

PREPARED FOR

Jennifer Crouse/Robert Thompson

State Purchasing Bureau

1526 K Street, Suite 130

Lincoln, NE 68508

PROPOSAL TO

State of Nebraska, Administrative Services (AS),
Materiel Division, State Purchasing Bureau

PROJECT NAME

Independent Verification and Validation (IV&V)
Services – Technical Proposal

Cambria
Solutions 



May 18, 2016

Jennifer Crouse/Robert Thompson
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508

Subject: Cambria Proposal for Independent Verification and Validation (IV&V) Services, RFP 5252 Z1

Dear Ms. Crouse/Mr. Thompson:

Cambria Solutions, Inc. (Cambria), is pleased to submit our proposal to the Nebraska, Administrative Services (AS), Materiel Division, State Purchasing Bureau, for Independent Verification and Validation (IV&V) Services. We understand the critical juncture that the client, the State's Department of Health and Human Services (DHHS), is facing as it continues on its path to implement a Medicaid enterprise vision. As such, our team has been carefully chosen to provide you the right mix of talent, experience, and insights in managing large scale systems development projects.

As you review our proposal, the following distinguishing factors about Cambria will emerge:

- ***We are a new IV&V for a new era:*** Just as the landscape of the Eligibility and Enrollment and Medicaid worlds are changing, so is the need to evolve IV&V approaches and practices. The new modular direction demands more flexible ways of not only developing systems but also in how they are managed. The same-old-same-old IV&V and project management services of the past will not ensure success in today's dynamic environment. A greater need for understanding how all the parts will come together, and what the potential issues are to this integration, will be key and are just as important as the traditional oversight of project plans, deliverables, testing and technical specifications. The Cambria team brings this fresh perspective, grounded in a strong methodology.

- ***We have a 360 view:*** Our proposed staff are not just IV&V practitioners. We have partnered with HealthTech Solutions to provide you with a robust team. Together we bring deep expertise in the HHS domain, technical skills in having designed and developed Medicaid systems, and functional knowledge of MITA and requirements for systems certification, MITA, procurement rules and Federal funding and oversight mandates. And, we've been on both the vendor and state side of eligibility and MMIS efforts. Additionally Cambria brings an understanding of agile system development approaches, which is critical as this nontraditional way of developing systems has impacts such as on how deliverables are produced and reviewed, teams are empowered to make decisions and manage risks, etc. Most IV&V vendors will not bring this level of technical acumen.

- ***We bring a partnership approach while maintaining independence of our findings:*** Our approach is not to just to identify project issues, give you a report, and then see if they get addressed. Rather, our IV&V teams embed with our clients and their vendors to establish solid relationships that allow us to be a true partner in not only helping you identify issues and risks but also assisting in establishing viable actions and meaningful interventions – we help you solve project problems, not just list them. Even so, as an IV&V vendor, we understand the need to remain independent and impartial in our findings. Cambria will provide assessments that are based on fact not conjecture; and our recommendations are credible because they are based on years of experience serving both on the state and vendor sides of the Medicaid enterprise.

- ***We have accelerators to reduce ramp up time:*** With the eligibility (EES) project nearing Go-Live in 9 months, certainly concerns about the impact of transition between vendors is a consideration. Lost productivity or gaps in project oversight must be minimized and Cambria clearly understands this. To that end, we have included in our approach a dedicated Transition Specialist during the first 30 days along with other proven ways that we have worked successfully with clients in being able to quickly meld into their established processes while also identifying meaningful improvements. Cambria's tailored IV&V methodology for DHHS is supported by our accelerator Toolkit.

- ***We convey and stand behind a commitment to client success:*** Our projects are successful because we have the right people, the right experience and the right attitude. Time and again our clients say the reason they hired us the first time was for our technical expertise and business acumen, while they hire us a second time because they like working "with" us and the unique HumanGenuity approach that we bring to the table. Cambria's 100% client satisfaction is a testament to our commitment to bring meaningful value and helping our clients deliver on time, on budget projects.

You will undoubtedly have many proposals to review, but we believe these differentiators and our quality approach will show that the Cambria team is the right partner to provide you services for project management, independent assessment and quality assurance, IV&V status meetings and reporting, CMS and MITA compliance, operational and system readiness.

Upon review of Section III Terms and Conditions, Cambria would like to request one clarification to provision EEE as follows. This has been marked and initialed accordingly in Section III Terms and Conditions.

After the resulting cure period Contractor's failure to meet the dates for the Contractor's deliverables as agreed upon by the parties may result in an assessment of penalty due the State of \$500.00 dollars per day, until the Contractor's deliverables are approved.



We look forward to earning your business. If you have any questions regarding this proposal, please feel free to contact me at (850) 201-7185.

Sincerely,

A handwritten signature in blue ink that reads "Suzanne Vitale". The signature is written in a cursive, flowing style.

Suzanne Vitale
Vice President

P 916.326.4446
F 916.492.7081

A 1050 20th Street, Suite 175
Sacramento, CA 95811

CAMBRIASOLUTIONS.COM

Great solutions
require a human touch.

**Form A Bidder Contact Sheet
Request for Proposal Number 5252 Z1**

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

PREPARATION OF RESPONSE CONTACT INFORMATION	
Bidder Name:	Cambria Solutions, Inc.
Bidder Address:	1050 20 th Street, Suite 275; Sacramento, CA 95811
Contact Person & Title:	Suzanne Vitale, Vice President
E-mail Address:	marketing@CambriaSolutions.com
Telephone Number (Office):	(916) 326-4446
Telephone Number (Cellular):	(407) 256-8957
Fax Number:	(916) 471-0255

Each bidder shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

COMMUNICATION WITH THE STATE CONTACT INFORMATION	
Bidder Name:	Cambria Solutions, Inc.
Bidder Address:	1050 20 th Street, Suite 275; Sacramento, CA 95811
Contact Person & Title:	Suzanne Vitale, Vice President
E-mail Address:	marketing@CambriaSolutions.com
Telephone Number (Office):	(916) 326-4446
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Request for
Proposal Form

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the terms and conditions unless otherwise agreed to (see Section III) and certifies that bidder maintains a drug free work place environment.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

I hereby certify that I am a **Resident disabled veteran or business located in a designated enterprise zone** in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

FIRM: Cambria Solutions, Inc.

COMPLETE ADDRESS: 1050 20th Street, Suite 275, Sacramento, CA 95811

TELEPHONE NUMBER: (916) 326-4446 FAX NUMBER: _____

SIGNATURE: *Suzanne M. Vitale* DATE: 4/20/2016

TYPED NAME & TITLE OF SIGNER: Suzanne M. Vitale, Vice President

1. REQUEST FOR PROPOSAL FORM

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the Terms and Conditions stated in this Request for Proposal unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

The Request for Proposal for Contractual Services form must be signed in ink and returned by the stated date and time in order to be considered for an award.

Further, Section III. Terms and Conditions must be returned with the proposal response.

1.1 REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the terms and conditions unless otherwise agreed to (see Section III) and certifies that bidder maintains a drug free work place environment.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

I hereby certify that I am a **Resident disabled veteran or business located in a designated enterprise zone** in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

FIRM: Cambria Solutions, Inc.

COMPLETE ADDRESS: 1050 20th Street, Suite 275, Sacramento, CA 95811

TELEPHONE NUMBER: (916) 326-4446

FAX NUMBER: _____

SIGNATURE: Suzanne M. Vitale

DATE: 4/20/2016

TYPED NAME & TITLE OF SIGNER: Suzanne M. Vitale, Vice President

1.2 SECTION III TERMS AND CONDITIONS

III. TERMS AND CONDITIONS

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the Terms and Conditions unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

Bidders are expected to closely read the Terms and Conditions and provide a binding signature of intent to comply with the Terms and Conditions; provided, however, a bidder may indicate any exceptions to the Terms and Conditions by (1) clearly identifying the term or condition by subsection, and (2) including an explanation for the bidder's inability to comply with such term or condition which includes a statement recommending terms and conditions the bidder would find acceptable. Rejection in whole or in part of the Terms and Conditions may be cause for rejection of a bidder's proposal. **Bidders must include completed Section III with their proposal response.**

The State of Nebraska is soliciting bids in response to the RFP. The State of Nebraska will not consider proposals that propose the substitution of the bidder's contract, agreements, or terms for those of the State of Nebraska's. Any License, Service Agreement, Customer Agreement, User Agreement, Bidder Terms and Conditions, Document, or Clause purported or offered to be included as a part of this RFP must be submitted as individual clauses, as either a counter-offer or additional language, and each clause must be acknowledged and accepted in writing by the State. If the Bidder's clause is later found to be in conflict with the RFP or resulting contract the Bidder's clause shall be subordinate to the RFP or resulting contract.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SD			

The contract resulting from this Request for Proposal shall incorporate the following documents:

1. Amendment to Contract Award with the most recent dated amendment having the highest priority;
2. Contract Award and any attached Addenda;
3. The Request for Proposal form and the Contractor's Proposal, signed in ink
4. Amendments to RFP and any Questions and Answers; and
5. The original RFP document and any Addenda.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to Contract Award with the most recent dated amendment having the highest priority, 2) Contract Award and any attached Addenda, 3) the signed Request for Proposal form and the Contractor's Proposal, 4) Amendments to RFP and any Questions and Answers, 5) the original RFP document and any Addenda.

Any ambiguity in any provision of this contract which shall be discovered after its execution shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

Once proposals are opened they become the property of the State of Nebraska and will not be returned.

B. AWARD

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the Request for Proposal. The State reserves the right to reject any or all proposals, in whole or in part, or to award to multiple bidders in whole or in part, and at its discretion, may withdraw or amend the Request for Proposal at any time. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State. The Request for Proposal does not commit the State to award a contract. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.

By submitting a proposal in response to this Request for Proposal, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients.

Once intent to award decision has been determined, it will be posted to the Internet at:
<http://das.nebraska.gov/materiel/purchasing.html>

Grievance and protest procedure is available on the Internet at:
http://das.nebraska.gov/materiel/purchase_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors.pdf

Any protests must be filed by a vendor within ten (10) business days after the intent to award decision is posted to the Internet.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for services to be covered by any contract resulting from this Request for Proposal.

D. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall procure and pay for all permits, licenses, and approvals necessary for the execution of the contract. The Contractor shall comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

E. OWNERSHIP OF INFORMATION AND DATA

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State of Nebraska shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or derived by the Contractor pursuant to this contract.

The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, and other rights or titles (e.g. rights to licenses transfer or assign deliverables) necessary to execute this contract. The contract price shall, without exception, include compensation for all royalties and costs arising from patents, trademarks, and copyrights that are in any way involved in the contract. It shall be the responsibility of the Contractor to pay for all royalties and costs, and the State must be held harmless from any such claims.

F. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall not commence work under this contract until all the insurance required hereunder has been obtained and such insurance has been approved by the State. The Contractor shall maintain all required insurance for the life of this contract and shall ensure that the State Purchasing Bureau has the most current certificate of insurance throughout the life of this contract. If Contractor will be utilizing any Subcontractors, the Contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all Subcontractor(s). The Contractor is also responsible for ensuring Subcontractor(s) maintain the insurance required until completion of the contract requirements. The Contractor shall not allow any Subcontractor to commence work on any Subcontract until all similar insurance required of the Subcontractor has been obtained and approved by the Contractor. Approval of the insurance by the State shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Insurance coverages shall function independent of all other clauses in the contract, and in no instance shall the limits of recovery from the insurance be reduced below the limits required by this section.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in

work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

3. INSURANCE COVERAGE AMOUNTS REQUIRED

COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Fire Damage	\$50,000 any one fire
Medical Payments	\$10,000 any one person
Damage to Rented Premises	\$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
Abuse & Molestation	Included
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$5,000,000
SUBROGATION WAIVER	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
LIABILITY WAIVER	
"Commercial General Liability & Commercial Automobile Liability policies shall be primary and any insurance or self-insurance carried by the State shall be considered excess and non-contributory."	

4. EVIDENCE OF COVERAGE

The Contractor should furnish the State, with their proposal response, a certificate of insurance coverage complying with the above requirements to the attention of the Buyer at 402-471-2089 (fax)

Administrative Services
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Notice of cancellation of any required insurance policy must be submitted to Administrative Services State Purchasing Bureau when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

G. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The State may already have in place or choose to award supplemental contracts for work related to this Request for Proposal, or any portion thereof.

1. The State reserves the right to award the contract jointly between two or more potential Contractors, if such an arrangement is in the best interest of the State.
2. The Contractor shall agree to cooperate with such other Contractors, and shall not commit or permit any act which may interfere with the performance of work by any other Contractor.

H. INDEPENDENT CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The Contractor represents that it has, or will secure at its own expense, all personnel required to perform the services under the contract. The Contractor's employees and other persons engaged in work or services required by the contractor under the contract shall have no contractual relationship with the State; they shall not be considered employees of the State.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the Contractor, its officers, or its agents) shall in no way be the responsibility of the State. The Contractor will hold the State harmless from any and all such claims. Such personnel or other persons shall not require nor be entitled to any compensation, rights, or benefits from the State including without limit, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

I. CONTRACTOR RESPONSIBILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor is solely responsible for fulfilling the contract, with responsibility for all services offered and products to be delivered as stated in the Request for Proposal, the Contractor's proposal, and the resulting contract. The Contractor shall be the sole point of contact regarding all contractual matters.

If the Contractor intends to utilize any Subcontractor's services, the Subcontractor's level of effort, tasks, and time allocation must be clearly defined in the Contractor's proposal. The Contractor shall agree that it will not utilize any Subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State. Following execution of the contract, the Contractor shall proceed diligently with all services and shall perform such services with qualified personnel in accordance with the contract.

J. CONTRACTOR PERSONNEL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor warrants that all persons assigned to the project shall be employees of the Contractor or specified Subcontractors, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work on the project.

Personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of key personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or Subcontractor employee.

In respect to its employees, the Contractor agrees to be responsible for the following:

1. any and all employment taxes and/or other payroll withholding;
2. any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. damages incurred by Contractor's employees within the scope of their duties under the contract;
4. maintaining workers' compensation and health insurance and submitting any reports on such insurance to the extent required by governing State law; and
5. determining the hours to be worked and the duties to be performed by the Contractor's employees.

K. CONTRACT CONFLICTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

Contractor shall insure that contracts or agreements with sub-contractors and agents, and the performance of services in relation to this contract by sub-contractors and agents, does not conflict with this contract.

L. STATE OF NEBRASKA PERSONNEL RECRUITMENT PROHIBITION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor shall not, at any time, recruit or employ any State employee or agent who has worked on the Request for Proposal or project, or who had any influence on decisions affecting the Request for Proposal or project.

M. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

By submitting a proposal, bidder certifies that there does not now exist any relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Proposal or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The bidder certifies that it will not employ any individual known by bidder to have a conflict of interest. Any contractor (and its subcontractors) serving in the role of independent validation and verification (IV&V) service contractor to the State is prohibited from soliciting, proposing, or being awarded any project management, quality assurance, software design, development, or other manner of planning, design, development, or implementation phase activity on the projects for which these IV&V services are being procured.

This exclusion likewise extends to any other project within the State that may interact with or otherwise provide services to the projects or to the State during the full term of this contract. This exclusion is executed in accordance with federal regulations at 45 CFR 95.626, which require that this IV&V effort, "... be conducted by an entity that is independent from the State".

IV&V is the set of verification and validation activities performed by an agency not under the control of the organization developing the software. IV&V services must be provided and managed by an organization that is technically and managerially independent of the subject software development project. This independence takes two mandatory forms.

First, technical independence requires that the IV&V services provider organization, its personnel, and subcontractors are not and have not been involved in the software development or implementation effort or in the

project's initial planning and/or subsequent design. Technical independence helps ensure that IV&V review reports are free of personal or professional bias, posturing, or gold plating.

Second, managerial independence is required to make certain that the IV&V effort is provided by an organization that is departmentally and hierarchically separate from the software development and program management organizations. Managerial independence helps ensure that the IV&V service provider can deliver findings and recommendations to state and federal executive leadership and management without restriction, fear of retaliation, or coercion (e.g., reports being subject to prior review or approval from the development group before release to outside entities, such as the federal government).

N. PROPOSAL PREPARATION COSTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State shall not incur any liability for any costs incurred by bidders in replying to this Request for Proposal, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this Request for Proposal.

O. ERRORS AND OMISSIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The bidder shall not take advantage of any errors and/or omissions in this Request for Proposal or resulting contract. The bidder must promptly notify the State of any errors and/or omissions that are discovered.

P. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

Q. ASSIGNMENT BY THE STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State shall have the right to assign or transfer the contract or any of its interests herein to any agency, board, commission, or political subdivision of the State of Nebraska. There shall be no charge to the State for any assignment hereunder.

R. ASSIGNMENT BY THE CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor may not assign, voluntarily or involuntarily, the contract or any of its rights or obligations hereunder (including without limitation rights and duties of performance) to any third party, without the prior written consent of the State, which will not be unreasonably withheld.

S. DEVIATIONS FROM THE REQUEST FOR PROPOSAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The requirements contained in the Request for Proposal become a part of the terms and conditions of the contract resulting from this Request for Proposal. Any deviations from the Request for Proposal must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the Request for Proposal, mandatory requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

T. GOVERNING LAW

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against the State of Nebraska regarding this Request for Proposal or any resultant contract shall be brought in the State of Nebraska administrative or judicial forums as defined by State law. The Contractor must be in compliance with all Nebraska statutory and regulatory law.

U. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Contractor agrees to pay all expenses of such action, as permitted by law, including attorney's fees and costs, if the State is the prevailing party.

V. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. News releases pertaining to the project shall not be issued without prior written approval from the State.

W. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

X. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to between the State and the Contractor.

Y. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

During the bid process, all communication between the State and a bidder shall be between the bidder's representative clearly noted in its proposal and the buyer noted in Section II.A. Procuring Office and Contact Person, of this RFP. After the award of the contract, all notices under the contract shall be deemed duly given upon delivery to the staff designated as the point of contact for this Request for Proposal, in person, or upon delivery by

U.S. Mail, facsimile, or e-mail. Each bidder should provide in its proposal the name, title, and complete address of its designee to receive notices.

1. Except as otherwise expressly specified herein, all notices, requests, or other communications shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth above, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.
2. Whenever the Contractor encounters any difficulty which is delaying or threatens to delay its timely performance under the contract, the Contractor shall immediately give notice thereof in writing to the State reciting all relevant information with respect thereto. Such notice shall not in any way constitute a basis for an extension of the delivery schedule or be construed as a waiver by the State of any of its rights or remedies to which it is entitled by law or equity or pursuant to the provisions of the contract. Failure to give such notice, however, may be grounds for denial of any request for an extension of the delivery schedule because of such delay.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

For the duration of the contract, all communication between Contractor and the State regarding the contract shall take place between the Contractor and individuals specified by the State in writing. Communication about the contract between Contractor and individuals not designated as points of contact by the State is strictly forbidden.

Z. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable;

- i. second or subsequent documented "vendor performance report" form deemed acceptable by the State Purchasing Bureau; or
- j. Contractor engaged in collusion or actions which could have provided Contractor an unfair advantage in obtaining this contract.

AA. FUNDING OUT CLAUSE OR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State may terminate the contract, in whole or in part, in the event funding is no longer available. The State's obligation to pay amounts due for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds for the contract. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of any termination, and advise the Contractor of the location (address and room number) of any related equipment. All obligations of the State to make payments after the termination date will cease and all interest of the State in any related equipment will terminate. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

BB. BREACH BY CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. The State may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) calendar days (or longer at State's discretion considering the gravity and nature of the default). Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive the State's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

CC. ASSURANCES BEFORE BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

If any document or deliverable required pursuant to the contract does not fulfill the requirements of the Request for Proposal/resulting contract, upon written notice from the State, the Contractor shall deliver assurances in the form of additional Contractor resources at no additional cost to the project in order to complete the deliverable, and to ensure that other project schedules will not be adversely affected.

DD. ADMINISTRATION – CONTRACT TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SO			

1. Contractor must provide confirmation that upon contract termination all deliverables prepared in accordance with this agreement shall become the property of the State of Nebraska; subject to the ownership provision (section E) contained herein, and is provided to the State of Nebraska at no additional cost to the State.
2. Contractor must provide confirmation that in the event of contract termination, all records that are the property of the State will be returned to the State within thirty (30) calendar days. Notwithstanding the above, Contractor may retain one copy of any information as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures.

EE. PENALTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
		SO	REPLACE 2ND LINE WITH: After the resulting cure period Contractor's failure to meet the dates for the Contractor's deliverables as agreed upon by the parties may result in an assessment of penalty due the State of \$500.00 dollars per day, until the Contractor's deliverables are approved.

In the event that the Contractor fails to perform any substantial obligation under the contract, the State may withhold all monies due and payable to the Contractor, without penalty, until such failure is cured or otherwise adjudicated. Failure to meet the dates for the deliverables as agreed upon by the parties may result in an assessment of penalty due the State of \$500.00 dollars per day, until the deliverables are approved. Contractor will be notified in writing when penalty will commence.

FF. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SO			

Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under the contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of the contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. The State may grant relief from performance of the contract if the Contractor is prevented from performance by a Force Majeure Event. The burden of proof for the need for such relief shall rest upon the Contractor. To obtain release based on a Force Majeure Event, the Contractor shall file a written request for such relief with the State Purchasing Bureau. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under the contract.

GG. PROHIBITION AGAINST ADVANCE PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

HH. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date, and the Contractor hereby waives any claim or cause of action for any such services.

II. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

JJ. RIGHT TO AUDIT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Contractor shall establish and maintain a reasonable accounting system that enables the State to readily audit contract. The State and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all financial and related records (in whatever form they may be kept, whether written, electronic, or other) relating to or pertaining to this contract kept by or under the control of the Contractor, including, but not

limited to those kept by the Contractor, its employees, agents, assigns, successors, and Subcontractors. Such records shall include, but not be limited to, accounting records, written policies and procedures; all paid vouchers including those for out-of-pocket expenses; other reimbursement supported by invoices; ledgers; cancelled checks; deposit slips; bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back charge logs and supporting documentation; insurance documents; payroll documents; timesheets; memoranda; and correspondence.

Contractor shall, at all times during the term of this contract and for a period of five (5) years after the completion of this contract, maintain such records, together with such supporting or underlying documents and materials. The Contractor shall at any time requested by the State, whether during or after completion of this contract and at Contractor's own expense make such records available for inspection and audit (including copies and extracts of records as required) by the State. Such records shall be made available to the State during normal business hours at the Contractor's office or place of business. In the event that no such location is available, then the financial records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location that is convenient for the State. Contractor shall ensure the State has these rights with Contractor's assigns, successors, and Subcontractors, and the obligations of these rights shall be explicitly included in any subcontracts or agreements formed between the Contractor and any Subcontractors to the extent that those Subcontracts or agreements relate to fulfillment of the Contractor's obligations to the State.

Costs of any audits conducted under the authority of this right to audit and not addressed elsewhere will be borne by the State unless certain exemption criteria are met. If the audit identifies overpricing or overcharges (of any nature) by the Contractor to the State in excess of one-half of one percent (.5%) of the total contract billings, the Contractor shall reimburse the State for the total costs of the audit. If the audit discovers substantive findings related to fraud, misrepresentation, or non-performance, the Contractor shall reimburse the State for total costs of audit. Any adjustments and/or payments that must be made as a result of any such audit or inspection of the Contractor's invoices and/or records shall be made within a reasonable amount of time (not to exceed 90 days) from presentation of the State's findings to Contractor.

KK. TAXES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SO			

The State is not required to pay taxes of any kind and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

LL. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SO			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials. The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

MM. CHANGES IN SCOPE/CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State may, upon the written agreement of Contractor, make changes to the contract within the general scope of the RFP. The State may, at any time work is in progress, by written agreement, make alterations in the terms of work as shown in the specifications, require the Contractor to make corrections, decrease the quantity of work, or make such other changes as the State may find necessary or desirable. The Contractor shall not claim forfeiture of contract by reasons of such changes by the State. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, or a pro-rated value.

Corrections of any deliverable, service or performance of work required pursuant to the contract shall not be deemed a modification. Changes or additions to the contract beyond the scope of the RFP are not permitted.

NN. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular provision held to be invalid.

OO. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be regarded as confidential information. All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be handled in accordance with federal and state law, and ethical standards. The Contractor must ensure the confidentiality of such materials or information. Should said confidentiality be breached by a Contractor; Contractor shall notify the State immediately of said breach and take immediate corrective action.

It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable to Contractors by 5 U.S.C. 552a (m)(1), provides that any officer or employee of a Contractor, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

PP. PROPRIETARY INFORMATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Data contained in the proposal and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the proposal. If the bidder wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. **All proprietary information the bidder wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the proposal, and provide supporting documents showing why such documents should be marked proprietary.** The separate package must be clearly marked PROPRIETARY on the outside of the package. **Bidders may not mark their entire Request for Proposal as proprietary.** Bidder's cost proposals may not be marked as proprietary information. Failure of the bidder to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other bidders and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, bidders submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

QQ. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION/COLLUSIVE BIDDING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

By submission of this proposal, the bidder certifies that it is the party making the foregoing proposal and that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the proposal price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further that the bidder has not, directly or indirectly, submitted the proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

RR. STATEMENT OF NON-COLLUSION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The proposal shall be arrived at by the bidder independently and be submitted without collusion with, and without any direct or indirect agreement, understanding or planned common course of action with, any person; firm; corporation; bidder; Contractor of materials, supplies, equipment or services described in this RFP. Bidder shall not collude with, or attempt to collude with, any state officials, employees or agents; or evaluators or any person involved in this RFP. The bidder shall not take any action in the restraint of free competition or designed to limit independent bidding or to create an unfair advantage.

Should it be determined that collusion occurred, the State reserves the right to reject a bid or terminate the contract and impose further administrative sanctions.

SS. PRICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

All prices, costs, and terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made or the Request for Proposal is cancelled.

Prices quoted on the Cost Proposal form shall remain fixed for the first year of the contract period. Any request for a price increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the price increase effective date, and be accompanied by documentation justifying the price increase. Further documentation may be required by the State to justify the increase. The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any price decrease during the term of the contract. Contractor represents and warrants that all prices for services, now or subsequently specified, are as low as and no higher than prices which the Contractor has charged or intends to charge customers other than the State for the same or similar products and services of the same or equivalent quantity and quality for delivery or performance during the same periods of time. If, during the term of the contract, the Contractor shall reduce any and/or all prices charged to any customers other than the State for the same or similar products or services specified herein, the Contractor shall make an equal or equivalent reduction in corresponding prices for said specified products or services.

Contractor also represents and warrants that all prices set forth in the contract and all prices in addition, which the Contractor may charge under the terms of the contract, do not and will not violate any existing federal, state, or municipal law or regulations concerning price discrimination and/or price fixing. Contractor agrees to hold the State harmless from any such violation. Prices quoted shall not be subject to increase throughout the contract period unless specifically allowed by these specifications.

TT. BEST AND FINAL OFFER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The State will compile the final scores for all parts of each proposal. The award may be granted to the highest scoring responsive and responsible bidder. Alternatively, the highest scoring bidder or bidders may be requested to submit best and final offers. If best and final offers are requested by the State and submitted by the bidder, they will be evaluated (using the stated criteria), scored, and ranked by the Evaluation Committee. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

UU. ETHICS IN PUBLIC CONTRACTING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

No bidder shall pay or offer to pay, either directly or indirectly, any fee, commission compensation, gift, gratuity, or anything of value to any State officer, legislator, employee or evaluator based on the understanding that the receiving person's vote, actions, or judgment will be influenced thereby. No bidder shall give any item of value to any employee of the State Purchasing Bureau or any evaluator.

Bidders shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the contract. It is the intent of this provision to assure that the prohibition of state contact during the procurement process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of proposals and award of the contract be completed without external influence. It is not the intent of this section to prohibit bidders from seeking professional advice, for example consulting legal counsel, regarding terms and conditions of this Request for Proposal or the format or content of their proposal.

If the bidder is found to be in non-compliance with this section of the Request for Proposal, they may forfeit the contract if awarded to them or be disqualified from the selection process.

VV. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

1. GENERAL

The Contractor agrees to defend, indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel provided by the Contractor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement; Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 *et seq.* and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. ALL REMEDIES AT LAW

Nothing in this agreement shall be construed as an indemnification by one party of the other for liabilities of a party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this lease. Any liabilities or claims for property loss or damages or for death or personal injury by a party or its agents, employees, contractors or assigns or by third persons, arising out of and during the performance of this lease shall be determined according to applicable law.

WW. NEBRASKA TECHNOLOGY ACCESS STANDARDS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

XX. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

YY. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

ZZ. TIME IS OF THE ESSENCE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by the State shall not waive any rights of the State nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

AAA. RECYCLING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Preference will be given to items which are manufactured or produced from recycled material or which can be readily reused or recycled after their normal use as per Neb. Rev. Stat. § 81-15,159.

BBB. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

CCC. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>

The completed United States Attestation Form should be submitted with the Request for Proposal response.
2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

DDD. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor, by signature to this RFP, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The Contractor also agrees to include the above requirements in any and all Subcontracts into which it enters. The Contractor shall immediately notify the Department if, during the term of this contract, Contractor becomes debarred. The Department may immediately terminate this contract by providing Contractor written notice if Contractor becomes debarred during the term of this contract.

Contractor, by signature to this RFP, certifies that Contractor has not had a contract with the State of Nebraska terminated early by the State of Nebraska. If Contractor has had a contract terminated early by the State of Nebraska, Contractor must provide the contract number, along with an explanation of why the contract was terminated early. Prior early termination may be cause for rejecting the proposal.

EEE. POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor may extend the contract to political sub-divisions conditioned upon the honoring of the prices charged to the State. Terms and conditions of the Contract must be met by political sub-divisions. Under no circumstances shall the State be contractually obligated or liable for any purchases by political sub-divisions or other public entities not authorized by Neb. Rev. Stat. § 81-145, listed as "all officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations." A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

FFF. OFFICE OF PUBLIC COUNSEL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract and shall not apply if Contractor is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq.

GGG. LONG-TERM CARE OMBUDSMAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SJ			

If it is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq., Contractor shall comply with the Act. This section shall survive the termination of this contract.

III. TERMS AND CONDITIONS

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the Terms and Conditions unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

Bidders are expected to closely read the Terms and Conditions and provide a binding signature of intent to comply with the Terms and Conditions; provided, however, a bidder may indicate any exceptions to the Terms and Conditions by (1) clearly identifying the term or condition by subsection, and (2) including an explanation for the bidder's inability to comply with such term or condition which includes a statement recommending terms and conditions the bidder would find acceptable. Rejection in whole or in part of the Terms and Conditions may be cause for rejection of a bidder's proposal. **Bidders must include completed Section III with their proposal response.**

The State of Nebraska is soliciting bids in response to the RFP. The State of Nebraska will not consider proposals that propose the substitution of the bidder's contract, agreements, or terms for those of the State of Nebraska's. Any License, Service Agreement, Customer Agreement, User Agreement, Bidder Terms and Conditions, Document, or Clause purported or offered to be included as a part of this RFP must be submitted as individual clauses, as either a counter-offer or additional language, and each clause must be acknowledged and accepted in writing by the State. If the Bidder's clause is later found to be in conflict with the RFP or resulting contract the Bidder's clause shall be subordinate to the RFP or resulting contract.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SD			

The contract resulting from this Request for Proposal shall incorporate the following documents:

1. Amendment to Contract Award with the most recent dated amendment having the highest priority;
2. Contract Award and any attached Addenda;
3. The Request for Proposal form and the Contractor's Proposal, signed in ink
4. Amendments to RFP and any Questions and Answers; and
5. The original RFP document and any Addenda.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to Contract Award with the most recent dated amendment having the highest priority, 2) Contract Award and any attached Addenda, 3) the signed Request for Proposal form and the Contractor's Proposal, 4) Amendments to RFP and any Questions and Answers, 5) the original RFP document and any Addenda.

Any ambiguity in any provision of this contract which shall be discovered after its execution shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

Once proposals are opened they become the property of the State of Nebraska and will not be returned.

B. AWARD

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the Request for Proposal. The State reserves the right to reject any or all proposals, in whole or in part, or to award to multiple bidders in whole or in part, and at its discretion, may withdraw or amend the Request for Proposal at any time. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State. The Request for Proposal does not commit the State to award a contract. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.

By submitting a proposal in response to this Request for Proposal, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients.

Once intent to award decision has been determined, it will be posted to the Internet at:
<http://das.nebraska.gov/materiel/purchasing.html>

Grievance and protest procedure is available on the Internet at:
http://das.nebraska.gov/materiel/purchase_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors.pdf

Any protests must be filed by a vendor within ten (10) business days after the intent to award decision is posted to the Internet.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for services to be covered by any contract resulting from this Request for Proposal.

D. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall procure and pay for all permits, licenses, and approvals necessary for the execution of the contract. The Contractor shall comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

E. OWNERSHIP OF INFORMATION AND DATA

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State of Nebraska shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or derived by the Contractor pursuant to this contract.

The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, and other rights or titles (e.g. rights to licenses transfer or assign deliverables) necessary to execute this contract. The contract price shall, without exception, include compensation for all royalties and costs arising from patents, trademarks, and copyrights that are in any way involved in the contract. It shall be the responsibility of the Contractor to pay for all royalties and costs, and the State must be held harmless from any such claims.

F. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall not commence work under this contract until all the insurance required hereunder has been obtained and such insurance has been approved by the State. The Contractor shall maintain all required insurance for the life of this contract and shall ensure that the State Purchasing Bureau has the most current certificate of insurance throughout the life of this contract. If Contractor will be utilizing any Subcontractors, the Contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all Subcontractor(s). The Contractor is also responsible for ensuring Subcontractor(s) maintain the insurance required until completion of the contract requirements. The Contractor shall not allow any Subcontractor to commence work on any Subcontract until all similar insurance required of the Subcontractor has been obtained and approved by the Contractor. Approval of the insurance by the State shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Insurance coverages shall function independent of all other clauses in the contract, and in no instance shall the limits of recovery from the insurance be reduced below the limits required by this section.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in

work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

3. INSURANCE COVERAGE AMOUNTS REQUIRED

COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Fire Damage	\$50,000 any one fire
Medical Payments	\$10,000 any one person
Damage to Rented Premises	\$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
Abuse & Molestation	Included
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$5,000,000
SUBROGATION WAIVER	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
LIABILITY WAIVER	
"Commercial General Liability & Commercial Automobile Liability policies shall be primary and any insurance or self-insurance carried by the State shall be considered excess and non-contributory."	

4. EVIDENCE OF COVERAGE

The Contractor should furnish the State, with their proposal response, a certificate of insurance coverage complying with the above requirements to the attention of the Buyer at 402-471-2089 (fax)

Administrative Services
 State Purchasing Bureau
 1526 K Street, Suite 130
 Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Notice of cancellation of any required insurance policy must be submitted to Administrative Services State Purchasing Bureau when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

G. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State may already have in place or choose to award supplemental contracts for work related to this Request for Proposal, or any portion thereof.

1. The State reserves the right to award the contract jointly between two or more potential Contractors, if such an arrangement is in the best interest of the State.
2. The Contractor shall agree to cooperate with such other Contractors, and shall not commit or permit any act which may interfere with the performance of work by any other Contractor.

H. INDEPENDENT CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The Contractor represents that it has, or will secure at its own expense, all personnel required to perform the services under the contract. The Contractor's employees and other persons engaged in work or services required by the contractor under the contract shall have no contractual relationship with the State; they shall not be considered employees of the State.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the Contractor, its officers, or its agents) shall in no way be the responsibility of the State. The Contractor will hold the State harmless from any and all such claims. Such personnel or other persons shall not require nor be entitled to any compensation, rights, or benefits from the State including without limit, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

I. CONTRACTOR RESPONSIBILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor is solely responsible for fulfilling the contract, with responsibility for all services offered and products to be delivered as stated in the Request for Proposal, the Contractor's proposal, and the resulting contract. The Contractor shall be the sole point of contact regarding all contractual matters.

If the Contractor intends to utilize any Subcontractor's services, the Subcontractor's level of effort, tasks, and time allocation must be clearly defined in the Contractor's proposal. The Contractor shall agree that it will not utilize any Subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State. Following execution of the contract, the Contractor shall proceed diligently with all services and shall perform such services with qualified personnel in accordance with the contract.

J. CONTRACTOR PERSONNEL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor warrants that all persons assigned to the project shall be employees of the Contractor or specified Subcontractors, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work on the project.

Personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of key personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or Subcontractor employee.

In respect to its employees, the Contractor agrees to be responsible for the following:

1. any and all employment taxes and/or other payroll withholding;
2. any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. damages incurred by Contractor's employees within the scope of their duties under the contract;
4. maintaining workers' compensation and health insurance and submitting any reports on such insurance to the extent required by governing State law; and
5. determining the hours to be worked and the duties to be performed by the Contractor's employees.

K. CONTRACT CONFLICTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Contractor shall insure that contracts or agreements with sub-contractors and agents, and the performance of services in relation to this contract by sub-contractors and agents, does not conflict with this contract.

L. STATE OF NEBRASKA PERSONNEL RECRUITMENT PROHIBITION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor shall not, at any time, recruit or employ any State employee or agent who has worked on the Request for Proposal or project, or who had any influence on decisions affecting the Request for Proposal or project.

M. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

By submitting a proposal, bidder certifies that there does not now exist any relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Proposal or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The bidder certifies that it will not employ any individual known by bidder to have a conflict of interest. Any contractor (and its subcontractors) serving in the role of independent validation and verification (IV&V) service contractor to the State is prohibited from soliciting, proposing, or being awarded any project management, quality assurance, software design, development, or other manner of planning, design, development, or implementation phase activity on the projects for which these IV&V services are being procured.

This exclusion likewise extends to any other project within the State that may interact with or otherwise provide services to the projects or to the State during the full term of this contract. This exclusion is executed in accordance with federal regulations at 45 CFR 95.626, which require that this IV&V effort, "... be conducted by an entity that is independent from the State".

IV&V is the set of verification and validation activities performed by an agency not under the control of the organization developing the software. IV&V services must be provided and managed by an organization that is technically and managerially independent of the subject software development project. This independence takes two mandatory forms.

First, technical independence requires that the IV&V services provider organization, its personnel, and subcontractors are not and have not been involved in the software development or implementation effort or in the

project's initial planning and/or subsequent design. Technical independence helps ensure that IV&V review reports are free of personal or professional bias, posturing, or gold plating.

Second, managerial independence is required to make certain that the IV&V effort is provided by an organization that is departmentally and hierarchically separate from the software development and program management organizations. Managerial independence helps ensure that the IV&V service provider can deliver findings and recommendations to state and federal executive leadership and management without restriction, fear of retaliation, or coercion (e.g., reports being subject to prior review or approval from the development group before release to outside entities, such as the federal government).

N. PROPOSAL PREPARATION COSTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State shall not incur any liability for any costs incurred by bidders in replying to this Request for Proposal, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this Request for Proposal.

O. ERRORS AND OMISSIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The bidder shall not take advantage of any errors and/or omissions in this Request for Proposal or resulting contract. The bidder must promptly notify the State of any errors and/or omissions that are discovered.

P. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

Q. ASSIGNMENT BY THE STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State shall have the right to assign or transfer the contract or any of its interests herein to any agency, board, commission, or political subdivision of the State of Nebraska. There shall be no charge to the State for any assignment hereunder.

R. ASSIGNMENT BY THE CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor may not assign, voluntarily or involuntarily, the contract or any of its rights or obligations hereunder (including without limitation rights and duties of performance) to any third party, without the prior written consent of the State, which will not be unreasonably withheld.

S. DEVIATIONS FROM THE REQUEST FOR PROPOSAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The requirements contained in the Request for Proposal become a part of the terms and conditions of the contract resulting from this Request for Proposal. Any deviations from the Request for Proposal must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the Request for Proposal, mandatory requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

T. GOVERNING LAW

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against the State of Nebraska regarding this Request for Proposal or any resultant contract shall be brought in the State of Nebraska administrative or judicial forums as defined by State law. The Contractor must be in compliance with all Nebraska statutory and regulatory law.

U. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Contractor agrees to pay all expenses of such action, as permitted by law, including attorney's fees and costs, if the State is the prevailing party.

V. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. News releases pertaining to the project shall not be issued without prior written approval from the State.

W. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

X. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to between the State and the Contractor.

Y. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

During the bid process, all communication between the State and a bidder shall be between the bidder's representative clearly noted in its proposal and the buyer noted in Section II.A. Procuring Office and Contact Person, of this RFP. After the award of the contract, all notices under the contract shall be deemed duly given upon delivery to the staff designated as the point of contact for this Request for Proposal, in person, or upon delivery by

U.S. Mail, facsimile, or e-mail. Each bidder should provide in its proposal the name, title, and complete address of its designee to receive notices.

1. Except as otherwise expressly specified herein, all notices, requests, or other communications shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth above, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.
2. Whenever the Contractor encounters any difficulty which is delaying or threatens to delay its timely performance under the contract, the Contractor shall immediately give notice thereof in writing to the State reciting all relevant information with respect thereto. Such notice shall not in any way constitute a basis for an extension of the delivery schedule or be construed as a waiver by the State of any of its rights or remedies to which it is entitled by law or equity or pursuant to the provisions of the contract. Failure to give such notice, however, may be grounds for denial of any request for an extension of the delivery schedule because of such delay.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

For the duration of the contract, all communication between Contractor and the State regarding the contract shall take place between the Contractor and individuals specified by the State in writing. Communication about the contract between Contractor and individuals not designated as points of contact by the State is strictly forbidden.

