-Present): Project Quality Oversight

Project: Completion of ICAP assessments to determine the appropriate level of support for individuals referred by BDDS for the Community Integration and Habilitation waiver.

Office of Developmental Programs, Commonwealth of Pennsylvania

Consultation and Development of Provider Assessment Tools (2017 to July 2018)

Project: Assist with research and development of provider self-assessment tools for non-residential and residential settings. Work with HCBS Work Group. Provide recommendations for provider self-assessment validation. Assist with development of communications plan, presentations and training materials.

The U. S. Mentor Network

(January 2015-Present): Technical Advisor

Project: Provision of consultation on aging and disability services on compliance with the CMS HCBS settings final rule and other special projects and systemic issues.

**Department of Health and Human Services Medicaid;
Department of Disabilities and Special Needs State of South
Carolina**

DHHS and DDSN Site Visits December (2016-November 2017): Project Manager

Project: PCG worked with SC DHHS Medicaid and the SC DDSN to conduct over 1000 site visits of residential and non-residential settings located throughout the State of South Carolina. PCG's responsibilities included the creation of evaluation tools for conducting residential and non-residential setting assessments; use of a web-based tool to collect assessment information; development of processes to schedule all site visits, development of provider communication materials, such as FAQs, regarding the HCBS settings requirements and the site visit assessment process; and provision of reports that track and trend all site visits.

**Executive Office of Health and Human Services,
Commonwealth of Massachusetts**

HCBS Statewide Transition Plan and 1915c Waivers Review (September 2016 – July 2017): Subject Matter Expert

Project: Overseeing the analysis of the MA Statewide Transition Plan for alignment with the HCBS Final Rule. This includes reviewing compliance of at-risk provider sites as identified by EHS. This work also includes an additional evaluation of the ten of the Commonwealth's 1915c Home and Community-Based Services (HCBS) Waivers. This includes the identification of service gaps, a review of peer states and their services, and an identification of revenue maximization opportunities, including new opportunities for self-directed services within the waivers and other state funded services.

Massachusetts Rehabilitation Commission

ABI Needs Assessment and Recommendations (July 2016 – March 2017): Subject Matter Expert

Project: Managing a comprehensive needs assessment for those with acquired brain injury. The goal is to identify the specific needs of individuals with acquired brain injury (ABI) in the commonwealth. The project involves HCBS waiver service benchmarking, reviewing relevant best practices, as well as conducting stakeholder focus groups. Focus groups entailed engaging with individuals impacted by head injuries both traumatic and non-traumatic.

MA Department of Developmental Services

Business Process Redesign (April 2016-June 2016): Project Manager

Project: Public Consulting Group conducted a review of the role and functions of the DDS service coordination staff. The project included a review of the job description, shadowing of service coordination staff, and holding focus group meetings with staff in the regional offices. Additionally, the team completed comparison research of three states selected by DDS and the Union. A final report was completed and outlined recommendations for DDS to streamline or eliminate work processes to support the service coordinator's ability to spend more time with the people on their caseloads to achieve individual outcomes.

Department of Health, State of New York

Person-Centered Planning Comprehensive System Transformation (September 2018 to present): Project Director

Project: Project Director for a statewide person-centered planning (PCP) training initiative, including all recruitment, coordination, curriculum development, delivery, and reporting. The goal of this initiative is to providing training in Person-Centered practice, planning and thinking as well as the development of the templates necessary to implement these practices across service systems. Over the 2 year contract, 12 Learning Institutes, 172 Regional Trainings, and 8 webinars will be conducted along with development of a comprehensive Resource Library/ Toolkit. Target populations include persons with mental health, substance abuse disorders and developmental disabilities.

Department of Health, State of New York

Home and Community-Based Services-Statewide Transition Plan Implementation (April 2017-December 2017): Subject Matter Expert

Project: Public Consulting Group assisted the state with implementation of their HCBS Settings Final Rule Statewide Transition Plan (STP) across all waiver programs in each of the operating agencies. Work included: training, onsite settings assessments, remediation strategy development, Heightened-Scrutiny setting identification and packet development, and technical assistance.

NY Office for People with Developmental Disabilities, State of New York

Study to Design a Mobility Management Program (March 2016 to January 2017): Subject Matter Expert

Project: Public Consulting Group conducted an independent assessment of the mobility and transportation needs of person with disabilities and other special populations, including but not limited to those receiving behavioral health services. PCG delivered; in December 2016, a report that includes its assessment and recommendations on the creation of a transportation pilot demonstration program. The overall goal of the project was to develop a plan that will improve self-direction, community inclusion and competitive employment through mobility management transportation options for New Yorkers with disabilities. This was a multi-agency initiative including OPWDD, Department of Transportation, Department of Health, Office for the Aging, Office for Mental Health, Office of Alcoholism and Substance Abuse Services, Developmental Disabilities Planning Council and the Department Education.

Department of Human Services Deaf and Hard of Hearing Services Division, State of Minnesota

Analysis of Organizational Structure, Staffing Patterns and Funding of DHHS (December 2015-June 2016): Subject Matter Expert

Project: Public Consulting Group conducted an analysis of the organizational structure, staffing patterns and funding streams of DHHS to determine if the services and programs meet current and future needs of Minnesota citizens who are deaf, deafblind and hard of hearing, PCG completed on site visits, staff interviews and focus groups. PCG delivered a report of the analyses of the organization, staff, consumer needs, funding structure and services with recommendations for improvement.

Department of Health and Human Services, State of North Carolina

Managed Care Transition (July 2017-June 2020): Subject Matter Expert
Project: Public Consulting Group is a subcontractor to Manatt, Phelps & Phillips to provide subject matter expertise for intellectual and developmental disability services and behavioral health services. Provide consultation and advise on strategy for managed care transition for the intellectual/developmental disability population across key tailored plan design areas, participate in stakeholder engagement related transitions to BH I/DD tailored plans; and other tasks and deliverables agreed upon.

Department of Justice, State of Oregon

Evaluation of ID/DD Employment Services (December 2014-December 2015): Subject Matter Expert
Project: Analyzed and evaluated issues related to the provision of employment services and related services to people with intellectual and developmental disabilities by the State of Oregon, Department of Human Services, Offices of Developmental Services and Vocational Rehabilitation.

Department of Behavioral Health and Developmental Services, Commonwealth of Virginia

(March 2015-2016): Subject Matter Expert
Project: Transformational planning process for adult, child, mental health, disability, and forensic services.

PROFESSIONAL BACKGROUND**Public Consulting Group**

Washington, D.C. 2002-2006, September 2014 – Present

District of Columbia Department on Disability Services

Washington, D.C. August 2010– August 2014

Navigant Consulting, Inc.

Chicago, IL January 2007 – August 2010

EDUCATION**University of Nebraska**

Omaha, NE

Master in Public Administration
20 hours of coursework completed

University of Nebraska

Lincoln, NE

Bachelor of Arts in Social Work, 1976

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Charting the LifeCourse-University of Missouri-Kansas City
Certified Ambassador

Support Development Associates

Person-Centered Planning Certification

White Papers

Opportunities at the Intersection of the HCBS Settings Regulation and WIOA, Cathy Anderson-December 2014

Plotting a Roadmap for those with complex needs, Jenny Pescod and Cathy Anderson, The MJ (United Kingdom), June 4, 2015

Presentations

Change Happens at the Rate of Trust-A Panel Presentation on the Incorporation of LifeCourse and Person-Centered Practices in Service Planning-2018 HCBS Waiver Conference, Baltimore, MD-August 2018

The Journey to Becoming a Person-Centered Organization, Navigating Change Symposium-Illinois Department on Aging, Peoria, Illinois-June 2018

HCBS Settings Final Rule: Person-Centered Assessments and Goal Setting, Navigating Change Symposium, Illinois Department on Aging, Peoria, Illinois- June 2018

Change Happens at the Rate of Trust, Charting the LifeCourse Showcase, Kansas City, Missouri-April 2018

AAIDD Delegation to Iceland and Ireland--HCBS Funding and Policy-Ireland's Health Service Executive, Dublin Ireland-October 2017

Triumphs and Challenges: HCBS Final Rule-2017, HCBS Waiver Conference, Baltimore, MD-August 2017

Employment Services for Individuals with Disabilities-National Association for Welfare Research and Statistics, Pittsburgh, PA July 2017 and the HCBS Waiver Conference, Baltimore, MD-August 2017

Mobility Management Solutions-Home and Community-Based Waiver Services Conference, Washington, DC-August 2016

Asset Based Employment Programmes for Individuals with Disabilities-Into Work Convention, London, England. July 2015

Barbara Ramsey

*Consultant at Home and
Community Based
Services (HCBS) at Public
Consulting Group
Public Consulting
Group, Inc.*

Ms. Barbara Ramsey has extensive experience designing, developing, and administering home and community-based support systems for older people and people with disabilities. She is versed in laws, principles, practices, and financing for Medicaid long term support. She led the state of Colorado to adopt person-centered principles in Medicaid home and community-based services, expanded consumer direction and completed a system redesign for reimbursement in HCBS waivers using the Supports Intensity Scale. A veteran of the legislative process, Ms. Ramsey has presented proposed legislation and testified before legislative committees. She is persuasive in negotiating and securing positive outcomes for stakeholders within regulatory and budgetary confinements. She enjoys dynamic, demanding environments while remaining pragmatic and focused.