Z. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative RFP within Response (Initial)	NOTES/COMMENTS:
SN			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable;

- i. second or subsequent documented "vendor performance report" form deemed acceptable by the State Purchasing Bureau; or
- j. Contractor engaged in collusion or actions which could have provided Contractor an unfair advantage in obtaining this contract.

AA. FUNDING OUT CLAUSE OR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State may terminate the contract, in whole or in part, in the event funding is no longer available. The State's obligation to pay amounts due for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds for the contract. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of any termination, and advise the Contractor of the location (address and room number) of any related equipment. All obligations of the State to make payments after the termination date will cease and all interest of the State in any related equipment will terminate. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

BB. BREACH BY CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. The State may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) calendar days (or longer at State's discretion considering the gravity and nature of the default). Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive the State's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

CC. ASSURANCES BEFORE BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

If any document or deliverable required pursuant to the contract does not fulfill the requirements of the Request for Proposal/resulting contract, upon written notice from the State, the Contractor shall deliver assurances in the form of additional Contractor resources at no additional cost to the project in order to complete the deliverable, and to ensure that other project schedules will not be adversely affected.

DD. ADMINISTRATION – CONTRACT TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LN			

1. Contractor must provide confirmation that upon contract termination all deliverables prepared in accordance with this agreement shall become the property of the State of Nebraska; subject to the ownership provision (section E) contained herein, and is provided to the State of Nebraska at no additional cost to the State.
2. Contractor must provide confirmation that in the event of contract termination, all records that are the property of the State will be returned to the State within thirty (30) calendar days. Notwithstanding the above, Contractor may retain one copy of any information as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures.

EE. PENALTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
		LN	REPLACE 2ND LINE WITH: After the resulting cure period Contractor's failure to meet the dates for the Contractor's deliverables as agreed upon by the parties may result in an assessment of penalty due the State of \$500.00 dollars per day, until the Contractor's deliverables are approved.

In the event that the Contractor fails to perform any substantial obligation under the contract, the State may withhold all monies due and payable to the Contractor, without penalty, until such failure is cured or otherwise adjudicated. Failure to meet the dates for the deliverables as agreed upon by the parties may result in an assessment of penalty due the State of \$500.00 dollars per day, until the deliverables are approved. Contractor will be notified in writing when penalty will commence.

FF. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LN			

Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under the contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of the contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. The State may grant relief from performance of the contract if the Contractor is prevented from performance by a Force Majeure Event. The burden of proof for the need for such relief shall rest upon the Contractor. To obtain release based on a Force Majeure Event, the Contractor shall file a written request for such relief with the State Purchasing Bureau. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under the contract.

GG. PROHIBITION AGAINST ADVANCE PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

HH. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date, and the Contractor hereby waives any claim or cause of action for any such services.

II. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

JJ. RIGHT TO AUDIT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Contractor shall establish and maintain a reasonable accounting system that enables the State to readily audit contract. The State and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all financial and related records (in whatever form they may be kept, whether written, electronic, or other) relating to or pertaining to this contract kept by or under the control of the Contractor, including, but not

limited to those kept by the Contractor, its employees, agents, assigns, successors, and Subcontractors. Such records shall include, but not be limited to, accounting records, written policies and procedures; all paid vouchers including those for out-of-pocket expenses; other reimbursement supported by invoices; ledgers; cancelled checks; deposit slips; bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back charge logs and supporting documentation; insurance documents; payroll documents; timesheets; memoranda; and correspondence.

Contractor shall, at all times during the term of this contract and for a period of five (5) years after the completion of this contract, maintain such records, together with such supporting or underlying documents and materials. The Contractor shall at any time requested by the State, whether during or after completion of this contract and at Contractor's own expense make such records available for inspection and audit (including copies and extracts of records as required) by the State. Such records shall be made available to the State during normal business hours at the Contractor's office or place of business. In the event that no such location is available, then the financial records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location that is convenient for the State. Contractor shall ensure the State has these rights with Contractor's assigns, successors, and Subcontractors, and the obligations of these rights shall be explicitly included in any subcontracts or agreements formed between the Contractor and any Subcontractors to the extent that those Subcontracts or agreements relate to fulfillment of the Contractor's obligations to the State.

Costs of any audits conducted under the authority of this right to audit and not addressed elsewhere will be borne by the State unless certain exemption criteria are met. If the audit identifies overpricing or overcharges (of any nature) by the Contractor to the State in excess of one-half of one percent (.5%) of the total contract billings, the Contractor shall reimburse the State for the total costs of the audit. If the audit discovers substantive findings related to fraud, misrepresentation, or non-performance, the Contractor shall reimburse the State for total costs of audit. Any adjustments and/or payments that must be made as a result of any such audit or inspection of the Contractor's invoices and/or records shall be made within a reasonable amount of time (not to exceed 90 days) from presentation of the State's findings to Contractor.

KK. TAXES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The State is not required to pay taxes of any kind and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

LL. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials. The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

MM. CHANGES IN SCOPE/CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State may, upon the written agreement of Contractor, make changes to the contract within the general scope of the RFP. The State may, at any time work is in progress, by written agreement, make alterations in the terms of work as shown in the specifications, require the Contractor to make corrections, decrease the quantity of work, or make such other changes as the State may find necessary or desirable. The Contractor shall not claim forfeiture of contract by reasons of such changes by the State. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, or a pro-rated value.

Corrections of any deliverable, service or performance of work required pursuant to the contract shall not be deemed a modification. Changes or additions to the contract beyond the scope of the RFP are not permitted.

NN. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular provision held to be invalid.

OO. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be regarded as confidential information. All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be handled in accordance with federal and state law, and ethical standards. The Contractor must ensure the confidentiality of such materials or information. Should said confidentiality be breached by a Contractor; Contractor shall notify the State immediately of said breach and take immediate corrective action.

It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable to Contractors by 5 U.S.C. 552a (m)(1), provides that any officer or employee of a Contractor, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

PP. PROPRIETARY INFORMATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Data contained in the proposal and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the proposal. If the bidder wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. **All proprietary information the bidder wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the proposal, and provide supporting documents showing why such documents should be marked proprietary.** The separate package must be clearly marked PROPRIETARY on the outside of the package. **Bidders may not mark their entire Request for Proposal as proprietary.** Bidder's cost proposals may not be marked as proprietary information. Failure of the bidder to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other bidders and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, bidders submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

QQ. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION/COLLUSIVE BIDDING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

By submission of this proposal, the bidder certifies that it is the party making the foregoing proposal and that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the proposal price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further that the bidder has not, directly or indirectly, submitted the proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

RR. STATEMENT OF NON-COLLUSION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The proposal shall be arrived at by the bidder independently and be submitted without collusion with, and without any direct or indirect agreement, understanding or planned common course of action with, any person; firm; corporation; bidder; Contractor of materials, supplies, equipment or services described in this RFP. Bidder shall not collude with, or attempt to collude with, any state officials, employees or agents; or evaluators or any person involved in this RFP. The bidder shall not take any action in the restraint of free competition or designed to limit independent bidding or to create an unfair advantage.

Should it be determined that collusion occurred, the State reserves the right to reject a bid or terminate the contract and impose further administrative sanctions.

SS. PRICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

All prices, costs, and terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made or the Request for Proposal is cancelled.

Prices quoted on the Cost Proposal form shall remain fixed for the first year of the contract period. Any request for a price increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the price increase effective date, and be accompanied by documentation justifying the price increase. Further documentation may be required by the State to justify the increase. The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any price decrease during the term of the contract. Contractor represents and warrants that all prices for services, now or subsequently specified, are as low as and no higher than prices which the Contractor has charged or intends to charge customers other than the State for the same or similar products and services of the same or equivalent quantity and quality for delivery or performance during the same periods of time. If, during the term of the contract, the Contractor shall reduce any and/or all prices charged to any customers other than the State for the same or similar products or services specified herein, the Contractor shall make an equal or equivalent reduction in corresponding prices for said specified products or services.

Contractor also represents and warrants that all prices set forth in the contract and all prices in addition, which the Contractor may charge under the terms of the contract, do not and will not violate any existing federal, state, or municipal law or regulations concerning price discrimination and/or price fixing. Contractor agrees to hold the State harmless from any such violation. Prices quoted shall not be subject to increase throughout the contract period unless specifically allowed by these specifications.

TT. BEST AND FINAL OFFER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The State will compile the final scores for all parts of each proposal. The award may be granted to the highest scoring responsive and responsible bidder. Alternatively, the highest scoring bidder or bidders may be requested to submit best and final offers. If best and final offers are requested by the State and submitted by the bidder, they will be evaluated (using the stated criteria), scored, and ranked by the Evaluation Committee. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

UU. ETHICS IN PUBLIC CONTRACTING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

No bidder shall pay or offer to pay, either directly or indirectly, any fee, commission compensation, gift, gratuity, or anything of value to any State officer, legislator, employee or evaluator based on the understanding that the receiving person's vote, actions, or judgment will be influenced thereby. No bidder shall give any item of value to any employee of the State Purchasing Bureau or any evaluator.

Bidders shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the contract. It is the intent of this provision to assure that the prohibition of state contact during the procurement process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of proposals and award of the contract be completed without external influence. It is not the intent of this section to prohibit bidders from seeking professional advice, for example consulting legal counsel, regarding terms and conditions of this Request for Proposal or the format or content of their proposal.

If the bidder is found to be in non-compliance with this section of the Request for Proposal, they may forfeit the contract if awarded to them or be disqualified from the selection process.

VV. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

1. GENERAL

The Contractor agrees to defend, indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel provided by the Contractor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 *et seq.* and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. ALL REMEDIES AT LAW

Nothing in this agreement shall be construed as an indemnification by one party of the other for liabilities of a party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this lease. Any liabilities or claims for property loss or damages or for death or personal injury by a party or its agents, employees, contractors or assigns or by third persons, arising out of and during the performance of this lease shall be determined according to applicable law.

WW. NEBRASKA TECHNOLOGY ACCESS STANDARDS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

XX. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

YY. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

ZZ. TIME IS OF THE ESSENCE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by the State shall not waive any rights of the State nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

AAA. RECYCLING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Preference will be given to items which are manufactured or produced from recycled material or which can be readily reused or recycled after their normal use as per Neb. Rev. Stat. § 81-15,159.

BBB. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

CCC. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>

The completed United States Attestation Form should be submitted with the Request for Proposal response.
2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

DDD. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor, by signature to this RFP, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The Contractor also agrees to include the above requirements in any and all Subcontracts into which it enters. The Contractor shall immediately notify the Department if, during the term of this contract, Contractor becomes debarred. The Department may immediately terminate this contract by providing Contractor written notice if Contractor becomes debarred during the term of this contract.

Contractor, by signature to this RFP, certifies that Contractor has not had a contract with the State of Nebraska terminated early by the State of Nebraska. If Contractor has had a contract terminated early by the State of Nebraska, Contractor must provide the contract number, along with an explanation of why the contract was terminated early. Prior early termination may be cause for rejecting the proposal.

EEE. POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

The Contractor may extend the contract to political sub-divisions conditioned upon the honoring of the prices charged to the State. Terms and conditions of the Contract must be met by political sub-divisions. Under no circumstances shall the State be contractually obligated or liable for any purchases by political sub-divisions or other public entities not authorized by Neb. Rev. Stat. § 81-145, listed as "all officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations." A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

FFF. OFFICE OF PUBLIC COUNSEL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SN			

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract and shall not apply if Contractor is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq.

GGG. LONG-TERM CARE OMBUDSMAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
SW			

If it is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq., Contractor shall comply with the Act. This section shall survive the termination of this contract.

2. CORPORATE OVERVIEW

Cambria Solutions, Inc. (Cambria), is a national consulting firm with substantial technical and programmatic expertise in the operations of public sector organizations, particularly in supporting the design, implementation and oversight of large scale systems such as integrated eligibility systems and MMIS solutions. To complement our qualifications for this Nebraska opportunity, we have partnered with HealthTech Solutions (HTS) that delivers purpose driven technology solutions and consulting services for clients from all sectors across the country. Both firms have a heavy focus in Health and Human Services and Medicaid.

The combination of Cambria and HTS brings a powerful dynamic of deep, relevant, and proven expertise in Medicaid, E&E, MMIS, and experience on both from the state and vendor side. We are uniquely suited to partner with DHHS because we blend this expertise with a proven IV&V methodology and high quality staff who have actually implemented systems of this nature. This will provide you with increased confidence that our team truly understands your needs and challenges.

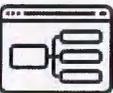
Our team, hereafter referred to solely as Cambria, offers the most comprehensive services to DHHS. We draw upon a truly holistic set of skills and an agile IV&V approach unmatched by our competitors.

2.1 CAMBRIA'S ORGANIZATIONAL CAPABILITIES AND HISTORY

Many of the vendors that operate within the E&E and MMIS consulting arena specialize in management consulting and, too often, the focus is on management processes, deliverable checklists, methodologies, and cookie-cutter solutions from their latest state. However, the most critical risks in Nebraska, combined with the modular and iterative approach, are not management processes, but the overall technical vision, requirements, analysis, execution, and support. Cambria can provide a unique and comprehensive set of qualifications that provides experience in both E&E and MMIS from a 360 degree view, meaning the full life cycle, both vendor-side implementation and state-side support.

For MMIS, our team has provided initial planning, procurement, project management and IV&V services, as well as, technical architecture guidance and design, development, and implementation of specific components of the MMIS such as claims adjudication. Exhibit 2 demonstrates the 360 degree MMIS view that Cambria brings.

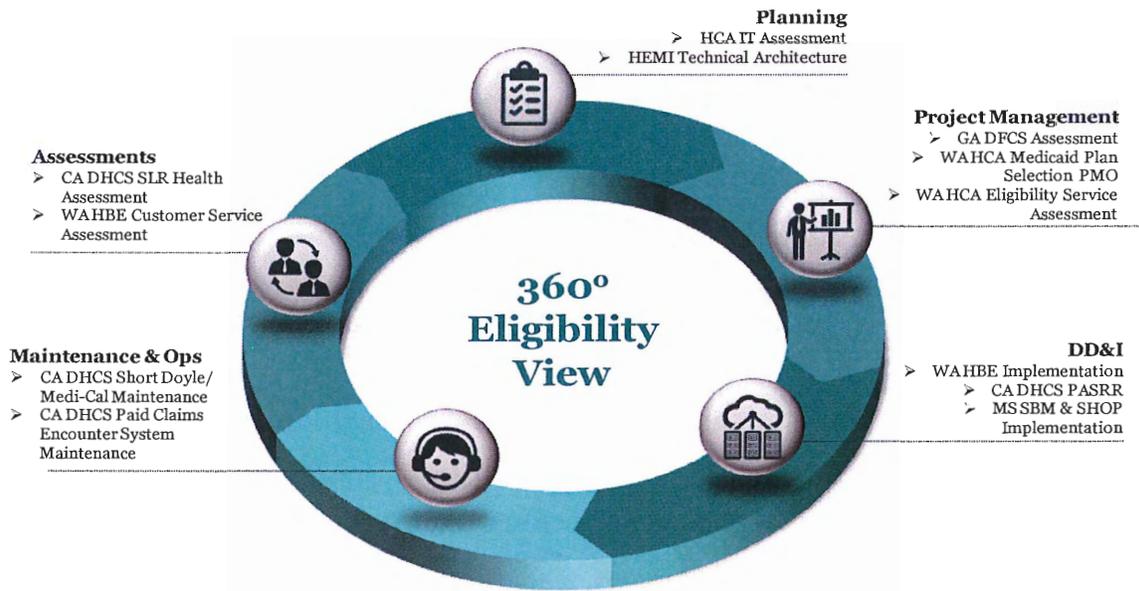
Exhibit 1. Cambria’s 360 Degree View – Representative MMIS Projects

COMPETENCY	360 DEGREE EXPERIENCE
 <p>Project Management & Procurement</p>	<ul style="list-style-type: none"> ➤ Serving as the PMO in the State of Florida on their MMIS Replacement, providing procurement support, scope management, schedule management, MMIS expertise and analysis ➤ Serving as state-side Project Managers for CA-MMIS ➤ Serving as state-side Project Manager for CA provider enrollment project (PAVE) ➤ Providing Project Management advisory services to the MS Division of Medicaid – strategic roadmap for enterprise project management and portfolio prioritization ➤ Served as part of the EPMO of the CA-MMIS Takeover
 <p>IV&V</p>	<ul style="list-style-type: none"> ➤ Conducted IV&V on the implementation of the State-Level Registry and ICD-10 transition projects ➤ Performed IV&V services for the State of Florida on their MMIS replacement ➤ Served as planning and IV&V for MS Division of Medicaid’s MMIS replacement project
 <p>MITA</p>	<ul style="list-style-type: none"> ➤ Provided MITA 3.0 SS-A services for WA ➤ Designed interoperability and MITA roadmaps for WA and MS
 <p>Claims Processing</p>	<ul style="list-style-type: none"> ➤ Developed and maintains one of the Medi-Cal processing systems in CA that processes over 24 million claims annually with a value of approximately \$4 billion.
 <p>Encounter Data</p>	<ul style="list-style-type: none"> ➤ Developed and maintains a solution (PACES) for CA DHCS to receive encounter data from 37 health care providers and 100 health plans
 <p>Provider Enrollment</p>	<ul style="list-style-type: none"> ➤ Provided Business Analyst and strategic support for California’s Provider Application and Validation for Enrollment (PAVE) project
 <p>Technical Architecture</p>	<ul style="list-style-type: none"> ➤ Serving as CA MMIS architect and migration specialists ➤ Agile system development

For E&E, our team has provided technical architecture guidance, IV&V, planning, project management, requirements gathering, implementation support, Design, Development & Implementation (DDI), Organizational Change Management (OCM), training, and maintenance and operations (M&O) services for multiple HHS, Medicaid and Exchange entities. Exhibit 3 depicts our team’s 360 degree view for eligibility. For example, we have conducted architectural assessments for California’s Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and guided the implementation of one of the most successful eligibility and exchange systems in the country, Washington Healthplanfinder. Moreover, we have experience

in the Federally Facilitated Marketplace (FFM) and Federal Data Services Hub (FDSH) in New Mexico, Idaho, and Mississippi. Our expert services guide major transformational projects through the entire project lifecycle, while working within the constraints of client resources, budgets and priorities, multiple vendors, and a broad range of internal and external stakeholders.

Exhibit 2. Cambria's 360 Degree View – Representative Eligibility Projects



And our 360 degree view is not just about coupling business with technical acumen in the eligibility and MMS space, it's also that we bring perspective from other states as well as Federal perspective and understanding of the Centers for Medicaid and Medicare Services (CMS). Having supported multiple states in their implementations, we understand the constraints, the complexities, the subject matter of E&E and MMIS, and more importantly, the need to be innovative, iterative, and collaborative to execute Nebraska's Medicaid enterprise vision.

The caliber and experience of Cambria's people are consistently recognized by our clients. We have staff with deep technical and programmatic expertise in the operations and management of public sector organizations. Many of our seasoned employees originated from global system integrators and the Big 4 consulting firms, and several of our senior management team held key leadership positions within various government agencies and Administrations. This experience allows us to fully understand the ongoing and emerging issues facing government and to create workable solutions. Over 73% of our staff have advanced degrees or certifications, all Cambria's project managers are well versed in PMI PMBOK approaches, most are PMP-certified. We understand the fine nuances of how to successfully move projects forward, working in multi-vendor and multi-tiered governance structures, and how to navigate risks and issues so that our projects remain on track.

Cambria's History and Service Offerings

Our founder, Robert Rodriguez who remains our CEO and Consulting Division President, created Cambria with the goals of helping clients generate new ideas, working closely with leaders to bring about transformational change, implementing solutions that drive greater

efficiencies and effectiveness, and generating sustainable results faster. Our mission statement is *"To Be the First Choice for Our Clients, the Best Choice for Our People."* As such, we are a different kind of consulting firm - we are expert listeners, creative collaborators and innovative problem solvers who work side-by-side with clients to help solve their most challenging business and technology problems. It's an approach that drives meaningful change and allows us to deliver exceptional results. It's what we like to call **HumanGenuity™**.



Cambria has roots in the Transportation and General Government Industries. However, today, our HHS Industry represents almost 80 percent of our business. We understand firsthand the quickly changing market and demands placed upon states to be able to adequately respond, be compliant, and yet stay ahead of innovations to best serve their citizens.

Our teams have helped clients develop strategy, planning and requirements, to supporting the implementation of improvements requiring changes to people, processes, and technology.

- **Our management consulting services** include project and program management offices, business process re-engineering, requirements gathering, solicitation development and assistance with vendor evaluation, make/buy research and decisions, feasibility studies and cost/benefit analyses, IT and operational assessments, Advanced Planning Documents (APDs), change management, strategic positioning, independent verification & validation (IV&V), establishing and managing governance structures, and organizational effectiveness and design.
- **Our technical consulting services** support the full lifecycle of systems projects—planning and architecture assessment, independent verification & validation (IV&V), make/buy decisions and procurement support, design and development, testing, data conversion, transition assistance, training and help desk, implementation, and maintenance and operations - for both custom development and commercial off-the-shelf (COTS) solutions.

While we provide a variety of services to meet clients' needs, we do not try to be all things to all organizations. We focus on our core competencies while building cohesive teams with our clients and business partners to develop solutions that are right for the job.

Over the past five years, Cambria has experienced double-digit growth year after year. We have seven offices nationwide – Sacramento and Los Angeles, California; Olympia, Washington; Tallahassee, Florida; Atlanta, Georgia; Jackson, Mississippi; and Washington, DC. Our sustained growth is a testament to the excellence in service delivery we provide. As another demonstration of Cambria's performance and capability, Cambria has been awarded the following:

- *Consulting* magazine recently named Cambria as one of their national **2014 Seven Small Jewels** in the professional management consulting industry
- *Inc. Magazine* named Cambria to their **Inc. 5000** list of America's fastest growing private companies for the sixth time in 2014
- The Latinos in Information and Technology Association (LISTA) named Cambria the **2015 Top California IT Company of the Year**.

These achievements are a product of the firm's commitment to quality service and results from a highly satisfied client base that continues to provide exceptional references. We are proud of our consistent positive record of success, and continue to be dedicated to building on and exceeding the expectations of our clients.

2.2 BIDDER IDENTIFICATION AND INFORMATION

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

The bidder must provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

Cambria Solutions, Inc. (Cambria), as the legal proposing entity, has a proven record of successfully implementing large scale IT projects, with high client satisfaction of on-time, on-budget service delivery. We bring tailored solutions to meet an organization's most complex challenges, using a distinctly innovative and human-touch approach.



The infographic is a rectangular box with a red border, divided into several sections. In the top left, it features the Cambria Solutions logo and the text 'FOUNDED IN 2003 PRIVATELY-OWNED'. Below this is an icon of stylized human figures in various colors. To the right of the logo is a map of the United States with red stars indicating office locations. Further right, under the heading 'OFFICES', are the addresses: Sacramento, CA (HQ); Los Angeles, CA; Olympia, WA; Washington, DC; Atlanta, GA; Tallahassee, FL; Jackson, MS. Below the map, under 'INDUSTRIES', are 'Health and Human Services;' and 'Government Solutions'. In the center, there are three award banners: 'Seven Small Jewels of Consulting' (Consulting magazine, 2014), 'Inc. 5000 Fast-Growing Companies' (2008, 2010, 2011, 2012, 2013, 2014, 2015), and 'Top CA IT Company of the Year' (2015). On the bottom right, there is a portrait of Robert Rodriguez, labeled 'CEO/PRESIDENT ROBERT RODRIGUEZ'. At the bottom left, it states 'PROFESSIONALS 85+ Full Time Employees 40+ Contractors'.

Cambria is an S-corporation founded in 2003 and has not changed name since its inception. We are a national firm, incorporated and headquartered in Sacramento, CA with a regionally based local service delivery model supported by 6 other offices nationwide.

Main Address:
Cambria Solutions, Inc.
1050 20th Street, Suite 275
Sacramento, CA 95811

2.2.1 PARTNERSHIPS

To fully support Nebraska, Cambria has subcontracted with HealthTech Solutions (HTS). This partnership is built on a mutual culture and belief that our reputation is our primary key to success and, for this reason, our clients enjoy a commitment that goes beyond merely satisfying the requirements of the engagement.

HTS is organized around the needs of its clients and maintains a project-oriented, level organizational structure. Its strength is the experience of its staff. HTS employs HHS and IT professionals from across the country, with an average of 25+ years of experience, including 14+ years in project management and government. Many staff are certified project managers (PMP).



Over the past five years, HTS has served clients in over 20 states, including Fortune 500 companies and Top 25 Managed Care Organizations. Their subject matter experts (SMEs) bring extensive experience in Medicaid Enterprise Systems operations, including MMIS systems development, conversion, and MMIS Certification. HTS brings multistate MITA experience from assessment, to business and technical architecture planning, and training services in Kentucky, Alabama and Alaska. Other experience includes: MITA Assessment, claims (institutional, medical, dental, pharmacy, including 837 and National Council for Prescription Drug Programs [NCPDP] formats), financial, Third Party Liability (TPL), Management and Administrative Reporting (MAR), Surveillance and Utilization Review (SUR), and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) subsystems; ICD-10; pharmacy, managed care, and database management.

HTS technical architects (one of their proposed roles on this Nebraska project) bring a long history of participation in the advancement of Medicaid Information Technology Architecture (MITA). They have been actively involved at the national level in the MITA Technical Advisory Committee (TAC) which is a CMS-recognized collaborative comprised primarily of MMIS implementers responsible for MITA technical services. The TAC is charged with defining the technical services in support of MITA, and creates proofs of concept for the implementation of some of those services. HTS has also served as the technical lead on the Medicaid Electronic Health Record Team (MeT) initiative and has contributed to the MITA Toolkit developed for CMS. The HTS team reviews all HITECH planning and implementation documents submitted by states to ensure the submitted documents adhere to MITA and the Seven Conditions & Standards.

2.3 FINANCIAL STATEMENTS

The bidder must provide financial statements applicable to the firm. If publicly held, the bidder must provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, must be submitted in such a manner

that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm must provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third-party to conduct credit checks as part of the corporate overview evaluation.

Cambria is a privately held corporation and as such has provided our information in response to the RFP to provide the proposal evaluators sufficient and pertinent information to reasonably formulate a determination about the stability and financial strength of our organization.

2.3.1 NON-PUBLICLY HELD CORPORATE STATEMENT OF FINANCIAL STABILITY

The table below specifically addresses the requirements from the RFP.

Exhibit 3. Information on Cambria’s Stability and Financial Strength

RFP REQUIREMENT	CAMBRIA RESPONSE
Description of Organization	Cambria Solutions, Inc. is a national consulting firm with substantial technical and programmatic experience in developing and deploying innovative solutions for Health and Human Services (HHS) agencies.
Size of the Organization	Employs approximately 70+ full-time employees and 30+ contractors.
Offices	Headquartered in Sacramento. 7 offices nationwide – Sacramento and Los Angeles, California; Olympia, Washington; Tallahassee, Florida; Atlanta, Georgia; Jackson, Mississippi; and Washington, DC.
Longevity of Organization	Founded in 2003 and has enjoyed double-digit growth year over year in the past five years. Significant industry recognitions and awards received that are a testament to our strength as a company and steady quality and performance. <ul style="list-style-type: none"> ➤ <i>Consulting</i> magazine recently named Cambria as one of their national 2014 Seven Small Jewels in the professional management consulting industry ➤ <i>Inc. Magazine</i> named Cambria to their Inc. 5000 list of America’s fastest growing private companies for the sixth time in 2014 ➤ The Latinos in Information and Technology Association (LISTA) named Cambria the 2015 Top California IT Company of the Year.
Client Base	Roots in the Transportation and General Government Industries. However, today, our HHS Industry represents almost 80 percent of our business. Clients range from state departments, local county, and cities, other governmental entities such as local transportation authorities and water municipalities to private health organizations.

RFP REQUIREMENT	CAMBRIA RESPONSE
Areas of Specialization and Expertise	<p>Our management consulting services include project and program management offices, business process re-engineering, requirements gathering, solicitation development and assistance with vendor evaluation, make/buy research and decisions, feasibility studies and cost/benefit analyses, IT and operational assessments, Advanced Planning Documents (APDs), change management, strategic positioning, independent verification & validation (IV&V), establishing and managing governance structures, and organizational effectiveness and design.</p> <p>Our technical consulting services support the full lifecycle of systems projects—planning and architecture assessment, independent verification & validation (IV&V), make/buy decisions and procurement support, design and development, testing, data conversion, transition assistance, training and help desk, implementation, and maintenance and operations – for both custom development and commercial off-the-shelf (COTS) solutions.</p>

The following letter has been provided by our Corporate Controller with additional information regarding Cambria’s financial strength and stability.



May 18, 2016

State Purchasing Bureau
Jennifer Crouse / Robert Thompson
1526 K Street, Suite 30
Lincoln, NE 68508

Re: Cambria Solutions, Inc. – Statement of Financial Stability for Independent Verification & Validation Services

Dear Ms. Crouse / Mr. Thompson:

Cambria Solutions, Inc. (Cambria) asserts that the firm has the financial capabilities necessary to complete the required tasks without hindrance, as supported by the following:

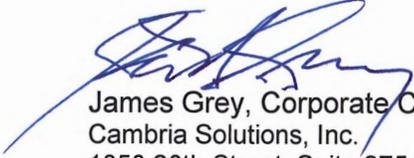
1. Cambria is an S-Corporation, Federal Tax ID# 20-0281492.
 - a. Incorporated in the state of California on October 2, 2003
 - b. Corporate # 2554142
 - c. Certificate of Status – Domestic Corporation can be provided (upon request)
 - d. Corporate Officer – Robert J. Rodriguez, CEO and sole shareholder
2. Since its business inception in 2003 through tax year 2015 Cambria has reported annual profitable business income on IRS Form 1120S.
3. In addition, through 2015 Cambria confirms that all federal and state tax requirements are in compliance.
4. All vendor payables & liabilities are current – vendor reference(s) can be provided (upon request).
5. Cambria has a Wells Fargo Bank business account relationship established October 22, 2003 and is in good standing with Wells Fargo Bank.
 - a. In the past 12 months there have been no overdrafts or returned items.
 - b. All credit facilities have been handled as agreed.
 - c. Wells Fargo Bank contact information can be provided (upon request).
6. Cambria is listed with Dun & Bradstreet, an independent business credit rating service, account# 14-556-7611 – account listed in good standing.
7. Cambria has had an independent financial annual audit completed for the past five (5) fiscal years: 2011, 2012, 2013, 2014, and 2015. CPA audit reports can be provided (upon request) in a confidential envelope separate from the Technical Proposal.
8. Cambria confirms that it is not aware of any litigation, past or present, or any threat of litigation against the firm.

Due to the sensitive nature of the financial information and the governing law of the public's right to know regarding the Offeror and any subcontractors, Cambria will gladly provide additional requested financial information in a timely fashion to State Purchasing Bureau upon being

awarded the contract. We sincerely believe this is the prudent and proper action given the sensitive nature and this requirement.

Please feel free to contact me with any additional questions.

Sincerely,



James Grey, Corporate Controller
Cambria Solutions, Inc.
1050 20th Street, Suite 275
Sacramento CA 95811
(916) 326-4446



Northern California Business Banking
1510 Arden Way
Suite 300
Sacramento, CA 95815

April 26, 2016

Cambria Solutions, Inc.
1050 20th St. STE 275
Sacramento, CA 95811

To Whom It May Concern:

This letter is verification that Cambria Solutions, Inc. has accounts with Wells Fargo Bank since 10/2003. The accounts are in satisfactory standing. If you need deposit or credit information, please refer to the customer named above. The account holder can provide the necessary information from their monthly statements.

Please call me at 916-678-3665 if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Kaya", written over a faint blue circular stamp.

Randall M. Kaya
Vice President
Principal Business Relationship Manager





May 18, 2016

State Purchasing Bureau
Jennifer Crouse / Robert Thompson
1526 K Street, Suite 30
Lincoln, NE 68508

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P 916.326.4446
F 916.492.9081

A 1050 20th Street, Suite 275
Sacramento, CA 95811

CAMBRIASOLUTIONS.COM

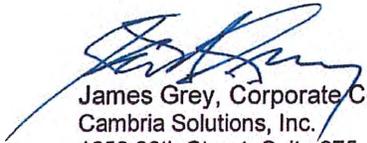
Great solutions
require a human touch.

Statement Of Financial Stability
05/18/2016
Page | 2

awarded the contract. We sincerely believe this is the prudent and proper action given the sensitive nature and this requirement.

Please feel free to contact me with any additional questions.

Sincerely,



James Grey, Corporate Controller
Cambria Solutions, Inc.
1050 20th Street, Suite 275
Sacramento CA 95811
(916) 326-4446



2.3.2 NON-PUBLICLY HELD BANKING REFERENCE



Northern California Business Banking
1510 Arden Way
Suite 300
Sacramento, CA 95815

April 26, 2016

Cambria Solutions, Inc.
1050 20th St. STE 275
Sacramento, CA 95811

To Whom It May Concern:

This letter is verification that Cambria Solutions, Inc. has accounts with Wells Fargo Bank since 10/2003. The accounts are in satisfactory standing. If you need deposit or credit information, please refer to the customer named above. The account holder can provide the necessary information from their monthly statements.

Please call me at 916-678-3665 if you have any questions.

Sincerely,



Randall M. Kaya
Vice President
Principal Business Relationship Manager



Cambria does not have any judgments, pending or expected litigation, or other real or potential financial reversals, which may materially affect the viability or stability of the organization.

Cambria is acceptable to a third-party credit check as part of the corporate overview evaluation.

2.4 CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder must describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded vendor(s) will require notification to the State.

Cambria does not anticipate a change in ownership or control of the company during the twelve (12) months following the proposal due date.

2.5 OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.

Cambria's corporate office located at 1050 20th Street, Suite 275, Sacramento, CA 95811 will be the office location responsible for performance pursuant to an award of a contract with the State of Nebraska.

2.6 RELATIONSHIPS WITH THE STATE

The bidder shall describe any dealings with the State over the previous two (2) years. If the organization, its predecessor, or any party named in the bidder's proposal response has contracted with the State, the bidder shall identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

Cambria has not had any dealings with the State of Nebraska, and thus no such contracts exist.

2.7 BIDDER'S EMPLOYEE RELATIONS TO STATE

If any party named in the bidder's proposal response is or was an employee of the State within the past twenty four (24) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a Subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

No such relationships exist or has existed with a current or former employee of the State within the past twenty-four (24) months.

No such relationships exist or has existed where any employee of any agency of the State of Nebraska is employed by Cambria or is a Subcontractor to Cambria.

2.8 CONTRACT PERFORMANCE

If the bidder or any proposed Subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.

If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting party.

Cambria has had no such termination for default in the past five (5) years.

2.9 SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder shall provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder must address the following:

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Request for Proposal. These descriptions must include:
 - a) The time period of the project;
 - b) The scheduled and actual completion dates;
 - c) The Contractor's responsibilities;
 - d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
 - e) Each project description shall identify whether the work was performed as the prime Contractor or as a Subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
- ii. Contractor and Subcontractor(s) experience must be listed separately. Narrative descriptions submitted for Subcontractors must be specifically identified as Subcontractor projects.
- iii. If the work was performed as a Subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, Subcontractors shall identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

2.9.1 RELEVANT PROJECTS

The following Exhibits summarize Cambria's experience in delivering projects similar to the Request for Proposal in size, scope, and complexity. These projects demonstrate the *depth of*

our expertise and capabilities. Detail on our qualifications are grouped and presented in the following critical domains, as requested within the RFP:

- Health and Human Services
- Project Management
- Eligibility and Enrollment Systems
- Medicaid Enterprise Systems
- Medicaid
- Independent Verification and Validation (IV&V)/Quality Assurance (QA)
- Requirements and Design, Development, and Implementation (DDI)
- Technical Services

Exhibit 4. Detailed List of Medicaid or Related Projects Since 2009

ORGANIZATION	PROJECT	HHS	PROJECT MANAGEMENT	ELIGIBILITY SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	MEDICAID	IV&V/QA	REQUIREMENTS & DDI	TECHNICAL SERVICES
Mississippi Division of Medicaid	Medicaid Eligibility Modernization Architecture Alternative and Feasibility Study	✓	✓	✓		✓		✓	✓
Mississippi Division of Medicaid	Medicaid Eligibility Modernization Independent Verification & Validation	✓		✓		✓	✓	✓	✓
California Department of Health Care Services	ICD-10 IV&V	✓	✓			✓	✓		
California Department of Health Care Services	CA Medi-Cal Management Information System (CA-MMIS)	✓	✓		✓	✓			✓
California Department of Health Care Services	State-Level Registry (SLR) Health Assessment	✓	✓			✓	✓		
California Department of Health Care Services	California Healthcare Eligibility, Enrollment and Retention System (CalHEERS)	✓	✓	✓		✓		✓	✓

ORGANIZATION	PROJECT	HHS	PROJECT MANAGEMENT	ELIGIBILITY SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	MEDICAID	IV&V/QA	REQUIREMENTS & DDI	TECHNICAL SERVICES
California Department of Health Care Services	CA-MMIS Enterprise Project Management Office (EPMO)	✓	✓		✓	✓		✓	✓
California Department of Health Care Services	Encounter Data Capture and Translation (EDCT)	✓	✓			✓		✓	
California Department of Health Care Services	Health Exchange and Medi-Cal Interfaces Project	✓	✓	✓	✓	✓		✓	✓
California Department of Health Care Services	Paid Claims Encounter System (PCES)	✓	✓			✓		✓	
California Department of Health Care Services	Short Doyle/Medi-Cal (SDMC) System	✓	✓			✓		✓	
California Department of Health Care Services	Provider Application and Verification for Enrollment (PAVE) Project	✓	✓		✓	✓		✓	✓
California Department of Social Services	California Management Information Payrolling System (CMIPS II)	✓	✓	✓		✓		✓	✓
California Health Benefit Exchange (Covered California)	Change Management Consulting for Enrollment Functionality Improvements	✓	✓	✓				✓	✓
California Department of Transportation	Project Resourcing and Schedule Management System (PRSM) Quality Assurance		✓				✓		✓
Georgia Department of Human Services	Organizational Assessment for SNAP Eligibility Sustainability	✓	✓	✓					✓

ORGANIZATION	PROJECT	HHS	PROJECT MANAGEMENT	ELIGIBILITY SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	MEDICAID	IV&V/QA	REQUIREMENTS & DDI	TECHNICAL SERVICES
Los Angeles County Department of Social Services	Business Process Reengineering Eligibility Processes	✓	✓	✓		✓			
City of Los Angeles, Information Technology Agency	Financial Management Systems Implementation IV&V/Quality Assurance Services		✓				✓		✓
Los Angeles County Assessor's Office	Electronic Content Management Quality Assurance		✓				✓		✓
Washington Health Benefit Exchange	APD Planning Assistance	✓	✓						
Washington Health Benefit Exchange	Customer Service Optimization Assessment	✓	✓					✓	
Washington Health Benefit Exchange	System Implementation and Operational Support	✓	✓	✓		✓		✓	✓
Washington Health Benefit Exchange	Washington Eligibility Service Assessment	✓	✓	✓		✓		✓	
Washington Health Care Authority	Integrated Project Management Services for Medicaid Plan Selection	✓	✓	✓		✓		✓	
Washington Health Care Authority	IT Exchange Requirements and Procurement	✓	✓	✓		✓		✓	✓
Washington Health Care Authority	IT Gap Assessment	✓	✓	✓		✓		✓	✓
Washington Health Care Authority	MITA Framework 3.0 and State Self-Assessment Advisory/Consultative Services	✓	✓	✓		✓			✓
HTS REFERENCES									
Kentucky Health Cooperative (KYHC)	Data Warehouse Consultancy and Subject Matter Expertise	✓	✓	✓			✓		✓

ORGANIZATION	PROJECT	HHS	PROJECT MANAGEMENT	ELIGIBILITY SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	MEDICAID	IV&V/QA	REQUIREMENTS & DDI	TECHNICAL SERVICES
UCONN State	Innovation Model HIT Operational Plan	✓	✓					✓	✓
Centers for Medicare & Medicaid Services	CMS Medicaid EHR Team (MeT)	✓	✓		✓	✓			✓
State of Maine	Consulting Services for the State Meaningful Use Program	✓	✓			✓			
State of South Carolina	Electronic Health Record Incentive Program/Meaningful Use Technical Support and HIT Assistance	✓	✓		✓	✓		✓	✓
State of Florida	EHR Provider Outreach and Audit Services	✓	✓			✓			
State of Florida	IV&V for MMIS Replacement	✓	✓			✓	✓	✓	✓
State of Wyoming	EHR Incentive Program/MU Technical Support, Development of the Medicaid Quality Care Coordination Program, installation of SLR	✓	✓		✓	✓	✓	✓	✓
State of Louisiana	Project Management, HIT Support, SLR Development, installation of popHealth	✓	✓		✓	✓		✓	✓
State of Idaho	Assistance with System Design, Data Management and Analytics, and HIT Assistance	✓	✓		✓	✓	✓	✓	✓
State of Oregon	Support of State HIE planning, IAPD/SMHP development, HIT Assistance, Provider Directory & CQMR Development	✓	✓		✓	✓		✓	✓

ORGANIZATION	PROJECT	HHS	PROJECT MANAGEMENT	ELIGIBILITY SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	MEDICAID	IV&V/QA	REQUIREMENTS & DDI	TECHNICAL SERVICES
State of Alaska	EHR Incentive Program/MU Support, IAPD/SMHP Development, HIT Assistance, Provider Outreach, Public Health system expansion, MITA Training	✓	✓	✓	✓	✓	✓	✓	✓
American Samoa Territory	Implementation of SLR	✓	✓		✓	✓		✓	✓
State of Alabama	MITA 3.0 Assessment	✓	✓	✓	✓	✓			
State of Connecticut	HIE statewide strategic roadmap, MITA 3.0 Assessment	✓	✓	✓	✓	✓			✓

2.9.2 REQUIRED PROJECT REFERENCES

Three (3) corporate references are provided to demonstrate the Cambria team’s proven, relevant experience in successfully delivering IV&V, integrated eligibility system implementations, and project management solutions under condensed timelines and with multiple stakeholders. The following table provides a brief summary of these projects, followed by detailed information about each references as required by the RFP.