RELEVANT PROJECT EXPERIENCE**Home and Community Based Services (HCBS), State of Colorado**

(2018 – Present): Consultant

Project: Ms. Ramsey provides consultant activities for the development and administration of person-centered systems providing support for older people and people with disabilities to live in their own homes and communities. Work includes policy analysis, rates development, peer state research, literature reviews, report writing, authoring manuals, and performing quality reviews in the public and private sectors.

Ms. Ramsey: Responsibilities have included research and reporting on telehealth for waiver therapy services and remote technology support for personal assistance, writing descriptions for HCBS waiver applications, stakeholder engagement, advising on person-centered practices and compliance and quality reviews for residential habilitation services.

Colorado Department of Health Care Policy & Financing (HCPF), State of Colorado

Office of Community Living (2014 – 2017): Deputy Director

Project: In 2014, Ms. Ramsey assumed responsibility for transitioning a state agency to a newly formed state Office of Community Living. This transition involved combining administration for eleven Colorado Home and Community Based Services waivers, skilled nursing facilities, assisted living and intermediate care facilities for people with intellectual and developmental disabilities under one agency. Responsibilities were in addition to on-going activities as the Director for Intellectual and Developmental Disabilities.

Ms. Ramsey: Established budget, legislative, financial, and operating procedures for the Office of Community Living Home and Community Based Services waivers, grant and state funded programs with budget of \$3.2 billion and a staff of 62 employees. Served as the Department liaison with professional associations, providers, advocates, legislators, attorneys, state and federal auditors and monitors, and the news media. Led a statewide transition to person centered practices in the home and community-based services system. Expanded consumer direction within Home and Community Based Services waivers. Represented the Office of Community Living in testimony at the legislature, in the courts and for key meetings in the public and private sectors

Division for Intellectual and Developmental Disabilities, State of Colorado

Division for Intellectual and Developmental Disabilities (2010 – 2014):
Director

Project: Comprehensive responsibility to plan, implement and administer state, grant funded and Medicaid programs serving people with intellectual and developmental disabilities.

Ms. Ramsey: Managed 42 employees, including supervision of three subordinate managers and a budget of approximately \$400 million to support 24,000+ individuals with intellectual and developmental disabilities receiving institutional and home and community-based services. Ms. Ramsey oversaw system transitions to: implement conflict-free case management, initiate a cross-system crises response system for individuals with a dual diagnoses of intellectual and mental health disabilities, close institutional sites, implementing transition processes for people to move to community living. Ms. Ramsey established internal and external engagement practices, developed standard protocols for written documents, instituted ongoing community and business meetings for participants, families, advocates, providers and agency financial officers, implemented a Facebook page, telephone hot line and a link on the Division's web page for submitting questions, comments and information to the Division.

PROFESSIONAL BACKGROUND**Home and Community Based Services**

CO 2018 – Present

Colorado Department of Health Care Policy & Financing (HCPF)

Denver, CO 2014 – 2017

Division for Intellectual and Developmental Disabilities

Denver, CO 2010 – 2014

EDUCATION**Montana State University**

Billings, MT

Bachelor of Science in Vocational Rehabilitation and Related Services, 1979

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Federal Fiscal Management Certificate, U.S. Department of Labor in partnership with Brandeis University, Heller School for Social Policy and Management, Person Centered Thinking Executive Leadership, Support Development Associates, National Leadership in Developmental Disabilities Certificate, University of Delaware, Leadership Institute, Serious Incident Investigator Certified, Labor Relations Alternatives (2017). Courses on public administration, contract and grants management, personnel practices, counseling and guidance, data analysis, auditing, quality control, statistics, and financing. Member,

**Board of Directors, National Association of State Directors of
Developmental Disabilities Services (NASDDDS).**

**Jamin Barber, MS,
PMP**

*Senior Consultant at
Public Consulting Group,
Inc.*
Public Consulting
Group, Inc.

Mr. Barber is a Senior Consultant at Public Consulting Group, Inc. (PCG) and is an executive leader with 18 years of experience in healthcare and social service administration who is skilled at solving operational challenges in healthcare settings. Through his project management and business architecture experience, he excels at identifying new business opportunities, achieving aggressive objectives and developing strong working relationships with customers and stakeholder through communication and program/product vision. Mr. Barber is a results-driven leader who can institute proven metrics to improve services and financial strength.

RELEVANT PROJECT EXPERIENCE**Department of Healthcare and Family Services, State of Illinois**

Mr. Barber: Led the proposal and winning bid for a \$3.5 million contract with the State of Illinois to provide enhanced quality oversight services in the development of evidentiary-based quality improvement and management strategies for the States Home and Community Based Waiver Services (HCBS). As director, He has successfully implemented of quality assurance reviews for five HCBS Waivers for Illinois. In addition, he performs special consulting projects aimed at improving quality in HCBS Waiver projects. He served as PM on the development and implementation of a secure web-based platform design, development, and deployment for exchange of documentation and KPIs between PCG and the IL State Medicaid Agency.

- ▶ Developed and built operations of the project including project planning, staffing, policy and Procedure, and development of performance measure instruments for data collection purposes.
- ▶ Recruiting and leads a clinical review team consisting of RNs, medical doctors, operational and administrative staff.
- ▶ Manages the development of a web-based software (PIVOT) that collects aggregates and reports data back to the state of IL and provides formatted reports for exchange of dashboarding of key contract requirements.
- ▶ Leads a team of consultants in the implementation of project and executed project plan while managing all constraints of project Lifecycle.

Division of Medicaid, State of Mississippi

Healthcare Delivery System Consultant (January 2017 – Present):
Senior Consultant

Mr. Barber: Provides expertise focused on RFP development, contract language assistance, and integration of health population management and cost containment for the State of Mississippi's Coordinated Access Network. The Mississippi Division of Medicaid (DOM) contracted with PCG to support the expansion and administration of managed care for the State's Medicaid and Children's Health Insurance Program (CHIP) programs.

Mr. Barber's technical and consulting services for this engagement focused on several project management roles including procurement services, evaluation, design/implementation, and mitigating the financial and organizational impact risk of managed care. He planned the

readiness review and Implementation phases of the Managed Care contracts for the State. Key Deliverables include:

- ▶ Developed and oversaw the implementation of a revised CHIP managed care Vendor Reporting Manual for three health plans' reporting requirements
- ▶ Provide regulatory analysis of current CMS Managed Care Organization Regulations
- ▶ Designed and implemented all planning documents for the implementation of re-procured Managed Care contracts including Requirements gathering, schedule development, and WBS build-out and communications plan with all three Health plans
- ▶ Led a large Kickoff meeting with all stakeholders including external health plans to initiate the readiness review process
- ▶ Provide analysis and options regarding options for Medicaid cost reduction and improved efficiency
- ▶ Revise the current Managed Care Organizations Contract to comply with CMS regulations

Develop procurement, planning and communication documents for Managed Care Organizations' readiness review

He also develops enhanced evaluation instrument for Mississippi's Department of Medicaid as part of the managed care re-procurement project and delivers SME on business requirements for Provider Representatives programs, quality management, vendor selections, and procurement evaluation best practices.

Beyond supporting the logistics of managed care expansion, Mr. Barber also provide research and recommendations toward the design, development, and implementation of new healthcare delivery initiatives. These initiatives aim to improve access to care for the State's rural and vulnerable beneficiaries and improve health outcomes for the population.

The Stephen Group, Austin, TX

(2016 – 2017): Senior Consultant

Mr. Barber: Led Medicaid reform project focused on integrated delivery network design to realize savings for the State of Arkansas; produced financial model to recommend and implement the Supports intensity Scale SIS® for Medicaid IDD programs as part of a five-year net savings plan of \$400 mil; generated path for federal matching dollars (\$1.5 mil/yr.) for clinical assessment redesign efforts SIS®; guided and led a team of business consultants on a \$50+ mil procurement management project; and delivered SME on business requirements for clinical assessment procurement related to quality management, IT requirements, vendor selections, and individual assessment best practices.

Chrysalis, Inc., Statewide TX

(2013 – 2016): Operations Executive

Mr. Barber: Achieved long-range improvements goals, contract negotiations, sales, and growth by leading the Texas division in start-up environment, increased P&L oversight and operations leadership for \$55 mil HCBS / Social Services provider resulting in revenues to \$1.3 mil with positive profits in a tight-cost budget environment, introduced product differentiation resulting in aggressive contract growth of 500%, improved quality contract management requirements and dispute resolution with

stakeholders, and delivered project goals and objectives ahead of schedule with focus on cost and quality constraints.

Texas Health & Human Services Commission, Austin, TX

(2009 – 2013): Consultant Manager

Mr. Barber increased engagement volume by 37% and grew new clients by 12% through program evaluation, developed and trained clinical and IT consultants on determinants of health, improving KPIs for patients, performed gap analysis and developed health intervention strategies improving prescriber behavior and interdisciplinary processes, improved integrated care services between healthcare providers as the principle investigator for Texas Nursing Facility Behavioral Health Project, and maximized public interface on IT enhancement project to provide electronic access to regulatory inspection results in an agile environment.

MHRST, Inc., Houston, TX

(2008 – 2009): Chief Operations Officer

Mr. Barber: Reduced overhead and administration costs optimizing \$2 million annual budget by delivering organizational restructure project, expanded partnership with Menninger Clinic increasing bed occupancy by 28% over six months, increased web traffic by 30% through successful social marketing and SEO campaign, and grew strong 40+ employee clinical team including physicians, psychologists, and nurses through development program.

Chrysalis, Inc., Salt Lake City, UT

(2002 – 2006): Behavior Analyst & Unit Manager

Mr. Barber: Designed and supervised treatment interventions using functional analyses processes and interpreted and presented data and treatment results to care team, trained and supervised 60+ managers and staff on treatment plans and intervention techniques, which improved data integrity for treatment plans by 30%, led a program evaluation the results of which improved overall clinical treatment, medication management processes, and staff performance, and managed operations of three residential care programs, supervising 36+ healthcare staff.

PROFESSIONAL BACKGROUND

Public Consulting Group

Austin, TX January 2017 – Present

The Stephen Group

Austin, TX 2016 – 2017

Chrysalis, Inc.

Statewide TX 2013 – 2016

Texas Health & Human Services Commission

Austin, TX 2009 – 2013

MHRST, Inc.

Houston, TX 2008 – 2009

Chrysalis, Inc.
Salt Lake City, UT

2002 – 2006

EDUCATION

Washington University in St. Louis

St. Louis, MO

Master of Science, Healthcare & Social Service Administration

University of Utah

Salt Lake City, UT

Bachelor of Science, Social Work Research

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Professional #1974272 from Project Management Institute, Certified Management Professional from the State of Texas, Research Certification from Washington University in St. Louis, Business Administration Certification from Washington University in St. Louis.

Jackie Whitlock

Project Specialist at Public Consulting Group
Public Consulting Group, Inc.

Ms. Jackie Whitlock, a Project Specialist located in our Indianapolis, Indiana office. Ms. Whitlock has over 30 years of experience in the Human Service and Healthcare arenas including case management as both a QMRP and QIDP. Ms. Whitlock began working within PCG's Aging and Disability Center of Excellence in 2016. Since joining PCG, Jackie has assisted numerous states with research, training, onsite assessments, quality assurance reviews, and consultation surrounding their home and community-based services Statewide Transition Plan (STP) activities. Her HCBS project work includes the states of Indiana, Wisconsin, Mississippi, and California. Ms. Whitlock is currently working with IN DDRS as a Project Manager for the completion of ICAP assessments for individuals receiving waiver services. In addition, Ms. Whitlock is also currently leading the Quality Assurance team for the California Statewide Transition Plan for HCBS Compliance contract.

Prior to joining PCG, Ms. Whitlock served as a consultant for the Indiana Medicaid Eligibility Unit. In this role, Ms. Whitlock was responsible for determining the most appropriate type of Medicaid for the individual, consulted with Family Case Managers, received and prioritized 2032's based on the needs of the individual, and trained new consultants. Ms. Whitlock has also served as an Annual Assessment Specialist for Indiana Professional Management Group, Lead for the Surveillance and Utilization Review department with Health Care Excel, Medicaid Consultant/Trainer/Instructional Designer with Brilljent, and a Program Director for Indiana Mentor. In this role, she directed the daily operations of multiple group home sites in accordance with state and federal Medicaid and Medicare regulations. Ms. Whitlock was also responsible for the direct supervision of multiple care teams in each of the homes. Ms. Whitlock has her bachelor's degree in Pre-professional Psychology from Ball State University, Muncie.

RELEVANT PROJECT EXPERIENCE

Bureau of Developmental Disability Services, State of Indiana
Indiana Inventory for Client and Agency Planning (ICAP) Assessment Services (October 2017 – Present): Project Specialist/Trainer/Assessor

Project: Train, manage, and provide consultation to the team conducting ICAP assessments for individuals in Indiana either on a waiver or waiting to qualify for a waiver. Serve as the liaison between PCG and the Bureau of Developmental and Disability Services (BDDS). Complete weekly transmission reports for BDDS to review. Assign and manage the caseloads of the ICAP assessors. Conduct ICAP assessments when needed especially those that have been determined to be emergency or expediated cases.

Department of Health Services, State of Wisconsin
Wisconsin DHS HCBS Compliance (July 2018 – December 2018): Site Assessor
Project: Assisted with determining ID/DD Waiver and IDD Community Support Program provider compliance with the HCBS Settings Final Rule. Provided technical assistance and training to assessors on completing accurate and relevant assessments. Conducted validation site visits of

Assisted Living (AL), Adult Day Service (ADS), and Adult Family Care (AFC) sites registered to provide services.

Department of Mental Health Bureau of Intellectual and Developmental Disabilities, State of Mississippi

Compliance Monitoring for CMS Final Rule Reporting HCBS Settings (September 2018 – Present): Site Assessor/Trainer

Project: Trained locally hired assessors to conduct validation site visits and complete site visit assessments. Provided Quality Assurance reviews for completed assessments. Conducted validation site visits and completed site visit assessments for both residential and non-residential providers throughout the State of Mississippi. Sites assessed included Shared Supported Living, Prevocational, Adult Day Health and Day Services. Purpose was to ensure individuals receiving community-based waiver services in the setting were supported with their full interaction and integration into the community. Specifically employed were the 13 standards (requirements) from the 2014 Centers for Medicare and Medicaid Services (CMS) HCBS Setting final rule to determine if the settings had or did not have institutional qualities, thus ensuring that participants exercised choice and control when enrolled in one of the service types listed above.

Department of Health Care Services (DHCS), State of California

Statewide Transition Plan for HCBS Compliance (March 2019 – Present): Quality Assurance Team Lead

Project: The project works specifically on conducting assessments for the Residential Facilities for the Elderly, Adult Residential Facilities and Congregate Living Health Facilities. Responsibilities include Quality Review of site assessment documentation the Site Assessment team is creating following conducting HCBS assessments that ensure individuals receiving community-based waiver services in the setting support their full interaction into the community. Collaborates closely with Human Services within PCG to develop processes and systems to maintain compliance with the Statewide Transition Plan (STP). Develop and implement the use of systems that established best practices including Quality Assurance and provide training when indicated to ensure accurate and detailed assessment reports.

Division of Aging, State of Indiana

Indiana Division of Aging HCBS Setting Assessment (March 2016 – June 2017): Site Assessor

Project: Conducted validation site visits of Assisted Living (AL), Adult Day Service (ADS), and Adult Family Care (AFC) sites registered to provide services through the Aged & Disabled Waiver (A&D) and Traumatic Brain Injury (TBI) Waiver. Assessments included sites in Northern, Central and Southern Indiana. Assessor utilized questions developed based on suggested questions from the CMS Settings Toolkit to evaluate the various settings. Specifically employed were the 13 standards (requirements) from the 2014 Centers for Medicare and Medicaid Services (CMS) HCBS Setting final rule to determine if the settings had or did not have institutional qualities, thus ensuring that participants exercised choice and control when enrolled in one of the service types listed above. Observations from the site visits were recorded and then summarized for presentation to the Indiana Division of Aging.

Division of Developmental Disabilities and Rehabilitation Services, State of Indiana

Bureau of Developmental Disability Services (June 2016 – December 2016): Training Developer

Project: Assisted in the design and development of a comprehensive series of e-learning courses and supporting professional development curriculum and resources to support the training needs of BDDS staff, specifically focusing on the BDDS Service Coordinators located in regional offices across the state.

PROFESSIONAL BACKGROUND

Public Consulting Group

Indianapolis, IN

March 2016 – Present

BRILJENT, LLC

Indianapolis, IN

April 2011 – October 2015

Indiana Professional Management Group

West Lafayette, IN

2009 – 2011

Health Care Excel

Indianapolis, IN

2007 – 2009

EDUCATION

Ball State University

Maurice, IN

Bachelor of Science in Preprofessional Psychology, 1986

Erica Stratton
Senior Operations
Manager at Public
Consulting Group, Inc.
Public Consulting
Group, Inc.