Exhibit 5. Project References

RELEVANT PROJECT	SIMILARITIES TO REQUEST FOR PROPOSAL
<p>Mississippi Division of Medicaid IV&V for Modernized Medicaid Eligibility Determination System</p>	<p>During this engagement, our team provided IV&V services for the Modernized Medicaid Eligibility Determination System (MEDS) project (EMP). We provided initial and ongoing review of key project deliverables, vendor project management plan, and schedule, including adherence to the Seven Standards and Conditions and the MITA 2.0/3.0 Framework. Our team also reviewed work products and processes related to requirements analysis, unit testing, system testing, and regression testing that facilitated a successful go-live of a MAGI system. Given our knowledge and expertise, DOM also engaged Cambria to conduct a feasibility study that provided DOM with alternatives analysis and a roadmap for integrated eligibility with the Department of Human Services (DHS). In addition to IV&V services, our team provided strategic advisory services including updating, content development, and budgeting for five IAPDs: MMIS/DSS/Fiscal Agent Services, Transformed Medicaid Statistical Information System (T-MSIS), Eligibility & Enrollment (E&E), Medicaid Electronic Health Record System (EHR), MississippiCAN (Managed Care).</p>
<p>California Department of HealthCare Services Medicaid Systems Projects</p>	<p>Cambria was selected by DHCS to lead 16 projects, valued at over \$17 million, since 2011. Cambria delivered on time and on budget solutions for the Medi-Cal Benefits, Waivers Analysis, and Rates Division; Medi-Cal Managed Care Division; Payment Services Division; IT Services Division; Office of HIPAA Compliance; Office of Health IT; and Medicaid Management Information Systems. Examples of Cambria's positive impact relevant to DOM include: providing leadership in Project Management, Business Analysis, and Testing Support for the interface between Medi-Cal Eligibility Data System (MEDS), the Statewide Client Index (SCI), and county-based enrollment systems (SAWS). Also, we designed and implemented MMIS system enhancements that reduced a \$500M payment backlog from over three months to less than one; by tripling the prior system's daily claims processing volume, over \$750M in backlog was cleared and higher cash flow delivered; achieving a 200% increase in automatic adjudications for a MMIS that annually adjudicates \$3B in behavioral health and substance abuse claims (largest in the country). Our experience at DHCS most clearly demonstrates our capabilities as firm with a 360 degree eligibility view from planning and technical guidance with HEMI, IV&V services with the SLR and ICD-10 transition, DD&I with Short Doyle/Medi-Cal, and maintenance with PASRR. This perspective will be leverage to the benefit of MS DOM.</p>

RELEVANT PROJECT	SIMILARITIES TO REQUEST FOR PROPOSAL
<p>Washington Health Care Authority (HCA) Healthcare Exchange Projects</p>	<p>Cambria has performed multiple projects at HCA. Cambria was initially contracted to conduct the IT gap assessment and identified the health exchange IT requirements for the System Integrator RFP. Upon passage of the ACA, Cambria assessed the state's Medicaid and Human Services technical architecture for components meeting the requirements of a State-Based Marketplace. With our expertise and knowledge in successfully supporting WA HCA, Cambria was then engaged to lead the development of early requirements and the core functional, technical, and organizational requirements for solicitation of a systems integrator vendor. Cambria was also selected to provide MITA Framework 3.0 and State Self-Assessment Services, focused on Eligibility and Enrollment. Cambria is working in direct partnership with the agencies and stakeholders to drive the business/technology architectures program planning, implementation, and management. Cambria also serves as the Integrated Project Management Team to facilitate the design, development, and implementation of Medicaid Plan Selection. Cambria is able to leverage lessons learned from the successful implementation of the WA HBE, project management of Medicaid Plan Selection, and assessment services for eligibility, enrollment, and technical architecture and apply it to our work at MS DOM.</p>

The following sections below provide more details on each of the previous projects.

Corporate Reference #1 – IV&V for Modernized Medicaid Eligibility Determination System



CAMBRIA CORPORATE REFERENCE #1
<p>Contractor's Responsibilities: Cambria has been contracted by the Division of Medicaid since 2013 for a variety of professional services support that included IV&V, strategic advice, alternative architecture, and feasibility study. A sampling of the projects are described below.</p>

CAMBRIA CORPORATE REFERENCE #1

Eligibility Modernization Independent Validation & Verification

The Mississippi Division of Medicaid (DOM) began the modernization of its current Medicaid Eligibility Determination Systems (MEDS and MEDSX) in 2011. Almost 600 users across 30 regional offices must adopt the replacement eligibility system over the course of a month, with minimal operational interruption. As DOM was moving towards the completion of Phase I of its eligibility system modernization effort, the Center for Medicare and Medicaid Services (CMS) notified DOM that an IV&V vendor would be required to review the modernized eligibility system IT project. Cambria was engaged to provide oversight, verification, and validation of the EMP project. The following solutions were delivered to DOM:

- Delivered over 160 findings and recommendations throughout the project lifecycle, including a monthly assessment report, to alert CMS, DOM, and the System Integrator of project risks, deficiencies, and issues and deliver recommendations to improve the probability of success for the project.
- Introduced industry standard best practices based on IEEE and PMBOK to the project including better risk management, change control, status reporting, and schedule management.
- Conducted a business processes assessment to determine operational and organizational readiness for the DOM users and offices in advance of Go-Live.

Time Period of Project:	07/2013 – 04/2014		
Scheduled Completion Date:	12/2013	Actual (Planned) Completion Date:	04/2014

Modernization Architecture Alternative and Feasibility Study

During this engagement, Cambria was tasked with developing a Feasibility Study for an Integrated Eligibility Solution between the three largest Health and Human Services Agencies in MS. We:

- Developed and established a project governance structure that will provide project oversight.
- Assisted the State in gaining consensus, through stakeholder interviews, around project objectives that will meet the needs of DOM, MSDH, MDHS, and other stakeholders.
- Conducted best practices research, data gathering, and reviewed feasibility solutions implemented in other states.
- Provided a baseline analysis of the current environment.
- Conducted a gap analysis and identified and analyzed feasible and alternate integrated eligibility systems, including associated costs.
- Developed recommendations and constructed an integrated eligibility strategy.
- Provided a funding and implementation plan and outlined a roadmap for procurement and implementation of the best solution.

Time Period of Project:	11/2013 – 04/2014		
Scheduled Completion Date:	04/2014	Actual (Planned) Completion Date:	04/2014

CAMBRIA CORPORATE REFERENCE #1

Interoperability Specialist Services

- Cambria has provided project management, strategy, advisory services, and procurement support for the Interoperability Project has already implemented a Clinical Data Repository (CDR), Master Patient Index (MPI), and an integrated Portal for Medicaid Providers to access data, as well as an analytics platform for population health management.
- Support the roadmap to include an Interoperability Platform, a modern and flexible single connectivity methodology to enable bi-directional exchange of clinical and administrative transactions between internal DOM systems and services, as well as with external trading partners and stakeholders. The DOM Interoperability Platform will be an SOA-based (Service Oriented Architecture) platform, comprised of an Enterprise Service Bus (ESB) with integrated support for Healthway's eHealth Exchange.
- These connections will utilize technologies and standards including the Healthway eHealth Exchange, HL7 and RESTful web services, and will facilitate DOM's connectivity and interoperability to outside agencies, stakeholders, other States, and federal agencies.

Time Period of Project:	07/2014 – Present		
Scheduled Completion Date:	06/2017	Actual (Planned) Completion Date:	06/2017

Strategic Project Portfolio Standardization

- Provide a project management maturity assessment in 2015 that provided a Scorecard to iTECH and a set of recommendations to improve PM maturity
- Develop a strategic PMO roadmap, and implement standard PM practices across all projects of size and complexity
- Created a Governance Structure for enhanced decision making, standards development, and project initiation and closure
- Developed a Project Management Framework, Tools and Processes, and roll-out strategies and change management for iTECH.

Time Period of Project:	07/2015 – Present		
Scheduled Completion Date:	06/2017	Actual (Planned) Completion Date:	06/2017

Strategic Advisory Services

- Cambria provided expertise for updating and developing new IAPDs (six in total) that included complex cost allocation and financial analysis: MMIS/DSS/Fiscal Agent Services, Transformed Medicaid Statistical Information System (T-MSIS), Eligibility & Enrollment (E&E), MITA, Medicaid Electronic Health Record System (EHR), MississippiCAN (Managed Care).
- Updated the IAPDs to help secure and maintain more than \$63M
- Provided procurement and strategy support for the MITA 3.0 SS-A

Time Period of Project:	1/2015 to Present		
Scheduled Completion Date:	06/2016	Actual (Planned) Completion Date:	06/2016

Customer Name:	Mississippi Office of the Governor, Division of Medicaid (DOM)		
Contact Person:	Ms. Rita Rutland		
Telephone:	(601) 359-6050	Fax:	N/A
E-mail:	rita.rutland@medicaid.ms.gov		

CAMBRIA CORPORATE REFERENCE #1			
Prime or Subcontractor:	Prime Contractor		
Original Budget:	\$866,650	Actual Budget*:	\$3,302,384
			*Cumulative total of all contracts awarded to Cambria by DOM.

Corporate Reference #2 – California Department of HealthCare Services Projects



CAMBRIA CORPORATE REFERENCE #2			
Contractor’s Responsibilities:			
Cambria was selected by DHCS to lead 16 projects since 2011. Below are a sampling of some projects at DHCS that support the requirements of your RFP.			
California Health Exchange and Medi-Cal Interfaces (HEMI) Project			
Contract Number: 3-13-70-0249B/eP 1350968			
The DHCS’ Health Exchange and Medi-Cal Interface (HEMI) project is critical to the success of the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) and fulfills an essential role in implementing the ACA goal of expanding Medicaid eligibility. The HEMI project will enable CalHEERS to interface with DHCS’ Medi-Cal Eligibility Data System (MEDS), the Statewide Client Index (SCI), and the existing county-based enrollment systems, the Statewide Automated Welfare Systems (SAWS), to allow CalHEERS real-time access to Medi-Cal beneficiary data and to create an integrated statewide system for outreach and enrollment of the expanded Med-Cal eligible population, estimated to be approximately 1 million Californians by the end of fiscal year 2014-15. Cambria has been engaged with the HEMI project from the beginning of this project. Our team has been providing the following services for the HEMI Project:			
<ul style="list-style-type: none"> ➤ Providing Technical Architecture guidance and support ➤ Providing project management services and processes (e.g., communications, schedule management, risk management, issue and escalation process, change management, resource management, configuration management, and transition management) ➤ Coordinating with internal and external stakeholders (CalHEERS, Office of Technology Services, and the SAWS) to ensure the successful use of web-based technologies project-wide, including multiple vendors ➤ Supported the enterprise alignment with MITA ➤ Establishing and implementing a robust testing frame to comprehensively test the interaction between CalHEERS and MEDS, resulting in reduced post production issues. 			
Time Period of Project:	06/2014 – 07/2015		
Scheduled Completion Date:	07/2015	Actual (Planned) Completion Date:	07/2015

CAMBRIA CORPORATE REFERENCE #2

CA-MMIS ICD-10 IV&V

Contract Number: 3-13-70-0249B/eP 1338518

Cambria Solutions is engaged by DHCS to provide an Independent Validation & Verification for the Department of Health Care Services' (DHCS) California Medicaid Management Information System (CA-MMIS) International Classification of Diseases Version 10 (ICD-10) Enhancement Project.

Throughout the course of this project, Cambria provided:

- Developed a Software Verification and Validation Plan (SVVP) and maintained it throughout the duration of the contract engagement
- Provided monthly IV&V project oversight reports key DHCS Executive Staff
- Participated in sufficient project activities and reviewed essential project documents to carry out project oversight responsibilities
- Participated in weekly project meetings with the key DHCS Executive Staff
- Participated in deliverable review meetings
- Provided briefings as requested to DHCS management

Time Period of Project:	03/2014 - 04/2015		
Scheduled Completion Date:	03/2015	Actual (Planned) Completion Date:	04/2015

State Level Registry (SLR) Health Assessment

Contract Number: Xerox #211685; #259665

The objective of the State Level Registry (SLR) implementation was completion of a portal to accept eligible provider (hospitals, critical access hospitals, and professionals) incentive attestations, as well as facilitate \$1.9 billion in incentive payments for adoption, implementation, or upgrade to certified electronic health record technology and engage in ongoing meaningful use of the technology. The SLR is now in its third of 11 years of operation. To ensure preparedness of the SLR to accomplish the future stages and integrate with the Medi-Cal System Replacement Project, DHCS is undertaking a health assessment of the SLR.

For this engagement, Cambria provided DHCS with the Health Assessment Work Plan and schedule. Cambria is currently providing the following services:

- Technical Assessment – Review and assessment of the current system contrasted with original requirements and provide written comments and recommendations
- System Architecture Assessment – Review and assessment including design, capacity, infrastructure, and integration; conduct reviews of the operational and business processes and procedures compared with business requirements; and assess adherence to a standard SDLC methodology for design and implementation as prescribed by the vendor contract
- Gap Analysis – Conduct analysis between implemented SLR and to integrate with CA-MMIS SR and provide recommendations to improve performance, manageability, and scalability
- SLR Payment Review – Conduct a review of financial reports, processes and procedures, cash control quality management activities, and payment reconciliation
- Maintenance and Operations Assessment – In addition, Cambria will conduct a review of ongoing practices and procedures undertaken by the vendor and the State to help provide varying levels of insight into the health of the ongoing maintenance and operations of the current system, and conduct a survey of all states to gather information on other states' approach being used to meet the program requirements
- Support Services – Cambria provides project management and technical support services including schedule management, design and development assistance, review of requirements documents, technical design documents, code walkthroughs, test plans, test scripts, test results, or other technical artifacts.

CAMBRIA CORPORATE REFERENCE #2			
Time Period of Project:	08/2013 to Present		
Scheduled Completion Date:	06/2017	Actual (Planned) Completion Date:	06/2017
<p>California's Short Doyle Medi-Cal (SDMC) System</p> <p>Contract Number: eP1150038; 10-87246 + eP1241816 11-88341; 11-88339; 14-90373</p> <p>The State of California's automated behavioral health claims adjudication system, Short-Doyle Medi-Cal (SDMC), applies business rules from the Mental Health Services Division (MHSD) Department of Mental Health (DMH) and the Substance Abuse Disorder (SAD) Department of Alcohol and Drug Program (ADP) to claims submitted by California counties and a limited number of direct providers. SDMC is a 24x7 production system that processes over 24 million claims annually with a value of approximately \$4 billion. One of the largest adjudication systems of its kind, SDMC and California encountered a large backlog of \$750 million in claims, non-compliance with HIPAA 5010 federal rules, and was main-frame based legacy application costly to maintain and not compatible with DHCS' vision for timely assistance to beneficiaries.</p> <p>DHCS engaged Cambria to address critical payment system problems and to meet federal HIPAA requirements. Cambria took over the current maintenance and operations of the SDMC 5010 system in June 2012 and is responsible for ticket resolutions, changes due to legislation requirements, system testing activities, change control of the source codes in the various environments (development/QA, staging, and production), and performance enhancements for processing the increasing number of claims being submitted.</p> <p>Some of the value realized includes:</p> <ul style="list-style-type: none"> ➤ Designed and implemented MMIS system enhancements that reduced California's \$500 million payment backlog from over three months to less than one month ➤ Tripled the prior system's daily claims processing volume by clearing over \$750 million in backlog and delivering higher cash flow <p>Achieved a 200% increase in automatic adjudications for this MMIS system responsible for annually adjudicating \$4 billion in behavioral health and substance abuse claims</p>			
Time Period of Project:	06/2011 – Present		
Scheduled Completion Date:	06/2018	Actual (Planned) Completion Date:	06/2018

CAMBRIA CORPORATE REFERENCE #2

California Paid Adjudication Claims Encounter Data System (PACES)

Contract Number: 12-89424; 13-90173

What began as the Encounter Data Claims and Transaction (EDCT) project is part of California's Coordinated Care Initiative Duals Demonstration Project (also known as Cal MediConnect). The objective of EDCT was to implement an automated software solution to capture, translate and report encounter data in the HIPAA complaint ASC X12 837 and NCPDP formats. Using this data, the California state, in collaboration with CMS, established a process for ongoing plan oversight and monitoring that include reviewing and addressing critical incidents and events.

Cambria project team developed a software application based on Service Oriented Architecture to process X12 837 transactions and NCPDP data. After rigorous and complicated validations, all received data is persisted in an Operation Data Store for data quality measure and analytics. The data is also exported in a legacy proprietary format for loading into the Warehouse Management Information System/Decision Support System (MIS/DSS). This encounter data will be used to:

- Develop performance measures to provide quality indicators for beneficiaries enrolled in a managed care health plan
- Develop quality assurance indicators for long-term services and supports in consultation with stakeholder groups
- Provide an annual report to the Legislature describing the degree to which participating health plans have fulfilled the quality requirements in their contracts
- Provide an annual report to the Legislature jointly with the Department of Managed Health Care that summarizes independent audits and financial examinations of the health plans

The project then morphed into taking an existing PCES application in California Department of Health Care Services, which is a legacy COBOL system that accepts data in a proprietary legacy format from a variety of source systems and all health plans, and implementing a new PACES. It compiles the received data for loading into the Warehouse Management Information System/Decision Support System (MIS/DSS). The forthcoming new HIPAA code set ICD-10 will necessitate substantial changes to this business process. The goal is to develop a new software system that is HIPAA-compliant and can also validate quality of the incoming data.

Cambria is working closely with the project management of the DHCS Office of HIPAA Compliance to implement a new PCES. The new system is based on Service Oriented Architecture. It will be able to process all kinds of encounter data received in X12 837 and NCPDCP pharmacy transaction files. The encounter data will pass through a business rule engine for rigorous and complicated validations. All received data along with their validation outcomes will be stored in an Operational Data Store. The application will also export data in legacy proprietary format for loading into the Warehouse Management Information System/Decision Support System. The received encounter data will be used to assess quality of health care provided by managed care health plans.

Time Period of Project:	11/2013		
Scheduled Completion Date:	5/2017	Actual (Planned) Completion Date:	5/2017

CAMBRIA CORPORATE REFERENCE #2

California Preadmission Screening and Resident Review (PASRR)

Contract Number: 13-90423

California Department of Health Care Services (DHCS) engaged Cambria to design, build, test, and deploy a new automated three-tier IT system for DHCS' Preadmission Screening and Resident Review (PASRR) Program. The program's main purpose is to provide timely determinations for mental illness and intellectual disability in an effort to support residents away from institutions and towards their home environment. The new PASRR solution replaced a paper-based process by allowing nursing facilities and hospitals to submit initial screenings (Level I) for mental health and allow evaluators to submit independent evaluations (Level II) via the Internet. The evaluations are reviewed by the State Clinicians who then provide Determinations (recommendations on nursing facility stay and specialized services for the resident).

From 1987-2014, the State of California's PASRR process was out of compliance with Federal guidelines, with screenings being completed after admission into the Nursing Facilities and requiring approximately 45-50 days to complete (as opposed to the mandated 7-9 calendar days).

The PASRR system is developed using the Microsoft .NET platform, and will provide evaluators with the ability to conduct resident reviews on an off-line capable iOS iPad application. The application contains strong security features to allow the HIPAA PHI information to be accessible via the internet by approximately 2,000 facilities and up to 10,000 users.

PASRR application achievements include:

- Within four months after production, the new PASRR system accelerated evaluation processing by 85%, reducing the wait time from 45-50 days to less than five (5) days.
- Not only did the online system bring the PASRR process into compliance with Federal standards, but it also made the process more efficient by removing all paper processing
- The solution has been adopted by all nursing facilities in California (1,200+) with more than 5,000+ active users.

Time Period of Project:	03/2016 – Present		
Scheduled Completion Date:	06/2016	Actual (Planned) Completion Date:	06/2016
Customer Name:	California Department of Health Care Services (DHCS)		
Contact Person:	Ms. Toquyen Collier		
Telephone:	(916) 440-7279	Fax:	N/A
E-mail:	Toquyen.Collier@dhcs.ca.gov		
Prime or Subcontractor:	Prime Contractor		
Original Budget:	\$22,751,472	Actual Budget*:	\$22,751,472
			*Cumulative total of all 16 Medicaid related contracts awarded to Cambria by DHCS.

**Corporate Reference #3 – Washington Health
Care Authority (HCA)**



CAMBRIA CORPORATE REFERENCE #3

Contractor’s Responsibilities:

Cambria has been and continues to be engaged to support the HCA since 2011 to provide project management services for systems design, development, and implementation, assessment services for eligibility, enrollment, and technical architecture, and procurement support to define requirements and solicit vendors. We have provided descriptions of a sampling of our projects related to the RFP requirements.

Washington HCA IT Assessment

Upon the passage of the Patient Protection and Affordable Care Act, the Washington HCA embarked upon studying potential options and feasibility of implementing a State Based Marketplace (SBM). As part of that overall effort, funded by a Planning Grant, Cambria Solutions was engaged to assess technical architecture in the State’s Medicaid and Human Services ecosystem for reusable components or components that would require upgrade/replacement to meet the requirements of an SBM.

Specifically, the Cambria Team:

- Analyzed the ACA and CMS guidance for high level IT infrastructure guidance/requirements
- Assessed Current Technology Infrastructure (Department of Social and Health Services, One Health Port, and
- Developed options for achieving the aims of the ACA and HCA’s vision
- Delivered a final, detailed technology assessment that described a core set of information technology requirements and prioritized detailed options for enhancing the information technology architecture in support of an SBM

Time Period of Project:	1/2011 – 5/2011		
Scheduled Completion Date:	6/2011	Actual (Planned) Completion Date:	5/2011

Washington HCA IT Exchange Requirements and Procurement

After HCA decided to move forward with the establishment of a State Based Marketplace, Cambria Solutions was engaged to lead the development of Early Requirements and ultimately the core functional, technical, and organizational requirements that constituted the solicitation of a systems integrator vendor.

In addition, the Cambria Team supported the overall procurement process from leading the development of key content and vendor selection. Specifically, the Cambria Team:

- Established cross agency requirements and architecture workgroups
- Facilitated requirements development sessions
- Developed requirements documentation
- Evaluated vendor responses
- Served as technical and program subject matter expert during the initial requirements validation phase of the Healthplanfinder systems development lifecycle

Time Period of Project:	6/2011 – 5/2012		
Scheduled Completion Date:	5/2012	Actual (Planned) Completion Date:	5/2012

CAMBRIA CORPORATE REFERENCE #3

MITA Framework 3.0 and State Self-Assessment Advisory Services

The HCA is the single state agency for the administration and supervision of Washington’s Medicaid program and is responsible for purchasing health care services for over 850,000 people. Given the advancements in technologies, the complex and increasing health care demands of the public, and the federal and state mandates, the State needed to develop an approach for efficiently and effectively analyzing the HCA, the Department of Social and Health Services (DSHS), and the Health Benefits Exchange (HBE) business processes and IT infrastructure against the current MITA Framework (MITA 3.0). HCA had to operationalize their vision of an enterprise-wide approach to its IT architecture for meeting the standards and conditions in 42 CFR § 433.112, but needed help on what best practices and innovative solutions would help them get there.

The Business and Technology Architectures (BaTA) Program was created to integrate MITA, improve business operations, and ensure technologies were tailored to reflect the realities of health care enterprise in WA. Solutions included:

- Formalize the governance structure for the MITA initiative
- Develop tools for capturing MITA Strategic Awareness
- Develop and deliver MITA training materials
- Support the identification and implementation of a modeling tool
- Create the work plan and play book for completion of the MITA SS-A
- Create a marketing plan for MITA awareness across the enterprise Develop the SSA Proof of Concept (POC) on selected business area (Eligibility and Enrollment)

Time Period of Project:	6/2014 – 12/2015		
Scheduled Completion Date:	12/2015	Actual (Planned) Completion Date:	12/2015
Customer Name:	Washington State Health Care Authority (HCA)		
Contact Person:	Mr. John Specht		
Telephone:	(360) 584-8417	Fax:	N/A
E-mail:	John.specht@hca.wa.gov		
Prime or Subcontractor:	Prime Contractor		

CAMBRIA CORPORATE REFERENCE #3

Integrated Project Management Services for Medicaid Plan Selection

Cambria is serving as the Integrated Project Management Team to facilitate the design, development, and implementation of Medicaid Plan Selection. This complex project involves the three key health agencies in the State (HCA, HBE, and DSHS), including the real-time integration of the respective operational processes, systems, and databases in order to provide the Medicaid population the similar shopping experience as those individuals shopping for Qualified Health Plans via the Washington Healthplanfinder.

This includes managing the day-to-day operations and managing the development, review, and approval of all joint project deliverables that include the following:

- Integrated Joint Requirements
- Integrated Project Plan
- Joint Issue and Risk Management Plans
- Integrated Conceptual Technical Design, Detail Design, and Business Design Documents
- Joint Test Plan and Consumer Usability Test Plan
- Communications/Stakeholder Plan
- Joint Release/Implementation Plan
- Joint Operations Plan

Our Project Management Services includes ongoing monitoring of project resources and proactively managing risks, and providing regular status reports to the Joint Executive Steering Committee.

Time Period of Project:	6/2014 – 6/2015		
Scheduled Completion Date:	6/2015	Actual (Planned) Completion Date:	5/2015
Customer Name:	Washington State Health Care Authority (HCA)		
Contact Person:	Ms. Cathie Ott		
Telephone:	(360) 725-2115	Fax:	N/A
E-mail:	cathie.ott@hca.wa.gov		
Prime or Subcontractor:	Prime Contractor		
Original Budget:	\$2,545,600	Actual Budget:	\$2,263,346

2.10 SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder must present a detailed description of its proposed approach to the management of the project.

The bidder must identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Request for Proposal. The names and titles of the team proposed for assignment to the State project shall be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder shall provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Request for Proposal in addition to assessing the experience of specific individuals.

Resumes must not be longer than three (3) pages. Resumes shall include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

By engaging in projects at all levels of government, our staff are knowledgeable in policy, program development, and service delivery approaches that can identify challenges related to: Capacity – having the right IT and workflow practices to promote efficiencies, timeliness, and cost savings to an agency. Change - having the right team that can execute projects, but are also keenly attuned to staff, provider, and business transition implications. Compliance – having the right integrated, documented, and end-to-end compliance to all regulatory requirements since we know the Federal agencies well and have a broad network to tap into for presenting other state experiences/approaches.

Our proposed team for Nebraska is seasoned in having navigated many environments that require balancing the demands of aggressive schedules with the sustained commitment and support of key stakeholders. We understand the critical juncture that DHHS is facing as it continues on its path to implement a Medicaid enterprise vision. As such, our team has been carefully chosen to provide you the right mix of talent, experience, and insights in managing large scale systems development projects.

We believe the key differentiators in Cambria's staffing and management approach are:

- ***We have a 360 view:*** Our proposed staff are not just IV&V practitioners. They bring valuable experience in the HHS domain, technical skills in having designed and developed Medicaid systems, and functional knowledge of MITA and requirements for systems certification, MITA, procurement rules and Federal funding and oversight mandates. And, we have worked for both the vendor and state side of eligibility and MMIS efforts. Additionally, as an IT consulting firm, Cambria has an understanding of and has implemented agile system developments, which is critical as this nontraditional way of developing systems has impacts such as on how deliverables are produced and reviewed, teams are empowered to make decisions and manage risks, etc. Most IV&V vendors will not bring this level of technical acumen.
- ***We bring a partnership approach while maintaining independence of our findings:*** Our approach is not to just to identify project issues, give you a report, and then see if they get addressed. Rather, our teams embed with our clients and their

vendors to establish solid relationships that allow us to be a true partner in not only helping you identify issues and risks but also assisting in establishing viable actions and meaningful interventions – we help you solve project problems, not just list them. Even so, as an IV&V, we understand the need to remain independent and impartial in our findings. Cambria will provide assessments that are based on fact not conjecture; and our recommendations are credible because they are based on years of experience serving both on the state and vendor sides of the Medicaid enterprise.

- **We have accelerators to reduce ramp up time:** With the eligibility (EES) project nearing Go-Live in 9 months, certainly concerns about the impact of transition between vendors is a consideration. Lost productivity or gaps in project oversight must be minimized and Cambria clearly understands this. To that end, we have included in our approach a dedicated Transition Specialist during the first 30 days along with other proven ways that we have worked successfully with clients in being able to quickly meld into their established processes while also identifying meaningful improvements. Cambria’s tailored IV&V methodology for DHHS is supported by our accelerator Toolkit.
- **We convey and stand behind a commitment to client success:** Our projects are successful because we have the right people, the right experience and the right attitude. Time and again our clients say the reason they hired us the first time was for our technical expertise and business acumen, while they hire us a second time because they like working “with” us and the unique HumanGenuity approach that we bring to the table. Cambria’s 100% client satisfaction is a testament to our commitment to bring meaningful value and helping our clients deliver on time, on budget projects.

2.10.1 SUMMARY STAFFING MODEL

Exhibit 6. Cambria Proposed Project Team

ROLES	EES PROJECT	DMA PROJECT
Engagement Lead	Tony Franklin	Tony Franklin
Project Manager	Merv Jersak	Tony Franklin
Business/Test Analyst	Bobby Malhotra	La Chelle Heard
Business/Test Analyst	Katie Brown	Trish Alexander
Technical Analyst/Architect	Jason Webster Sanjai Natesan	Jason Webster Todd Feather
Transition Specialist (1 st 30 Days Only)	La Chelle Heard	N/A
QA/Sr SME	Suzanne Vitale	Tony Franklin

2.10.1.1 CAMBRIA ADVISORY BOARD

In addition to our proposed project staff, we are also providing additional senior staff as advisory board members to the EES and DMA projects. We feel this value-add support is an important element to our staffing approach. To move DHHS through the implementation of Nebraska’s Medicaid enterprise vision, it will require knowledge and expertise from a team that

has seen and done it from varying points of view, and have demonstrated thought leadership in shaping the direction of Medicaid at national level and in other states. As such, Cambria proposes providing DHHS access to an Advisory Board made up with proven leaders in Medicaid and systems integration and implementation; they will be accessible to our Project Team as well as to DHHS as needed.

- Suzanne Vitale is a proven leader with 26 years' experience across the entire spectrum of HHS, having served in appointed and executive leadership capacities at Federal, state and county levels. As such, she has been intricately involved in successfully implementing new and transformative business strategies for improving programs and operations, including deploying integrated eligibility systems and virtual business models for Medicaid, SNAP and TANF processing. Her experiences have given her a broad perspective and keen understanding on how to bridge policy expectations with the realities of how it actually gets done in the field, as well as hands-on knowledge and lessons in managing organizational change. A cornerstone of her career is her ability to successfully manage large-scale information technology (IT) implementations involving multiple vendors, eligibility integration, complex IT architectures, and multi-tiered governance structures. This includes transformation projects for eligibility and case management systems in two of the largest states – Florida and Texas (initial planning and design), as well as within the U.S. Federal government. Suzanne brings national eminence and broad networks that can be tapped along with serving on the Human Services Information Technology Advisory Group (HSITAG) – an influential industry group of private companies that help shape and influence Federal policy and rulemaking.
- Sandeep Kapoor brings more than 25 years of experience working with federal and state agencies, and private sector clients in health care information technology. He recently served as the former Chief Technology Officer with the Cabinet for Health and Family Services in Kentucky. While at the Cabinet, Sandeep led Kentucky's nationally recognized technical implementation of the statewide Health Information Exchange (HIE) and State Level Repository (SLR) for Medicaid incentive payments. Sandeep has worked with states across the country, and served in lead roles at a national level. He served as a technical consultant for the National Academy for State Health Policy (NASHP), and has worked with the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) on Health Information Technology for Economic and Clinical Health (HITECH). Sandeep continues to take lead roles nationally through Healthcare Information and Management Systems Society (HIMSS), World Managed Care, and ONC workshops. Sandeep has longstanding relationships with clients, stakeholders, and national leaders in both healthcare and technical industries.
- Dhiraj Talwar has over 25 years of experience with large-scale international information technology projects, having served in senior leadership positions in national and global consulting firms. He is expert in technical architecture, network architecture, infrastructure, and system integration. Dhiraj also leads Cambria's agile development practice, is a certified SCRUM Master and PMP professional, and supports our IT research and innovation efforts.
- Gary Ozanich, Ph.D., is a nationally recognized expert in the fields of Health Information Technology (HIT) and Health Information Exchange (HIE). As a Senior Consultant, he brings more than 30+ years of experiencespecializing in Health and Human Services programs and draws from a career in both academia and the private sector. His core competencies are research, policy and strategic initiatives in Health and Human Services programs. He is an active member of the Health Information and Management Systems Society (HIMSS) and serves as Co-Chair of the HIMSS HIE Community Committee.

- Jason Leung brings over 14 years of information technology (IT) and policy consulting experience, specializing in health and human services clients, particularly publicly-funded health care programs. His roles have included policy analysis, program development, requirements analysis, business case development, implementation planning/change management, large-scale technology deployment, and project management. He has extensive experience in policy analysis, project management, organizational change management, functional and technical requirements gathering, operational readiness/implementation planning, and business process re-engineering.

2.10.2 SUMMARY OF QUALIFICATIONS

The following table introduces Cambria’s Project Team for the EES and DMA projects and includes a summary of their qualifications. Section 3.2 of Cambria’s Technical Approach - Organizational Staffing, includes detailed resumes of all of Cambria’s proposed staff including names and titles on the team, academic background and degrees, professional certifications, and names, addresses, and phone numbers of three (3) references who can attest to their competence and skill level.

Exhibit 7. Cambria Project Team – Summary of Qualifications

ROLE & STAFF NAME	QUALIFICATIONS
Engagement Lead – Tony Franklin	<ul style="list-style-type: none"> ➤ Mr. Franklin is being proposed both as Cambria’s Engagement Lead over both the EES and DMA projects and will also serve as the Project Manager of the DMA project. ➤ Mr. Franklin will come onboard with the EES project, build a strong rapport with EES stakeholders and bridge the gap with continuation of serving as the PM on the DMA project. ➤ Mr. Franklin is a nationally recognized MMIS expert with over 21 years of experience managing large-scale Medicaid system implementations in 8 states and municipalities. ➤ He is recognized as a leader in delivering solutions on-time and on-budget and providing in-depth technical expertise throughout the Software Development Life Cycle, as well as managing technical and operational staff of 45 to 150 members. ➤ He is a Senior Manager at Cambria Solutions and has been in the Health and Human Services field since 1989. ➤ Mr. Franklin has over 21 years of experience in managing or in a key management position for a large-scale healthcare IT development project that encompasses the full system development life cycle from initiation through post implementation ➤ Mr. Franklin is a certified Project Management Professional and is a member of the Project Management Institute. ➤ As Engagement Lead, Mr. Franklin, will be the Cambria corporate representative for both the EES and DMA projects. He will be communicating with DHHS to ensure they are completely satisfied with Cambria’s IV & V services. He will ensure that any issues that need escalation are addressed in a timely and satisfactory manner.

ROLE & STAFF NAME	QUALIFICATIONS
<p>EES Project Manager – Merv Jersak</p>	<ul style="list-style-type: none"> ➤ Mr. Jersak is a nationally recognized E&E system expert with over 30 years working in six states on both the state and vendor side. ➤ Mr. Jersak has served as a Project Manager, Senior Business Architect, and Implementation Consultant and will bring lessons learned, technical expertise, and national knowledge to the EES project. ➤ Mr. Jersak has over 20 years of experience as project manager and/or in a key management position for large-scale healthcare IT development projects encompassing full SDLC's from initiation through post implementation ➤ Mr. Jersak has an Advanced Project Management Certification from the American Management Association and is a member of the Project Management Institute (PMI). ➤ Mr. Jersak will report to DHHS and CMS. ➤ Mr. Jersak's primary work assignments will include managing the IV & V project team, serving as the primary liaison with DHHS, reviewing all IV & V assessments, reviewing deliverables, managing the IV&V budget schedule and resources, and serving as an escalation point for the team.
<p>EES Business/Test Analyst – Bobby Malhotra</p>	<ul style="list-style-type: none"> ➤ Mr. Malhotra has performed SDLC IV&V assessments, including requirements, systems interfaces, data management and data modeling, data conversion, source code, testing, and implementation readiness. ➤ Mr. Malhotra has experience as a Technical/Functional System Consultant in the HealthCare, Banking and e-commerce Domain, and possesses excellent communication, analytical, and presentation skills. ➤ Mr. Malhotra has extensive experience working with business users as well as senior management for web based environment and client server applications. ➤ Mr. Malhotra has over 11 years of experience in business / test analyst responsibilities on projects of similar scope. ➤ Mr. Malhotra, as the DMA Business Analyst, will report directly to the EES Project Manager, Tony Franklin. ➤ Mr. Malhotra's primary work that will be assigned will include assessing artifacts by the EES vendors to insure that the requirements are being met and that the test plans and test scenarios are comprehensive. In his assessments, Mr. Malhotra may make recommendations to align test work products with DHHS's goals and requirements. Mr. Malhotra may also recommend adding test scenarios where deficiencies are found. Mr. Malhotra will monitor risks, issues, and defects to ensure that they are being addressed, resolved, and re-tested.

ROLE & STAFF NAME	QUALIFICATIONS
<p>EES Business/Test Analyst – Katie Brown (HTS)</p>	<ul style="list-style-type: none"> ➤ Ms. Brown has over 25 years of experience in Medicaid eligibility, member services, and Health Information Technology (HIT). ➤ Ms. Brown provides strategic and programmatic direction to her clients nationwide on Medicaid and Health and Human Services programs. ➤ Ms. Brown has provided technical subject matter expertise and training for a number of statewide projects including the Kentucky Health Benefit Exchange. ➤ Ms. Brown has over 25 years of experience in business / test analyst responsibilities on projects of similar scope. ➤ Ms. Brown, as the EES Business Analyst, will report directly to the EES Project Manager, Merv Jersak. ➤ Ms. Brown’s primary work that will be assigned will include assessing artifacts by the EES vendors to insure that the requirements are being met and that the test plans and test scenarios are comprehensive. In her assessments, Ms. Brown may make recommendations to align test work products with DHHS’s goals and requirements. Ms. Brown may also recommend adding test scenarios where deficiencies are found. Ms. Brown will monitor risks, issues, and defects to ensure that they are being addressed, resolved, and re-tested.
<p>EES & DMA Technical Analyst/Architect - Jason Webster (HTS)</p>	<ul style="list-style-type: none"> ➤ Mr. Webster has over 25 years of experience working in a number of technical roles on IT projects, including more than 15 years working in the Cabinet for Health and Family Services (CHFS), a state health and human services enterprise that is home to the Kentucky Medicaid Program. ➤ Mr. Webster has served as deputy chief architect during procurement, development, and deployment of the Kentucky Health Information Exchange (KHIE) and was interface lead during implementation of a new Medicaid Management Information System (MMIS) that involved 260+interfaces to 30+ unique systems. ➤ Mr. Webster has over 20 years of experience as a solutions architect on projects of similar size and scope. ➤ Mr. Webster, as the EES Technical Analyst/Architect, will report directly to the EES Project Manager, Merv Jersak. ➤ Mr. Webster’s primary work that will be assigned will include assessing the architecture infrastructure, interoperability, security, data integrity, and other technical aspects of the EES vendor’s solution to insure that the requirements are being met and that the test plans and test scenarios are comprehensive. In his assessments, Mr. Webster may make recommendations to align the architectural solutions with DHHS’s goals and requirements. Mr. Webster may also recommend adding test scenarios where deficiencies are found. Mr. Webster will monitor risks, issues, and defects to ensure that they are being addressed, resolved, and re-tested.