Erica Stratton, a Sr Operations Manager located in our Augusta, Maine office, has been with PCG since May 2008. Ms. Stratton joined the PCG team with more than eight years of call center operations experience. Her experience includes customer service, quality assurance and training, supervision of call center operations, analyzing customer satisfaction surveys to improve customer service delivery, and productivity reporting. Ms. Stratton's most recent project, prior to joining PCG, involved expanding call center operations to include an email support team. She established a process for quality assurance review of email communications and exceeded productivity goals for the project.

Since joining PCG, Ms. Stratton has worked with the Office of MaineCare Services to provide claims reporting and monthly call center reports, as well as managing the Provider Services call center for the Office of MaineCare Services. Her work experience includes supporting multiple call center projects by providing reporting for call center metrics, guidance for quality assurance processes and audit guidelines for customer interactions. Ms. Stratton is currently managing provider enrollment and call center operations for the Provider Oversight project for the Ohio Department of Medicaid, in addition to supporting several other Medicaid Provider projects.

RELEVANT PROJECT EXPERIENCE

Department of Health Care Services, State of California

Compliance with CMS HCBS Final Rule Project (February 2019 – Current): Provider Services Manager

Ms. Stratton: Manage contact center and scheduling operations for HCBS Site Assessors. Ensure appropriate staffing levels for contact center operations and monitor scheduling volume to meet project objective of assessing compliance with the HCBS settings rule.

Department of Mental Health, State of Mississippi

Compliance with CMS HCBS Final Rule Project (August 2018 – Current): Provider Services Manager

Ms. Stratton: Manages contact center and scheduling operations for site visit teams. Ensure appropriate staffing levels to meet project goals. Provide guidance related to QA standards for customer interactions.

Department of Human Services, State of Wisconsin

HCBS Compliance Project (March 2018 – Current):

Manager of Quality Assurance and Training (March 2018-June 2018)

Provider Services Manager (July 2018-Current)

Ms. Stratton: Manage contact center and scheduling operations for site visit teams. Ensure appropriate staffing levels to meet project goals. Provide guidance related to QA standards for customer interactions.

Department of Health and Human Services, State of South Carolina

HCBS Site Visits and Assessments Project (February 2017 – October 2017):

Manager of Quality Assurance and Training (March 2018-June 2018)

Ms. Stratton: Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff. Develop QA definitions used in calibration sessions and training. Organize QA

calibration sessions to ensure consistent application of QA standards and promote superior customer service practices. Identify trends and training opportunities based on audit data.

**Massachusetts Commonwealth Care Alliance,
Commonwealth of Massachusetts**

Claims Service Center Project (September 2014 – October 2016):

Manager of Quality Assurance and Training

Ms. Stratton: Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff. Develop QA definitions used in calibration sessions and training. Organize QA calibration sessions to ensure consistent application of QA standards and promote superior customer service practices. Identify trends and training opportunities based on audit data. Develop QA standards and reporting for adjudicated claims.

Ohio Department of Medicaid, State of Ohio

Home and Community Based Provider Oversight Project (July 2013 - Current):

Supervisor of Provider Enrollment and the Provider Oversight Call Center (July 2013-June 2014)

Manager of Provider Enrollment and the Provider Oversight Call Center (July 2014- Current)

Ms. Stratton: Supervise staff processing provider enrollment applications, updating and maintaining provider records, scheduling compliance reviews, and responding to provider inquiries via phone and email through the Provider Oversight Call Center. Manage call center functions for the Provider Oversight Call Center, including handling inquiries related to onsite screening, structural reviews, incident investigations, provider outreach/education, and enrollment status. Establish quality assurance procedures for review of enrollment applications and updates to provider records. Develop QA definitions used in calibration sessions and training. Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff.

Michigan LIS, State of Michigan

UAW Extra/ Help Assistance Project (September 2013 – June 2018):

Supervisor of Quality Assurance and Training (July 2013 – June 2014)

Manager of Quality Assurance and Training (July 2014- June 2018)

Ms. Stratton: Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff. Develop QA definitions used in calibration sessions and training. Organize QA calibration sessions to ensure consistent application of QA standards and promote superior customer service practices. Identify trends and training opportunities based on audit data.

Department of Medical Assistance, State of North Carolina

Provider Site Visit/ Screening Project (July 2014- Current):

- Supervisor of Quality Assurance and Training (July 2013 – June 2014)
- Manager of Quality Assurance and Training (July 2014- June 2018)
- Provider Services Manager (July 2018-Current)

Ms. Stratton: Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff. Develop QA definitions used in calibration sessions and training. Organize QA calibration sessions to ensure consistent application of QA standards and promote superior customer service practices. Identify trends and training opportunities based on audit data.

Provider Outreach/ Training Project (July 2014 – June 2018):
Supervisor of Quality Assurance and Training (July 2013 – June 2014)
Manager of Quality Assurance and Training (July 2014- June 2018)
Provider Services Manager (July 2018-Current)
Ms. Stratton: Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff. Develop QA definitions used in calibration sessions and training. Organize QA calibration sessions to ensure consistent application of QA standards and promote superior customer service practices. Identify trends and training opportunities based on audit data.

North Carolina Post-Pay Review Project (July 2013 – July 2014):
Manager of Quality Assurance and Training
Ms. Stratton: Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff. Develop QA definitions used in calibration sessions and training. Organize QA calibration sessions to ensure consistent application of QA standards and promote superior customer service practices. Identify trends and training opportunities based on audit data.

Office of MaineCare Services, State of Maine

MaineCare Member Services PCCM Project (July 2013 – June 2018):
Supervisor of Quality Assurance and Training (July 2013 – June 2014)
Manager of Quality Assurance and Training (July 2014- June 2018)
Ms. Stratton: Supervise quality assurance/training staff to meet audit compliance goals for customer interactions with call center staff. Develop QA definitions used in calibration sessions and training. Organize QA calibration sessions to ensure consistent application of QA standards and promote superior customer service practices. Identify trends and training opportunities based on audit data.

PROFESSIONAL BACKGROUND

Public Consulting Group

Augusta, ME

August 2008 – Current

Microdyne Outsourcing Inc

Orono, ME

September 2001 – May 2008

Envisionet Computer Services, Inc

Augusta, ME

February 2000 – August 2001

EDUCATION

University of Maine

Orono, ME

Bachelor of Arts International Affairs in French, 1999

REFERENCES

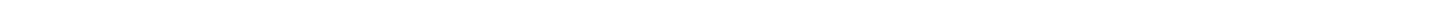
Tara Stokes
614-752-2916
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Sherry Hopkins
614-752-3702
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Heather Burke
614-502-7114
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C. Job Description



Job Description

Overall Responsibilities

PCG is seeking highly motivated and dependable Supports Intensity Scale assessors. Assessors will conduct Supports Intensity Scale – Adult Version™ (SIS-A)™ assessments with individuals with intellectual and developmental disabilities eligible to receive services from Vermont's Home and Community Based Services waiver.

Hours are variable, including regular working hours and early mornings, evenings, and weekends. Ideal candidates will have a human services background with disability populations and will have worked in community environments, and/or relevant social work, therapist/counseling, or nursing advanced degree or licensure (MSW, LCSW, LMFT, LMHC, RN, etc.).

Specific Responsibilities

- ▶ Clearly communicate purpose and reason for assessment to individual and other respondents.
- ▶ Conduct assessments timely and in a professional manner.
- ▶ Consistency in completing and documenting assessment information.
- ▶ Represent PCG and the client in a professional manner.

Required Skills

- ▶ Ability to consistently interact with individuals, family members, guardians, provider staff and others in an appropriate, professional, and respectful manner.
- ▶ Knowledgeable of Person-Centered Practices.
- ▶ Proficiency with Microsoft Office tools and/or other online data entry
- ▶ Dedication to accomplishing goals and overcoming challenges.
- ▶ Flexible, self-starter possessing intellectual curiosity.
- ▶ Excellent oral presentation and written communication skills.
- ▶ Solid organization and time management skills.

Required Experience

- ▶ Vermont-Licensed Registered Nurse, or Bachelor's degree in a human services field.
- ▶ At least one-year experience working with individuals with intellectual and developmental disabilities.
- ▶ Experience conducting individual assessments with knowledge of behavior rating or psychological testing principles.
- ▶ Knowledge and experience with person-centered planning concepts.
- ▶ Prior experience conducting the Supports Intensity Scale assessment is preferred.
- ▶ Experience with Home and Community Based Services waivers preferred.

Other Requirements

- ▶ Must reside in Vermont.
- ▶ Must have reliable internet connection.
- ▶ Must be comfortable and familiar with technology including the use of virtual meeting technology (Zoom, WebEx, Microsoft Teams, etc.).

For more information on Public Consulting Group, Inc. (PCG) please visit our website at www.publicconsultinggroup.com. PCG is an equal opportunity employer.



D. Description of Training Course

1. Train the Assessors:

Pre- Orientation Virtual Training- Facilitated by AAIDD Trainer

This 2-hr training introduces the participants to the SIS-A assessment, the upcoming training schedule, and prepares them for full participation in all phases of the training. It includes a preliminary introduction to the assessment, an overview of the materials needed for the training, as well a review and use of technology requirements to participate in a virtual instructor led training.

Training of Interviewers (ToI)

Interviewer training for the SIS assessments includes three phases: Orientation, Practice sessions and an Interviewer Reliability and Qualification Review (IRQR) process. The SIS-A ToI (Train the Interviewer) training provides a comprehensive approach to developing the knowledge, skills, and competencies necessary for SIS-A interviewers to become qualified in the administration of the SIS-A interview. A brief description of the training phases follows below:

Phase I Orientation

The orientation introduces the SIS-A – its philosophy, history, and administration. The orientation sessions include group instruction, activities, and self-study. The trainee is introduced to the SIS-A concepts, values, item descriptions and roles of interviewers and respondents. Classroom instruction covers an introduction and rationale for the SIS-A, conducting the SIS-A interview, tips for interviewing, and ways in which the SIS-A assessment is used. This phase exposes trainees to the important documents that contribute to a comprehensive understanding of the SIS-A to include the Interview and Profile Form, the Rating Key, and the item descriptions.

****Note: Additional program administration personnel are encouraged to attend orientation sessions to gain an understanding of SIS-A Assessments and interview processes. The orientation session is open for up to 20 people total.**

Phase II Practice

Practicing a SIS-A assessment is vital to the ongoing understanding of the assessment. During the practice phase, a trainee applies the information learned during the orientation phase. The trainee can ask all items within the SIS-A assessment and applies the skills of individualizing the assessment for the person being assessed. The trainee facilitates assessments with respondents and learns how to conduct the assessment with a variety of respondents.

Guided Practice Sessions (GP)

Guided Practice sessions occur when an AAIDD trainer is present and assists the trainee with their application of the concepts learned and discussed during the orientation phase. Guided Practice sessions are facilitated with volunteers and are not considered valid assessments. AAIDD does not recommend using the assessment from the Guided Practice in any official capacity as the purpose of the Guided Practice is only to give the trainee an opportunity to facilitate the assessment, with feedback from an AAIDD trainer.

Independent Practices Sessions (IP)

Independent Practice Sessions occur outside of the training conducted by the AAIDD Trainer and are a vital component to the learning process of trainees. During the independent practice sessions, which occur before and after the guided practices, trainees practice what they have learned during AAIDD training sessions by facilitating at least 4-5 full SIS-A assessments with respondents. These independent practice sessions allow the trainee to refine their voice when asking questions associated with SIS-A, describing concepts of the assessment, as well as to practice identifying accurate ratings. These sessions should be held with respondent groups and AAIDD does not recommend using the assessment from the Independent Practices in any official capacity.

Pre-Guided Practice Virtual Training

After the completion of 2-3 independent practice sessions **and before** the completion of the Guided Practice Session, the trainees will meet with the AAIDD Trainer to discuss independent practices, skills gained during the practices and further prepare for the upcoming Guided Practice Session with the AAIDD Trainer.

Post Guided Practice Group Debrief

This allows for the group to further their knowledge based upon trends or concerns noted during all Guided Practice sessions. Will increase trainee's knowledge, understanding of concepts and issues that arise during assessments--based upon the several independent and guided practice interviews.

Pre-IRQR Virtual Training

Designed to inform the trainees of the IRQR process as well as answer any questions they have based upon their practice interviews.

Phase III: Interviewer Reliability and Qualification Review (IRQR)

The IRQR process is the final phase of the initial interviewer training. AAIDD requires SIS-A Interviewers to participate in an IRQR session administered by an AAIDD SIS-A Trainer, on an annual basis. An IRQR is the reflection of an interviewer's abilities to administer the SIS-A at one point in time. To say that a SIS-A Interviewer is reliable means that the results obtained are consistent with the results obtained by the SIS-A authors, plus or minus an acceptable error rate. Interviewers are also responsible for orchestrating a positive experience for respondents.

Individual Pre-IRQR and Post IRQR debrief sessions occur before and at the end of all IRQR sessions. Each trainee will conduct an interview in its entirety while the trainer observes. Scores are recorded and style issues are reviewed at the end of the session. Successful completion of an IRQR recognizes the trainee as a qualified SIS-A assessor, trained by an AAIDD approved SIS-A Trainer. Trainees who fail to meet the standards have a second attempt to pass the IRQR.

Make-up Sessions

Invoiced only if used- Make up sessions are scheduled and used only if needed. Make up sessions are used if participant unable to pass IRQR session (i.e. did not pass, respondents unable to participate, interview not completed, etc.) or scheduled assessment is cancelled.

Post IRQR Group Debrief

Group will meet to discuss trends and information noted throughout all IRQRs. This is a group debrief and does not contain individual recommendations. This debrief will also prepare interviewers for future training sessions.

Phase IV: Post Interviewer Follow-up Virtual Training

Training sessions are scheduled throughout the year to give interviewers opportunity to discuss on-going learning of SIS-A concepts and assessment details with AAIDD Trainer. Each two-hour session is held approximately once a quarter starting in the quarter after the successful completion of IRQR assessments during the first year of interviewing. The first few years of learning and using the SIS-A assessments bring many challenges and unique situations to the new interviewers. Follow-up will assist SIS-A interviewers to meet those challenges while upholding the integrity of the SIS-A assessment and meeting the high-quality standards expected by the people of Vermont.

Technical Assistance

Can occur through phone conferences, email, etc. to assist interviewers with specific questions throughout the year. This is invoiced only as used

2. Train the Quality Lead/Trainer

A SIS-A interviewer who is also recognized as a **SIS-A Quality Lead** has met all the requirements necessary to be a SIS-A interviewer and has demonstrated advanced knowledge of the SIS-A intent and scoring principles. S/he has also completed the second of the three steps toward of becoming a SIS-A Trainer and met all the requirements to use the skills and strategies trained within the IRQR Curriculum. A SIS-A Quality Lead may oversee and conduct IRQR's within the organization and/or jurisdiction noted on his/her certificate and records, and may serve as a mentor to other interviewers, but is not recognized to train others in the use of SIS-A.

Recognition as a SIS-A Quality Lead is active for 365 days from the date of passing the IRQR and demonstrating proficiency in conducting the IRQR.

A **SIS-A Trainer** has met all the requirements necessary to be a SIS-A Interviewer and has demonstrated advanced knowledge of the SIS-A intent and scoring principles. S/he has also met all the requirements to use the skills and strategies trained within the SIS-A IRQR Curriculum, Orientation Curriculum and Interviewer Training Curriculum. A recognized SIS-A Trainer is only recognized to train persons in the agency or jurisdiction in which their training occurs.

Recognition as a SIS-A Trainer is active for 365 days from passing the IRQR and demonstrating proficiency as a SIS-A Trainer (conducting training and administering IRQRs).

IRQR Theory

This training will focus on preparing the Quality Lead candidate to facilitate IRQR sessions, by discussing the IRQR process and mentoring techniques for SIS-A Interviewers.

SIS-A Interviewer Reliability and Qualification Review (IRQR)

AAIDD requires SIS-A trainers and Quality Leads to participate in an IRQR session administered by an AAIDD SIS-A Trainer, on an annual basis. An IRQR is the reflection of an interviewer's abilities to administer the SIS-A at one point in time. To say that a SIS-A Interviewer is reliable means that the results obtained are consistent with the results obtained by the SIS-A authors, plus or minus an acceptable error rate. Interviewers are also responsible for orchestrating a positive experience for respondents. **To maintain or achieve Quality Lead or Trainer-of-New-Interviewers status, the Trainers must pass the decision-making portion of the IRQR at the "Qualified: Excellent" level or higher.**

AAIDD's Interviewer Reliability and Qualification Review Process has three steps:

- ▶ Meet with the Interviewer (1/2 hour).
- ▶ Observe and Rate the interview (1-3 hours).
- ▶ Debrief with the Interviewer (1/2 hour).

SIS-A Guided IRQR/Mentoring

AAIDD Trainer will assist Quality Lead Candidate in administering one IRQR or coaching session which prepares the candidate for the IRQR Observation. The AAIDD Trainer will assist the Quality Lead candidate to understand and administer SIS-A reviewer documentation and mentoring skills.

Observed IRQR

To prevent procedural drift, a Trainer of New Interviewers and/or Quality Lead is responsible for administering IRQRs. To maintain each Quality Lead/Trainer's understanding of the intent of every SIS-A item, an AAIDD SIS-A Trainer must observe each Trainer of New Interviewers and Quality Lead conducting an IRQR. This process prepares the Quality Lead/Trainer to competently guide SIS-A interviewers in interpreting and administering the SIS-A.