ROLE & STAFF NAME	QUALIFICATIONS
<p>EES Technical Analyst/Architect – Sanjai Natesan</p>	<ul style="list-style-type: none"> ➤ Mr. Natesan has more than 20 years of experience as a leaders in delivering solutions and technical expertise throughout the SDLC. ➤ He has over 16 years of expertise and knowledge in Health and Human Services. ➤ As the Senior Solutions Architect, he has recently worked on managing the health benefits exchange systems for Colorado, Idaho, and New Mexico. ➤ Mr. Natesan has managed technical and operational staff of a number of large systems eligibility projects for the states of Colorado, Maryland, Massachusetts, Hawaii, Mississippi, Alabama, Florida, Louisiana and Georgia, Iowa, Nevada, and California. ➤ Mr. Natesan will share the responsibilities of the technical analyst/architect role with Mr. Webster.
<p>DMA Project Manager – Tony Franklin</p>	<ul style="list-style-type: none"> ➤ Mr. Franklin is a nationally recognized MMIS expert with over 21 years of experience managing large-scale Medicaid system implementations in 8 states and municipalities. ➤ He is recognized as a leader in delivering solutions on-time and on-budget and providing in-depth technical expertise throughout the Software Development Life Cycle, as well as managing technical and operational staff of 45 to 150 members. ➤ He is a Senior Manager at Cambria Solutions and has been in the Health and Human Services field since 1989. ➤ Mr. Franklin has over 21 years of experience in managing or in a key management position for a large-scale healthcare IT development project that encompasses the full system development life cycle from initiation through post implementation ➤ Mr. Franklin is a certified Project Management Professional and is a member of the Project Management Institute. ➤ Mr. Franklin, the DMA Project Manager, will report to both DHHS and CMS. ➤ Mr. Franklin’s primary work assignments will include managing the IV & V DMA project team, serving as the primary liaison with DHHS, reviewing all IV & V assessments, reviewing deliverables, managing the IV&V budget schedule and resources, and serving as an escalation point for the team.

ROLE & STAFF NAME	QUALIFICATIONS
<p>DMA Business/Test Analyst & Transition Specialist– La Chelle Heard</p>	<ul style="list-style-type: none"> ➤ Ms. Heard has over 20 years’ experience in state health care (Medicaid Management Information Systems), retail, manufacturing, property/casualty insurance, credit card processing, and airline cargo. ➤ Ms. Heard has six years of management experience, eight years as lead business systems analyst, and 12 years of MMIS experience with both client support and mainframe application programming support. ➤ Ms. Heard has over 20 years of experience in business / test analyst responsibilities on projects of similar scope. ➤ Ms. Heard, as the DMA Business Analyst, will report directly to the DMA Project Manager, Tony Franklin. ➤ Ms. Heard’s primary work that will be assigned will include assessing artifacts by the DMA vendors to insure that the requirements are being met and that the test plans and test scenarios are comprehensive. In her assessments, Ms. Heard may make recommendations to align test work products with DHHS’s goals and requirements. Ms. Heard may also recommend adding test scenarios where deficiencies are found. Ms. Heard will monitor risks, issues, and defects to ensure that they are being addressed, resolved, and re-tested.
<p>DMA Business/Test Analyst – Trish Alexander (HTS)</p>	<ul style="list-style-type: none"> ➤ Ms. Alexander has over 25 years of multi-state experience in Health Information Technology (HIT). ➤ Ms. Alexander provides particular expertise to states on operational aspects of Medicaid including participant and provider eligibility; coverage; claim reimbursement; certification; program integrity; drug rebates; pharmacy and third party liability. ➤ Ms. Alexander is proficient in Medicaid Management Information Systems (MMIS) and has provided technical Subject Matter Expertise (SME) to Medicaid projects in Kentucky, Mississippi, New Hampshire, New Jersey, North Carolina, Tennessee, Texas, and Washington. ➤ Ms. Alexander has over 25 years of experience in business / test analyst responsibilities on projects of similar scope. ➤ Ms. Alexander, as the DMA Business Analyst, will report directly to the DMA Project Manager, Tony Franklin. ➤ Ms. Alexander’s primary work that will be assigned will include assessing artifacts by the DMA vendors to insure that the requirements are being met and that the test plans and test scenarios are comprehensive. In her assessments, Ms. Alexander may make recommendations to align test work products with DHHS’s goals and requirements. Ms. Alexander may also recommend adding test scenarios where deficiencies are found. Ms. Alexander will monitor risks, issues, and defects to ensure that they are being addressed, resolved, and re-tested.

ROLE & STAFF NAME	QUALIFICATIONS
DMA Technical Analyst/Architect – Todd Feather	<ul style="list-style-type: none"> ➤ Mr. Feather has over 15 years of experience in the information technology industry and has been a Certified Project Management Professional (PMP) since 2006. ➤ Mr. Feather is driven to exceed customer’s expectations. ➤ Mr. Feather has direct, hands-on experience with delivery methodologies, infrastructure, environments, configuration management, technical architecture, and senior-level clients. ➤ Mr. Feather has over 15 years of experience as a solutions architect on projects of similar size and s ➤ Mr. Feather, as the DMA Technical Analyst/Architect, will report directly to the DMA Project Manager, Tony Franklin. ➤ Mr. Feather’s primary work that will be assigned will include assessing the architecture infrastructure, interoperability, security, data integrity, and other technical aspects of the DMA vendor’s solution to insure that the requirements are being met and that the test plans and test scenarios are comprehensive. In his assessments, Mr. Feather may make recommendations to align the architectural solutions with DHHS’s goals and requirements. Mr. Feather may also recommend adding test scenarios where deficiencies are found. Ms. Feather will monitor risks, issues, and defects to ensure that they are being addressed, resolved, and re-tested.

In summary, Cambria’s team is uniquely assembled to meet IV&V needs of DHHS’s EES and DMA projects. Below is a table showing the total number of years of experience for each of Cambria’s proposed staff

Exhibit 8. Proposed Project Team – Years of Experience

ROLE(S)	PROPOSED STAFF/NAME	PROJECT MANAGEMENT	ELIGIBILITY AND ENROLLMENT SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	IV & V	MEDICAID	HEALTH AND HUMAN SERVICES
Engagement Lead/DMA Project Manager	Tony Franklin	20	3	22	1.5	22	22
EES Project Manager	Merv Jersak	27	23	15.5	4	15.5	31
EES & DMA Technical Analyst/Architect	Jason Webster	26	10	10	3	10	20
EES Technical Analyst/Architect	Sanjai Natesan	15	17	0	1	17	17

ROLE(S)	PROPOSED STAFF/NAME	PROJECT MANAGEMENT	ELIGIBILITY AND ENROLLMENT SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	IV & V	MEDICAID	HEALTH AND HUMAN SERVICES
EES Business/Test Analyst	Bobby Malhotra	12	3	22	1.5	22	22
EES Business/Test Analyst	Katie Brown	0	25	0	0	25	25
DMA Project Manager	Tony Franklin	20	3	22	1.5	22	22
DMA Technical Analyst/Architect	Todd Feather	15	8	8	0	8	8
DMA Business/Test Analyst	La Chelle Heard	11	1	13	1	15	15
DMA Business/Test Analyst	Trish Alexander	7	4	26	5	26	26
Advisor	Suzanne Vitale	18	26	5	6	18	26
Advisor	Sandeep Kapoor	10	6	12	2	8	14
Advisor	Dhiraj Talwar	12	13	0	0	0	12
Advisor	Gary Ozanich, Ph.D.	0	0	0	0	11	11
Advisor	Jason Leung	13	10	0	0	10	16

2.11 SUBCONTRACTORS

If the bidder intends to Subcontract any part of its performance hereunder, the bidder must provide:

- i. name, address, and telephone number of the Subcontractor(s);
- ii. specific tasks for each Subcontractor(s);
- iii. percentage of performance hours intended for each Subcontract; and
- iv. total percentage of Subcontractor(s) performance hours.

Cambria has partnered with HealthTech Solutions to bring to DHHS the best possible team to help provide the IV&V and overall experience to help successfully implement your Medicaid enterprise vision.

Exhibit 9. HealthTech Solutions Information

RFP REQUIREMENT	CAMBRIA RESPONSE
Name	HealthTech Solutions, LLC (HTS)
Address	2300 Hoover Boulevard, Frankfort, KY 40601
Telephone number	(502) 352-2460
Specific Tasks for Subcontractor	<p>HTS will participate in the following tasks:</p> <ul style="list-style-type: none"> ➤ Participate in Walk-Throughs and meetings as requested ➤ Participate in Risk and Issue identification/management ➤ Participate in reviews of deliverables and work products ➤ Participate in reviews of change orders ➤ Participate in validation of CMS and MITA compliance ➤ Participate in Operational and System Readiness ➤ Participate in creation of all work products requested from the IV&V ➤ Validating that the states software development lifecycle (SDLC) is being followed ➤ Validating that the Seven Standards and Conditions are being adhered to ➤ Reviewing actual MMIS design and development to assure that it reflects the states MITA goals ➤ Reviewing configuration management ➤ Reviewing MMIS concept of operations, architecture and designs ➤ Reviewing interfaces and requirements with external sources ➤ Reviewing adequacy of system security and privacy policies, plans, technical designs and implementations ➤ Participating in the review of all phases of testing ➤ Reviewing all data transition plans for completeness and viability ➤ Participating in Capacity Management ➤ Reviewing the Disaster Recovery Plan
Percentage of Performance Hours	41%
Total Percentage of Subcontractor Performance Hours	41%

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3. TECHNICAL APPROACH

The technical approach section of the Technical Proposal must consist of the following subsections:

- a. IV&V Responsibilities;
 - i. Project Management;
 - ii. Independent Assessment and Quality Assurance;
 - iii. IV&V Status Meetings and Reporting
 - iv. CMS and MITA Compliance;
 - v. Operational and System Readiness
 - vi. IV&V Deliverables and Work Products
- b. Organizational Staffing
- c. Logistics
- d. Privacy and Security

In each subsection of the proposal, the bidder should address the Proposal Responses from the subsection of the same name in Section IV. Examples provided may be referenced in the proposal section and included as an attachment to the proposal.

In a recent Government Accountability Office (GAO) Report on the progress of eligibility and enrollment (E&E) enhancements due to the Affordable Care Act (ACA), the GAO observed:

“States spent more than \$1.8 billion of 90/10 Medicaid funds with 34 states conducting full system replacements and 17 implementing modifications ... The opportunities to meet 21st Century needs of beneficiaries have never been greater, but so are the challenges”. --- United States Government Accountability Office Report (Carolyn L. Yocom, et al, 2014).

We agree. Not only are States challenged with increasing regulatory demands, aging legacy systems, and limited resources, but major system implementations are continuing to be delayed and remain a burden. The challenges are not just reserved for Eligibility & Enrollment (E&E), but for Medicaid Management Information Systems (MMIS). As the E&E and MMIS landscape and strategies change to more modular, innovative, and iterative approaches then so must IV&V vendor adapt and provide value.

Nebraska DHHS is leading the way with an innovative, modular vision of Medicaid Enterprise. A roadmap not just about paying Fee-for service (FFS) claims, but also focused on how technology can enable the improvement of outcomes, leverages a managed care data rich environment, and supports members. In the same way that DHHS has developed it's a vision for an innovative, modular roadmap for their Medicaid Enterprise, the selection of an IV&V partner that is similarly innovative is required. Because an existing IV&V vendor that has many contracts in the last few years for E&E and MMIS does not necessarily translate into demonstrated success for what you are looking for in the new era of modularity.

And that's where we believe Cambria is different – we've adapted our solid methodology to be a new kind of IV&V, for a new era. Because we believe that the key attributes of IV&V vendors for today's evolving world of Medicaid and systems development is vastly different than its past (see Exhibit below).

Exhibit 10. The New Era of IV&V Competencies

YESTERDAY	TODAY	DESCRIPTION
Big-Big Implementations	Modular Implementation	A successful IV&V vendor has experience not just overseeing implementations, but understands the modules and functionality and the underlying technical architecture. Therefore, they are not just checking off a list, but bringing critical insights in interoperability between modules and architecture in the enterprise, reducing long-term risk and promoting reuse.
Waterfall Development	Agile Development	A successful IV&V has experience in both oversight of agile projects and in delivering them as the vendor. Therefore, they can provide critical insight into coding practices, inefficiencies, and risks.
Focus on Project Management Processes	Focus on Technical Architecture and Integration	A successful IV&V not only brings experience improving PMI practices in projects, but provides technical insight and understanding. Therefore, they will bring experienced technical architects to identify risks and provide specific, actionable recommendations that will promote interoperability, integration, and long-term architecture.
Single Program Focused	Enterprise Focused	A successful IV&V does not just have an understanding of the MMIS, but also has an understanding of the whole Medicaid Enterprise from Health Information Technology (HIT) to managed care to delivery model reform. Therefore, they will be able to understand how configurations, customizations, defects and other project issues can affect other programs and systems.

The new modular direction demands more flexible ways of not only developing systems but also in how projects are managed. A greater need for understanding how all the parts will come together, and what the potential issues are to this integration, will be key and are just as important as the traditional oversight of project plans, deliverables, testing and technical specifications. The Cambria team brings this fresh perspective, grounded in a strong methodology.

We believe these differentiators and our quality approach will show that the Cambria team is the right partner to provide you services for project management, independent assessment and quality assurance, IV&V status meetings and reporting, CMS and MITA compliance, operational and system readiness. The following subsections outline our IV&V methodology which we have tailored to meet the needs of DHHS and the full requirements as defined in the RFP.

3.1 IV&V RESPONSIBILITIES

For the EES and DMA project and any optional projects, as identified on the cost sheet, the IV&V contractor must perform all responsibilities defined in the RFP unless a requirement specifically limits the responsibility to one project. The IV&V services described in this RFP must comply with IV&V regulatory requirements detailed in 45 CFR 95.626, which requires that IV&V efforts be conducted by an entity that is independent.

IV&V services will be part of the larger oversight of the day-to-day operations and management of the projects. The IV&V service contractor will have complete access to documents, facilities, and staff as appropriate during normal business hours as required to carry out its oversight role. The IV&V contractor will have access to all key staff on site at the projects' location(s) daily, as needed to observe meetings, review deliverables and documentation, and conduct interviews, etc., to ensure a high level of integrity and confidence in the IV&V service contractor's oversight and monitoring.

Understanding Cambria's IV&V Responsibilities

The objective of our IV&V methodology is to provide a structured and disciplined way to independently assess the correctness and quality of a project's products and to provide an independent project management perspective on project activities – both assessments therefore promote early detection of project schedule and cost variances.

The IEEE standard 1012-2012, Standard for Software Verification and Validation, defines verification by asking, "Is the system being built right?" DHHS must partner with an IV&V vendor that not only has a proven methodology, but understands their needs and can tailor that methodology for DHHS' EES and DMA projects and any optional projects to be undertaken. And we believe that Cambria is just that vendor. While many IV&V vendors hold their findings and recommendations until the end of the month, we don't. We will review interim findings as they are identified to ensure they are accurate, all supporting factors clearly known, and no surprises as to the entity (vendor or state) against which the finding is attributed. Because our focus is with the end in mind – to mitigate risks and remediate as soon as possible. Holding on to recommendations is not productive and neither is a focus on frivolous grammar or general observations that are "nice to know" but not critical path. Cambria's IV&V tool – our Independent Assessment Report (IAR) process – will keep us on track in this regard and supports facilitating active and on-going communication with DHHS and the vendor.

We understand your vision, your challenges, and by adapting our IV&V methodology to today's world of modularity we are uniquely positioned to help you meet those challenges. Cambria's approach complies with Federal IV&V regulations (45 CFR 95.626). We look at project risks from many angles and not just whether a vendor is performing but also is the state and its stakeholders meeting expectations placed on them as to their role in project success. Recently CMS suggested that the IV&V entity not only be independent but from a different agency. This new mandate may be due in part to some IV&V vendors giving partiality to the states and not providing clear and independent observations and recommendations. Because the state is the client, some IV&V vendors will not create findings or provide recommendations that reflect poorly on the state. Projects don't fail due to the vendor's omissions, lapses, or errors all the time, projects can also fail due to all parties involved not adhering to requirements of the project, best practices, and standards. Observations by the IV&V may require difficult discussions with the state and the vendors, however all findings and recommendations are focused on the end goal of the project, which is the successful implementation of a quality system on time and within budget. Cambria is transparent in how it does its IV&V activities, we

believe in collaboration to validate (or invalidate) all observations, and in the end provide credible findings with actionable recommendations for remediation.

Importance of Seamless Integration into Nebraska's Environment

We know the goals of the Department are to integrate the new system, NTRAC, with NFOCUS and the need for the IV&V team to seamlessly transition onto the project and assume the IV&V responsibilities of independently assessing the correctness and quality of the project activities to deactivate Medicaid processing in NFOCUS. Therefore, DHHS requires an IV&V team to continue the assessment of the system to confirm that the system continues to maintain the EES for the non-Medicaid programs as the Department transitions to NTRAC. A smooth transition between IV&V vendors will be needed given the compressed timeframe of 9 months until EES Go-Live. Cambria Project Managers are adept at joining projects mid-stream or even later in the schedule. We have techniques that will facilitate a smooth transition. For example, on our MS DOM IV&V project, we joined one and a half years after its Eligibility Modernization Project (EMP) start-up. At onboarding, our team provided a critical path review and assessment with associated findings and recommendations to help correct deficiencies of the vendor as well as helped to re-align the project schedule. In fact, it was our team's fresh eyes and "critical path review" that identified a key deficiency in MS DOM's planned implementation of the E&E system in the coming months, provided an actionable recommendation that reduced the likelihood of failure.

In the case of Nebraska, our staffing model includes a dedicated transition team specialist for the first 30 days that will help support the review of the backlogged deliverables mentioned by DHHS. In essence, we start mitigating risks from Day 1 and hit the ground running to review all work products and deliverables in order of priority areas such as schedule and status reports, functional and technical design plans, CMS gate reviews, etc. to identify any key areas of focus and need for risks mitigation and/or correction. We will use existing project management documentation to continue monitoring the project and augment with our own methodology only where there is value add or significant positive impact to the project by shoring up critical gaps. Cambria's goal is not to slow the process down, but to help both the State and the vendors have a successful project.

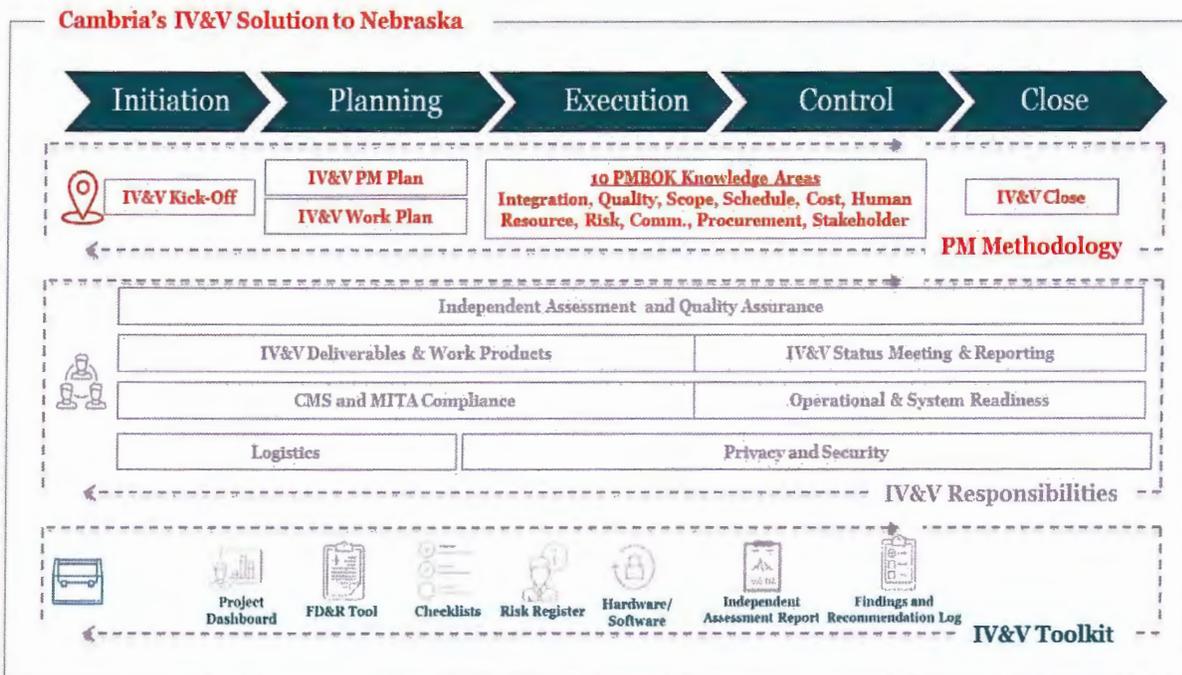
It is important for all stakeholders to know the appropriate level of detail about the project in order to provide feedback and decision-making to move the project forward allowing all parties to make meaningful decisions and help keep the project on track. Cambria will review the meeting cadence previously established and discuss with DHHS what was working, what wasn't. Weekly status meetings and reports will be the means and tools to communicate with all stakeholders the status of the project, including any risks and issues. As part of the IV&V team's responsibilities, the team attends project meetings to observe; this process of observation provides insight into the project status and health for the team to offer recommendations and to report in the IAR.

The Cambria team recognizes the importance of maintaining clear and consistent communication with CMS and understands the importance of their involvement. The gate review process is intended to unify development activities and will be used to monitor progress and will be the basis for "Go/No-Go" decisions. The gate review process must be aligned with the project life cycle that includes initiation and planning, requirements analysis and design, development, and implementation, and finally, operations and maintenance. Cambria will review all gate reviews up to the point of joining the EES project to continue focus on progress along the project continuum, the identification of project risks and successful completion and achievement of project goals.

Cambria's Tailored IV&V Solution to Nebraska

Cambria will bring an understanding of the environment in Nebraska, a proven IV&V methodology, and technical expertise in EES and DMA to provide a comprehensive solution to DHHS's needs. The following exhibit demonstrates Cambria's tailored IV&V solution to Nebraska:

Exhibit 11. Cambria's IV&V Solution for Nebraska



In the above diagram, Cambria will deploy three proven threads of work governed by the five PM process groups to form a tightly controlled, yet comprehensive methodology for DHHS.

- **Project Management:** Cambria uses a project management methodology that aligns with the internationally-recognized PMI PMBOK. Wherever appropriate, we leverage PMBOK's repeatable, iterative processes, procedures, tools, and templates to maximize efficiencies, support proper planning, offer successful execution, and provide tracking and reporting of project tasks. Our PM methodology will be used on this project to govern and manage IV&V responsibilities and activities to meet CMS and DHHS's expectations.
- **IV&V Responsibilities:** Cambria maintains a proven IV&V methodology that is tailored to each client and consists of the major tasks required in the RFP. We are able to validate that an appropriate level of engineering and quality is in the software, system, process, or product and that it meets all of the desired requirements. Moreover, our tailored approach goes beyond engineering and quality and we introduce recommendations and controls that can be an "insurance policy" for our clients.
- **IV&V Toolkit:** Cambria supports the two major threads of work in an IV&V project – Project Management and IV&V Responsibilities – through the deployment of an IV&V toolkit that acts as accelerators to the project and value-add to the assessment and reporting process. We will work with DHHS to determine the use of each and every tool for the benefit of the project.

In summary, Cambria will bring a proven methodology tailored to DHHS and supported by technical EES and DMA experience and accelerated by an IV&V toolkit. In the following sections, we provide greater detail on our proposed approach in Project Management to DHHS.

3.1.1 PROJECT MANAGEMENT

The bidder should include the following in the proposal:

- i. Describe the bidder's proven methodology, approach, and process for Project Management of Medicaid IV&V activities.
- ii. Include an example of an IV&V project schedule utilized on similar projects.
- iii. Describe how the IV&V bidder's project management approach adapts to varying State governance models.
- iv. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the contractor's approach to meeting the requirement.

Cambria is in the business of managing complex projects of all sizes and across industries and bringing competencies that range from organizational design efforts, to management studies, to systems development and integration. We've managed small health project implementations as well as large scale projects in excess of \$30M; we have set up PMOs that deliver \$40 billion in capital projects, managed IV&V efforts for E&E and MMIS systems, delivered Project Management Institute (PMI) training, and guided clients through PMO maturity assessments. Our record for on time, on budget completion of projects over this wide range of disciplines is evidence of our firm-wide project management capabilities. Therefore, Cambria utilizes these methodologies and rigor to manage the IV&V effort and ensure that DHHS and CMS receive services on-time and budget.

Cambria also understands the project environment that has already been established by Nebraska. Our project management responsibilities are defined and limited to project management of the IV&V portion of the project. We understand the complex governance structure with the Steering Committee, Project Board, Risks, Actions, Issues, and Decisions (RAID) Board, Change Control Board, Operations Review Committee, and Project Management Office all having their specific role and responsibilities to help Nebraska succeed in implementing their Medicaid enterprise vision. We fully expect to integrate seamlessly with the governance structure that Nebraska has already established on this project.

3.1.1.1 PROVEN METHODOLOGY, APPROACH, AND PROCESS

The bidder should include the following in the proposal:

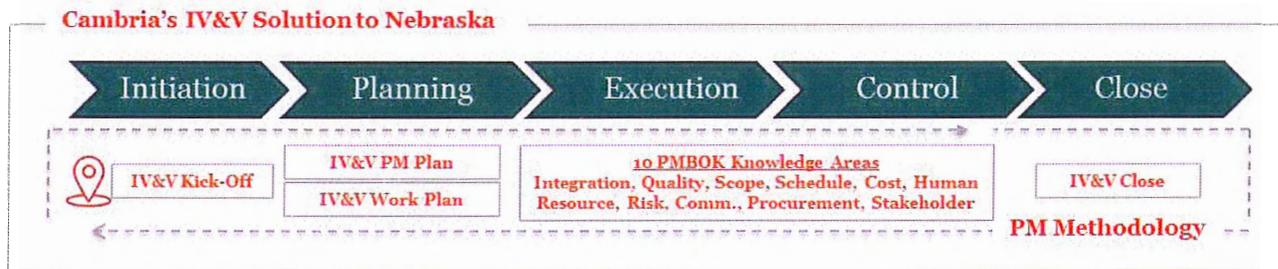
- i. Describe the bidder's proven methodology, approach, and process for Project Management of Medicaid IV&V activities.

Cambria uses a project management approach that aligns with the internationally-recognized PMI Program Management Body of Knowledge (PMBOK). Wherever appropriate, we leverage PMBOK's repeatable, iterative processes, procedures, tools, and templates to maximize efficiencies, support proper planning, offer successful execution, and provide tracking and reporting of project tasks. PMBOK includes processes for initiation, planning, execution, controlling, and closing. Nevertheless, no project is automatically successful by using PMBOK and assigning PMP-certified managers, although we do. It requires relevant experience to know what aspects of PMBOK are most applicable given the client environment, objectives, and preferences. Cambria's ability to keep the project on target is founded on three key points:

- Our PM approach is informed by our success managing some of the most complex engagements in Medicaid agencies nationwide; therefore, we know how to apply PMBOK processes to our IV&V services requested in this RFP.
- Our PM approach is defined by our detailed eligibility, MMIS, and technical knowledge; therefore, we know how to estimate our work effort, identify risks and issues, and deliver the best value for DHHS.
- Finally, our PM approach is tailored to the needs of DHHS; therefore, we can integrate our PM practices into DHHS’s PM practices for reduced ramp-up time and consistency for the EES and DMA projects and their key stakeholders.

Moreover, our project management approach is informed by our detailed eligibility and enrollment and Medicaid Enterprise System knowledge. Without technical eligibility experience, **project management processes are just processes.** In California, we provided project management services for DHCS’ Health Exchange and Medi-Cal Interfaces (HEMI) project. Our leadership enabled the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to interface with DHCS’ Medi-Cal Eligibility Data System (MEDS), the Statewide Client Index (SCI), and the existing county-based enrollment systems, the Statewide Automated Welfare Systems (SAWS) to allow CalHEERS real-time access to Medi-Cal beneficiary data and to create an integrated statewide system for outreach and enrollment of the expanded Med-Cal eligible population, estimated to be approximately 1 million Californians. This experience, along with many others, will inform our project management processes and provide the highest value to DHHS.

Exhibit 12. Cambria’s Project Management Methodology for Nebraska



3.1.1.1.1 PROJECT MANAGEMENT APPROACH

The Cambria Project Managers will be responsible for assigning work to the IV&V team and will follow Cambria’s project management objectives that are shown Exhibit _____. Without these objectives, the control methods, procedures, and other project management best practices will not be effective.

Exhibit 13. Cambria’s Specific Objectives in Project Management

SPECIFIC OBJECTIVES	DESCRIPTION
 High-Quality Work	<ul style="list-style-type: none"> ➤ Deliver high-quality end products that address business objectives and meet end-user requirements

SPECIFIC OBJECTIVES		DESCRIPTION
 On-Time Delivery		➤ Complete deliverables on schedule and within budget
 Effective Communication		➤ Deliver timely and accurate communication to project participants and stakeholders throughout the entire project
 Proactive Management		➤ Identify potential problems before they develop and initiate appropriate corrective action
 Communication at All Levels		➤ Provide content and messaging specific to each stakeholder group
 Schedule Surprise Avoidance		➤ Identify issues early, provide weekly updates, use dashboards, and focus on the critical path
 First Time Deliverable Acceptance		➤ Use DEDs, involve oversight teams early, use early walkthroughs, and perform internal quality assurance
 Trust Development		➤ Understand communication needs, tailor communication media, and develop trust by meeting deadlines
 External Stakeholder Management		➤ Be aware of scheduling needs, engage interface partners, and understand unique needs and requirements
 Internal Quality Assurance		➤ Monitor trends and track metrics (i.e., issues, risks), manage adherence to processes and procedures, and use checklists and traceability tools
 Scope Control		➤ Implement formal change control processes, monitor contractual requirements, implement requirements clarification processes, and facilitate impact analysis
 Project Health Monitoring		➤ Monitor schedule slippage, earned value analysis, open issues and action items, deliverable quality, risk controls, and stakeholder feedback
 Integration of Disciplines		➤ Staff the team with seasoned managers and analysts to adhere to PM processes
 Issues and Risk Management		➤ Identify risks and issues in proposal process, train staff on processes early, monitor corrective actions, drive issues to resolution, facilitate timely escalation, and maintain data quality

Although the timelines for the EES and DMA projects, and future projects to IV&V have separate start and end dates, Cambria leverages PMBOK's ten knowledge areas to provide a

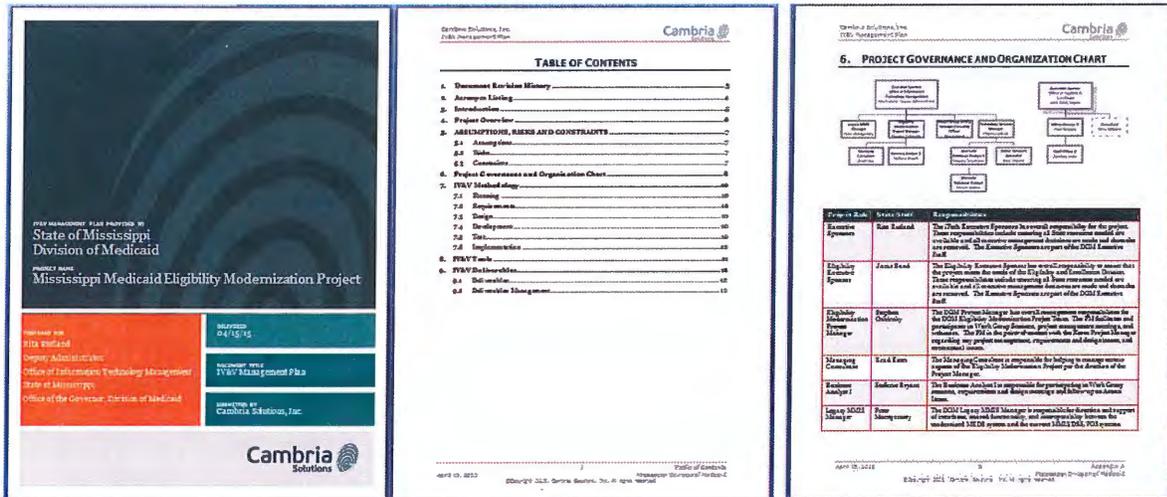
baseline for how we execute all of our projects whether we are the Vendor implementing eligibility solutions for the State of Washington or the IV&V for the DHHS.

3.1.1.1.2 INTEGRATION MANAGEMENT

Integration Management is the most important project management function—it identifies, defines, combines, unifies, and coordinates the various processes and project management activities toward project completion. Integration Management includes complex decision-making about resource allocations and management of interdependencies to align discrete project work streams where they may overlap and interact with one another. The following describes specific processes and work products that support Integration Management.

1. **Conduct Project Kick-Off** – As part of project initiation, Cambria will work with the DHHS Project Manager to prepare and conduct a kick-off meeting with key team members and stakeholders. The purpose of the kick-off is to introduce the project team, and to confirm agreement on the project’s purpose and scope. While DHHS is already working with key stakeholders, Cambria believes that it will be important to level set with everyone prior to the on-boarding of a new IV&V vendor. The kick-off session will serve as a good forum for Cambria to get to know each of the stakeholders, and begin to understand the dynamics, concerns, and objectives of each member of the group. Furthermore, we may discuss key activities that will occur during the project, and IV&V’s role in those activities. Cambria will work with the DHHS Project Manager to determine the appropriate attendees, purpose, agenda, time, and location for the kick-off. A kick-off session will serve as a good foundation to build from moving forward, and allow each stakeholder to understand the purpose and objectives of the project.
2. **Develop IV&V Project Management Plan** – An IV&V Project Management Plan outlines the steps for managing and controlling the life cycle activities of the project. These plans document the processes, procedures, practices, standards, and metrics that will be followed throughout the project to support consistent results. Within the first 30 days of the start of the project, Cambria will develop an IV&V Project Management Plan associated with IV&V activities based on our discussions with the State project staff, and project documentation. After the project kick-off, the IV&V Project Management Plan will be the first deliverable produced by Cambria for approval by the State. The following contents are included in the IV&V Project Management Plan at minimum:
 - Project Overview
 - Project Scope
 - Assumptions, Risks, and Constraints
 - Project Governance and Organization Chart
 - IV&V Methodology
 - IV&V Tools
 - IV&V Deliverables Management
 - Appendices

Exhibit 14: Sample IV&V Project Management Plan



- 3. Conduct Project Closeout** – Closing a project includes administrative activities, such as collecting and finalizing the paperwork needed to complete the project, and technical activities, such as confirming that the final product is acceptable. In multi-phase projects, the close project process closes out the portion of the project scope and associated activities applicable to a given phase. This process includes finalizing all activities completed across all project management process groups to formally close the project or a project phase, and transfer the completed or cancelled project as appropriate. For this project, we anticipate that there will be various project stages (e.g., System Design, Development, and Implementation as a few of the major phases). Our focus will be both toward close of these phases as well as overall project closure.

Two procedures are developed to establish the interactions necessary to perform the closure activities across the entire project for a project phase:

- **Administrative Closure Procedure** – This procedure details all the activities, interactions, and related roles and responsibilities of the project team members and other stakeholders involved in executing the administrative closure procedure for the project. Performing the administrative procedure process could also include activities needed to collect project records, analyze project success or failure, gather lessons learned, and archive project information for future use by the organization.
- **Contract Closure Procedure** – Includes all activities and interactions needed to settle and close any contract agreement established for the project, as well as define those related activities supporting the formal administrative closure of the project. This procedure involves both product verification (all work completed correctly and satisfactorily) and administrative closure (updating of contract records to reflect final results and archiving that information for future use). The contract terms and conditions can also prescribe specifications for contract closure that must be part of this procedure. Early termination of a contract is a special case of contract closure that could involve, for example, the inability to deliver the product, a budget overrun or lack of required resources. This procedure is an input to the close contract process.
- **Close Project Inputs:**

- > IV&V Project Management Plan –this document outlines the steps for managing and controlling the life cycle activities of the project
- > Acceptance Criteria – this describes the agreed-upon acceptance criteria that will demonstrate completion of project activities
- > Contract Documentation – This documents the contractual requirements of the vendor(s) and allows the IV&V to validate whether all requirements have been met
- > Deliverables – As described throughout this proposal, this describes the completed documentation that will demonstrate completion of project activities
- **Close Project: Outputs**
 - > Administrative Closure Procedures – As described earlier, this represents the approach to closing the project from an administrative perspective (e.g., compiling documentation)
 - > Contract Closure Procedure – As described earlier, this represents the approach to closing the project from a contract perspective (e.g., validating contractual compliance)
 - > Final Product, Service, or Result – This represents the final results of the project, which in this case will include an integrated eligibility system, updated business processes, etc.
 - > Organizational Process Assets (Updates)
 - > Formal Acceptance Documentation – Signed documents verifying acceptance of the project completion
 - > Project Files – Formal project documentation from the project document library
 - > Project Closure Documents – All administrative and contractual closure documentation
 - > Historical Information – Any additional documentation related to the project

While many projects do not have formal processes and procedures for project closure, we understand that this is critical to validating that a project has met both internal and external stakeholder requirements. Formal checklists and sign-offs will validate that the product meets documented requirements and specific safeguards are in place (e.g., removal of security clearances to limit ongoing access of the system). We will work with DHHS to identify these acceptance criteria and closure activities as early as possible to help ensure that they are tracked and met upon phase and project completion.

3.1.1.1.3 QUALITY MANAGEMENT

The purpose of Quality Assurance is to allow DHHS to validate that the products and services provided by Cambria meet their requirements at that of its stakeholders. Our Quality Assurance policy includes methods to improve the quality of project outputs and ensure high client satisfaction with the work we do. Quality Assurance establishes the framework for measuring, monitoring, controlling and reporting on the progress of the project throughout the planning, execution and control of the project. It encompasses the organizational and managerial aspects of defining quality goals for deliverables and work products, establishing plans to achieve those goals and monitoring and adjusting the plans.

Project quality management is planned along with other project tasks and initiatives. Both project management and technical staff are integrated with and committed to the success of overall quality management. This is intended for use by each project member to understand and

perform the quality control activities applicable to their responsibilities. Project quality management involves three main processes: planning quality, performing quality assurance and performing quality control. Together, they facilitate a culture of continuous process improvement as envisioned by DHHS.

Exhibit 15. Quality Assurance and Continuous Improvement



3.1.1.1.3.1 Planning Quality

Cambria is responsible for planning quality, which includes identifying standards that are relevant to the project and how to satisfy those standards. Outputs of quality planning are components of the IV&V Project Management Plan, quality metrics, quality checklists, process improvements and project document updates.

These will be completed in detail during project initiation, documented in the IV&V Project Management Plan and continuously improved upon throughout the project using the results of quality assurance and quality control activities.

3.1.1.1.3.2 Performing Quality Assurance

Cambria will perform Quality Assurance reviews and audits of project deliverables, products, and services using tools developed as part of Quality Planning and documented in the IV&V Project Management Plan. These activities will be conducted in accordance with the project schedule. Performing quality assurance also involves periodically evaluating overall project performance to validate that the project will satisfy the relevant quality standards. Our team will review project artifacts, risks and issues to evaluate if the project remains in good health and to assist the project team by making recommendations for improvement where applicable. On a regular basis as part of regular status reporting, the Cambria team will provide a project quality status update. Additionally, Quality Assurance involves reviewing the adequacy of project methodologies and adherence to appropriate and reasonable standards for the project environment. The IV&V will monitor compliance with the project management processes to

evaluate if the processes defined to manage the project are being executed in accordance with the project management plans.

Our team will also closely monitor the deliverable review process to validate whether or not deliverables follow the process, project team feedback is received in a timely manner, and either incorporated into the deliverable or resolved in another manner acceptable to DHHS and its stakeholders.

3.1.1.1.3.3 Performing Quality Control

Quality Control is the process of reviewing the results of quality assurance activities and audits, performing root cause analysis where appropriate, and applying corrective actions and process improvements to the project’s products, services, and processes to validate that the requirements of DHHS and its stakeholders are met. The IV&V will perform these activities per the methods and tools developed in the IV&V Project Management Plan and execute them according to the project schedule. Quality reporting will be integrated with project status reporting to ensure Quality receives the highest visibility and accountability.

Performing Quality Control throughout the project makes it possible for continuous improvement to be achieved.

3.1.1.1.3.4 Internal Deliverable Quality Reviews

All Cambria deliverables go through an internal quality assurance review prior to formal submission as a final product to any client. We expect our deliverables will best meet client needs and expectations if we work closely with the client in developing them; sharing incremental progress, asking for feedback and decisions along the way. Once a deliverable is considered complete by the author it enters into our deliverable review process.