Trainer Training Preparation

In the trainer training preparation sessions, the AAIDD SIS-A trainer will work with the trainee to use the AAIDD SIS-A Orientation slide deck to develop an existing training plan for orientation, learn and practice training techniques and to develop each trainee's own training voice in advance of participating in the co-training orientation with the AAIDD Trainer.

SIS-A Co-Facilitation of New Interviewer Orientation

The trainee will participate in a new interviewer orientation of up to three days in which they will co-facilitate new interviewer orientation with the AAIDD SIS-A Trainer. The trainee will have the chance to practice the training techniques discussed during the preparation in a New Interviewer Orientation under the guidance of an AAIDD trainer, as well as observe the techniques used by the AAIDD Trainer.

Ongoing Quality Assurance Virtual Training

Throughout the year, the AAIDD Trainer and the Vendor SIS-A Trainer will meet to discuss ongoing training opportunities, trends of strengths and areas of concern noted during IRQRs and monitoring of interviewers. The AAIDD Trainer and the Vendor SIS-A Trainer will determine the subject and discussion points prior to each Virtual Training Session held during the year.

3. Ongoing Annual Recognition/Quality Assurance

AAIDD recommends that all interviewers, quality leads and trainers participate in Annual Recognition training sessions. If the vendor chooses to have a SIS-A Quality Lead trained, that individual is recognized to complete IRQRs for interviewers or the vendor may choose to have AAIDD complete annual IRQRs for each interviewer. Below are descriptions of the annual recognition sessions for interviewers, quality leads and trainers.

Annual IRQRs for Interviewers

Interviewers are to participate in an IRQR session administered by an AAIDD Approved SIS-A Trainer, on an annual basis. An IRQR is the reflection of an interviewer's abilities to administer the SIS-A at one point in time. To say that a SIS-A Interviewer is reliable means that the results obtained are consistent with the results obtained by the SIS-A authors, plus or minus an acceptable error rate. Interviewers are also responsible for orchestrating a positive experience for respondents. Individual Pre-IRQR and Post IRQR debrief sessions occur before and at the end of all IRQR sessions. Each trainee will conduct an interview in its entirety while the trainer observes. Scores are recorded and style issues are reviewed at the end of the session. Successful completion of an IRQR recognizes the trainee as a qualified SIS-A assessor, trained by an AAIDD approved SIS-A Trainer. Trainees who fail to meet the standards have a second attempt to pass the IRQR. Vendors may choose to have AAIDD conduct annual interviewer IRQRs, even if the vendor has a recognized SIS-A Quality Lead.

Annual Recognition for Quality Leads

All Quality Leads are to receive annual recognition by an AAIDD SIS-A Trainer. Annual Recognition sessions include passing an annual IRQR at the "Qualified: Excellent" level or higher in the decision-making category and demonstrate IRQR skills at an approved level by successfully passing an Observed IRQR with an AAIDD SIS-A Trainer. In addition, the Quality Lead must participate in refresher training conducted by an AAIDD SIS-A Trainer. This refresher training is noted in the ongoing quality assurance/refresher training on the cost proposal.

Annual Recognition for Trainers

All SIS-A Trainers are to receive annual recognition by an AAIDD SIS-A Trainer. Annual Recognition sessions for Trainers who are also Quality Leads include passing an annual IRQR at the "Qualified: Excellent" level or higher in the decision-making category and demonstrate IRQR skills at an approved level by successfully passing an Observed IRQR with an AAIDD SIS-A Trainer. In addition, the SIS-A Trainer must prepare and deliver a SIS-A related training with the AAIDD Trainer observing the training. All SIS-A Trainers should also participate in refresher training conducted by an AAIDD SIS-A Trainer. This refresher training is noted in the ongoing quality assurance/refresher training on the cost proposal.

Ongoing Quality Assurance/Refresher Training

Annual Quality Assurance/Refresher training is designed to assist interviewers, quality leads and/or trainers to continue to build on knowledge and skills gained during SIS-A Assessments. The exact schedule, subject and content of QA/Refresher training sessions will be determined based on the needs of the training participants.

Refresher Training-Post VT Orientation

Per VT DAIL's recommendation, if the Train the Interviewer Orientation is conducted using Virtual Training, once the COVID-19 Pandemic allows for in-person training, the interviewers will participate in a robust refresher training facilitated by an AAIDD SIS-A Trainer. This training will focus on techniques used when conducting face-to-face SIS-A Assessments, advanced interviewing techniques and advanced SIS-A concepts.



E. BAA Agreement



BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“BAA”) is entered into by and between Public Consulting Group, Inc. (“PCG”) and _____ (“Business Associate”) (collectively the “Parties”). This BAA is effective as of _____ and will remain in effect for the duration of the business relationship(s) between the Parties.

WHEREAS, the Health Insurance Portability and Accountability Act (Public Law 104-191) and its implementing regulations in effect or as amended (45 CFR Parts 160, 162, and 164) (collectively, “HIPAA” or “HIPAA Rules”) establish specific requirements relating to the security and confidentiality of certain individually identifiable health information (“Protected Health Information,” or “PHI”); and

WHEREAS, PCG and Business Associate have entered into one or more business agreements (“Agreements”) for which PCG may disclose to Business Associate certain PHI that is subject to protection under HIPAA; and

WHEREAS, HIPAA requires PCG to obtain satisfactory assurances from Business Associate that Business Associate will appropriately safeguard the PHI that it receives from PCG in the course of providing services to or on behalf of PCG, including assurances that Business Associate will obtain similar assurances from other entities to which it discloses the PHI; and

WHEREAS, the HIPAA Rules, as most recently amended by the Omnibus Rule,¹ require entities hired by business associates to be responsible and accountable for compliance with applicable privacy, security and breach requirements; and

WHEREAS, both the Omnibus Rule and the Health Information Technology for Economic and Clinical Health Act (“the HITECH Act”), enacted as Title XIII of the American Recovery and Reinvestment Act (“ARRA”) (Public Law 111-05), amend and extend certain provisions of HIPAA, and directly affect business associates and entities hired by business associates; and

WHEREAS, pursuant to HIPAA, PCG wishes to obtain assurances that Business Associate will appropriately safeguard the PHI that it accesses from PCG for purposes of services the Business Associate delivers to PCG, and will receive similar assurances from other entities to which it discloses the PHI for purposes of its services to PCG; and

WHEREAS, PCG and Business Associate are familiar with, and seek to comply with, the applicable terms of HIPAA and the HITECH Act, and Business Associate seeks to provide for the security and confidentiality of the PHI accessed by Business Associate.

¹ The Omnibus Rule was published by the US DHHS Office of Civil Rights and is formally known as “Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notifications Rules Under the Health Information Technology for Economic and Clinical Health Act and the Generic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules.” 78 Fed. Reg. 5566 (January 25, 2013).

THEREFORE, pursuant to the above statements and in consideration of the mutual promises herein, the Parties agree as follows:

Definitions

The terms used in this BAA, but not otherwise defined, shall have the same meaning ascribed by 45 CFR Parts 160 and 164, e.g., Breach, Disclosure, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

1. Permitted Use and Disclosure of Protected Health Information

- a. Business Associate shall request, use, and disclose only the minimum amount of PHI reasonably necessary to accomplish its purposes under the Agreements.
- b. Business Associate shall not use or further disclose the PHI except for purposes of the Agreements, or as may be required by law.
- c. Business Associate shall not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164, except for the specific uses and disclosures required under the Agreements.
- d. PCG will notify Business Associate of any changes that would affect the allowed use or disclosure of the PHI by Business Associate.

2. Safeguards

- a. PCG will use appropriate safeguards to ensure the security and confidentiality of the PHI in its transmission to Business Associate.
- b. Business Associate shall use appropriate safeguards to prevent use or disclosure of the PHI other than as provided in this BAA. The safeguards will include administrative, physical, and technical measures that reasonably and appropriately protect the confidentiality, security, integrity, and availability of the PHI that Business Associate receives, creates, maintains, transmits, stores or otherwise accesses on behalf of PCG. Business Associate will establish and maintain comprehensive written policies and procedures with respect to such safeguards.
- c. PCG will notify Business Associate of any limitation(s) that may affect Business Associate's use or disclosure of PHI. PCG will notify Business Associate of any changes, or revocation of, the permission by an individual to use or disclose his or her PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

3. Agents of Business Associate

Business Associate shall ensure that each of its agents who may receive, create, maintain, transmit, store or otherwise access the PHI, including subcontractors, agrees in writing to the same restrictions and conditions that apply to Business Associate with respect to the PHI, including the duty to immediately notify Business Associate of any breach of confidentiality or security (which immediately shall be reported by Business Associate to PCG). Upon request, Business Associate shall provide PCG with a copy of each such agreement.

4. Unauthorized Use or Disclosure: Report and Mitigation

Business Associate shall report to the designated PCG contact in writing within 24 hours, any use or disclosure of the PHI other than as provided for in this BAA, and any suspected or actual breach of security relating to the PHI. Business Associate will take prompt action to correct, and mitigate the harmful effect of, any such use, disclosure, or security breach, and shall report to PCG on such action.