Exhibit 16. Deliverable Quality Management

STEP	DESCRIPTION
Complete Deliverable and Submit for Review	<ul style="list-style-type: none"> ➤ Prior to working on a deliverable, the Deliverable Developer works with the Project Manager and DHHS to set expectations on the deliverable and its contents. The DED is consulted, if applicable. ➤ The Cambria team member that is assigned a client deliverable works closely with the client in developing it; sharing incremental progress, asking for feedback and decisions along the way ➤ When the Deliverable Developer considers it complete, they submit it to the Internal QA Team as assigned by the project manager for that deliverable
Review Deliverable	<ul style="list-style-type: none"> ➤ The Internal QA Team reviews the deliverable and documents comments in a deliverable review comment log ➤ Once the review is complete, the Internal QA Team emails their comments to the Deliverable Developer to be addressed in SharePoint

STEP	DESCRIPTION
Address Deliverable Review Comments	<ul style="list-style-type: none"> ➤ The Deliverable Developer addresses review comments, updating the deliverable, and documents the outcome in log received from the Internal QA Team ➤ The Deliverable Developer will interact with the Internal QA Team; asking questions and getting clarification on review comments as needed ➤ Not all review comments will result in a change to the deliverable; it may
Submit for Approval	<ul style="list-style-type: none"> ➤ Once all review comments are addressed to the satisfaction of the Internal QA Team, the Deliverable Developer submits the deliverable and the completed comment log to the Project Manager for approval
Review Deliverable and Documentation	<ul style="list-style-type: none"> ➤ The Project Manager reviews the deliverable, any DEDs, and the comment log to validate that the process was completed correctly and the deliverable meets client expectations (by comparing to the DED) or contractual requirements ➤ If needed, the Project Manager engages the Deliverable Developer and/or the Internal QA Team to resolve any items resulting from the Project Manager’s review
Submit for Approval	<ul style="list-style-type: none"> ➤ The Project Manager sends the deliverable, DED, and comment log to the Engagement Lead for final approval, unless otherwise specified.
Review Process	<ul style="list-style-type: none"> ➤ The Engagement Lead reviews the deliverable, the DED, and the comment log to validate that the process was completed correctly and the deliverable meets client expectations (by comparing to the DED) and contractual requirements ➤ If needed, the Engagement Lead engages the Project Manager, Deliverable Developer, and/or the Internal QA Team to resolve any items resulting from the Engagement Lead’s review
Submit Deliverable to Client	<ul style="list-style-type: none"> ➤ Once the Engagement Lead has approved, the Project Manager submits the deliverable to the client for formal review ➤ The client review process is similar to this process and is documented in the IV&V Project Management Plan

3.1.1.1.3.5 Corporate Quality Reviews

Cambria places a high-value on Corporate Quality Assurance. Internally, for all our projects, we conduct a quarterly quality review to help ensure that project activities, task execution, and project performance is in accordance with Cambria standards. These reviews involve using project review checklists and visits/interviews with the Cambria project team. Status, issues, risks, and project documentation will be reviewed and discussed. The reviewers will also meet with client sponsors and project leaders. The advantage of these senior level reviews by executives and SMEs external to the project is to provide that fresh set of expert eyes that can often see risks and issues that the project team cannot. This reduces the risk that the project team misses things due to ‘tunnel vision’.

At the completion of these events, a list of recommended actions is provided that are intended to improve project performance and/or remediate any issues discovered.

3.1.1.1.4 SCOPE MANAGEMENT

Scope management is one of the most critical project components. Proper scope management helps the team avoid missed requirements, misunderstood requirements, or increases to scope without the appropriate approvals. As part of the IV&V Project Management Plan, Cambria will develop parameters for managing scoping, including the scope management processes and components.

The IV&V Work Plan provides a structured vision of what has to be delivered, reflecting the total scope of the project decomposed into specific work packages, releases, or goals that can be scheduled, estimated, monitored, and controlled. This will reflect the planning, coordination, and management activities needed to achieve the product scope. At the start of the project, we will work together with DHHS to define and finalize the scope of processes and functional areas that will be delivered. Cambria will also work with DHHS to follow the established project change control processes and define scope expectations for the end user. At the same time, we will work with DHHS to confirm the overall project schedule, deliverables, and resources, which will be the baseline that is monitored and controlled on a daily basis. A tool that Cambria has utilized in the past is a document or deliverables tracker, allowing each item to be traced back to its owner, showing due dates, and if necessary, giving status. This simple tool allows DHHS to get a better picture of the project, and providing a high-level deliverable that can be shared with executives on a regular basis.

3.1.1.1.5 SCHEDULE MANAGEMENT

Time management includes the processes required to manage the timely completion of the project. It requires diligence and transparency to communicate both the baseline schedule and activities, as well as any variances which may affect key milestone dates or the project completion date.

3.1.1.1.5.1 Establish Project Work Plan and Schedule

Cambria will provide a master project schedule (MPS) that includes the tasks, milestones, resources, and duration of tasks to support completion of the proposed scope of work for both the EES and DMA projects, based on our understandings of the scope and project priorities. We will consider a significant number of factors in developing the overall schedule.

The project work plan is a dynamic document, and the primary tool for managing the project schedule. While change is anticipated, the project manager will manage and monitor the team's performance against the work plan schedule. Weekly internal project team meetings will provide a forum for assessing status against, and discussing future concerns regarding, the work plan.

The IV&V projects are managed via a consolidated project schedule that encompasses project activities of the project team, key stakeholders, other vendors, and consultants. Work necessary for the successful management and implementation of each IV&V project is included in the project schedule and, therefore, included and tracked in the WBS. This is

Schedule updates will include:

- An actual start date for all in-progress or completed tasks
- A percent completed for all in-progress tasks
- A forecast or actual completion date for all tasks
- A list of tasks behind the baseline schedule
- The number of tasks behind schedule
- The current critical path

linked and integrated into the MPS. Once relevant stakeholders have provided project details and signed off on the MPS, the schedule is baselined. The DHHS project manager will review and approve the component schedules. Microsoft Project will be used to document and maintain schedules.

The MPS includes the critical path, key milestones, and project steps that must take place to meet each milestone (including any dependencies). Resources assigned to these milestones are kept up-to-date to allow sharing of resources if one task needs additional assistance from another that may be ahead of schedule. This allows projects to stay on schedule, and allows for quick action if a project begins to fall behind. Our work plan will synchronize with DHHS's critical milestone dates—particularly, go-live dates.

3.1.1.1.5.2 Manage WBS

Similar to the manner in which updates to the work plan timeline are tracked, updates to the work plan scope and activities are tracked in the WBS. Also, just as DHHS manages its project schedules using Rolling Wave Planning, so does Cambria. This will largely mirror the process for maintaining the schedule, because outputs of WBS changes are updated in the schedule and the two work products are changed in parallel. The process for managing the WBS includes:

- Project team members are required to provide updates to their WBS regularly.
- Cambria reviews the updates against the MPS, which is the official work plan for project status reporting.
- Cambria assesses the impact of the updates to the MPS and is responsible for facilitating the review of these updates at the next weekly status meeting. A special list is created for this review that highlights new, changed, or removed tasks.
- Cambria will identify tasks that fall behind schedule to trigger an issue that is addressed through the project's issue management process.

If critical changes to the scope and/or schedule are approved, it may be necessary to re-baseline the MPS and associated detailed schedules. All requests to re-baseline schedules must be provided to and approved by the DHHS project manager and key stakeholders before any associated schedule changes are made.

The WBS updates will be shared with project staff and governing bodies on a regular basis, as established by the DHHS project manager. Project status reports will reflect progress against the WBS activities.

3.1.1.1.6 COST MANAGEMENT

In conjunction with measuring progress against the schedule, Cambria will measure integrated vendor progress against the overall project budget. Cost management includes the processes involved in planning, budgeting, and controlling costs so the project can be completed within the approved budget. Cost management is primarily focused on the cost of resources (services, system, licensing) needed to complete scheduled activities. However, cost management should also consider the effect of project decisions and changes on the overall project cost.

Cost Control involves managing the changes to project cost, including:

- Managing the factors that create changes to the project cost (e.g., actual versus budgeted hours)
- Ensuring changes are agreed upon by all stakeholders

- Documenting and managing the actual changes when they occur
- Recording all appropriate changes accurately against the cost baseline
- Informing appropriate stakeholders of approved changes

To determine whether a project is on track with regard to expenditures, Cambria normally employs a comprehensive set of analytical measures for planned value, actual value, and budget at completion for tasks related to the integrated project. Depending upon the contract payment method for the Vendor (e.g., firm fixed price or time and materials), some of the cost measures may not be helpful in tracking and reporting. However, some of these measures could be useful for reporting to DHHS on our IV&V services. Cambria will discuss with DHHS Leadership at project initiation and at DHHS's discretion, Cambria may include additional value-added calculations, such as:

- **Return on Investment** – The potential profitability of an investment, as calculated by the benefits received in relation to the cost
- **Earned Value** – The estimated value of the work actually completed
- **Cost Variance** – Difference between earned value and actual cost
- **Estimate at Completion** – Current estimates of the total project cost
- **Estimate to Complete** – Current estimates of how much the project is expected to cost to complete
- **Variance at Completion** – Current estimates of how much over or under the budget the project is expected to cost

These will help DHHS gain a sense of how the project is managed against the cost baseline and whether any issues should be escalated to DHHS Project Leadership. This information will also be included in the Monthly IAR. Finally, the IV&V will report on internal cost and report it on the Monthly Status Report, unless not requested.

3.1.1.1.7 HUMAN RESOURCE MANAGEMENT

The purpose of the human resources and staffing management activities is to facilitate allocation of complete and adequate staffing levels and skill sets for the project. The Human Resource Management Plan is part of the project's overall processes and procedures used to manage and control the project. Specifically, it:

- Applies to all project resources (DHHS and vendors)
- Defines the project's organizational structure
- Defines the roles and responsibilities on the project
- Describes the recruiting approach to acquire staff
- Describes how staff will be ramped up on the project and trained
- Identifies how staff levels will be managed

To support the overall staffing needs of the IV&V projects, Cambria develops a Resource Management Plan that identifies how resources are assigned and utilized throughout the project. Cambria will confirm that DHHS staff serves in leadership, management, and sponsor positions, where key decisions are made and where knowledge must be retained once the EES, DMA, and other projects are

Rigorous human resource planning will be paramount for Cambria and DHHS. Cambria will provide this level of planning to ensure that EES and DMA are fully supported as well as future support for the optional projects, **providing optimal value for DHHS.**

implemented. Other resources will be aligned in accordance with their skills, knowledge, ability, and availability to best complete the project on time and on budget.

Based on these criteria, Cambria will develop a Responsibility Assignment Matrix (RAM). The RAM cross-references the project team members with the activities or work packages they are to accomplish. An example of a RAM is the RACI chart, which identifies what individuals are Responsible, Accountable, Consulted, and Informed of each activity. This provides clarity and accountability in ownership of work assignments. Exhibit 6 provides an example of the RACI chart.

Exhibit 17. Sample RACI Chart

	PROJECT TEAM MEMBER #1	PROJECT TEAM MEMBER #2	PROJECT TEAM MEMBER #3
Activity A	R	I	I
Activity B	I	C	R
Activity C	I	R	I

R = Responsible, A = Accountable, C = Consulted, I = Informed

As additional project staff is hired, the project management team will take specific steps to orient the individuals to the project. At the same time, the project managers will appropriately plan to reduce staff at select points in the project, and at the project’s closure. Between those times, the project will need to plan and conduct staff replacements in the case of staff turnover.

3.1.1.1.7.1 Ramp-Up Approach

As new staff joins the project, they will be provided with a formal set of start-up activities, including project orientation. The project manager (or designee) conducts the orientation, as needed. The orientation includes the:

- Project background
- Current status
- Specific job duties and expectations
- Introduction to the staff and consultants
- Overview of the facility and infrastructure
- Overview of the project processes (including time reporting, attendance, status meetings, issue resolution, change control, and risk management)

3.1.1.1.7.2 Replacement of Staff

Cambria staff is replaced in accordance with the procedures set forth in this RFP. Resumes for proposed replacements must be submitted for DHHS approval. Replacement staff must meet the original minimum qualifications for the position and are subject to an interview, in addition to a review of their resume and qualifications. Where possible, the replacement staff begins work prior to the original staff’s departure to support appropriate transition of responsibilities and knowledge.

3.1.1.1.7.3 Ramp-Down Approach

As the project hits key milestones or completions, the project may need to reduce the number of state-side staff assigned to the project. The project will align the contract lengths and needs with the project's staffing needs to enable an easy transition. At the same time, the project will employ mostly "borrowed" or part-time DHHS resources, as needed. Those resources will resume their normal functions at the close of their role on the project or at the end of the project.

If any IV&V staff transition away from the project, the project management team conducts appropriate roll-off steps. Key steps include:

- Identifying any remaining duties and transition to other staff
- Transitioning electronic files to the electronic repository
- Returning building security/access cards;
- Returning computer equipment or other similar items
- Removing access rights to electronic repository and other systems
- Removing e-mail access
- Removing other network access

3.1.1.1.8 RISK MANAGEMENT

Risk is inherent on any project—particularly one that involves multiple stakeholder groups, developing new and complex business processes, or developing a custom technology solution. Because risk identification and issue management require looking into the future and assessing scenarios that may or may not occur, project teams often do not adequately focus on this activity. Establishing rigorous risk identification and issue monitoring processes early in the project and supporting them with formal governance processes provides focus to this neglected area. Risks identified early can be avoided or effectively mitigated before they become issues demanding resolution. Cambria's risk methodology it utilized to predict and analyze risks related to the IV&V scope of work and to contribute to the overall IV&V assessment of the E&E and DMA implementations. For purposes of the this section, Cambria has provide an abbreviated overview of our risk methodology, but a more full explanation of our methodology can be found in the Independent Assessment and Quality Assurance section.

The Cambria Project Manager will adhere to the following steps to manage the risks for the project:

- **Risk Identification** – Identify, classify, and communicate project risks in a timely manner
- **Risk Analysis** – Analyze and categorize project risks quantitatively to allow project management to focus on critical risks
- **Risk Response Planning** – Define and implement mitigating actions and contingency plans, as needed
- **Risk Monitoring and Control** – Monitor and control risks, review the risk plan often to verify the list is complete and actions are being taken, and communicate the status of risks proactively to appropriate stakeholder.

If an IV&V team does not have an intimate knowledge of E&E or DMA systems, and system integration, then they will likely be reactive to risks rather than predictive. The Cambria team will bring its deep experience in integrated eligibility and Medicaid to provide predictive risk

management. This detailed insight will enable a greater probability of success for the EES, DMA, and other projects.

Not only will Cambria bring an understanding of DHHS's potential risks, but we will work with DHHS to identify, monitor, and minimize the impacts of risks throughout the project. Currently, the DHHS, the vendor, and the IV&V conduct monthly Risk, Issue, and Change Control meetings to analyze, update, and discuss new risks to the EES and DMA projects. As part of the Project Management Plan, the Vendor manages and maintains the Risk Register on SharePoint. As the IV&V team, we will continue to contribute to the on-going risk identification and management for the projects overall. However, our team will also maintain our own internal Risk Register and management process to make sure that risks are being identified, communicated to DHHS Project Leadership, whether related to the Vendor's implementation or internal issues related to the IV&V contract. Appropriate resources will be assigned to follow up on open risks and issues that require analysis or action.

The Cambria team will maintain its internal Risk Register to analyze current risks, monitor mitigation strategies, and provide recommendations at the weekly status meeting, in the Monthly IARs, or in the monthly Risk, Issue, and Change Control meeting.

3.1.1.1.9 COMMUNICATION MANAGEMENT

Communications are a critical component of project success or failure. Communications with all levels of stakeholders are essential to fluid project coordination. Effective communications create a bridge between diverse stakeholders who have different cultural and organizational backgrounds, different levels of expertise, and different perspectives or interests. The more time is invested in communications activities, the more likely it is that stakeholders will buy-in to and support a project's success.

Cambria's IV&V team will be involved in all aspects of the day to day operations and management of the project. Throughout the SDLC, Cambria's team members attend project status meetings, CMS calls, and use email communication in the day to day activities of delivering the IV&V services. For each phase of Project Management and the SDLC, Cambria employs a strict and evidence-based verification method by defining the inputs, outputs, and tasks associated for a complete and comprehensive assessment

3.1.1.1.9.1 Daily Team Communications

Maintaining effective project communications is the responsibility of every member of the project team. All members of the team are encouraged to communicate openly about project issues, and provided a venue for doing so. The general principle is that communications are open and transparent, particularly when issues arise. The earlier a possible problem is dealt with, the better the chances of recovering from it with minimal impact.

Our team will employ an agile approach to maintaining team communications, with an emphasis on frequent verbal communication and interaction followed by documentation, as appropriate. A technique that is very effective in environments where multiple team members are working on different components of a project is the daily "stand-up." Stand-ups are short, succinct daily meetings that keep the team informed of progress, current and planned activities, and any roadblocks.

Stand-ups typically happen at the beginning of the day and last no longer than 15 minutes. Every member of the team participates and answers the following questions:

1. What did you finish yesterday? What is going well?
2. What are you working on today?
3. Are there any impediments in your way? What is not going well?

Impediments are recorded and may be entered into the risk register or issue log for resolution if they cannot be immediately resolved.

3.1.1.1.9.2 Status Meetings and Status Reports

The regular status meeting is the formal vehicle for reporting progress, identifying risks and issues, discussing needed changes, and resolving problems. The goal of status meetings is to review the progress made in the prior period, review action items, and resolve project issues. See Section 3.1.3 IV&V Status Meetings and Reporting for specific details on status reporting for DHHS.

3.1.1.1.9.3 Maintain Logs

Maintaining appropriate logs is necessary to provide proper oversight and management of actions, issues, and risks that arise through the project. Using clear, well-maintained, current logs will help DHHS understand the importance of identifying and evaluating actions, issues, and risks early; and identify and evaluate clear options and recommendations to resolve them.

Logs and tracking tools must be maintained regularly and consistently to serve their intended purpose. Maintaining these tools requires both verbal and written coordination. To validate these documents are maintained, we will:

- Continually monitor project actions, issues, and risks (generically referred to as “items” below) on an ongoing basis to make sure any new or unresolved items are clearly documented.
- Use regular status reports/meetings as the venue through which the project team will collaboratively identify any significant items to be escalated or moved to different logs. This will include discussion and documentation of mitigation steps, contingency steps, open items, and new items.
- Delegate assignment of items to the lowest ranking person who has authority to make a decision regarding the issue (based on the project’s agreed-upon decision-making thresholds).
- Escalate items when the owner is unable to render a decision. This may occur in instances where members of the project team disagree on a proposed solution or when a policy decision must be made.
- If high-priority or urgent, immediately escalate the item to the project steering committee, or other appropriate stakeholders, for action.
- Update the respective documents to include the final resolution and update the status of the item to “Closed.”

Overall, when the various logs and tracking tools are updated in tandem, it is easier to track a number of complex issues, identify the owner with responsibility for resolving the issue, and track progress toward overall project success.

Details about Action Logs are provided below. Details about Issue Logs and Risk Registers are provided in the Sections 7.11 and 7.9, respectively.

3.1.1.1.9.3.1 *Action Log*

The Action Log is used to record, track, and resolve program action items. Action items are activities that need to be completed to keep the project on schedule. They are usually assigned to a specific person or group. This log includes key issues to be resolved, target dates for resolution, and the staff assigned to resolve them. Specific fields within the Action Log include:

- **ID** – Identifying number
- **Author** – Name of person entering the action
- **Date Entered** – Date action is entered
- **Project Category** – Applicable category, such as schedule, cost, quality, oversight / governance, dependencies, risks, or communications
- **Description** – Description of the action needed
- **Owner** – Name of owner assigned to resolve action
- **Date Targeted** – Targeted date for resolution
- **Priority** – Relative importance, such as low, medium, or high
- **Action Status** – Status of the action item, such as open, closed, or deferred

Exhibit 13 is an example of an action log that may be used to track project action items.

Exhibit 18. Sample Action Log

Project: Eligibility Modernization Project	Total Number of Open Actions: XX	Reporting Period: DATE
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ID	AUTHOR	DATE ENTERED	PROJECT CATEGORY	DESCRIPTION	OWNER	DATE TARGETED	PRIORITY	ACTION STATUS
1								
2								
3								
4								

3.1.1.1.9.3.2 *Issue Log*

The Issue Log is used to record, track, and resolve issues that impact the project. This may include automated workflow tools/software to support the issue management process. Once issues are identified and validated, they are evaluated for their potential impact to cost, staffing, stakeholder relationships, and existing risks.

3.1.1.1.9.3.3 *Risk Register*

The Risk Register is used to record, track, and resolve project risks and their impact on the project. Risks are defined as uncertain events or conditions that can have a negative or positive effect on the objectives of the project.

3.1.1.1.10 STAKEHOLDER MANAGEMENT

The success of the project depends on understanding the stakeholders and devising strategies to manage and address their concerns and fears about change. This includes how well their concerns are addressed, how often their supportive ideas are incorporated, and, for DHHS staff, how much their hearts and minds are engaged. These are factors to keep in mind when identifying change management strategies.

Each stakeholder group may provide its own management challenge. Therefore, at the onset of the project, it is important to develop a stakeholder analysis, which includes a stakeholder register to track stakeholders affected by the transition, whose work is directly impacted or who should have some degree of awareness about the initiative. Stakeholder identification, analysis, and management are imperative to ensuring that everyone affected by or involved with the project receives appropriate communication, training, and other support regarding the organizational change and their future role. This work helps ensure that plans are put in place to address the specific issues and change needs of each identified stakeholder or stakeholder group. To transition effectively to new processes and systems, the DHHS must:

- Identify and analyze audiences and effect of the change
- Plan for and manage stakeholder transition, involvement, and resistance
- Provide coaching to sponsors, leadership, and the project team throughout the process
- Assess stakeholder progress toward project goals

Once stakeholders are identified, Cambria will work with DHHS to assess and define the impact on each stakeholder group, who influences them, the best medium for transmitting information to them, and any special change management or communication needs the stakeholder group may have.

Exhibit 14 illustrates a sample stakeholder register that tracks stakeholder interests and level of impact.

Exhibit 19. Sample Stakeholder Register

STAKEHOLDER AND TYPE	STANCE	INTEREST	IMPACT STRENGTH	IMPACT OR INTERVENTION	COMMENTS

Specific fields include:

- **Stakeholder and Type** – Stakeholder group and their category
- **Stance** – Advocate, Supporter, Neutral, Critic, or Blocker
- **Interest** – The likely interest of the stakeholder group in the project
- **Impact Strength** – Stakeholder ability to increase or decrease the capacity of MLTC to successfully implement changes
- **Impact or Intervention** – Likelihood that stakeholder will seek to influence changes or have a significant impact on implementation
- **Comments** – Other general comments related to the stakeholder group

As the project progresses, Cambria will schedule regular meetings and touch points with stakeholders to validate their needs are being met, there are no barriers to project implementation, and emergent communication needs are addressed.

Thoroughly planned and managed stakeholder communications and change management activities are key to keeping a project on track and making progress toward realizing the project goals and objectives. Failure to analyze and meet stakeholder needs creates unnecessary risks and issues for projects that are already technically complex. With the right amount of consideration and planning, stakeholders can become champions for any initiative, helping it reach the finish line.

3.1.1.1.11 SIGN-OFF PROCEDURES FOR COMPLETION OF ALL DELIVERABLES AND MAJOR ACTIVITIES

We understand that DHHS has required specific deliverables be produced by the IV&V for each of the planned projects. Cambria will meet with the DHHS during project initiation and planning to discuss each deliverable, expectations, and the DHHS’s goals for each. Cambria has produced these deliverables across many projects nationwide, but will tailor our methodology, approach, and deliverables to the needs of DHHS. Moreover, our Project Managers will align to the requirements and expectations set by the DHHS Project Leadership and Executive Sponsor on deliverables. Our rigorous internal QA processes coupled with our detailed procedures for the completion of deliverables help will enable our team to provide DHHS the highest quality deliverables. As a result, Cambria will provide an IV&V Project Management Plan that will entail its approach to conducting IV&V services for DHHS and its project management and control practices, including deliverable production.

Exhibit 20. Deliverable Review, Approval, and Sign-Off Process



The following subsections explain in detail the process for review and submission of deliverables, including examples.

3.1.1.1.11.1 Deliverable Expectations Document

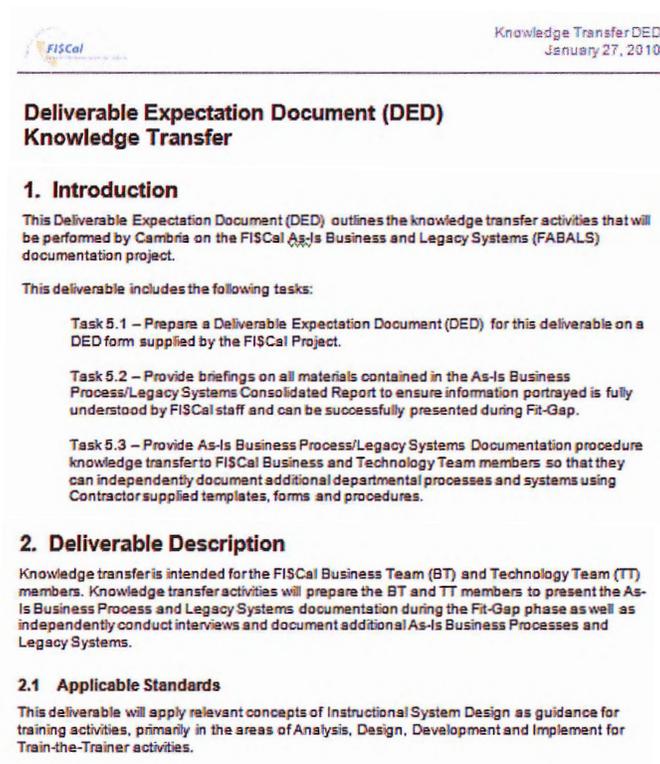
We will provide a DED for each of the IV&V deliverables required by the DHHS. The intention is to clearly define the key expectations around the deliverable and provide a means to discuss the expected outcome and alignment with the DHHS’s expectations. The DED is generally developed prior to initiating work on a task that will produce a deliverable and its goal is to

promote collaboration and aligned expectations between the IV&V and the DHHS. At a minimum, the DED will include:

- Introduction
- Purpose
- Description of Content
- Acceptance Criteria
- Deliverable Dates

An example of a DED is depicted below:

Exhibit 21. Sample DED



3.1.1.1.11.2 Deliverable Submission

In order to help ensure the quality of our deliverables, Cambria employees key tools and processes prior to submission:

- Preparation of a Deliverable Expectation Document (DED)
- Utilization of Cambria’s template library
- Internal peer review of the deliverable and its contents
- Version control procedures that include SharePoint and naming conventions
- Use of a “style” guide to ensure standards are met

Once the DED has been approved, the Cambria team develops the deliverable and submits for internal QA according to Section 3.1.2 Independent Assessment and Quality Assurance. Then, the Cambria Project Manager submits the completed deliverable to the DHHS Project Leadership for review and approval along with a Deliverable/Milestone Acceptance Form.

3.1.1.1.11.3 Deliverable Review and Walkthrough

Cambria understands that the DHHS’s review begins the day after the Cambria Project Manager submits one of the deliverables. As needed, the Cambria team will conduct a walkthrough of the deliverable by summarizing the contents, soliciting feedback, and revising the deliverable as needed. Per the RFP, DHHS will have ten (10) business days to review and provide comments to the Cambria team using a Comment Log. Cambria will be prepared to immediately begin addressing the comments from the DHHS and continue through the iteration of this process until all comments have been approved and the DHHS approves the deliverable.

3.1.1.1.11.4 Deliverable Acceptance and Sign-Off

Upon acceptance of the deliverable, the Cambria Project Manager will submit the final electronic copy to DHHS and post to CALT, if needed for CMS viewing. This final version will include the detailed version history as well as any other requested artifacts. DHHS will sign and date the Deliverable/Milestone Acceptance Form and provide back to the Cambria team for invoicing.

Exhibit 22. Sample Deliverable/Milestone Acceptance Form

Eligibility Modernization Project 
Deliverable/Milestone Acceptance Form

Cambria Solutions, Inc. is pleased to present the following Eligibility Modernization Project (EMP) work product/deliverable/verification. This work product is complete and presented for review and approval.

Date Submitted: <date>

Deliverable Number and Description:

<Provide brief identification of the deliverable which may include a cross reference to the Project Management Plan, SOW, or contract.>

Acceptance Criteria:

<Provide brief identification of the acceptance criteria which may include a cross reference to the Project Management Plan, SOW, or contract.>

Approved Disapproved (please provide remarks below)

Remarks:

Project Sponsor:	<signature>
Sponsor Name:	<signature>
Sponsor Title:	<signature>
Date:	<signature>

3.1.1.2 SAMPLE IV&V PROJECT SCHEDULE

ii. Include an example of an IV&V project schedule utilized on similar projects.

Cambria will conduct critical planning activities to enable the project to stay on time and within budget. This will be accomplished through the development of the IV&V Work Plan and Schedule that will provide a detailed tasks and hierarchical view of all products and services included in the project. The IV&V Work Plan and Schedule represents the entire scope of project work and will be used as input to the development of the project schedule outlining the activities required to complete the scope of work. The team will be able to maintain and forecast status of project activities and milestones in preparation for go-live of a specific phase or the assessment of critical path deliverables through the IV&V Work Plan and Schedule.

As part of every IV&V project, Cambria produces a deliverables-oriented IV&V Work Plan and Schedule during the initial planning phase to solidify the understanding of the project scope within 30 days of award. This also establishes the framework for communicating information to DHHS Leadership and project stakeholders, including schedule, progress, risk, dependencies, resource allocation, and budget. The IV&V Work Plan and Schedule represents a clear description of the project's deliverables and scope—defining the “what” of the project—and the timing and duration of specific activities—defining the “when.” This establishes the project's foundation from go-live and drives the project's direction through project close.

The team will consolidate work plans and schedules from the Vendor to maintain focus on the critical objectives for the projects. The consolidated work plans are only consolidated for that specific EES project and DMA project, and any future project that need IV&V services. Work Plans are not consolidated across projects. This work product will:

- Provide a consolidated view of our project scope
- Provide management support for understanding whether the project is on track, tracking project completion against milestones set by the State
- Communicate the critical path
- Identify critical tasks requiring special attention
- Communicate resource utilization across all teams and organizations
- Establish dependencies between team work streams
- Help identify risks associated with resources and the critical phases of the project

See Appendix A for a sample IV&V Work Plan and Schedule utilized on a similar project. During project initiation, Cambria will work with DHHS Leadership to determine the frequency with which to update the IV&V Work Plan and Schedule, in addition to the IV&V Project Management Plan. However, Cambria expects to update our IV&V Work Plan and Schedule based on work completed on a weekly basis.

3.1.1.3 ADAPTING TO STATE GOVERNANCE MODELS

iii. Describe how the IV&V bidder's project management approach adapts to varying State governance models.

Our project management approach is based on PMBOK and we have successfully delivered public sector projects nationwide according to the needs of different projects with different governance structures. Moreover, Cambria has worked with agencies to promote and create

effective governance models and structures for project success. While there is no “one size fits all” roadmap for establishing and maintaining good governance, common principles and attributes of good governance are well documented. The six common attributes the Cambria team has observed, promoted, and integrated into are:

Exhibit 23. Attributes of Good Governance

<p>IDENTIFY AND ASSEMBLE STRONG EXECUTIVE LEADERSHIP</p> <p>Strong internal leaders create buy-in and build momentum, champion the project, empower the governing body, create an atmosphere of trust, and maintain clear communicate with stakeholders</p>	<p>CREATE A SHARED VISION</p> <p>The governing body develops a vision that is centered on client needs and committed to cross-agency collaboration and cooperation</p>	<p>FORMALIZE THE GOVERNANCE STRUCTURE</p> <p>Executive orders, inter-governmental agreements, memorandums of understanding, and/or proclamations provide authorization and authority; a robust PMO helps mitigate risk and move the project forward; a charter, organization chart, and work plan keeps the project on track</p>
<p>ESTABLISH CLEAR DECISION-MAKING</p> <p>Decision-making ownership and escalation paths enable the movement of issues through the governance framework without jeopardizing project scope, schedule, budget, or quality</p>	<p>EVALUATE THE GOVERNANCE SYSTEM AND ADAPT AS NECESSARY</p> <p>Governance models should change as needed in response to shifts in administration, changes in the scope of the project, and/or the need for additional committees or workgroups</p>	<p>MAINTAIN TRANSPARENT COMMUNICATIONS AND PROCESSES</p> <p>Transparency ensures that the decision-making processes are open and the outcomes clear</p>

Because of our understanding of these attributes of good governance, our team is ready to integrate seamlessly into the existing structure and promote these attributes such as strong leadership, clear-decision making, and communication and transparency. Whether it is adapting to and integrating with the Steering Committee, Project Board, PMO, or the associated Domain Leads, Cambria will modify our approach to tailor it to Nebraska’s needs. Examples of adjustments that we can make to meet a client’s needs include:

- Adhering to State processes by adapting our methodology to fit into those processes. For example, there may be a project manager or small committee that must receive status reports, changes, or other items prior to being presented to a governance committee.
- Adjusting the timing of status meetings, status reports, etc. to the time frame required in each State client.
- Separating (or combining) deliverable contents to meet the specific needs of different project teams, departments, or stakeholder groups.

To put it succinctly, Cambria will make the necessary changes to satisfy Nebraska’s System Development Life Cycle and governance requirements, as needed.

3.1.1.4 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

iv. Address the bidder’s approach to meeting each requirement in a table that contains the requirement and the contractor’s approach to meeting the requirement.

In the table below we confirm that the Cambria Team will meet each of the State’s requirements, and describe our approach for doing so.

Exhibit 24. Project Management Requirements and Approach

ID	REQUIREMENT	CAMBRIA’S RESPONSE
1	Must develop and submit comprehensive IV&V Project Management Plan(s) work product for Department approval a maximum of 30 days after the project start, and must manage and perform the IV&V services in accordance with the IV&V Project Management Plan(s).	Cambria will comply
<p>Within the first 30 days of the start of the project, Cambria will develop an IV&V Project Management Plan associated with IV&V activities based on our discussions with the DHHS project staff, and project documentation. After the project kick-off, the IV&V Project Management Plan will be the first deliverable produced by Cambria for approval by the DHHS. The development of the Project Management Plan is part of Cambria’s overall IV&V project management approach, as documented in Section 3.1.1.1.2 Integration Management. The following contents are included in the IV&V Project Management Plan at minimum:</p> <ul style="list-style-type: none"> ➤ Project Overview ➤ Project Scope ➤ Assumptions, Risks, and Constraints ➤ Project Governance and Organization Chart ➤ IV&V Methodology ➤ IV&V Tools ➤ IV&V Deliverables Management ➤ Appendices <p>Cambria will manage and perform the IV&V services in accordance with the IV&V Project Management Plan(s). Cambria will provide status updates related to the execution of planned activities, as documented in Section 3.1.3 IV&V Status Meetings and Reporting. Cambria will work with DHHS to determine the frequency with which to update the IV&V Project Management Plan.</p>		
2	Must develop IV&V project schedule(s) work products a maximum of 30 days after the projects’ start and update weekly IV&V schedules that coordinates IV&V activities with project schedules.	Cambria will comply
<p>Cambria will develop a deliverables-oriented IV&V Work Plan and Schedule during the initial planning phase to solidify the understanding of the project scope within 30 days of award. This integrated work plan and schedule establishes the framework for communicating information to DHHS Leadership and project stakeholders, including schedule, progress, risk, dependencies, resource allocation, and budget. The integrated IV&V Work Plan and Schedule represents a clear description of the project’s deliverables and scope—defining the “what” of the project—and the timing and duration of specific activities—defining the “when.” This establishes the project’s foundation from go-live and drives the project’s direction through project close.</p> <p>Additional detail on the development and structure of the IV&V Work Plan and Schedule is described in Section 3.1.1.2 Sample IV&V Project Schedule. A sample schedule from a similar project is included in Appendix A.</p>		

ID	REQUIREMENT	CAMBRIA'S RESPONSE
3	Must develop clear lines of communication and collaborative working relationships with project teams, project leadership, and CMS.	Cambria will comply
<p>Cambria's approach to developing clear lines of communication with multiple stakeholder groups is based upon encouraging all members of the team to communicate openly about project issues, and providing relevant venues for doing so. The general principle is that communications are open and transparent, particularly when issues arise. The earlier a possible problem is dealt with, the better the chances of recovering from it with minimal impact.</p> <p>Cambria's approach to communication for the IV&V projects includes:</p> <ul style="list-style-type: none"> ➤ Developing a Communication Plan within 30 days of award. ➤ Delivering timely and accurate communication to project participants and stakeholders throughout the entire project. ➤ Communicating effectively to all levels by providing content and messaging specific to each stakeholder group ➤ Developing trust by understanding each stakeholder group's communication needs, tailoring communication media, and meeting deadlines. <p>See Section 3.1.1.1.9 Communication Management for additional details.</p>		

3.1.2 INDEPENDENT ASSESSMENT AND QUALITY ASSURANCE

The bidder should include the following in their proposal.

- i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.
- ii. Describe the bidder's approach in detail to IV&V including:
 - a) Project participation at the level of detail necessary to assess the project's health
 - b) Risk, issue, and opportunity management
 - c) Deliverable review and reporting of deliverable findings
- iii. Explain past challenges and common issues along with the recommendations provided to address the issues.
- iv. Provide examples of opportunities or positive risks reported in past projects where the customer was able to capitalize.
- v. Provide examples of the bidder's deliverable review findings and issue assessments utilized on previous projects.

45 CFR 95.626 defines Independent Verification and Validation as "a well-defined standard process for examining the organizational, management, and technical aspects of a project to determine the effort's adherence to industry standards and best practices, to identify risks, and make recommendations for remediation where appropriate." At Cambria, this is our goal in our IV&V Methodology. However, throughout the life cycle of the project, Cambria's approach is standards-based, but flexible; it is independent, but personal. It's an approach that drives meaningful change and allows us to deliver exceptional results. It's what we like to call HumanGenuity™. Cambria's IV&V team is involved on a day to day basis with the State and the System Integrator. Cambria is able to validate that an appropriate level of engineering and quality is in the software, system, process, or product and that it meets all of the desired requirements. Moreover, our tailored approach goes beyond engineering and quality and we introduce recommendations and controls that can be an

I did not think anyone could get the [SLR] on track. Cambria did it! Cambria has been our insurance policy.

– Bill Otterbeck, Deputy Director of CA-MMIS

“insurance policy” for our clients. In fact, that is precisely how the Deputy Director of CA-MMIS described our IV&V and QA services to his team on their SLR.

Cambria has demonstrated this tailored approach on many projects, but even more importantly to MS Division of Medicaid. When Cambria on-boarded as the IV&V vendor, we selected a specific set of deliverables termed “Critical Path Deliverables” and focused our review, findings, and recommendations on the deliverables that would provide the most value to the MS DOM. Moreover, we employed limited but targeted checklists in the System Testing phase to not hinder progress and provided recommendations that benefited the Eligibility Modernization Project.

As DHHS’ IV&V, Cambria expects to operate in the same way with rigor, tenacity, coupled with experience, knowledge, skills and expertise to help both the State and the vendors to feel assured that the EES and DMA projects are successful. Our assessments are independent and cover all aspects of the project. One of the advantages to having our team as the IV&V is that our team brings a 360 Degree view of the project as former State leaders, staff, and vendors. Our knowledge and experience of having been in those shoes helped to form a partnership relationship with the State and vendors leaders and staff versus an adversarial one that is not conducive to a working partnership that help the State be successful. Cambria believes this advantage adds tremendous value to our assessments and recommendations. Even though we build partnering relationships, we maintain the objective position as the IV&V in order to maintain our independence. Our findings are based on facts and national standards like IEEE and PMBOK as well as industry best practices. Our deliverable review process is also not focused on crossing “T’s” and dotting “I’s” which result in endless review cycles. Cambria focuses on the quality of the deliverable content and when the review process expands beyond a second review with the vendor then a different approach is taken. We meet with the vendors to work through the issues until they are resolved and the deliverables or work products are complete.

Continual assessment of the project through the review of project schedules, budgets and resource utilization is part of the Cambria IV&V methodology. This allows us to see where problems may arise and helps to focus on solutions that will allow the project to stay on track. Cambria also continually monitors the risk log and works with the State and the vendor to make changes as the situation changes over the life of the project. As new risk are identified we help to determine what mitigation strategies are appropriate. In the same manner issues are monitored until resolution and as new issues arise Cambria will work with the State and the vendor to define it, create a resolution, get the approval of the state to move forward and see it through until it is resolved. As with any project there will always be change requests that happen for many reasons either from the state or the vendor. Cambria will work to make sure that those stay within the scope of the vendor’s contract, solutions are sized and costed appropriately, and they are routed through the change control process correctly.

Traceability is also of great importance on an implementation project. It is imperative that the systems design meets each requirement. Once design is complete and the state is satisfied that it meets the requirements then the implementation team develops or configures the system. The next phase of the project will be testing. Test plans and test cases should map to and support each requirement in the requirements traceability matrix (RTM). The IV&V will review test plans and test cases to ensure that the traceability between requirements and test cases is present.

The Cambria team brings a fresh perspective to IV&V services – for a new era of modularity. See the following table for details.

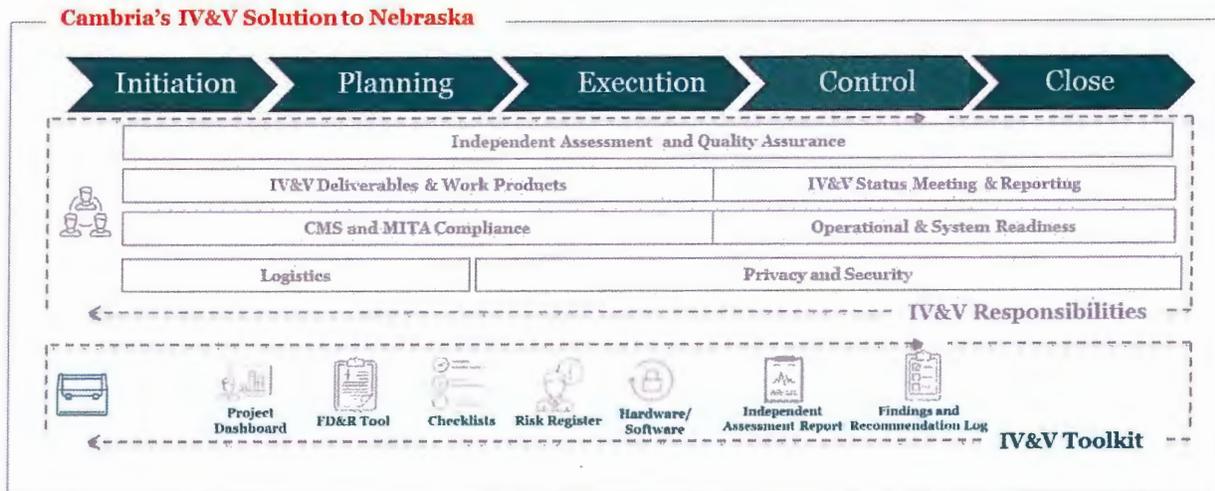
Exhibit 25. A New IV&V, for a New Era

TODAY	DESCRIPTION	HOW CAMBRIA ADDRESSES?
Modular Implementation	A successful IV&V vendor has experience not just overseeing implementations, but understands the modules and functionality and underlying technical architecture. Therefore, they are not just checking off a list, but bringing critical insights in interoperability between modules and architecture in the enterprise, reducing long-term risk and promoting reuse.	Cambria's team for both EES and DMA bring a vast amount of experience in Eligibility and MMIS implementations. The entire EES team has experience on both the Vendor and state side of prior eligibility projects. In the same manner the entire DMA team brings years of experience building and supporting the MMIS in multiple states.
Agile Development	A successful IV&V has experience in both oversight of agile projects and delivering them as the vendor. Therefore, they can provide critical insight into coding practices, inefficiencies, and risks unlike many traditional IV&V vendors.	Cambria's team has executed development projects using Agile. Our combined team has hands on experience as analysts, technicians and architects in Agile. We fully understand the risks and inefficiencies of the methodology.
Focus on Technical Architecture and Integration	A successful IV&V not only brings experience improving PMI practices in project, but provides technical insight and understanding. Therefore, they will bring experienced technical architects to identify risks and provide specific, actionable recommendations that will promote interoperability, integration, and long-term architecture.	Cambria's technical architects, Jason Webster, Todd Feathers and Sanjai Natesan are experts in their fields. They have specific experience in focusing on architecture related to both Eligibility and the MMIS. In addition, they also have experience promoting interoperability across a state enterprise.
Enterprise Focused	A successful IV&V does not just have an understanding of the MMIS, but also has an understanding of the whole Medicaid Enterprise from Health Information Technology (HIT) to Managed Care to delivery model reform. Therefore, they will be able to understand how configurations, customizations, defects and other project issues can affect other programs and systems.	While Cambria's team has experience in both Eligibility and MMIS they have been exposed to the entire Medicaid Enterprise. Cambria is currently involved in an interoperability project in MS. In addition, HTS serves as the technical lead on the CMS/Urban Institute Medicaid EHR Team (MeT) initiative and has participated and reviewed the MITA HITECH toolkit developed for CMS. Their involvement with CMS and other states gives them a unique view of interoperability across Health Information Technology.

In order to maintain our independence it is imperative that Cambria as the IV&V be involved in all meetings and activities pertaining to the project unless instructed otherwise by the state. As we transition onto the project we will review all documentation, processes and procedures. We will also review roles and responsibilities of all teams involved and interview staff. Lastly we will review the governance structure and managerial responsibilities. As Cambria does these reviews and assessments we will identify any gaps and make recommendations to the State. In doing this our primary goal as always is to help to make the project successful. Over that last 20 years

there have been many large implementation projects for state Medicaid agencies that have failed. The IV&V almost always plays a part in these projects. However, in some cases they have contributed to the failures by being biased and not being independent. Cambria believes there is a different way to be an IV&V that can collaboratively work with both the State and the Vendor to help make the EES and DMA projects a success. We want to spend our time wisely and not unnecessarily beating up on a vendor or causing endless cycles of review. We want our work to be meaningful and drive to successful results while maintaining our independence but yet being a trusted advisor to DHHS.

Exhibit 26. Cambria’s IV&V Responsibilities & Methodology for Nebraska



3.1.2.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder should include the following in their proposal.

- i. Address the bidder’s approach to meeting each requirement in a table that contains the requirement and the bidder’s approach to meeting the requirement.

Exhibit 27. Independent Assessment and QA Requirements and Approach

ID	REQUIREMENT	CAMBRIA’S RESPONSE
1	Must actively participate in the projects and provide ongoing assessments of the projects to proactively identify risks, issues, and opportunities along with associated recommendations for the project team.	Cambria will comply

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>As the Cambria IV&V team transitions onto the EES project we will review the current risk log and familiarize ourselves with not only the risks but the triggers and mitigation plans. Throughout the life of the EES and DMA projects Cambria will continually evaluate and assess the project to proactively identify risks in order to get mitigation plans in place to avoid or avert the risk from becoming a reality. It is important that as the project progresses that risk do not become stagnant and get ignored. Continuing review of the risk log will allow risks to be closed if the situation has been averted or that as things change the mitigation plans may change due to circumstances changing.</p> <p>Issues are really risks that have become a reality. Cambria treats issues similar to risks but with more priority. Issues are monitored more regularly and have went through analysis to determine the best way to come to resolution. In some cases the resolution to an issue may go beyond the scope of the project and will need to go through the change control process and approved by the Change Control Board. In either case, issues are monitored until it is resolved.</p> <p>On occasion opportunities arise in a project and those need to be escalated to the DHHS project sponsor in order for them to determine if they would like to take advantage of the opportunity. As these are identified, they are analyzed and estimated in order to give DHHS all the information they need to make a decision as to whether they would like to proceed. These are recorded on the opportunity log.</p> <p>Cambria's risk, issue and opportunity methodology described in Section 3.1.1.1.8 Risk Management requires that we are constantly assessing the project to identify risks, issues and opportunities.</p>	<p>CAMBRIA'S RESPONSE</p>
2	<p>Must assess the progress of the projects against the planned schedules, budgets, and resource utilizations.</p>	<p>Cambria will comply</p>
	<p>The Cambria team reviews weekly the project schedule to assure that the project is continuing to make progress. For projects the size of the EES and DMA, the project schedule can be massive and needs to be looked at for several factors. Cambria uses indicators to know if the project is on schedule. We review the tasks that are behind schedule as well to determine the impact of those. In the same way we review tasks that were completed ahead of schedule as well. In reviewing the project schedule we do analysis on resources to validate that they are not over allocated. Over allocation translates into potential delays. A great project schedule is only as good as the resources assigned to it. If there are no resources assigned to a task or if a resource is assigned to too many tasks then those tasks can potentially be delayed or won't get completed.</p> <p>Budgets can also be tied to project schedules depending on the nature of the contract. If so then the project plan typically has indicators to show whether the project is running under or over budget. On a deliverables based contract budgets are monitored by the deliverables that the Vendor has submitted and have been approved or the milestones they have accomplished.</p> <p>Section 3.1.2.2 Cambria Approach to IV&V explains in more detail how Cambria's IV&V team assesses a project for schedule, budget and resource impacts.</p>	
3	<p>Must assess the projects' resources, managerial responsibilities, and governance structure to identify gaps and provide recommendations.</p>	<p>Cambria will comply</p>
	<p>Cambria's IV&V team will assess the DHHS project resources, managerial responsibilities and governance structure to identify any gaps that may be present. We will want to review the functions of the Steering Committee, PMO, Project Board and the Change Control Board and see where the differentiators lie between them. In addition, we will want to see how project management is approached across the three domains of the project: IS&T, EES and MLTC. It is very important that each governing body and resource has non-overlapping responsibilities, understand their role and authority on the project as well as the path for escalation. After Cambria fully understands the roles and responsibilities of the projects resources and the DHHS governance structure we will make an assessment and identify any gaps that appear. Once gaps are identified the Cambria team will make recommendations to DHHS for changes if there are any.</p>	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
4	Must participate in all project meetings unless otherwise directed by DHHS.	Cambria will comply
<p>Project meetings are a big part of everyday life in a project. It is one of the ways that communication happens and where decisions are made. In order to fully assess the project on an ongoing basis it is necessary for the IV&V to be in attendance and provide relevant input based on our technical and program experience at all meetings that are project related unless otherwise directed by DHHS. The Cambria team will make itself available for all the project meetings whether they are in person, on the phone or via webinar. We also understand that there might be project meetings that DHHS directs us not to attend.</p>		
5	Must perform an independent assessment of issues where the implementation contractors and DHHS' project management organization disagree and provide the results of the assessment and recommendation to DHHS leadership.	Cambria will comply
<p>As the IV&V we will assess all disagreements between the implementation contractor and DHHS. The assessment results and recommendations will be provided to DHHS leadership. Cambria's IV&V methodology for independent assessments can be applied to disagreements between DHHS and the Vendor. We go through the process of gathering all the facts and necessary information about the subject. Our staff then analyze the information gathered by using some guiding principles such as industry standards if they apply to the situation or the contractual requirements that the Vendor is under contract to uphold.</p> <p>Cambria's Finding and Development Review (FDR) process is assess the issue or situation and then make a recommendation. We follow an objective, fact based process during this process. First, we gather all the facts and detail out what the issue or in this case the disagreement is between DHHS and the Vendor. Second, we define the condition, which is the overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review. This relates to the extent that the goals and objectives of the project are not being achieved. Third, we define the criteria which describes what the condition should be. These are appropriate standards of measurement like national standards or contract requirements. Fourth, we define the effect which represents the end result of the condition that exists in the project or activity and is measurable or has significance. The effect should be in terms of quantifiable measures, such as, dollars, time, or productivity. Fifth, we define the cause or the action that creates the results in the project and is the reason the deviation between the condition and criteria occurred. Cause represents why something happened or did not happen. The last step in our process is to then prepare a recommendation or a set of recommendations (with pros and cons for each) to address the cause and solve the problem, resulting in the accomplishment of the objectives for the project.</p>		
6	<p>Must perform one or more reviews of project deliverables and work products including but not limited to infrastructure, system documentation, design, working code, test scenarios, test cases, test results, plans, etc. and provide a detailed assessment of the quality of the deliverables and work products along with recommended changes. Assessment must include a recommendation on whether DHHS should approve the work product or deliverable. Review must address at minimum the following attributes:</p> <ul style="list-style-type: none"> ➤ Traceability and adherence to requirements ➤ Clarity ➤ Completeness ➤ Consistency ➤ Quality ➤ Adherence to applicable laws, rules, and guidelines 	Cambria will comply

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>Deliverable reviews are at the core of Cambria's IV&V methodology. Regardless of what the project deliverable or work product is it must go through the deliverable review cycle. Cambria strives to make the deliverable review cycle meaningful and not just an exercise in grammar, spelling and punctuation. Our staff have spent time on projects as business analysts, developers, testers and users. This knowledge and experience helps our staff to find content or design issues in deliverables. Cambria understands that the traceability of design and test cases must map directly to a requirement. We also understand that real life examples of test cases truly test the system. For example, understanding the MAGI eligibility rules and how those work in a real life situation is imperative to know if the Vendor's test case is setup correctly and going to work. We also check for clarity and completeness. When doing conversion it is important that your conversion plan maps ALL your data and not dropping data that the Vendor does not think is important. It is important as an IV&V vendor that we be consistent in how we review deliverables and work products. Cambria uses a two person deliverable review process in order to flesh out any inconsistencies one person may have had over another. Our staffing model reflects our commitment for the review of the deliverables being done by personnel with deep domain knowledge and attention to detail. Last but not least is quality. DHHS is using hard earned tax payer dollars to pay for the EES and DMA system and it is only fair that the Vendor produce quality deliverables and work products. Cambria will work with them to help those deliverables and work products to be quality in nature and to get them through the process as quickly as possible without sacrificing good quality. The deliverable review process will also take into account the adherence to applicable laws, rules and guidelines. Cambria will provide recommended changes along with a detailed assessment of the quality of the deliverable or work product. The assessment will include a recommendation to DHHS of whether to approve the work product or deliverable. Cambria's deliverable review process is explained in more detail in Section 3.1.2.2.5 Deliverable Review.</p>	
7	<p>Must assess project plans, processes and procedures to identify improvements and whether they are being followed.</p>	<p>Cambria will comply</p>
	<p>During transition into the IV&V role, Cambria will do an assessment of all project plans, processes and procedures. As part of the assessment we will work to identify if improvements can be made. If so the Cambria team will make recommendations for those improvements. Once changes have been made to the project plans, processes and procedures, Cambria will do periodic checks to help determine if they are being followed. As a proactive measure, this exercise is not only done during transition but throughout the project as a process improvement exercise. Our goal as your trusted advisor is to help make this project successful in whatever ways we can. One of those is to constantly evaluate processes and procedures to make them more efficient. As projects move their different phases the situation changes and processes and procedures need to be adjusted. This is a natural part of the work Cambria does as the IV&V vendor.</p>	
8	<p>Must assess project change orders for the following:</p> <ul style="list-style-type: none"> ➤ The change order is following the approved change management plan and processes. ➤ The change order is within the scope of the existing contract. ➤ Cost and resource estimates for the change order are reasonable. ➤ Recommendations for alternate approaches to achieving the outcome of the change order. 	<p>Cambria will comply</p>

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>All projects regardless of size tend to have change orders that happen in varying degrees. These always cause tension between the state and the vendors. The IV&V takes the matter of change orders seriously and tries to relieve the tension they create. The Cambria team will familiarize itself with the change management plan as part of transition and other approved change management processes. As change orders come through the process, we will review them and help determine that they are following the process that has been approved. In addition, we will use the existing contract with the Vendor as a guide for whether or not the change order is within the scope of the project. As change orders are sized and costed, the Cambria team will review the estimates to determine that they are reasonable. For those that do not seem reasonable, the Cambria team will work with the Vendor to understand why the estimates either in hours or cost are not aligned with the state and our understanding. As in most cases there is usually more than one way to resolve the change that is needed. Therefore, we will work with the Vendor to make sure that each change order has alternative solutions. If no alternative exists, we will document those reasons and submit them with the change order to the Change Control Board.</p>	
9	<p>Must comply with IV&V regulatory requirements detailed in 45 CFR 95.626.</p>	<p>Cambria will comply</p>
	<p>Cambria fully understands 45 CFR 95.626 and acts as an independent team on the project. We realize and understand that we cannot give a fair assessment unless we are independent from DHHS as well as the Vendor. The requirements under 45 CFR 95.626 require the following:</p> <ul style="list-style-type: none"> ➤ Develop a project work plan and submit it to both DHHS and CMS. ➤ Review and make recommendations on both the management of the project, both DHHS and the Vendor, and the technical aspects of the project. The IV&V provider must give the results of its analysis directly to CMS at the same time it reports to DHHS. ➤ Consult with all stakeholders and assess the user involvement and buy-in regarding system functionality and the system's ability to support program business needs. ➤ Conduct an analysis of past project performance sufficient to identify and make recommendations for improvement. ➤ Provide risk management assessment and capacity planning services. ➤ Develop performance metrics which allow tracking project completion against milestones set by DHHS. <p>As the IV&V vendor Cambria assesses the project and makes findings based on fact and regardless of entity. This is done as an independent vendor and we report our findings to CMS along with DHHS. We also share findings with the Vendor as well.</p>	
10	<p>Must identify areas of un-necessary duplication and overlap between roles on the projects.</p>	<p>Cambria will comply</p>
	<p>As part of our transition onto the project we will review the roles and responsibilities of all participants. If there is duplication or overlap recommendations will be made. This will be an ongoing and periodic process for the IV&V. As the project moves to different phases the situation changes and people move from one role to another. It is very common that when people are transitioning roles they retain responsibilities and authority and sometimes don't even realize it. Cambria will monitor these types of changes and identify any un-necessary duplication or overlap.</p>	
11	<p>Must assess and verify requirement traceability throughout the project and system development lifecycle of the projects.</p>	<p>Cambria will comply</p>

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>It is imperative that as the project moves from requirements to development to testing that traceability is maintained. In order for the project to be successful the development must support the requirements and each requirement must be tested. This requires that a test plan be developed that fully supports the requirements not just high level scenarios but detail test cases that will prove that each requirement is being met. If traceability is not maintained the resulting system will not behave as DHHS expects it to. DHHS spent an enormous amount of time to put together meaningful requirements for both the EES and DMA projects and it is expected that the system will support those. It is the IV&V responsibility to verify and validate that all requirements are traced throughout the life of the projects.</p>	
12	<p>Must develop and monitor project performance metrics which allow tracking project completion against milestones.</p>	Cambria will comply
	<p>As part of Cambria's IV&V methodology we do measure performance using metrics such as SPI (schedule performance index). This index is a ratio of the earned value to the planned value. PMBOK says that if the SPI drops below one, it indicates that the project is potentially behind schedule to-date whereas an SPI greater than one, indicates the project is running ahead of schedule. A project schedule produced out of MS Project will show the SPI for any given milestone and the entire project. Cambria will work with DHHS to determine the standard for SPI that is being used in the EES project today. If one is not being used then our staff will work with DHHS to determine what the standard should be.</p>	
13	<p>Must submit criteria for approval for defining a Critical Incident which could adversely affect the outcome of the projects.</p>	Cambria will comply
	<p>A critical incident may be defined as any event that presents such a significant threat to project success that it typically requires immediate, intensive action to resolve. Cambria will create criteria to define a critical incident and submit for approval to DHHS within the first 30 days after the project starts.</p> <p>Cambria clearly understands the need for immediate notification to DHHS upon discovery of a critical incident. Our Communication Plan described in Section 3.1.1.1.1 Project Management Approach explains how we will work with DHHS to establish lines of communication and how escalation will occur. Also in Section 3.1.2.2.3.4 Issue Management/Resolution describes how our methodology on identification, classification, communication, escalation and tracking of issues. This same methodology can be used for critical incidents.</p> <p>Cambria will work with DHHS early on in the project to create a Critical Incident classification and tracking system. It is not unusual on projects the size of EES and DMA that Critical Incidents are discovered and if not resolved the progress of systems development or deployment could be delayed as well as the possibility of potentially causing outages once the system is in production. Any delay that causes work stoppage or might jeopardize CMS certification may also be considered a Critical Incident.</p> <p>Once Cambria and DHHS have arrived at an agreed upon methodology for classifying a Critical Incident the Cambria team members are trained in how to identify them. Then during the weekly and monthly project assessments the team will be able to identify a Critical Incident quickly and classify it appropriately.</p>	
14	<p>Must notify the Department immediately when the IV&V Contractor discovers any Critical Incident. Provide an Contractor Critical Incident Report for each Critical Incident that summarizes the incident, how it may affect the project, notes any discrepancies found by the IV&V Contractor and provides a proposed action plan to resolve the incident and mitigate its impact.</p>	Cambria will comply

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>Cambria clearly understands the need for immediate notification to DHHS upon the discovery of any Critical Incidents and the escalation that will most likely be involved. These notifications may come in the form of in-person, telephone call or by email. The communication method chosen revolves around which is the fastest way at the time to notify the appropriate member of the DHHS team. Regardless of the initial communication method, all will be followed up by an email with a description of the Critical Incident.</p> <p>Once identified and classified the Cambria Team will work to investigate and analyze the details of the incident. As part of this investigation there may be a need to interview DHHS or Vendor staff. Our goal is to create a Critical Incident Report that includes a summary of the incident, its potential impact on the project, and any discrepancies found. The end-result will be a proposed action plan to resolve the incident, mitigate its impact, and prevent its reoccurrence. Cambria will conduct root cause analysis to determine that the proposed action plan is correcting the root cause and not just attacking the symptoms.</p> <p>It is important to have a timeline of the events that led up to the critical incident. The timeline is important to understand how the people and system behaved leading up to and after the incident in context with other project activities that were going on in conjunction with the critical incident. The Critical Incident Report will be delivered within 5 days of the initial occurrence of the incident.</p> <p>The Critical Incident will be logged in our critical incident database and a notification will be sent via email with the attached Critical Incident Report. If all parties involved are in agreement then the action plan will be executed until resolution has occurred and the incident can be closed. There are some critical incidents may result in a change order if the resolution falls outside the scope of the project requirements.</p>	
15	<p>Must interview and observe project management staff and developer staff and observe project meetings and activities to understand the process, procedures, and tools used.</p>	Cambria will comply
	<p>The Cambria Team will work with DHHS to fully understand every facet of the EES and DMA projects as we transition onto the project. It is part of our transition process to not only be told but also to observe how the project is run on a day to day basis. As former business analysts, developers, testers and architects from the Vendor side it is inherent in us to want to get in and start working as soon as possible. However, it is Cambria's philosophy that while we want to be productive we also don't want to be disruptive. It is in our best interest to interview project management staff and developer staff to understand where the project is and what has happened to this point. It is important to understand the history of a project in order to be able to move forward. We need to understand what worked and what didn't in the past and why the project is run the way it is today. Our initial week or two on the project we will want to go to all the meetings but we will be observing how they flow and what the process are. It will also be important to understand the tools that the team is working with. Cambria will want to have some training on the tools (if they are unfamiliar to us) and on the procedures used by DHHS.</p>	
16	<p>Must review and analyze all applicable and available documentation for adherence to accepted, contractually-defined industry standards.</p>	Cambria will comply
	<p>Contractually-defined industry standards are put in place for a reason. Standards help all the team members to be developing and documenting from the same set of "rules". Industry standards gives us best practices across the industry and are used by many states and vendors. If our systems and documentation is built from industry standards then we can communicate across the industry and be successful in helping our fellow states and vendors. Therefore, as Cambria transitions onto the project we will analyze all current applicable and available documentation. We will evaluate it to see if it is following the appropriate industry standards. If it is not findings and recommendation will be made as to how to correct it. As new documentation is created Cambria will also evaluate it for adherence to industry standards as well. This process is an ongoing process throughout the life of the project.</p>	

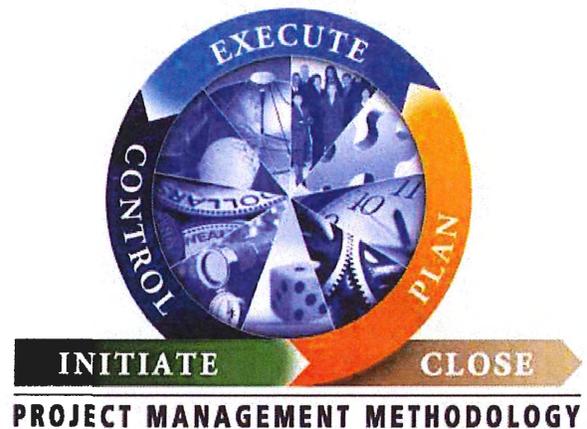
3.1.2.2 CAMBRIA APPROACH TO IV&V

ii. Describe the bidder's approach in detail to IV&V including:

- a) Project participation at the level of detail necessary to assess the project's health
- b) Risk, issue, and opportunity management
- c) Deliverable review and reporting of deliverable findings

As a reminder, Cambria deploys its IV&V methodology in structured framework governed by the following PM processes:

- **Project Initiation** – Cambria confirms the IV&V objectives, conducts the IV&V Kick-Off Meeting, and prepares the tools and templates for initiation.
- **Project Planning** – Cambria creates the IV&V Management Plan and the IV&V Work Plan and finalizes these two documents with the State. Also, all tools to be used for the project are finalized and ready for execution.
- **Project Execution** – Cambria executes the IV&V Management Plan including monitoring the SDLC, including deliverable review, assessments, testing, and sharing findings and deliverables.
- **Project Control** – Cambria controls and helps ensure that the objectives of the project are met by identifying findings and recommendations and delivering reports on a monthly basis or as required by the State.
- **Project Close** – Cambria verifies that all objectives have been met by the project or resulting systems and that no findings are still outstanding that could negatively impact the project.



The structured deployment of Cambria's IV&V methodology enables the level of detailed needed to assess the project health, assess risks, issues, and opportunities, and review deliverables. In the previous section, Cambria described its Initiation and Planning phases of the effort through the creation of an IV&V Management Plan and Work Plan. For the remainder of the PM processes, Cambria has presented its approach and underlying methodology to complete each IV&V duty, responsibility, and task in the sub-sections that are below. This presents a complete set of well-defined tasks and deliverables.

3.1.2.2.1 INITIATION

Cambria's IV&V provides project leadership with findings and recommendations that are well-timed and actionable in the SDLC and appropriate standards (i.e. CMS' Enhanced Funding Requirements: CMS Seven Standards and Conditions); therefore, enabling the project to be successful. In fact, our specially tailored IV&V Methodology is applied throughout the project lifecycle from our initial project initiation to monitoring the SDLC to eventual project close. In order to deliver our Methodology, Cambria relies on a common set of standards to underline our methodology and oversee major portions of the EES and DMA projects.



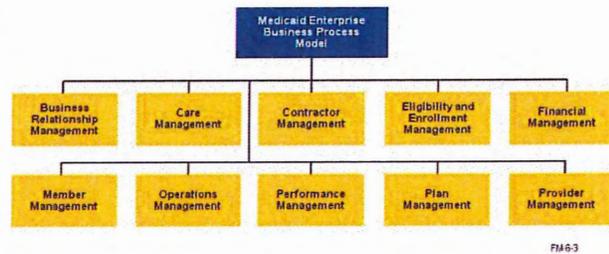
Exhibit 28. Industry Standards and Best Practices Utilized

PROJECT PHASE	INDUSTRY STANDARD OR BEST PRACTICE
IV&V Project Management	IEEE Standard 1012-2012 System and Software Verification and Validation
	Federal Regulations - 45 (CFR) 95.626 Independent Verification and Validation
Project Management	IEEE Standard 1490-2011 Adoption of Project Management Institute (PMI)
	PMBOK 5 th Edith – Project Management Body of Knowledge
	IEEE Standard 10158-1998 Standard for Software Project Management Plans
	IEEE Standard 16326-2009 Systems and Software Engineering – Lifecycle Processes – Project Management
	IEEE Standard 1540 – 2001 – IEEE Standard for Software Life Cycle Processes – Risk Management
Software Development Lifecycle (SDLC)	IEEE Standard 29148-2011 Systems and Software Engineering – Life cycle processes – Requirements Management
	IEEE Standard 1074-2006 Developing a Software Project Life Cycle Process
	IEEE Standard 12207-2008 Software Life Cycle Processes – Systems and Software Engineering
	IEEE Standard 14764-2006 Standard for Software Maintenance
	IEEE Standard 26702-2007 Standard for Application and Management of the Systems Engineering Process
	IEEE Standard 828-2012 Standard for Software Configuration Management Plans
	IEEE Standard 828-2005 Guide for Software Configuration Management
	IEEE Standard 1220-2005 Standard for the Application and Management of the Systems Engineering Process
	IEEE Standard 1471-2000 Recommended Practice for Architectural Description of Software Intensive Systems
	CMS Enhanced Funding Requirements: Seven Conditions and Standards
Testing	IEEE Standard 829-2008 Guide for Software Configuration Management
	IEEE Standard 1008-1987 Standard for Software Unit Testing
	CMS State Testing Handbook
Quality Management	IEEE Standard 1061-1998 Software Quality Metrics Methodology
	IEEE Standard 730-2002 Software Quality Assurance Plans

More importantly, CMS has issued guidance under 1903(a)(3)(A)(i) and 1903(a)(3)(B) specifying investments in Medicaid technology conform to Seven Conditions and Standards in order to receive enhanced funding and investments. Since the MITA initiative began in 2005, states have moved from the design of siloed, subsystem components to a more service oriented architecture (SOA) so that business processes inform and drive business services. There are many techniques and tasks employed by the IV&V team, such as reviewing processes and procedures to help ensure that consistency and quality is adhered to in designing and developing the code, and verification of test cases; Cambria defines sound assessment criteria around each phase to ensure a proper solution is implemented. But, each assessment is informed by and governed by an eye towards MITA maturity and conformance to the Seven Conditions and Standards.

Exhibit 29. Seven Conditions and Standards & MITA Business Processes

Seven Conditions and Standards	
Modularity Standard	Business Results Condition
MITA Condition	Reporting Condition
Industry Standards Condition	Interoperability Condition
Leverage Condition	



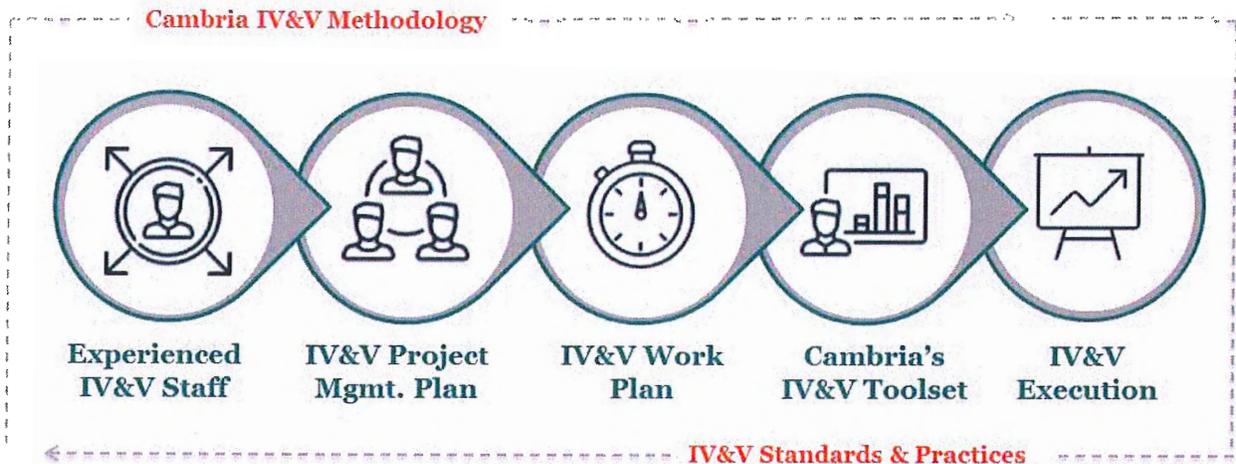
Cambria’s IV&V team has built into our IV&V process the steps necessary to an independent assessment of the project and to fairly report its independent assessment on the project’s status back to the DHHS and to CMS. Cambria will begin the EES with the understanding that it is currently mid-stream. In accordance with Cambria’s project management approach defined in Section 3.1.1, our team will use an approach that aligns with the Project Management Institute’s (PMI) Project Management Body of Knowledge (PMBOK) to ensure the tasks of the project are executed appropriately and on time. In our experience, successful projects must be consensus-driven. Therefore, we structure our project around opportunities for open dialog to gather input and receive feedback and to learn about concerns, needs, and issues. As part of the initial phase, Cambria will work with the DHHS Project Manager to prepare and conduct a kick-off meeting with key team members. The following sections detail Cambria’s methodology that we will employ in each major phase of the project and the tools utilized to successfully analyze the project in each phase.

3.1.2.2.2 PLANNING

After the project is initiated, the Cambria team will work with the State to ramp-up planning and transition activities in order for the State to receive the maximum benefits of the IV&V effort as soon as possible. As Cambria prepares to execute on its proven methodology, there are four major inputs into the planning process:

- Experienced IV&V Staff
- IV&V Project Management Plan
- IV&V Work Plan
- Cambria’s IV&V Toolset

Exhibit 30. Planning Inputs into Successful IV&V Execution



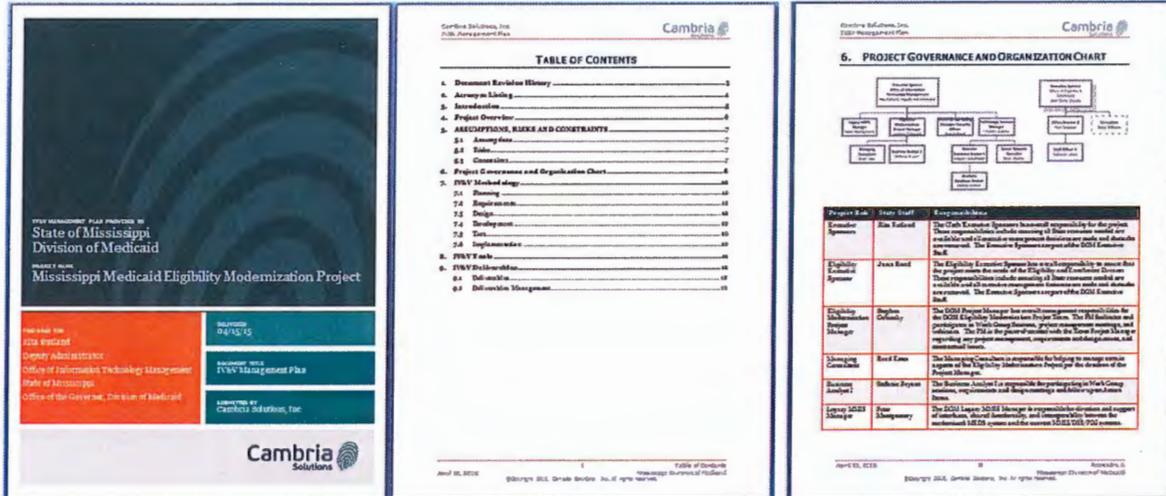
3.1.2.2.2.1 IV&V Management Plan

One of the first activities of the planning period is to develop an IV&V Management Plan. As part of the planning effort and transition Cambria would also review the current processes being used by the incumbent IV&V and state. This allows Cambria the ability to modify our terminology or processes to take advantage of what is already in place and being used, therefore, cutting down on transition time. For example, Cambria would adopt the RAID process being used currently if the state feels that it is acceptable currently. We could also keep the process but alter it to bring valuable items from Cambria's methodology. Another example would be to adopt the current meeting schedules that are in place, assuming they meet the requirements of this RFP and the timing allows Cambria the appropriate preparation and QA time. One of our objectives as part of this planning effort is to make the transition as smooth and seamless as possible.

Within the 10 days of the start of the project, Cambria will develop an IV&V Management Plan associated with IV&V activities based on our discussions with the State project staff, and project documentation. After the project kick-off, the IV&V Management Plan will be the first deliverable produced by Cambria for approval by the State. The following contents are included in the IV&V Management Plan at minimum:

- Project Overview
- Project Scope
- Assumptions, Risks, and Constraints
- Project Governance and Organization Chart
- IV&V Methodology
- IV&V Tools
- IV&V Deliverables Management
- Appendices

Exhibit 31. Sample IV&V Management Plan



3.1.2.2.2.2 IV&V Work Plan

Cambria will conduct critical planning activities to ensure the project stays on time and within budget. This will be accomplished through the development of the IV&V Work Plan that will provide a detailed tasks and hierarchical view of all products and services included in the project. The IV&V Work Plan represents the entire scope of project work and will be used as input to the development of the project schedule outlining the activities required to complete the scope of work. The team will be able to maintain and forecast status of project activities and milestones in preparation for go-live of a specific phase or the assessment of critical path deliverables through the IV&V Work Plan.

As part of every project, Cambria produces a deliverables-oriented IV&V Work Plan during the initial planning phase to solidify the understanding of the project scope within 30 days of award. This also establishes the framework for communicating information to DHHS Leadership and project stakeholders, including schedule, progress, risk, dependencies, resource allocation, and budget. The IV&V Work Plan represents a clear description of the project’s deliverables and scope—defining the “what” of the project. This establishes the project’s foundation from go-live and drives the project’s direction through project close.

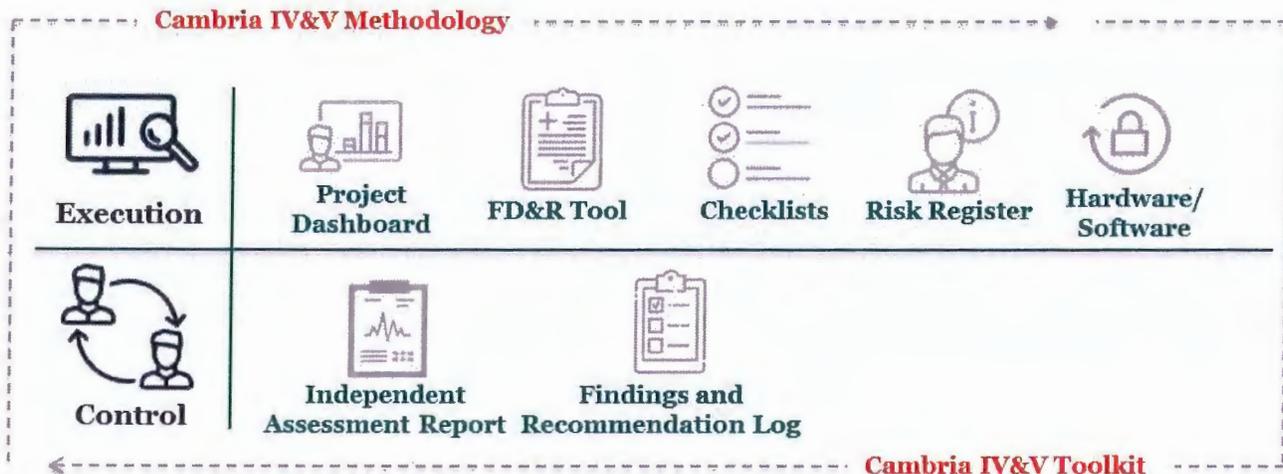
For the EES and DMA projects we will work with the Systems Integrator and the state to identify best practices used, project inefficiencies and make recommendations for improvement. The team will review the work plans from the System Integrator to maintain focus on the critical objectives for the project. Specifically, this work product will:

- Provide a view of the project scope
- Provide management support for understanding whether the project is on track, tracking project completion against milestones set by the State
- Communicate the critical path
- Identify critical tasks requiring special attention
- Communicate resource utilization across all teams and organizations
- Establish dependencies between team work streams
- Help identify risks associated with resources and the critical phases of the project

3.1.2.2.2.3 IV&V Tools

As part of the planning phase, Cambria will collaborate with DHHS to determine the necessity of each of the tools in Cambria's IV&V methodology. A list of those tools will be reviewed with the State before beginning execution.

Exhibit 32. Cambria's IV&V Toolkit for Execution and Control



In order to deliver successful IV&V in the five core PM processes, our team also utilizes a set of proven tools:

- **Project Dashboard** – Cambria employs a Project Dashboard that monitors defect status, risks, issues, project schedule progress, and performance metrics throughout the project.
- **Finding Development Review (FDR) Tool** – Cambria utilizes this FDR tool to assess progress and identify findings based on unbiased and industry-standard criteria.
- **Checklists** – Cambria utilizes established checklists based on IEEE standards and specially tailored to the project to support deliverable review, process review, or even implementation.
- **Risk Register** - The Risk Register is used to record, track, and resolve project risks and their impact on the project. Risks are defined as uncertain events or conditions that can have a negative or positive effect on the objectives of the project.
- **Hardware & Software** – Cambria will utilize standard hardware and software as part of its methodology that can easily integrate with DHHS and satisfy the objectives of the EES and DMA projects, such as secure file transfer and HIPAA compliance.
- **Independent Assessment Report (IAR)** – The IAR presents findings, identifies risks, and makes recommendations to help ensure that the project and system are in line with CMS expectations, project guidelines and requirements, and industry standards.
- **Findings and Recommendations Log** – Cambria reviews findings and recommendations with the State and associated vendors on a monthly basis and utilizes this log to track progress, determine resolution, and as an archive.