5. Record Retention

- a. Business Associate shall retain all of the PHI received from PCG, or created by Business Associate under the Agreements, for the duration of the term of this BAA unless otherwise directed by PCG in writing.
- b. Unless otherwise directed by PCG in writing, upon the termination of this BAA, Business Associate shall return to PCG all copies and versions of the PHI, or destroy them, as directed by PCG. Upon the return or destruction of the PHI, Business Associate shall so certify to PCG in writing. If return or destruction is not feasible, then Business Associate shall extend the protections of the BAA and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible. PCG may direct Business Associate to retain the PHI for a specified time period beyond the termination of this BAA or Agreements. For such time as the PHI is not returned to PCG or destroyed, Business Associate shall continue to extend the protections of this BAA to such PHI notwithstanding the termination of this BAA.

6. Availability of Information

- a. Upon request by PCG, Business Associate shall make available the PHI or other information required by PCG to fulfill its obligations under HIPAA, for amendment, accounting, compliance, or otherwise.
- b. Upon request by PCG or the Secretary of the U.S. Department of Health and Human Services, Business Associate shall make available its facilities, systems, procedures, records, internal practices, and books relating to its use and disclosure of the PHI in order to determine its compliance with the HIPAA Rules.

7. Training

In accordance with the requirements set forth under the HIPAA Rules, Business Associate's staff shall complete annual training on information security and privacy awareness. Upon written request from PCG, Business Associate shall furnish evidence of such training to PCG.

8. Term and Termination

- a. **Term.** This BAA is effective on the Effective Date and, except as specified in Section 8(b), 8(c) and 8(d), this BAA will terminate upon the termination of all Agreements, or upon signed written notice from PCG.
- b. **Breach.** The parties recognize that a breach of this BAA may be reported to the Secretary of the U.S. Department of Health and Human Services. PCG may terminate this BAA if Business Associate violates a material term of the BAA.
- c. **Violations of law.** PCG may terminate this BAA if: (i) Business Associate is named as a defendant in a criminal proceeding for a violation of HIPAA; or (ii) Business

Associate has been found in any judicial or administrative proceeding to have violated HIPAA or other security or privacy law.

- d. **Termination for Cause.** A breach of this BAA shall constitute a breach of the Agreement, allowing the non-breaching party the rights allowed by the Agreement in the event of a breach.
- PCG may terminate the Agreement if PCG determines that the Business Associate has violated a material term of the BAA. In such an event, PCG may either (a) provide the Business Associate with a written notice of breach and terminate the Agreement if the Business Associate does not cure the breach within a specific period of time, or (b) immediately terminate the Agreement.
 - PCG may terminate the Agreement if PCG determines that the Business Associate has been named in a criminal, judicial or administrative proceeding for a violation of HIPAA or other security or privacy law. In such an event, PCG may provide the Business Associate with a written notice terminating the Agreement.
- e. **Survival.** The obligations of the Business Associate under this BAA shall survive the termination of this BAA.

9. **Mutual Indemnification**

Each party will indemnify, hold harmless, and defend the other party from any claims, losses, liability, costs, and other expenses incurred as a result of any misrepresentation, breach, or non-fulfillment of this BAA.

10. **Entire Agreement and Amendment**

- a. **Entire Agreement.** This BAA constitutes the entire agreement between the Parties relating to the safeguarding of the PHI and supersedes all other agreements, communications or understandings whether oral or in writing, between the parties to this BAA with respect to the subject matter hereof. To the extent that there is a conflict between this BAA and any Agreement as it relates to safeguarding PHI, this BAA controls.
- b. **Amendment.** This BAA may be amended only by means of a writing signed by authorized representatives of the Parties and referencing this BAA. The Parties agree to enter into negotiations to amend this BAA promptly upon the reasonable request of a party, including when changes in the law may make such changes necessary or advisable.

11. **Litigation Assistance**

Business Associate will make itself available to assist PCG by providing information or testifying as a witness in the event of administrative or judicial proceedings based on an alleged violation of HIPAA or other laws relating to security and privacy, except where Business Associate is also a named party in the same proceedings.

12. **Third-Party Beneficiaries**

Nothing in this BAA is intended to confer any rights, remedies, obligations, or liabilities upon anyone other than PCG, Business Associate, and their respective successors or assigns.

13. Successors and Assigns

The rights, remedies, obligations, and liabilities of each party under this BAA shall accrue to their successors and assigns. Notwithstanding this, each party shall notify the other in the event of a successorship or assignment, and shall take commercially reasonable steps to ensure that any successor or assign timely executes a new BAA.

14. Interpretation

This BAA will be interpreted as broadly as necessary to implement and comply with HIPAA. The Parties agree that any ambiguity in this BAA will be resolved in favor of a meaning that complies with and is consistent with HIPAA.

The undersigned agree by their authorized representatives:

PUBLIC CONSULTING GROUP, INC.