Each month Cambria's IV&V creates Finding Development and Review (FDR) reports that are compiled to create the monthly IV&V Assessment Report (IAR). The findings and

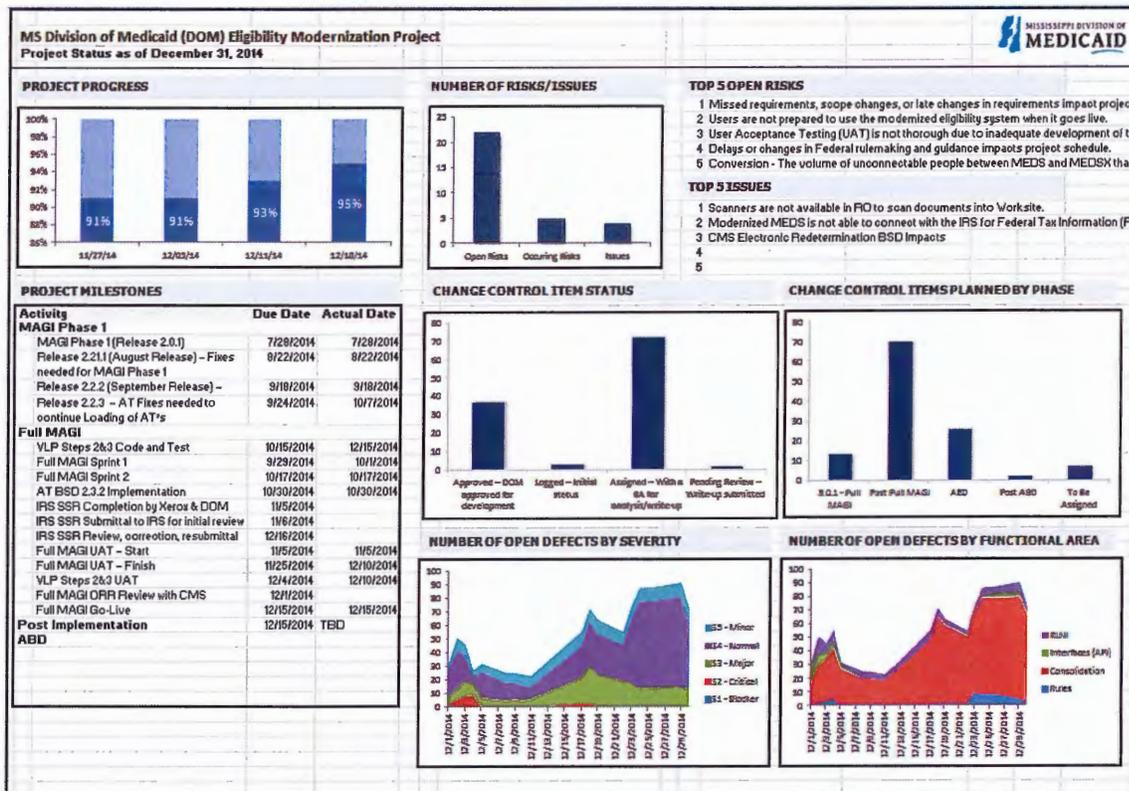
recommendations in the IAR are made in line with CMS guidelines and industry standards, such as the Institute of Electrical and Electronic Engineers, PMBOK, and the Information Technology Infrastructure Library. Cambria’s compilation of the reports involves the team members attending project status meetings, CMS calls, and email communication.

3.1.2.2.4 Project Dashboard

Project dashboards play an important role in providing an executive focus on the status of key performance indicators (KPIs) of an initiative. Cambria’s project dashboard, created in Microsoft Excel, provides viewers with a comprehensive snapshot of the status and overall progress of the project. Our dashboard includes a list of ongoing activities, project plan and task list, risk and issue tracker, agreed-upon metrics for major phases, and performance measures. This aggregation of data allows the project team to have a near real-time understanding of the project’s status at all times. Due to its grid nature and portability, Excel provides a superior tool for preparing and managing the project dashboard. It also provides significant cost effectiveness by providing the State with an operational executive-level snapshot of the organization’s health without the typical timeframe for a full commercial off-the-shelf deployment. The dashboard is an important tool for the project team to foresee issues and mitigate risk so opportunities for improvement are easy to identify and concerns are addressed immediately and effectively.

An example of our dashboard is displayed below:

Exhibit 33. Example Project Dashboard



Cambria prepares its standard Project Dashboard for IV&V efforts and collaborates to determine the items needed to effectively monitor and track progress for analysis and for Executive Reporting. During the planning phase, Cambria will finalize the need for and the

content of the dashboard. A couple of the major components recommended by the Cambria team to be included are:

- Project Progress (% Complete)
- Major Milestone Progress
- Top 5 Open Issues
- Top 5 Open Risks
- Change Control by Status and by Phase
- Defects by Severity and by Functional Area

3.1.2.2.2.5 Finding Development and Review (FD&R) Tool

Throughout the project, the Cambria team employs a FD&R Tool to identify findings and facilitate resolution of the findings during the execution phase. Whether it is requirements analysis or implementation, Cambria is actively involved in each of the phases through deliverable review, interviews, and project meetings and seeks to identify conditions that do not meet industry standards. In order to facilitate early detection, the following components are gathered in the FD&R Tool:

Exhibit 34. FD&R Components

CATEGORY	DEFINITION
ID	Unique identifier for the finding.
Finding	Short description of the finding.
Condition	The condition is the overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review. It relates to the extent that goals or objectives of a program are not being achieved. (The existing situation and whether it's isolated or widespread.)
Effect	The effect represents the end result of the condition that exists in a program or activity and is the materiality or significance of the finding. The effect of a problem (finding) may be actual or potential and should be stated in quantifiable terms, such as dollars, time, or productivity, as illustrated by specific examples. (Should be expressed in terms of cost, adverse performance, or other factors. None, small, large? Services, dollars, people?)
Cause	The cause is the managerial action that creates the results in the program and is the reason the deviation between condition and criteria occurred. Cause represents why something happened or did not happen. Logically, describing the cause also points to the recommendation; identifying the reason for the problem should help alleviate it. (Who? Why?)
Recommendation	The recommendation is the action taken to correct the problem. The recommendation should address the cause and should solve the problem, resulting in a program that accomplishes its objective. (What should be done? Who should do it?)

CATEGORY	DEFINITION
Industry Standard/Criteria	The criteria describe what the conditions should be. Criteria are some appropriate standards of measurement for evaluating managerial actions. They represent how something should have been done. (What should be.)
Status	Current status of the finding and the historical monthly status since the finding was created.

3.1.2.2.2.6 Findings and Recommendations Log

The Findings and Recommendations Log facilitates communication and is used to track areas for improvement across the project. The Findings and Recommendations Log includes the following:

- **Finding Number:** Unique number to identify the finding.
- **Short Description of the Finding:** High-level title.
- **Finding:** Description.
- **Condition:** The condition is the overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review
- **Effect:** The effect represents the end result of the condition that exists in a program or activity and is the materiality or significance of the finding.
- **Cause:** The cause is the managerial action that creates the results in the program and is the reason the deviation between condition and criteria occurred
- **Recommendation:** The recommendation is the action that should be taken to correct the problem.
- **Industry Standard/Criteria:** The criteria describe what the conditions should be.
- **Status:** IV&V determined status as N/A, open, deferred, closed, or rejected.
- **IV&V Updates:** Contains dated updates that relate to the finding.

Industry Standard/Criteria	Finding Number	Short Description of Finding	Finding	Condition	Effect	Cause
	167	ACCOUNT TRANSFER DEFECTS	Account transfer processing in the Regional Offices for MEDS Phase 1 has been scheduled biweekly, monthly, and quarterly processing and State Eligibility staff workbooks.	The State will continue to process Phase 1 accounts on July 25, 2016 and include the functionality updates to the State Region of Offices. The State and Region programs are developing Account Transfer for the Regional Offices and the regional staff will be trained in their offices in Missouri with just 300 accounts. The State continued the program, identified any and defined and developed various last additional accounts transfer through September. As September 30, 2016, the State has processed 723 transfer of accounts from loading in the Regional Offices back to the MEDS. Although the issue was identified and there have been the processing, the main issue that still remains is the inability of the Account Transfer process to successfully match applicants in the accounts to existing clients in other states in the MEDS and ID to utilize the existing Medicaid ID to begin processing. This deficiency in the MEDS has caused two main problems: (1) State Client: The Finding Number 167 is a process, not a process, which includes the USER ID and/or account number, therefore, New MEDS is creating new Medicaid ID and Client for the account. (2) State Client: On one particular occasion, New MEDS matched the account number to the applicant in the existing system and added the new Medicaid ID to the account number on the same day as the account number.	The primary effect of the inability to maintain the ability to transfer accounts to existing clients in the position of applicants across the MEDS and the legacy eligibility systems - PREDS and MEDS. All eligible applicants must have accounts in both systems. If the applicant is not in both systems, they are not eligible for benefits. The State is currently working to resolve this issue by ensuring that all accounts are in both systems. The State is currently working to resolve this issue by ensuring that all accounts are in both systems. The State is currently working to resolve this issue by ensuring that all accounts are in both systems.	The non-divisional EES Multi-Service added to search and review more of their information is customers and does not allow an advanced system to take in accounts using error, but some changes, and other changes come from the system data. With updates such as more short name and high numbers of updates in the system, the conditions are also not being captured. Finally, the ability to also process for transfer in multiple legacy eligibility systems rather than just in the MEDS with covered data.

The Findings and Recommendations Log content is contained in a companion Excel workbook.

3.1.2.2.2.7 IV&V Assessment Report (IAR)

The purpose of the IAR is to provide an assessment of project deliverables and artifacts and provide an evaluation of the technical planning, management, and control processes that directly support the successful implementation of the EES and DMA projects. The IV&V processes help ensure that the State meets CMS-defined phase exit criteria, that project work products are in line with accepted industry standards, and that project and system requirements are being met. The IAR presents findings, identifies risks, and makes recommendations to help ensure that the project and system are in line with CMS expectations, project guidelines and requirements, and industry standards.

Exhibit 35. Example Report

The IV&V team generates a monthly IV&V Assessment Report (IAR) for the State presenting Findings and Recommendations for corrective and/or improvement actions. The IAR delivers the team’s assessment of project deliverables and artifacts and provides an evaluation of the technical planning, management, and control processes that directly support the successful implementation of the project. Cambria’s IAR presents findings, identifies risks, and makes recommendations to help ensure that the project and system are in line with project guidelines and requirements, and industry standards, such as the Institute of Electrical and Electronic Engineers, PMBOK, and the Information Technology Infrastructure Library.

3.1.2.2.2.8 Checklists

Cambria utilizes established checklists based on IEEE standards and customized to the requirements founded in the contract. These checklists guide the overall review process during the SDLC and deliverable review process. Cambria will collaborate with DHHS in the planning phase to determine which checklists in the Cambria library should be utilized in support of the

EES and DMA phases. While these checklists are standard, Cambria may also create new checklists using the lessons learned from previous phases, tendencies of the System Integrator, and help ensure DHHS is identifying potential risks are issues in phases or deliverables before they occur. An example of an IV&V Validation Assessment Checklist is displayed below:

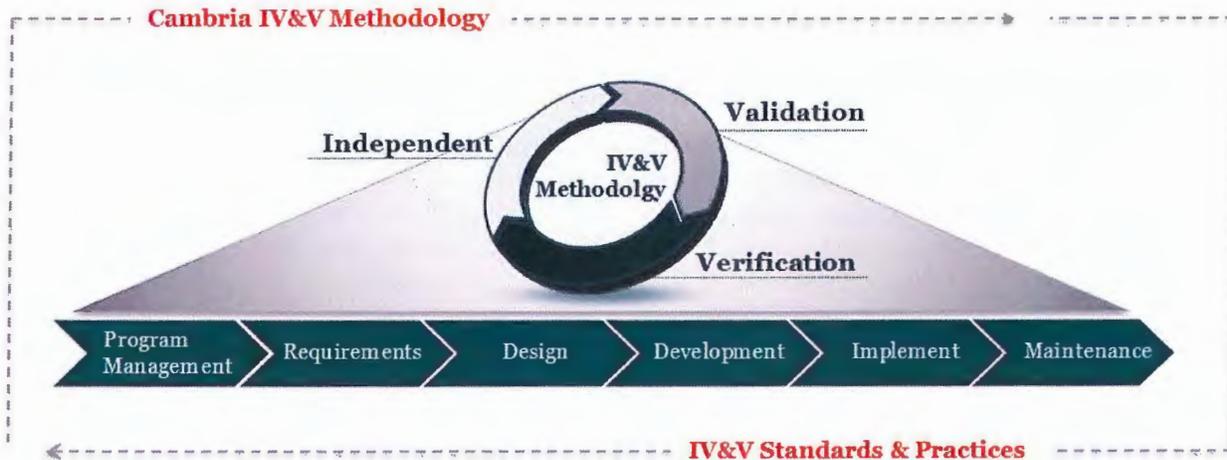
Exhibit 36. IV&V Testing Validation Checklist

MAJOR ACTIVITY	CRITERIA	VALIDATION
System Testing	Planning	The plans, requirements, environment, and procedures for System and or Acceptance testing are complete.
	Definition	All test exit criteria and acceptance criteria have been defined.
	Adequacy	All prerequisites have been completed prior to the beginning of System Testing (Unit/Component Testing) and or Acceptance testing.
	Completeness	The test cases are complete, with step-by-step procedures, roles, triggers, and expected results.
	Actionable	A plan exists to validate test results against the test scripts/cases to determine pass/fail criteria and to document results and discrepancies found between actual and expected test results.
	Data-Centered	Validate the process for managing test data and if the data is representative of actual production data.
	Traceability	Conduct a traceability analysis to validate design to requirements and confirm the implementation through test results. .
	Remediation	A defect tracking process (record, track, resolve and retest defects) exists and that the plan was followed during test execution.

3.1.2.2.3 EXECUTING

During the execution phase, Cambria executes its IV&V Project Management Plan in accordance with DHHS and across all phases of the project including the five PM processes and the SDLC. Exhibit 37 demonstrates how our methodology is deployed:

Exhibit 37. Cambria's IV&V Methodology



Cambria conducts IV&V execution and control across the SDLC in the following phases for DHHS:

- Program/Project Management
- Requirements
- Design
- Development
- Implement
- Maintenance

3.1.2.2.3.1 Program/Project Management

In an All-State SOTA Call about the Extension of 90/10 Medicaid Systems Funding, Jessica Kahn, Director of Data and Systems for CMS said “mature project management, strong governance, and adequate state and vendor staff were key lessons learned from the first wave of enhanced eligibility implementations.” Furthermore, Ms. Kahn specified that further approvals of enhanced 90/10 funding would be predicated on a demonstration of these key lessons learned as well as others. Now, more than ever, CMS and DHHS recognize the importance of effective project management in the implementation of major systems, particularly as a result of the ACA. Therefore, Cambria will monitor on-going project management practices by both DHHS and the vendors for best practices in regard to time, quality, cost, schedule, and others. In fact, Cambria conducts an initial project management assessment after the award to help facilitate the improvement of project processes and conducts on-going assessments each month to facilitate continuous improvement. As part of transition Cambria will assess the governance structure that is in place today for DHHS. That includes the Steering Committee, Project Board, Change Control Board and any additional governance structures that may be in place. We will work to understand the functions of each and look for gaps or duplications. If gaps are discovered then Cambria will make a recommendation to DHHS. Throughout the life of the project Cambria will continue to monitor how the governance structure works and make recommendations to help make the process more efficient. In addition to the governance structure Cambria will review the schedule, budget and resources for the project. We will assess whether they are following standard processes for updates and leveling of resources to prevent over-utilization. Any issues

found will be contained in our assessment and recommendations will be made to DHHS. Just like the governance structure Cambria will monitor the schedule, budget and resources throughout the life of the project. The below exhibit demonstrates the key areas that will be assessed by the Cambria team initially and in an on-going basis:

Exhibit 38. IV&V PM Processes Assessment

PM PROCESS	SAMPLE QUESTIONS	METHODS AND TOOLS
Integration Management	Is the project integrated within the organization? Are supporting processes available and used?	<ul style="list-style-type: none"> ➤ Expert judgment ➤ Facilitation techniques ➤ Change control meetings ➤ Analytical techniques
Scope Management	Does the Project Management Plan include scope, definition, objectives, schedule, budget, organization, etc.?	<ul style="list-style-type: none"> ➤ WBS decomposition ➤ Focus groups ➤ Group discussions ➤ Interviews ➤ Scope expectations and contracts
Schedule Management	Is there a schedule with a WBS? Is progress tracked? Are the resources allocated appropriately and leveled? What is the update cadence?	<ul style="list-style-type: none"> ➤ Detailed Project Plan: <ul style="list-style-type: none"> ➤ Task relationships and dependencies ➤ Milestones and associated deliverables ➤ Estimated task durations ➤ Task Accomplishment Plan ➤ Weekly Status Meetings ➤ Weekly Status Reports,
Cost Management	Is the budget clearly defined and synced with the Change Control and Procurement processes? Are cost control processes in place?	<ul style="list-style-type: none"> ➤ Analytical techniques ➤ Cost estimation tools ➤ Cost management tools ➤ Time & materials recording tools ➤ Detailed Invoicing Process
Quality Management	Have deliverables been defined and evaluation criteria, and acceptance criteria been established? Are the owners and target audiences defined? Are process and product quality processes defined and followed?	<ul style="list-style-type: none"> ➤ Quality definitions ➤ Deliverable specifications ➤ Interim checkpoints ➤ Quality audits ➤ Process analysis ➤ Requirements Traceability Matrix (RTM) ➤ Testing and test results ➤ Deliverable submission and review
Human Resource Management	Is there an official Staff Management Plan? If so, is the project organization documented? Have the roles, responsibilities been clearly communicated?	<ul style="list-style-type: none"> ➤ Staffing management plan ➤ Organization chart ➤ Staff release plan ➤ Project schedule

PM PROCESS	SAMPLE QUESTIONS	METHODS AND TOOLS
Communications Management	Is there a communications plan? Is the plan implemented and followed? Is there a Training or Knowledge Transfer Plan?	<ul style="list-style-type: none"> ➤ Stakeholder analysis ➤ Communication methods ➤ Dashboards ➤ Communications Monitoring ➤ Communications Plan
Risk Management	Is there a risk and issue process documented? Are the processes being followed? Are triggers, mitigation plans, and impacts documented?	<ul style="list-style-type: none"> ➤ Information gathering sessions ➤ Checklists and assumptions ➤ Expert judgment ➤ SWOT analysis ➤ Risk assessments and management ➤ Issue management and escalation process
Procurement Management	Are the contracts in place? Is there a documented Change Control Process? If so, have the responsibilities and processes been tested and communicated to the parties?	<ul style="list-style-type: none"> ➤ Change request process ➤ Change Control Board (CCB) ➤ Project team alignment checks ➤ Readiness Assessments ➤ Knowledge Transfer

Cambria has often demonstrated the value of our project management process assessments and review through the course projects. In fact, in one recent IV&V engagement, Cambria identified approximately **45 findings** in two years related to project management, including more **than a dozen in the first month of reporting**. Recently, Cambria joined the Eligibility Modernization Project mid-stream as the IV&V and made a significant impact right off the bat. The below exhibit demonstrates a positive impact Cambria introduced by recommending a CAP.

Exhibit 39. Positive Impact – Finding 6.1 the Corrective Action Plan

POSITIVE IMPACT – FINDING 6.1 <i>The System Integrator should be required to develop a Corrective Action Plan (CAP).</i>
OUR FINDING
<p>As of January 31, 2014, the System Integrator was unable to provide a precise status of Full Implementation of Modernized MEDS coding progress due to the focus on the Contingency Plan. Cambria determined that it was highly unlikely the Modernized MEDS Go-Live date will be during the first half of 2014 based on this lack of progress. The impact to the State will be additional manual processes, complexity in continuing to maintain separate systems, and additional burden for the Eligibility staff. Therefore, Cambria recommended a CAP that will help the System Integrator and State correct the current course of the Modernized MEDS project by not just addressing isolated issues and providing revised schedules, but identifying the causes and industry proven approaches for addressing the issues.</p>
ACHIEVED OUTCOMES
<p>As of the end of May, 2014, the State and the System Integrator agreed to a final CAP that addressed root issues such as defective Risk Management Processes, Change Control Processes, and basic project governance and decision making. As a result, the EMP has been more successful in maintaining adequate project management processes and have implemented MAGI Phase 1 and Full MAGI in the six months after the agreement on the CAP.</p>

Cambria will leverage its standard assessment criteria and methodology and its lessons learned from the first two years of the EMP to effectively identify risks and deficiencies in project management practices and help ensure a successful implementation of the subsequent phases of the EMP.

3.1.2.2.3.2 Software Development Lifecycle

The IEEE standard 1012-2012, Standard for Software Verification and Validation, defines verification by asking, “Is the system built right?” Moreover, PMBOK standards inform Cambria’s verification tasks by asking, “Is the system implementation being managed right?”

Cambria sees verification as the component that determines whether the products of a given System Development Life Cycle phase fulfills established requirements and the associated project management processes are being executed appropriately. Consistent with guiding principles, Cambria’s IV&V team determines whether the products delivered within the scope of a particular phase in the development process are consistent with the requirements of that phase and the preceding phase. Essentially, verification is a quality control technique. Quality control does not extend only to the SDLC, but also to the overall management of the project, including processes, resources, and schedule. Throughout the SDLC, Cambria’s team members will attend project status meetings, CMS calls, and use email communication in the day to day activities of delivering the IV&V services. For each phase of Project Management and the SDLC, Cambria employs a strict and evidence-based verification method by defining the inputs, outputs, and tasks associated for a complete and comprehensive assessment. The major activities associated in Cambria’s IV&V for the SDLC are:

Cambria led the Business and Technology Architectures Program (BaTA) for WA HCA as part of MITA 3.0 efforts. This initiative is supporting the continued enterprise integration of HHS delivery systems. We will be able to bring lessons **learned and expertise to help ensure DHHS’s EES and DMA advances MITA maturity.**

- Requirements
- Design
- Development
- Test
- Implement
- Maintenance

The above major activities during the verification phase inform Cambria’s methodology. This is followed by the Validation phase, which includes: Testing and Implementation activities. The Cambria verification approach validates that requirements are verified against defined specifications, the design is verified against defined specifications, and the results of the code fulfill the defined requirements specifications.

3.1.2.2.3.2.1 Requirements

Cambria’s requirements analysis methodology ensures correctness, completeness, accuracy, testability, and consistency of the requirements and that the system or software can provide the services needed by the users and stakeholders. Cambria will submit to the State a comment log based on the team’s review of requirements document, recommendations will be made to Accept/Reject Deliverables with Supporting Comments in the comment log. The IV&V team applies the criteria below in Exhibit 40 in reviewing the requirements deliverables.

Exhibit 40. IV&V Verification Requirements Assessment Checklist

MAJOR ACTIVITY	CRITERIA	SAMPLE QUESTIONS
Requirements Analysis	Completeness	Are the requirements well-defined? Are the defined requirements complete?
	Consistency	Are all requirements consistently measure up to a standard requirements definition?
	Correctness	Are the requirements defined accurately?
	Feasibility	Can requirements be actually designed and implemented?
	Modifiability	Do the program modules reference the requirements and functions being implemented?
	Traceability	Are the requirements traceable? Requirements traced correctly as functional or non-functional?
	Testability	Are the requirements testable?

This Requirements Checklist proves useful during the early stages of a project as our team assesses the “traceability” criteria in our checklist. It is critical that all requirements be present in the RTM at the beginning of the project and are traced throughout the different phases to validate that the system that is developed and deployed supports each requirement that DHHS has asked for in the EES and DMA RFP’s.

In our MS EMP project initially, the Project Management Plan specified the RTM to be delivered after implementation, which is not industry standard or sufficient to prove the system has been designed, developed, and tested in accordance with the needs of the MS DOM. Therefore, one of the positive impacts that our team introduced in 2013 and 2014 was the initiation of an RTM and the process of regular updates throughout the EMP.

Exhibit 41. Positive Impact – Finding 2.22 Requirements Traceability Matrix

POSITIVE IMPACT – FINDING 2.22 *The System Integrator should provide an updated Requirements Traceability Matrix (RTM).*

OUR FINDING

As of the beginning of Cambria on-boarding, the System Integrator had not provided a sufficient RTM to adequately map requirements to design to test cases for the upcoming implementation of October 1, 2013. Therefore, the State and the IV&V could not verify that all functionality and requirements were designed and tested effectively by the System Integrator. This gap became more pronounced when the Full Implementation became phased into Full MAGI and ABD Integration. In the second month of review, Cambria highlighted this issue and risk to the EMP and documented Finding 2.22.

ACHIEVED OUTCOMES

As of the end of May, 2014, the System Integrator delivered a revised RTM that adequately mapped requirements to design and subsequent test cases. Moreover, our recommendation also facilitated a process in which the System Integrator will update the RTM as requirements are added or subtracted or new phases of the EMP are entered. Therefore, as a result of this finding and recommendation, the EMP has controls in place to help ensure DOM receives the system agreed upon.

3.1.2.2.3.2.2 Design

Cambria’s design verification methodology ensures that the design demonstrates a correct and accurate design and establishes that the requirements are transformed into an architecture and detailed design for all components. In reviewing the design, the IV&V team’s checklist is depicted in Exhibit 42 below.

Exhibit 42. IV&V Verification Design Assessment Checklist

MAJOR ACTIVITY	CRITERIA	SAMPLE QUESTIONS
Design	Accuracy	Does the design actually reflect what the requirements say?
	Completeness	Do the design components comply with standards, references, regulations, policies, and business rules?
	Consistency	Is error handling consistent throughout the design?
	Correctness	Is the design correct in relation to the requirements and functions being implemented?
	Feasibility	Does the design documentation describe each function using well-defined notation so that it can be verified against the requirements specifications and so that the code can be verified against the design documentation?
	Modifiability	Is the design easily modifiable for changes that will need to occur?
	Testability	Is the designed component testable?

Design is a crucial phase of the EES and DMA projects where the business processes and requirements are fleshed out in detail and presented to DHHS. Of all of the phases of the SDLC, one of the most important is design as it not only demonstrates the system that will be implemented but serves as the foundation of the System Documentation that will be utilized by DHHS for years to come. It is imperative that every facet of the design of the system traces to each and every requirement. If traceability to the requirements does not happen then the resulting system may not function as expected by DHHS causing the timeline to be extended or change orders post implementation. Cambria suggest that throughout the design process that the traceability is visited and revisited to assure that everything is traced properly.

Exhibit 43. Positive Impact – Finding 10.4 Technical Design Documentation

POSITIVE IMPACT – FINDING 10.4 *The System Integrator must update the Technical Design Documentation (TDDs) based on changes from System Test Work Sessions.*

OUR FINDING

In May 2014, the State and the System Integrator entered into Joint System Test Work Sessions to validate the current functionality in the system and facilitate the identification of defects and change requests that would allow New MEDS to meet the needs of the Eligibility staff. Dozens of items were identified during these sessions that impact final design and implementation; however, the TDDs for these four areas were not updated to reflect those changes. Cambria recommended these documents be updated with updated design prior to implementation.

ACHIEVED OUTCOMES

As of the end of February, 2015, the System Integrator still has not updated the TDD for the hundreds of changes that have now been implemented in conflict with documented design. Moreover, the documentation is more than three months behind the agreed upon date. This finding is still open as part of the EMP and must be addressed at the onset of the award of the next IV&V contract.

3.1.2.2.3.2.3 Development

During the Development Phase of the project, the IV&V Technical Architect, along with Senior Developer(s) will conduct Quality Assurance by reviewing selective samples of the code developed to ensure the code adheres to published standards and addresses the requirements. Random samples of code will be selected based on criteria such as its criticality to the workflow, throughput of transactions, and importance of response time to the users. The Cambria Team will develop a check-list to ensure all the items, such as usability, code structure, re-use, and no dead-code is reviewed. Additionally, we will also review the DDI team's unit testing, unit test coverage to ensure the code is thoroughly tested. Our team is prepared to work with the testing team and employ the same test tools, if necessary. These will be logged and tracked along with our other deliverables. If issues are found comment logs will be returned to the Vendor for review. Due to the nature of these code reviews it may be necessary for the IV&V vendor and the Vendor to meet and discuss.

3.1.2.2.3.2.4 Test

IEEE defines validation by asking, "Did the right system get built?" Cambria sees validation as the component that evaluates the software at the end of the SDLC to ensure that it complies with all user requirements and that it performs as expected. Testing Validation is a key component of the IV&V effort to determine the quality of the product. Prior to test execution Cambria will evaluate test plans, test cases, and the tracing of the test cases back to requirements. Cambria will work with the State in creating the UAT Entry and Exit Criteria. Additionally, as the IV&V, Cambria will create test cases to independently execute during UAT. During UAT test execution, Cambria will participate in test execution, communicate test results and assess the completeness of the testing, the stability of the testing and the severity of the defects found. The results of the assessment will provide the State insights into the preparedness of the

Our EES BA Katie Brown has 25 years of experience in Medicaid eligibility, member services and Health Information Technology (HIT). Her expertise and background in Eligibility from the program side will help to validate that the EES system was thoroughly tested.

solution by its implementation date. Please see Section 3.1.5 Operational and System Readiness for more detailed information about testing.

3.1.2.2.3.2.5 *Implement*

Cambria’s implementation evaluation methodology validates the correctness of the implementation of a software or product into the target environment. Cambria will encourage the review and approval of the Vendor’s Implementation Plan prior to UAT and Operational Readiness Testing. In this phase, Cambria will validate that the Vendor has delivered an implementation plan to DHHS with tasks related to deploying the build, backup and recovery procedures are in place, and the maintenance and support of the system is in place. The IV&V validates that the system is ready for implementation by utilizing the criteria below in Exhibit 44:

Exhibit 44. IV&V Implementation Validation Criteria

MAJOR ACTIVITY	CRITERIA	VALIDATION
Implementation	Readiness	Every infrastructure component is in place, fully tested, and accepted by the client as being operationally ready.
	Monitoring	The planned system monitoring tools and related process meet the system monitoring requirements of the client.
	Correctness	The problem identification and resolution tracking processes, including escalation criteria, are in place and appropriate for deployment. All errors are being handled correctly in case of functional failures.
	Adequacy	The technical user manuals, systems maintenance manuals, and/or systems operational manuals reviewed and are ready for use.
	Completeness	All the artifacts for the deployment are identified and a process to validate deployment success has been validated
	Performance, Stress and Volume	All functionality of the system performs as expected with the volume of users and within the time expected.
	Data-Centered	As a result of conversion, data is correct.
	Recovery	System Backup and recovery procedures are complete.
	Maintenance	Processes and resources are in place for maintenance and support of the system post implementation.
	Security	User has correct security access.
User Interface	User Interfaces are functional and readable.	

Cambria will utilize the implementation validation checklist to help ensure that the implementation the EES and DMA are in accordance with standards and risks are identified early and often. Cambria not only monitors the successful implementation of the system, but also provides recommendations and guidance around the preparedness of the business users for implementation.

Exhibit 45. Positive Impact – Finding 11.4 Change Management

POSITIVE IMPACT – FINDING 11.4 *The State should prioritize Organizational Readiness prior to the Go-Live of MAGI Phase 1.*

OUR FINDING

The State actively planned for the roll-out of MAGI Phase 1 to more than 600 users; however, as of the middle of June 2014, training materials had not been drafted, a communication plan had not been defined, a roll-out cadence not identified, and users were largely untrained. The focus on the system defects and remediation crowded out the preparation that could be conducted by the leadership in the Office of Eligibility. Therefore, Cambria documented a finding and delivered a comprehensive set of recommendations to prepare the users for Go-Live.

ACHIEVED OUTCOMES

Cambria recommended a dozen items for the State to address including:

- Assign Organizational Change Management responsibilities to one staff person to focus on user outreach, preparation, review and revise materials, and ensure consistency
- Document the comprehensive training approach, materials, methods, and job aids
- Develop business processes around major areas of change in MAGI Phase 1.
- Develop a Go-Live Checklist for each Regional Office that assesses the status of major activities and preparations, and provides objective criteria in order to recommend Go-Live for each office.

As a result, the Eligibility staff implemented parts of some of the recommendations and were therefore more prepared than before.

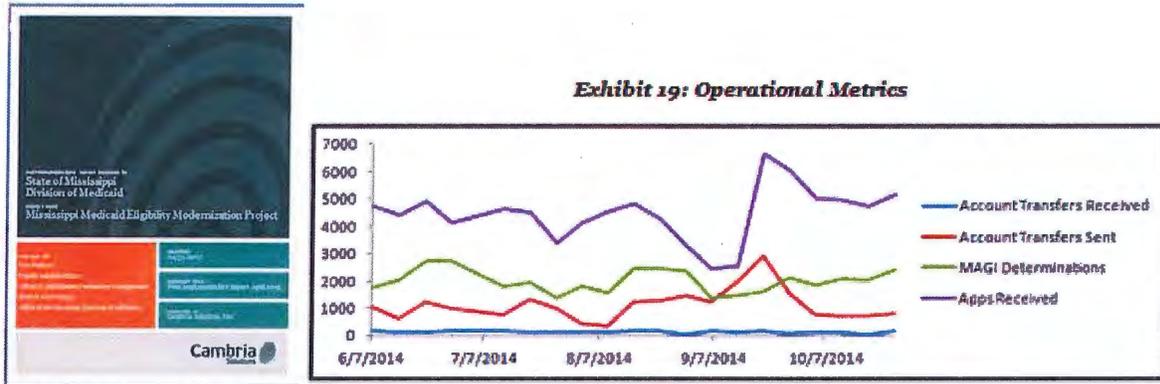
3.1.2.2.3.2.6 Maintenance

At the conclusion of the implementation of a major system, Cambria evaluates the implementation, operational issues, defects, and interview key users to assess the overall implementation. The primary goal of the assessment of the post-implementation period is to collect the feedback from disparate sources, lessons learned, and pressing issues and present them to DHHS Leadership. In order to adequately assess post-implementation, Cambria will:

- **Attend Daily Calls** – Cambria recommends that the post-implementation period entail regular calls with the managers of all the end-users to elicit feedback, identify pressing issues, and communicate clearly with users.
- **Assess Defect and Change Request Volume** – Cambria recommends that daily defect reports are delivered by the Vendor and prioritized on a regular basis by the users. Cambria will closely monitor these defects and escalate when appropriate.
- **Assess System Performance** – Cambria will pay particular attention to the system performance, uptime, and any slowness in the system, particularly with batch jobs, supervisor approval or other areas.
- **Conduct Interviews with Key Users** – Finally, Cambria will interview key users and determine the effectiveness of the release, whether it met the needs of the users, and key feedback for incorporation in the next release.

Before the implementation of the EES or DMA, the Cambria Project Manager will meet with DHHS Leadership to define the key metrics and areas of assessment for the Post-Implementation Report. Within 30 days of the implementation, the Cambria Project Manager will create a Post-Implementation Report for each phase. A sample of the potential report is displayed in the below exhibit:

Exhibit 46. Sample Post-Implementation Report



3.1.2.2.3.2.7 Controlling

As part of Cambria’s IV&V methodology, our team initiates the project, plans with an IV&V Management Plan and Work Plan, executes with standard checklists, lessons learned, and tools, and conducts project control. PMBOK defines Project Control as “a project management function that involves comparing actual performance with planned performance and taking appropriate corrective action (or directing others to take action) that will yield the desired outcome in the project when significant differences exist. Therefore, Cambria employs a series of assessment reports, tools, deliverables, and attestations to provide DHHS Leadership, CMS, and other stakeholders to information and actionable recommendations to “yield desired outcome.” Cambria’s monthly Independent Assessment Reports (IAR) and the Client Monthly Status Report provide monthly evaluations of the project phases and give an overview of positive as well as adverse observations with the intent to help guide the project to a successful implementation. These tools help Cambria’s IV&V team control project execution and ensure that the objectives of the project are met by identifying findings and recommendations and delivering reports on a monthly basis or as required by the DHHS or CMS.

A project management function that involves comparing actual performance with planned performance and taking appropriate corrective action (or directing others to take action) that will yield the desired outcome in the project when significant differences exist.

– PMBOK Body of Knowledge, Project Control

3.1.2.2.3.2.8 Closing

Closing a project includes administrative activities, such as collecting and finalizing the paperwork needed to complete the project, and technical activities, such as confirming that the final product is acceptable. In multi-phase projects, the close project process closes out the portion of the project scope and associated activities applicable to a given phase. This process includes finalizing all activities completed across all project management process groups to formally close the project or a project phase, and transfer the completed or cancelled project as appropriate. For this project, we anticipate that there will be various project stages (e.g., System Design, Development, and Implementation as a few of the major phases).

3.1.2.2.3.3 Risk Management

Risk is inherent on any project—particularly one that involves multiple stakeholder groups, developing new and complex business processes, or developing a custom technology solution. Because risk identification and issue management require looking into the future and assessing scenarios that may or may not occur, project teams often do not adequately focus on this activity. Establishing rigorous risk identification and issue monitoring processes early in the project and supporting them with formal governance processes provides focus to this neglected area. Risks identified early can be avoided or effectively mitigated before they become issues demanding resolution.

Not only will Cambria bring an understanding of DHHS’s potential risks, but we will work with DHHS to identify, monitor, and minimize the impacts of risks throughout the project. The Vendor may maintain a Risk Register for the project. However, as the IV&V team, we will take the risks identified by the incumbent IV&V vendor and evaluate each risk and confirm that each has outlined triggers, mitigation strategies and contingencies if needed. Cambria will contribute on-going risk identification and management for the EES and DMA projects. Appropriate resources will be assigned to follow up on open risks and issues that require analysis or action. Any new risks identified or additional information on current risks will be reported to the RAID Board.

The Cambria Project Manager will adhere to the following steps to manage the risks for the project:

- **Risk Identification** – Identify, classify, and communicate project risks in a timely manner
- **Risk Analysis** – Analyze and categorize project risks quantitatively to allow project management to focus on critical risks
- **Risk Response Planning** – Define and implement mitigating actions and contingency plans, as needed
- **Risk Monitoring and Control** – Monitor and control risks, review the risk plan often to verify the list is complete and actions are being taken, and communicate the status of risks proactively to appropriate stakeholders

3.1.2.2.3.3.1 Risk Identification

Risk is essentially defined as an undesired outcome. The first step is to identify potential risks. Cambria enlists the aid of technical experts, stakeholders, and customers, when identifying potential risks. Involving the team in risk identification increases accuracy and ownership as well as commitment to the project. Risks are gathered primarily through stakeholder meetings, interviews, and brainstorming sessions. An important key to identifying potential risks is to design the environment and ground rules so that stakeholders are comfortable bringing up potential risks. During the sessions, risks are identified but not evaluated.

3.1.2.2.3.3.2 Risk Classification

Risk is pervasive in any project and is present in all phases of every project. From a management perspective, it is useful to classify the risks so that the mitigation of the risks can be executed as expeditiously as possible.

One common way for risks to be classified is with respect to impact on the organization, whereby risks with certain impacts have to be addressed by certain levels of governance.

Risks are normally classified as time (schedule), cost (budget), and scope but they could also include client transformation relationship risks, contractual risks, technological risks, scope and complexity risks, environmental (corporate) risks, personnel risks, and client acceptance risks.

Another way of delegating risk management is to further classify risks by architecture domains. Classifying risks as business, information, applications, and technology is useful but there may be organizationally-specific ways of expressing risk that the corporate enterprise architecture directorate should adopt or extend rather than modify.

Ultimately, risks are corporate risks and should be classified and as appropriate managed in the same or extended way.

Exhibit 47. Risk Classification Matrix

RISK FACTOR	LOW (0)	MEDIUM (1)	HIGH (2/3)	VERY HIGH (4/5)
Total Team Size	<5	5-9	10-15	>15
Work Groups Involved	1-2	3-4	5-6	>7
Technology/Technique/Process	Expert	Familiar	New	Breakthrough
Complexity	The solution is well defined and no problems are expected	The solution has identified problems	Multiple approaches to the project goal	The solution is only vaguely defined
Political Profile/Impact	Unit/Dept	X area	DHHS Director	Entries Wide
Deployment Impact	Unit/Dept	X Area	DHHS Director	Entries Wide
Risk scoring	[0-10] Manageable –no change to classification [11-17] Moderate – increase class 1 level [18-25] High – increase class 2 levels			TOTAL

3.1.2.2.3.3.3 Risk Analysis

Once risks are identified, we analyze the risk(s) to assess the likelihood of occurrence, level of control, potential impact, overall exposure, and priority level. Next, we analyze each risk and quantify it using a numerical scale. This analysis enables us to realize the true impact of each risk and determine an appropriate response.

3.1.2.2.3.3.4 Risk Quantification and Prioritization

Cambria’s risk priority analysis is an important component of our risk management approach. As findings are accumulated through the phases of the development cycle, each risk is ranked and assigned a high, medium, or low priority. Priority is based on a variety of factors, not all of which can be quantified. Generally, Cambria’s risk management approach gives those risks with

high-priority the most attention and the highest recommendation for resource allocation. If resources are constrained, our team will work to weigh prevention, mitigation, and contingency actions against other assigned project tasks and schedule those actions appropriately.

For each risk, the team will determine the probability of such risk occurring using the probability determinations highlighted in Exhibit 13 as a guide.

Exhibit 48. Risk Probability Determinations

DETERMINATION	PROBABILITY
Highly Improbable	10%-20%
Possible	30%-49%
Probable	50%-79%
Highly Probable	80%-99%

Using the risk probability as input, the team will determine the impact from very low to very high if the risk was to occur. After determining the risk probability and the potential impact, we will leverage the data in Exhibit 49 to quantify the risk exposure as low, medium, or high.

Exhibit 49. Quantitative Risk Analysis

		Probability									
		Highly Improbable		Possible		Probable			Highly Probable		
		10% Probability	20% Probability	30% Probability	40% Probability	50% Probability	60% Probability	70% Probability	80% Probability	90% Probability	
Impact	Class	Value	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9
	Very Low	1	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9
	Low	2	0.2	0.4	0.6	0.8	1	1.2	1.4	1.6	1.8
	Medium	3	0.3	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.7
	High	4	0.4	0.8	1.2	1.6	2	2.4	2.8	3.2	3.6
	Very High	5	0.5	1	1.5	2	2.5	3	3.5	4	4.5

To determine risk priority, the risk’s probability (.01 to .99) is multiplied by its potential impact to the project. Probability is based on the percentage chance the risk could occur. For example, a value of 0.01 equals a 1 percent chance of occurrence and 0.90 equals a 90 percent chance of occurrence. Impact is on a scale of 1-5, where 1 is very low and 5 is very high. The values are as follows:

- **GREEN** indicates a low priority risk (values 0.1-0.7)
- **YELLOW** indicates a medium priority risk (values 0.8-1.8)
- **RED** indicated a high priority risk (values 2.0-4.5)

For example, a risk with a 30 percent probability of occurring that would have a low impact (2) to the project is considered a low priority risk (.30 * 2 = 0.6). Exhibit 15 provides definitions of the risk priority levels.