Print Name: _____

Print Name: _____

Title: _____

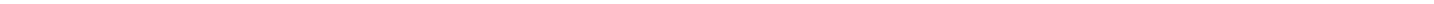
Title: _____

Date: _____

Date: _____



F. Project Plan



VT DAIL - Needs Assessments for Adults with IDD

Project	ID	Project Phase	ID	Work Package	ID	Task	Dependencies	Responsible Party	Start Date	End Date
1	Project Kick-Off/Key Milestone Deliverables	1.1	Contract Execution	1.1.1	Contract Award Announced			DAIL	11/12/2020	11/12/2020
				1.1.2	DAIL to submit over in final draft contract	1.1.1	DAIL	11/12/2020	12/12/2020	
				1.1.3	PCG to review draft contract	1.1.2	PCG	12/12/2020	12/14/2020	
				1.1.4	PCG to execute contract and return	1.1.3	PCG	12/14/2020	12/14/2020	
				1.1.5	DAIL to sign and formally execute contract	1.1.4	DAIL	12/14/2020	12/15/2020	
				1.1.6	DAIL to return signed copy for PCG records	1.1.5	DAIL	2/1/2021	2/1/2021	
				1.1.7	PCG to execute full subcontract with AAIDD	1.1.1	PCG	11/12/2020	11/14/2020	
		1.2	Kick-Off Meeting	1.1.8	PCG to execute full subcontract with Matrix Medical	1.1.1	PCG	11/12/2020	11/14/2020	
				1.2.1	Schedule Initial Planning Meeting	1.1.1	PCG	11/12/2020	11/13/2020	
				1.2.2	Create agenda	1.2.1	PCG	11/13/2020	11/14/2020	
				1.2.3	Review agenda	1.2.2	PCG	11/14/2020	11/15/2020	
				1.2.4	Send agenda	1.2.3	PCG	11/15/2020	11/15/2020	
				1.2.5	Conduct Kick-Off Meeting	1.2.4	PCG	11/15/2020	11/15/2020	
		1.3	Training and Onboarding	1.2.6	Commence Transition Activities	1.2.5	PCG	11/15/2020	11/15/2021	
				1.3.1	Coordinate Training Schedules	1.2.5	PCG	11/15/2021	11/15/2021	
1.3.2	Develop Training Materials			1.3.1	PCG/AAIDD	11/15/2021	11/17/2021			
1.3.3	Attend Training and Onboarding Functions			1.3.2	PCG	11/17/2021	12/02/2021			
1.3.4	Close Task			1.3.3	PCG	12/02/2021	12/02/2021			
1.4	Quality Assurance Plan	1.4.1	Draft Quality Assurance Plan	1.2.5	PCG	11/15/2021	2/24/2021			
		1.4.2	Review Quality Assurance Plan	1.4.1	DAIL	2/24/2021	3/11/2021			
		1.4.3	Finalize Quality Assurance Plan	1.4.2	PCG	3/11/2021	3/15/2021			
		1.4.4	Approve Quality Assurance Plan	1.4.3	DAIL	3/15/2021	3/16/2021			
1.5	Stakeholder Engagement	1.5.1	Draft Stakeholder Engagement Schedule	1.2.5	PCG	11/15/2021	1/25/2021			
		1.5.2	Conduct Stakeholder Engagement Sessions	1.5.1	PCG	1/25/2021	2/4/2021			
		1.5.3	Submit Feedback Requests	1.5.2	PCG	2/4/2021	2/9/2021			
		1.5.4	Implement Feedback in Policy and Procedure Materials	1.5.3	PCG	2/9/2021	2/10/2021			
2	Customer Support Center	2.1	Policies and Procedures	2.1.1	Gather Requirements	1.1.6	PCG	2/1/2021	3/2/2021	
				2.1.2	Draft Policies and Procedures	2.1.1	PCG	3/2/2021	4/11/2021	
				2.1.3	Review Policies and Procedures	2.1.2	DAIL	4/11/2021	4/26/2021	
				2.1.4	Finalize Policies and Procedures	2.1.3	PCG	4/26/2021	4/30/2021	
				2.1.5	Submit Policies and Procedures	2.1.4	PCG	4/30/2021	5/1/2021	
		2.2	Staff Hiring and Training	2.2.1	Define Roles and SKI Sets Necessary	1.1.6	PCG	2/1/2021	2/4/2021	
				2.2.2	Determine Timetable for Needed Staff	2.2.1	PCG	2/4/2021	2/7/2021	
				2.2.3	Recruit and Hire Staff	2.2.2	PCG	2/7/2021	2/17/2021	
		2.2.4	Conduct Training Activities	2.2.3	AAIDD	2/17/2021	2/27/2021			
		2.3	Templates and Reports	2.3.1	Draft Templates and Reports	1.1.6	PCG	2/1/2021	2/5/2021	
				2.3.2	Review Templates and Reports	2.3.1	DAIL	2/5/2021	2/15/2021	
				2.3.3	Finalize Templates and Reports	2.3.2	PCG	2/15/2021	2/18/2021	
				2.3.4	Submit Templates and Reports	2.3.3	PCG	2/18/2021	2/18/2021	
				2.4.1	Develop Draft Schedule Methodology	1.1.6	PCG	2/1/2021	3/2/2021	
				2.4.2	Review Draft Schedule Methodology	2.4.1	DAIL	3/2/2021	3/9/2021	
				2.4.3	Finalize Draft Schedule Methodology	2.4.2	PCG	3/9/2021	3/13/2021	
				2.4.4	Approve Draft Schedule Methodology	2.4.3	DAIL	3/13/2021	3/17/2021	
				2.4.5	Go Live	2.4.4	PCG	3/17/2021	3/17/2021	
				2.4.6		2.4.5	PCG	3/17/2021	3/17/2021	
				3.1.1	Gather Requirements	1.1.6	PCG	2/1/2021	3/2/2021	
		3.1.2	Draft Policies and Procedures	3.1.1	PCG	3/2/2021	4/11/2021			
		3.1.3	Review Policies and Procedures	3.1.2	DAIL	4/11/2021	4/26/2021			
		3.1.4	Finalize Policies and Procedures	3.1.3	PCG	4/26/2021	4/30/2021			
		3.1.5	Submit Policies and Procedures	3.1.4	PCG	4/30/2021	5/1/2021			
3.2	Staff Hiring and Training	3.2.1	Define Roles and SKI Sets Necessary	1.1.6	PCG	2/1/2021	2/4/2021			
		3.2.2	Determine Timetable for Needed Staff	3.2.1	PCG	2/4/2021	2/5/2021			
		3.2.3	Recruit and Hire Staff	3.2.2	PCG/Matrix	2/5/2021	2/20/2021			
3.2.4	Conduct Training Activities	3.2.3	AAIDD	2/20/2021	4/20/2021					
3.3	Templates and Reports	3.3.1	Draft Templates and Reports	1.1.6	PCG	2/1/2021	2/5/2021			
		3.3.2	Review Templates and Reports	3.3.1	DAIL	2/5/2021	2/15/2021			
		3.3.3	Finalize Templates and Reports	3.3.2	PCG	2/15/2021	2/18/2021			
		3.3.4	Submit Templates and Reports	3.3.3	PCG	2/18/2021	2/18/2021			
3.4	Scheduling and Launch	3.4.2	Develop Assessment Schedule	1.1.6	PCG	2/1/2021	3/22/2021			
		3.4.3	Review Assessment Schedule	3.4.2	DAIL	3/22/2021	3/23/2021			
		3.4.4	Finalize Assessment Schedule	3.4.3	PCG	3/23/2021	4/2/2021			
		3.4.5	Approve Assessment Schedule	3.4.4	DAIL	4/2/2021	4/6/2021			
		3.4.6	Go Live	3.4.5	PCG	4/6/2021	4/20/2021			
4	SIS-A Integration	4.1	Requirements Gathering	4.1.1	Gather Requirements	1.2.5	PCG	2/1/2021	2/3/2021	
				4.1.2	Draft Requirements Document	4.1.1	PCG	2/3/2021	2/4/2021	
				4.1.3	Review Requirements Document	4.1.2	PCG	2/4/2021	2/5/2021	
				4.1.4	Finalize Requirements Document	4.1.3	PCG	2/5/2021	2/5/2021	
				4.1.5	Close Task	4.1.4	PCG	2/5/2021	2/5/2021	
		4.2	System Design and Development	4.2.1	Create High-Level Design Document	4.1.5	PCG	2/5/2021	2/5/2021	
				4.2.2	Conduct Design Review	4.2.1	PCG	2/5/2021	2/7/2021	
				4.2.3	Initiate API Integration by Sub Components	4.2.2	PCG	2/7/2021	3/13/2021	
				4.2.4	Conduct Sub Component Testing	4.2.3	PCG	3/13/2021	3/25/2021	
		4.2.5	Conduct Integration Testing of Group Sprints	4.2.4	PCG	3/25/2021	3/26/2021			
		4.3	Quality Assurance and User Acceptance Testing	4.3.1	Configure QA Settings	4.2.3	PCG	3/13/2021	3/15/2021	
				4.3.2	Gather QA Requirements	4.3.1	PCG	3/15/2021	3/15/2021	
				4.3.3	Draft Test Case Document	4.3.2	PCG	3/15/2021	3/27/2021	
				4.3.4	Review Test Case Library	4.3.3	PCG	3/27/2021	3/29/2021	
				4.3.5	Sign-off of Test Case Library	4.3.4	PCG	3/29/2021	3/30/2021	
				4.3.6	Conduct QA Test Cases	4.3.5	PCG	3/30/2021	4/4/2021	
				4.3.7	Conduct User Acceptance Testing	4.3.6	PCG	4/4/2021	4/6/2021	
		4.4	Implementation and Go-Live	4.4.1	Develop Implementation Plan	4.1.5	PCG	2/6/2021	3/17/2021	
4.4.2	Conduct Implementation/Case Management Agency/DAIL BAA Data Agreement Execution			4.4.1	PCG	3/17/2021	4/16/2021			
4.4.3	Go Live			4.4.2	PCG	4/16/2021	4/16/2021			
5.1.1	Schedule status meeting			1.1.6	PCG	Ongoing	Ongoing			
5.1	Status Meetings	5.1.2	Draft Agenda	5.1.1	PCG	Ongoing	Ongoing			
		5.1.3	Review Agenda	5.1.2	PCG	Ongoing	Ongoing			
		5.1.4	Send Agenda	5.1.3	PCG	Ongoing	Ongoing			
		5.1.5	Conduct Meeting	5.1.4	PCG	Ongoing	Ongoing			
		5.2	Invoicing			2.4.6, 3.4.6, 4.4.3	PCG	Monthly	Monthly	
5.2	Invoicing	5.2.1	Compile monthly data for invoicing			2.4.6, 3.4.6, 4.4.3	PCG	Monthly	Monthly	
		5.2.2	Draft Invoice	5.2.1	PCG	Monthly	Monthly			
		5.2.3	Review Invoice	5.2.2	PCG	Monthly	Monthly			
		5.2.4	Send Invoice	5.2.3	PCG	Monthly	Monthly			
		5.2.5	Receive payment	5.2.4	DAIL	Monthly	Monthly			
5.3	Monthly Reporting	5.3.1	Compile monthly data for reporting			2.4.6, 3.4.6, 4.4.3	PCG	Monthly	Monthly	
		5.3.2	Draft report	5.3.1	PCG	Monthly	Monthly			
		5.3.3	Review report	5.3.2	PCG	Monthly	Monthly			
		5.3.4	Send report	5.3.3	PCG	Monthly	Monthly			
		5.3.5	Approve Report	5.3.4	DAIL	Monthly	Monthly			
5.4	Biannual Reporting	5.4.1	Compile quarterly data for reporting			2.4.6, 3.4.6, 4.4.3	PCG	Biannually	Biannually	
		5.4.2	Draft report	5.4.1	PCG	Biannually	Biannually			
		5.4.3	Review report	5.4.2	PCG	Biannually	Biannually			
		5.4.4	Send report	5.4.3	PCG	Biannually	Biannually			
		5.4.5	Approve Report	5.4.4	DAIL	Biannually	Biannually			
5.5	Ad Hoc Reporting	5.5.1	Compile Ad Hoc data for reporting			2.4.6, 3.4.6, 4.4.3	PCG	Within 10 business days of request		
		5.5.2	Draft report	5.5.1	PCG					
		5.5.3	Review report	5.5.2	PCG					
		5.5.4	Send report	5.5.3	PCG					
		5.5.5	Approve Report	5.5.4	DAIL					
5.6	General Project Management	5.6.1	Ongoing support and technical assistance				PCG	Ongoing	Ongoing	