Exhibit 50. Risk Priority and Description

RISK PRIORITY	DESCRIPTION
High	Possibility of significant impact to product quality, manageability, cost, or schedule. Mitigation strategies defined and highly recommended for immediate implementation.
Medium	Possibility of medium-level impact to product quality, manageability, cost, or schedule. Mitigation strategies defined and recommended for implementation as soon as is feasible.
Low	Possibility of minimal impact to product quality, manageability, cost, or schedule. Mitigation strategies defined and should be considered for implementation when possible.

3.1.2.2.3.3.5 Risk Categorization

As part of risk analysis and management, it is important to classify risks into appropriate categories. Risk categories:

- Allow greater management focus
- Provide a structured approach to risk identification
- Improve the effectiveness and quality of the risk identification and analysis processes
- Enable development of effective risk responses when risks are grouped by common root causes
- Allow investigation of risk responses by interviewing or meeting with participants selected for their familiarity with a specific risk category
- Promote greater ability to monitor and control risks classified under the same area or root cause

While there is no standard methodology to categorize risks, it is important to gain consensus of the project team and stakeholders on the number and type of categories. Exhibit 16 provides examples of risk categories that could be used.

Exhibit 51. Risk Categories

PMBOK KNOWLEDGE AREAS	PMBOK RISK
➤ Integration	➤ Technical
➤ Scope	➤ External
➤ Time	➤ Organization
➤ Cost	➤ Project Management
➤ Quality	
➤ Human Resources	
➤ Communications	
➤ Risk	
➤ Procurement	
➤ Stakeholder	

These categories depend on the type of project and are agreed upon through team consensus. If the categories are broad, they could be broken down into sub-categories. We will work with the project team and help identify the categories that best suit the project.

3.1.2.2.3.3.6 Risk Response Planning Strategy

Once the risks are identified and analyzed, the next step is to respond to the risks. Before responding to the risks, Cambria will assess or help the team assess “risk tolerance.”

3.1.2.2.3.3.7 Risk Tolerance

Risk tolerance is the willingness of the agency/organization to accept or avoid risk. It can be quantified in terms such as monetary value or impact to schedule, prestige, and credibility. Cambria understands that people within organizations have different risk tolerances and so it is important to get consensus from the management. Cambria will work with DHHS to flesh out the risk tolerances and sort out the risks that can be accepted (risks that usually have low impact) and those that need to be avoided (risks that have high impact). The risks that can be accepted need to be agreed upon and blessed by the management. Those risks that need to be avoided must have a risk-specific avoidance strategy that is clearly documented, and approved by DHHS management.

3.1.2.2.3.3.8 Risk Response

Once our project team understands DHHS’s risk tolerance, we will conduct risk response planning to determine available options, determine actions to satisfactorily address threats to the project objectives, and develop appropriate risk responses.

As part of the risk response planning, Cambria will lead the project team through the selection of one of the following risk response categories for each analyzed risk:

- **Avoidance** – Risk avoidance is changing the project plan to eliminate the threat of a specific risk event. Although the project team can never eliminate all risk events, some specific risks can be avoided. Avoidance-based responses are employed at any point in the development lifecycle where future work planning and re-planning is performed. Typically, most risk avoidance occurs during the project definition and planning phases of a project, where objectives, scope, key success factors, work plan, and project outputs or deliverables are defined. An example of risk avoidance is the use of a stable, established technical solution in preference to an unproven or complex new technology. However, risk avoidance solutions may limit the ability to achieve high-level project objectives by unnecessarily constraining a desirable solution.
- **Transference** – Risk transference or deflection is seeking to shift the consequence of a risk to a third party best suited to analyze and implement the response to the risk based on their expertise and experience. Typical transfer responses include subcontracting to a specialist, modifying a contract provision, or modifying a vendor warranty. This third-party also takes ownership of the risk response. It is important to note that transferring the risk to another party does not eliminate it or the remaining steps for management of the risk.
- **Mitigation** – Risk mitigation is reducing the probability and/or impact of an adverse risk event to an acceptable threshold. Mitigation may consist of an action or product that becomes part of the ongoing work plans and/or processes. It is monitored and communicated as part of the regular performance analysis and progress reporting. It is commonly known that taking early action to reduce the probability of a risk occurring or its impact on the project is more effective than trying to repair the damage after it has

occurred. Mitigation costs should be appropriate to the likely probability of the risk and its potential consequences. Note that some mitigation plans may introduce new risks.

- **Acceptance** – The project is willing to accept the consequences associated with the risk and will treat it as a problem if it occurs. There is no plan on the part of the project team to take action on the risk. In addition, acceptance of risks as a response may be based on the cost ineffectiveness of any available response or solution. For example, an acceptance response could be created from a legislative or legal risk, over which no control could be leveraged.

Once an appropriate risk response strategy has been developed, our team will monitor strategy execution, assess and implement necessary changes to the strategy, and close the risk process once it is determined the risk is resolved.

3.1.2.2.3.3.9 Risk Monitoring and Control

Cambria will monitor and control the progress of the risk, its probability and potential impact on the project, and the effectiveness of the risk response strategy. When changes to the risk profile occur, the basic cycle of analyzing and planning is repeated. The existing risk response strategy will be modified if the desired outcome is not being achieved. Cambria uses Issue Logs and Risk Registers (simple spreadsheets) as tools to communicate the status of ongoing items.

3.1.2.2.3.3.10 Risk Register

The Risk Register is used to record, track, and resolve project risks and their impact on the project. Risks are defined as uncertain events or conditions that can have a negative or positive effect on the objectives of the project. Specific fields within the Risk Register, as shown in the below exhibit, include:

- **Risk ID** – Identifying number
- **Date Identified** – Date risk was identified and entered in the register
- **Risk Owner** – Name of owner for resolving the risk
- **Risk Type** – Scope, Schedule, Resource or Technology
- **Risk Category** – Integration, Scope, Time, Cost, Quality, Human Resources, Communications, Procurement, Stakeholder, Technical, External, Organization or Project Management
- **Risk Description** – Description of the risk
- **Risk Trigger** – What event will trigger the risk to become an issue?
- **Risk Probability** – Likelihood of risk occurring, such as Highly Improbable, Possible, Probable, Highly Probable
- **Risk Impact** – Likely area of impact, such as financial or logistics
- **Risk Exposure** – What is the exposure to the Agency if the risk is realized?
- **Risk Response Type** – Transference, Mitigation, Acceptance
- **Risk Response Description** – Description of risk response
- **Risk Status** – Status of the risk, such as open, closed, or deferred
- **Risk Priority** – Relative importance, such as low, medium, or high
- **Date Closed** – Date risk was resolved
- **Submitted by** – Name of the person entering the risk
- **Associated Risks** – Other Risks that are associated with this one

Exhibit 52. Risk Register

Project: EES Project				Total Number of Unresolved Risks: XX				Reporting Period: DATE							
Risk ID	Date Identified	Risk Owner	Risk Cat.	Risk Description	Risk Trigger	Risk Probability	Risk Impact	Risk Exposure	Risk Response Type	Risk Response Description	Risk Status	Risk Priority	Date Closed	Sub. By	Assoc. Risks

The Cambria team will maintain the Risk Register to analyze current risks, monitor mitigation strategies, and provide recommendations at the weekly status meeting, in the Monthly IARs, or in the monthly Risk, Issue, and Change Control meeting.

3.1.2.2.3.3.11 Risk Status

Cambria will assess the risk status of project deliverables on a weekly basis as part of the weekly project status meeting. The IV&V will assess the risks and assign a risk priority. The Cambria Project Manager shall provide status reports of risk activities to the DHHS Project Manager and discuss the effectiveness of the current action plans.

3.1.2.2.3.3.12 Risk Modification

Cambria’s Project Manager will notify the DHHS Project Manager whenever there is a significant change to a risk’s profile and will make recommendations to address changes to the Risk Response Strategy. Recommendations to improve the effectiveness of the strategy are discussed with DHHS Project Leadership.

3.1.2.2.3.3.13 Close Risks

Risks are closed when the risk event actually occurs, is eliminated, or is no longer applicable. At that time, action plans are halted and the risk status is changed to “closed.”

3.1.2.2.3.3.14 Risk Communications

While it is important to analyze risks, identify potential response strategies, and monitor and control risks, it is equally important to communicate risks to the appropriate stakeholders who may have a vested interest or who may be able to help mitigate the risks. Communications regarding risks are continuous throughout the project’s lifecycle both through verbal and written reports.

- **Periodic meetings** – Risk management activities are discussed with the DHHS Project Manager on a regular basis through daily communication and as part of the weekly project status meetings. These status meetings include informal identification of any new risks and status of any existing individual risk assignments and activities.
- **Status Reports** – Within the monthly status reports, the Cambria Project Manager will provide an overview of risk management activities and an assessment of project risks. Current risk status and the results and effectiveness of risk action plans are reviewed, along with the status of risk trigger events and risk profiles. The below exhibit displays the portion of the Monthly status report related to risks:

Exhibit 53. Monthly Status Report – Risks/Issues

Risks/Issues		
Overall Risk/Issue Status		
Risk/Issue	Due Date	Status
1. End of Year Risks to Project Schedule	01/01/15	On-going risk mitigation is needed for multiple external risks at the end of the year
2. Account Transfer Defects & Loading	01/01/15	Defects continue to hamper the loading of account transfers
3. Critical defects have delayed Go-Live and continue to plague Full MAGI	01/01/15	More than 150 defects were discovered in Full MAGI UAT, more than 10 per day
4. WorkSite not available at Go-Live	12/15/14	Historical notices may not be available in New MEDS at Go-Live
5. Continued delay, interim solutions, increased workload on Eligibility staff	Ongoing	The strain on the Eligibility Staff is large due to the delays. Backlog is not improving significantly.

- **Risk Escalation** – Cambria’s Project Manager maintains the risk reporting and escalation process and discusses the status of each risk with the DHHS Project Manager. If it is necessary to escalate a risk, the risk will be scheduled for the next applicable meeting at the appropriate level. In the event the risk is an immediate threat, DHHS Project Leadership may choose to immediately escalate the risk to the Executive stakeholders for immediate attention. Cambria will work with DHHS Project Leadership, the System Integrator, and stakeholders, as appropriate, to support the required meeting(s).

3.1.2.2.3.4 Issue Management/Resolution

Issues are unavoidable in every project, and the EES and DMA projects are no different. Predictive risk management will identify mitigation plans and actively prevent risks from becoming realized. However, if a risk does begin to occur, then an issue will arise that must be actively managed. An issue is any event or impact which has occurred that negatively affects the ability for IV&V to deliver the scope of work within the specified expectations of the Division. While most issues will be completely resolved through the issue resolution process, some may progress through the change management process if their resolution impacts the projects scope.

The primary goals of an issue resolution plan are to ensure that:

- Issues are identified, evaluated and assigned for resolution.
- Issue resolutions determined to impact the scope, schedule, or quality of the project will go through the change management process.
- Issue resolutions or decisions are documented and communicated to all affected parties.

Throughout the EES and DMA Projects, the Cambria team will work with DHHS to identify, monitor, and minimize the impacts of issues. The Cambria project manager will develop the outline for an issue log for review during the first 30 days of the project, and will provide updates through regular project status meetings. Appropriate resources will be assigned to follow up on open issues that require analysis or action.

The Cambria project manager will adhere to the following steps to manage the issues for the project:

- **Issue Identification** – Identify, classify, and communicate project issues in a timely manner

- **Issue Tracking** – Utilize an Issue Log to record, track, and resolve issues that impact the project
- **Issue Review And Prioritization** – Assess issues to determine how to prioritize the most critical issues for resolution
- **Issue Analysis** – Analyze and categorize project issues quantitatively to allow project management to focus on critical issues
- **Issue Resolution** – Define and implement mitigating actions and contingency plans, as needed
- **Issue Escalation** – Escalating issues to the appropriate stakeholders (per the decision-making guidelines) to resolve issues in a timely manner

The following sections provide additional detail about our process for resolving issues.

3.1.2.2.3.4.1 Issue Identification

The first step is to identify existing and imminent issues. The Cambria team enlists the aid of technical experts, stakeholders, customers, and the project team when identifying issues. Involving the team in issue identification increases accuracy and ownership as well as commitment to the project. Issues are gathered primarily through stakeholder meetings, interviews, and brainstorming sessions. An important key to identifying issues is to design the environment and ground rules so that stakeholders are comfortable bringing up issues, regardless of what may have caused them. During the sessions, issues are identified but not evaluated.

To ensure consistency, it is important to understand issues vs. non-issues. The Project Manager will provide ongoing guidance.

Exhibit 54. Issues vs. Non-issues

WHAT IS AN ISSUE?	EXAMPLE	DISPOSITION
A problem which cannot be resolved during the normal course of project activity and for which there is no known course of action	The budget does not appropriately account for the inclusion of some software that is needed.	Log Issue
A problem which requires escalation and cannot be resolved by the person(s) raising the issue OR may impact multiple teams/program as a whole.	Need to determine the approach for the numbering of artifacts. Decision needs to be made at an executive level as it is high impact, strategic and sensitive.	Log & Escalate Issue
A scope decision/question that is being raised after development has begun.	What is the scope of the issue for this phase of the project?	Log Issue
WHAT IS NOT AN ISSUE?	EXAMPLE	DISPOSITION
An action item/task/question that arises throughout the project by which a course of resolution or action plan is known.	Need to determine an approach; Need a follow-up meeting resulting from a design meeting.	Log as a task within the team work plan and/or meeting minutes action plan

3.1.2.2.3.4.2 Issue Tracking

The Issue Log is used to record, track, and resolve issues that impact the project. This may include automated workflow tools/software to support the issue management process. Once issues are identified and validated, they are evaluated for their potential impact to cost, staffing, stakeholder relationships, and existing risks. Specific fields within the Issue Log, as shown in the below exhibit, include:

- **ID** – Identifying number
- **Issue ID** – Identifying number
- **Date Identified** – Date the issue is identified and entered in the log
- **Issue Owner** – Name of the owner for resolving the issue
- **Issue Type** – Scope, Schedule, Resource, Technology
- **Weeks Old** – Number of weeks issue has remained open
- **Project Category** – Integration, Scope, Time, Cost, Quality, Human Resources, Communications, Procurement, Stakeholder, Technical, External, Organization, Project Management
- **Issue Description** – Description of the issue and causes/effects
- **Issue Resolution Description** – Description of the resolution to the issue and the actions required
- **Issue Priority** – Relative importance, such as low, medium, or high
- **Issue Status** – Status of the issue, such as open, closed, or deferred
- **Date Closed** – Date issue was completed
- **Submitted By** – Name of person entering the issue
- **Associated Issues** – Other issues that might be associated with this issue
- **Associated Risks** – Risks that are associated with this issue

Exhibit 55. Issue Log

Project: MDHS – Migration & Modernization Project	Total Number of Open Issues: XX	Reporting Period: xx/xx/xxxx
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Issue ID	Date Identified	Issue Owner	Issue Type	Issue Cat	Issue Description	Issue Resolution Description	Issue Priority	Issue Status	Date Closed	Sub. By	Assoc Issues	Assoc. Risks
1												
2												
3												

3.1.2.2.3.4.3 Issue Review and Prioritization

The Cambria team’s issue review and prioritization analysis is an important component of our issue management approach. As findings are accumulated through the phases of the development cycle, each issue is ranked and assigned a high, medium, or low priority. Priority is based on a variety of factors, not all of which can be quantified. Generally, the Cambria team’s issue management approach gives those issues with high-priority the most attention and the highest recommendation for resource allocation. If resources are constrained, the Cambria team will work to weigh prevention, mitigation, and contingency actions against other assigned

project tasks and schedule those actions appropriately. Priority descriptions can be found in Exhibit 56 below.

Exhibit 56. Issue Priority and Description

ISSUE PRIORITY	DESCRIPTION
Critical	Significant impact on the project; the consequences may affect other projects or halt the implementation; requires immediate resolution
High	Impacts several areas of the project; Leadership intervention required
Medium	Cannot complete phase without resolution, but does not need to be addressed immediately; may or may not require Leadership intervention
Low	Does not impact resources and schedule but requires resolution; may or may not require Leadership intervention

Once issues are priorities it is important that they are continually reviewed until they are resolved.

3.1.2.2.3.4.4 Issue Analysis

Once the issues are documented, reviewed, and prioritized, the next step is to analyze the root cause of the issue and the potential response to the issue. The Cambria team will first work with the involved stakeholders to understand the potential root cause(s) of the issue. Often, the issue is caused by external, environmental factors that are beyond anyone’s control. This assessment seeks to identify anything that could have been influenced by the project team in order to understand what could be done to avoid future issues.

3.1.2.2.3.4.5 Issue Definition

Issues need to be clearly defined by all parties. Deal with all the pertinent facts, consider alternate options, separate the technical and policy issues from project issues (scope, schedule and budget) and maintain the original definition throughout the resolution process. Once defined, document what the issue is and give a status review for the next level to consider.

The issue resolution process shall be used to:

- Resolve technical disagreements (philosophical and policy)
- Communication issues (lack of or inadequate)
- Relationships (no one is allowed to impede progress)
- Role and responsibility issues.

All issues that change the scope, schedule or budget must go to the Project Review Board for approval.

Any of the parties may initiate “escalation” but, acknowledgment is required. Once an issue is in the process, it should be resolved at the level closest to the issue – no leap-frogging. Keep in mind that resolution requires communication. Communication requires all team members to be kept informed – no surprises.

Depending on the issue some will need further analysis and will be sent to the team to attain an impact analysis. The team member (s) that reached the resolution will fill out the resolution

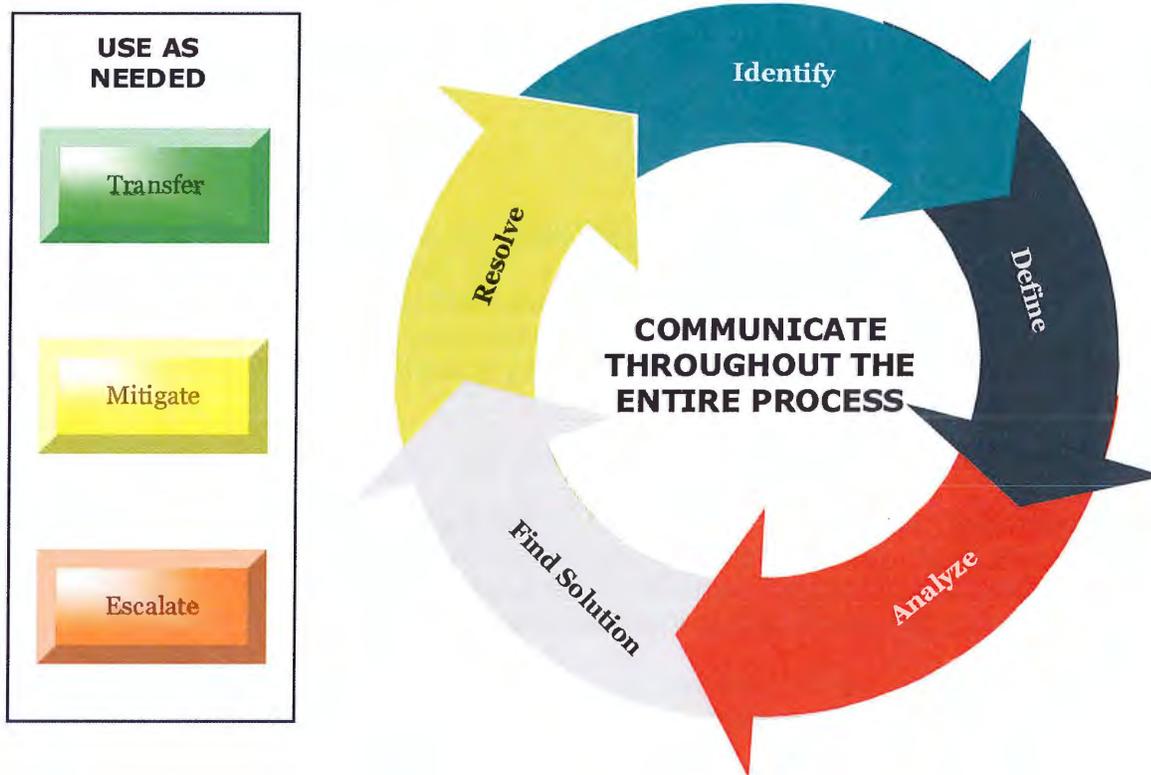
column in the issues log and notify the Project Manager. If the issue involves scope, schedule, budget or policy there may be need for supporting documentation or meetings to clarify the resolution. The Project Manager assures that the decision and rational for the resolution of the issue is communicated to all team members.

Individuals shall make decisions that are within their expertise, technical authority and comfort level. If you don't feel comfortable with the decision you're being asked to make, escalate it.

Mitigating actions, contingency plans and transference will be created as needed.

Exhibit 57 is a high level view of the Issue Resolution Process.

Exhibit 57. Issue Resolution Process



3.1.2.2.3.4.6 Issue Escalation

Any issues affecting the quality of work provided by the Cambria team to DHHS will be raised and resolved through an escalation process. This escalation process allows an expedient resolution of issues in the event that a decision above the project level needs to be made. Every partnership could be subject to some disagreement but in the unlikely event that occurs we will use this process to move forward together to achieve our common objective – the success of the EES and DMA. Our Engagement Lead, Suzanne Vitale, will be a key team member that will participate in key aspects of the project, provide quality assurance, and engage in regular communication with the DHHS Executive Sponsor. Cambria is a partner and Ms. Vitale will provide the executive-level support needed to help resolve issues and mitigate potential risks.

3.1.2.2.4 OPPORTUNITIES

There are many times in the life of a project that a vendor has an additional option in their software that meets the needs of the state but it is not inclusive in the scope of the project. Sometimes these are derived from the state realizing that functionality “A” which is not in the scope of the project will benefit them more than functionality “B”. There can also be the situation where the state has a need and the vendor is willing to build it for the state either at a cost or as a replacement for a piece of functionality that is in scope and that the system either has or doesn’t have.

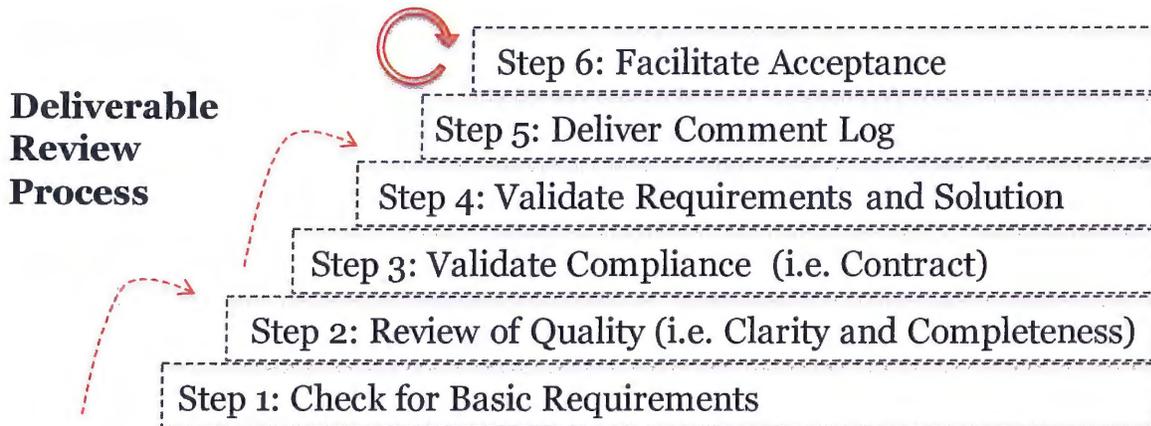
Regardless of where opportunities come from they must be dealt with. These are different than risks or issues. As the IV&V Cambria will not only review the functionality that the Vendor is installing for the scope of the requirements but we will also review other options that the Vendor may offer as part of their software. If the IV&V team sees that DHHS has a need and that there is an opportunity to fulfill that need with other software or modules the Vendor offers, a recommendation to review it will be made. The Cambria team will work with the Vendor to setup demonstrations and get pricing if needed.

In addition, if a solution is found to satisfy the need of DHHS then Cambria will work with both DHHS and the Vendor to evaluate if there is a possible way to swap this new functionality for a piece of work that is less desirable to DHHS. Regardless of the solution or final deal on the opportunity it will most likely result in a change order.

3.1.2.2.5 DELIVERABLE REVIEW

The IV&V team will assess deliverables and artifacts that support project planning, system implementation, and system maintenance and operations. The review and acceptance of deliverables is a critical success factor in the eventual success of the EES and DMA projects as gaps can be identified, efficient design measured, and a proper documentation of procedures assessed. We recognize the day-to-day challenges of the tasks that DHHS and the System Integrator must address, where those tasks compete for human resources. Therefore, the production of quality deliverables quickly becomes a challenging issue for the System Integrator. In order to assure DHHS has all the project requirements agreed upon reflected in the tools and documents, Cambria’s IV&V team will assess all deliverables and artifacts to help ensure the documents and artifacts meet the agreed upon functional, technical and quality requirements. As part of Cambria’s deliverable review, we will follow our standard process:

Exhibit 58. IV&V Deliverable Review Process



1. **Check for Basic Requirements** – The purpose of this step is to check the deliverable for conformance to basis quality and readiness for DHHS, Federal, and IV&V review. If this review is not successful, then the Cambria Project Manager will notify the DHHS Project Manager and recommend the rejection of the deliverable for remediation.
2. **Review of Quality** – Once the deliverable clears a basic requirements check, our team will review the deliverable for standard quality criteria such as clarity, completeness, consistency, traceability, and timeliness. We use checklists that have common items to look for in deliverables. Our team will even share these with the Vendor in order to alleviate these items in the review process. In addition, we use style guides to help enforce consistency across deliverables as well. These too are available to the Vendor which again enables these items to be alleviated from the review process. Our intent is to spend our time on the content of the deliverable while maintaining that it has a high level of quality.
3. **Validate Compliance** – Next, our team will validate the deliverable complies with Federal and State statute and regulation, contractual requirements, specified DEDs (if applicable), and industry standards such as IEEE and PMBOK.
4. **Validate Requirements and Solution** – Finally, our team will review the requirements of the solution, the RTM, and the needs of DHHS and help ensure that the solution proposed conforms appropriately.
5. **Deliver Comment Log** – Once the four steps of review have taken place in the specified timeframe, the Cambria Project Manager will deliver the comment log with findings and recommendations to the DHHS Project Manager for consolidation with DHHS comments and remediation.
6. **Facilitate Acceptance** – Many cycles of review, remediation, and discussion may be needed to produce a final deliverable that reflects the needs of DHHS, compliance with Federal and State standards, and industry best practices. Cambria will be willing and able to support the State on any subsequent cycles of review. In order to facilitate the schedule and not cause delays from being stuck in review cycles that seem to never end. Cambria works with DHHS and the Vendor to

Step Section	Page	Reviewer's Comments	Reviewer Name	Contractor Acceptance	Date/Time
1	1	Verify that the deliverable meets the requirements of the contract and the needs of the State.			
2	2	Verify that the deliverable meets the requirements of the contract and the needs of the State.			

get remediation done quicker and approval faster. This could mean walking through comments while the Vendor remediates the document.

For all of the deliverables, the Cambria team will collaborate with the DHHS Project Team to provide comments, findings, and facilitate resolution with the System Integrator. Cambria has demonstrated this approach on past projects and has produced positive impacts.

3.1.2.3 PAST CHALLENGES AND COMMON ISSUES

iii. Explain past challenges and common issues along with the recommendations provided to address the issues.

In every implementation project there are challenges and common issues that face the team and can sometimes impede progress and possibly even prevent a project from being successful. Some of these are unique to the software being implemented, the Systems Integrator or the State Agency itself. There are also common issues that arise across the span of technology projects that for the most part can be addressed in the same way regardless of the Systems Integrator, State or software being implemented. Cambria staff are unique in the fact that while we are on the IV&V team many of our staff have previously worked for the Systems Integrators. We list below some common issues below that Cambria has had experience with across projects in the past.

Some challenges that Cambria has had to deal with on other projects in the past that are more unique in nature versus common issues across projects are:

Exhibit 59. Past Challenges and Common Issues

#	PROBLEM	REASON	RECOMMENDATION
1	Documentation lacking in content	Developers don't like to do it and aren't always the best at it in addition to pushing it to the last minute or the last day of the project. Developers who do documentation easily leave content out because they know the system very well and take for granite the finer details that a user may need to know.	Require documentation early and often. If it is required as the system is being tested and released it is easier to identify where it falls short. It is also easier for the writer to keep up with updating small pieces than doing it all at once at the end of the project. The Cambria team is both familiar with having to write documentation as well as having to use it in a production setting. In a previous project our team identified a finding on the vendor for not having systems documentation done until after go live. We believe it is a good best practice to have the systems documentation done prior to user acceptance testing. This gives the state the time to put the documentation to use and the vendor plenty of time to correct prior to implementation. Post implementation it is hard to get documentation updates because they are at the bottom of the priority list.

#	PROBLEM	REASON	RECOMMENDATION
2	Resources - It is common for projects to be under-resourced, therefore, causing delays in the schedule.	Sometimes work plans are not resource loaded which allows a resource to be allocated more than 100%. In addition, Systems Integrators sometimes break apart work into multiple work plans which also lends itself to allowing a single resource to be 100% allocated in more than one work plan. Another way for a project to get delayed is if the State's resources are over allocated.	The Systems Integrator should have one consolidated work plan that is fully resource loaded. When reviewing the plan it can easily be seen if resources are maxed out or under allocated. Cambria will also not only look at the work plan to see if there is over utilization on the Systems Integrator staff but will also review the State utilization as well
3	Delays in the project schedule due to endless deliverable review cycles	No one is perfect and while perfection is the goal of a deliverable there is a point where that somehow gets prioritized above the real goal of the project which is to have a successful implementation. The IV&V sometimes concentrates too much on getting the "T's" crossed or the "I's" dotted vs the content. The Systems Integrator sometimes is more focused on meeting dates and deliverable payments than quality.	This problem requires both parties to work together in order to be successful. It is important that the IV&V review deliverables but Cambria's policy is that we focus on the content of the deliverable and try not to sacrifice quality. If things are not correct after two reviews we suggest that the IV&V and the Systems Integrator have a meeting and work through the issues until they are resolved. This is not an easy solution but we have seen it work and have prevented the schedule from being delayed.
4	Incomplete Conversion Plans	Vendors look at conversion from a purely data perspective which in turn misses how data is utilized in a window or by the user.	Cambria's team has both staff who have been on the Vendors team and the State team in the past. This helps to both identify issues in the conversion plan that are data related but also issues where the interpretation of the data on a window or by a user are concerned.
5	Ineffective Test Cases	Test cases can tend to be written at a high level and not detailed enough to actually test the requirement. In addition, since most vendors don't actually use the systems day to day their test cases can be somewhat lacking in real world scenarios. Also the vendors are not typically experts in the policy being used to drive the outcomes therefore, their understanding of the test situation is not always as deep as it could be.	Cambria has staff like Ms. Katie Brown who has actually has worked in the Eligibility unit on the state side. She brings invaluable knowledge to the project that helps to refine test cases so that they not only meet a specific requirement but they will make sense to the user from a real world and policy perspective.

#	PROBLEM	REASON	RECOMMENDATION
6	Cúram challenges	The exchange projects in both Minnesota and Maryland were hampered by issues. Some appear to have been volume related and others appear to have been related to inadequate testing due to the timeline.	Our team understands these and other issues regarding other Cúram implementations. These are challenges that our team has faced in other projects. We are specially equipped to handle those because we have had to do the volume and performance testing in our past as well as having a good understanding of how the users will use the system. In order to get ahead of these it takes good planning and repeated testing as new releases are deployed. Our goal is to not only meet the date given by DHHS but also for the project to be successful.

3.1.2.4 OPPORTUNITIES OR POSITIVE RISKS IN PAST PROJECTS

iv. Provide examples of opportunities or positive risks reported in past projects where the customer was able to capitalize.

Cambria understands the success of the EES and DMA projects largely depends on timely identification, analysis, response planning, and management of risks. Our team has extensive experience in the analysis and management of risks in complex and difficult projects and has demonstrated this capability in our Mississippi Eligibility Modernization Project (EMP) where we served as the IV&V. During the course of the EMP Cambria was able to turn several risk into a positive opportunity where the customer was able to capitalize on them. The first example is in table 1 below.

Exhibit 60. Positive Impact – Finding 9.8 Risk Management

POSITIVE IMPACT – FINDING 9.8 <i>The System Integrator failed to adhere to its own Risk Management Plan (RMP).</i>
OUR FINDING
Cambria observed from December 2013 to February 2014 that the System Integrator did not add any new risks or issues to the Risk and Issue Log. Over the same period, the EMP had three missed deadlines and reset the baseline for project schedule and resources. It was essential to have predictive risk management during this three month period; however, it did not occur. The System Integrator then added 46 new risks to the log, but the mitigation, trigger, and impacts were not completed or discussed. As a result, Cambria documented a finding and facilitated the remedy of this deficiency.
ACHIEVED OUTCOMES
Over the next two months, the System Integrator and the State reviewed all of the risks and issues and associated mitigation and triggers. Furthermore, the State scheduled a monthly Risk and Issue meeting to provide a sufficient project control and forum for the addressing of future risks and issues. As a result, the State and the System Integrator have identified risks such as the loss of the Authority to Connect, a revised Account Transfer BSD, and end of year risks to the project that have been identified and mitigated with minimal impact to the EMP.

For all of the deliverables, the Cambria team will collaborate with the DHHS Project Team to provide comments, findings, and facilitate resolution with the System Integrator. Cambria demonstrated this approach with the Mississippi Division of Medicaid (DOM) and has produced positive impacts. For example, our team identified major deficiencies in conversion planning and the submitted Conversion Plan by the System Integrator. The below exhibit demonstrates the positive impact on the EMP by our deliverable review process:

Exhibit 61. Positive Impact – Finding 9.3 System Integrator’s Conversion Plan

POSITIVE IMPACT – FINDING 9.3 <i>The System Integrator’s Conversion Plan is incomplete.</i>
OUR FINDING
<p>The SI’s Conversion Plan did not present a full picture of conversion due to lack of detail based on the IV&V’s review. Therefore, the State was unable to review and approve the rules that will be used to complete the conversion effort and deliver the Full Implementation of Modernized MEDS. Our team identified that an incorrect conversion could cause issues in determining eligibility for members, possibly incorrect terminations of eligibility, incorrect data being sent to interface partners such as the MDHS or CHIP. Our comment log also identified deficiencies in resourcing, lay-out, and implementation plans.</p>
ACHIEVED OUTCOMES
<p>By August, 2014, the System Integrator added additional conversion rule documentation to the Conversion Plan, provided more complete responses to the State, and conducted multiple “walkthroughs” of the Conversion Plan. Moreover, the System Integrator devoted more business analyst time to Conversion and added tasks to the Project Schedule. As a result, the Full MAGI conversion effort was much better planned and documented and proved to be largely successful, other than a few data issues.</p>

Cambria enabled many positive impacts in regard to System Testing during the EMP, including the institution of system test progress and defect reporting. However, one of the most important positive impacts was the institution of Entry/Exit Criteria between each phase of testing so that DOM could make evidence-based and objective judgments on the decision to move closer to implementation.

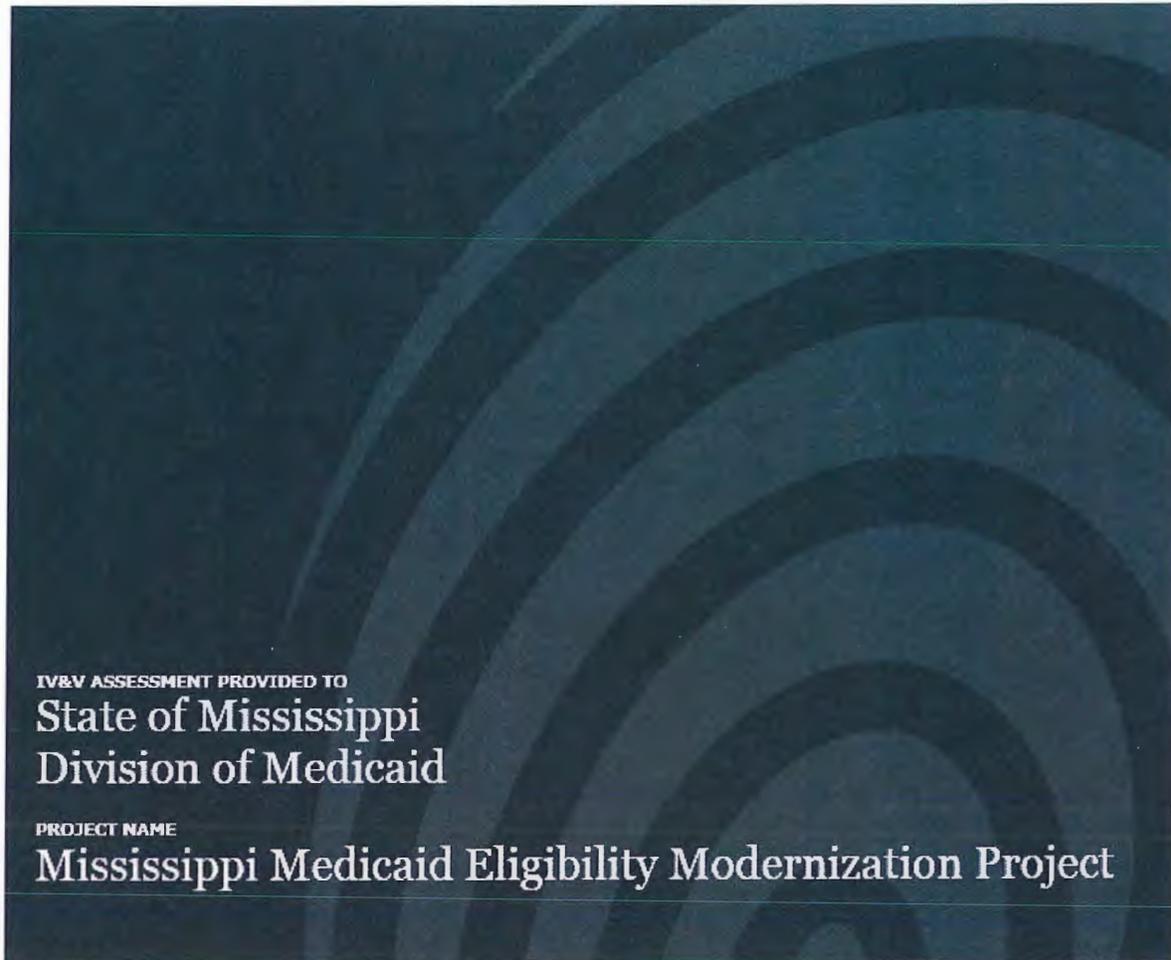
Exhibit 62. Positive Impact – Finding 5.18 Entry/Exit Criteria

POSITIVE IMPACT – FINDING 5.18 <i>The State should adopt clear, objective Entry/Exit Criteria for each Testing Phase.</i>
OUR FINDING
<p>Before the exiting of formal System Testing to UAT, Cambria facilitated a Test Preparation meeting where it was revealed that no clear Entry/Exit criteria was defined for each testing phase. Without clear and objective criteria, the System Integrator does not know the standards to meet for each release and the State is unable to make a clear judgment on readiness for the next phase. Cambria documented this finding and provided a comprehensive set of recommendations for inclusion in the UAT Plan.</p>
ACHIEVED OUTCOMES
<p>As of December, 2013, the State adopted clear Entry/Exit criteria and utilized these standards for the decision to exit each phase. These criterion included defect %, classification, performance measures, and clear preparations that had to be made before migrating to another testing phase. In April 2014, this Exit Criteria was used to halt movement from System Testing to UAT and protect the Eligibility staff from a defective New MEDS. Moreover, this criteria acts a project control and enables success over the long term.</p>

Document Title		Version	Date of Deliverable	Reviewer Information			
CSR_11609_ELIGMOD_Conversion_Plan_1.1		1.1	March 25, 2014	Name	Cambria & DOM		
				Telephone No.			
				Email Address			
Deliverable Review Completed:		4/21/14	FOR CONSOLIDATED COMMENTS: Names of reviewers				
Item No.	Map Section/ Page		Reviewer's Comments	Reviewer Name	Contractor Resolution	Resolution Date	DOM Acceptance
			<p>conversion design (unless the conversion design is a separate deliverable).</p> <p>Transformation rules mentioned numerous times, and process for defining transformation rules is defined. However, the transformation rules have NOT been provided to State for review and approval. SI needs to provide documented transformation rules to State.</p>				additional cross reference table as an appendix in the conversion plan.
3.	Conversion Approach		<p>"The Xerox data analyst identifies the source data to convert."</p> <p>It is recommended that the SI clarify how the Xerox data analyst will identify and determine the source data, as well as the timeline for the analyst to prepare a source-to-target mapping diagram.</p> <p>The SI needs to determine with which State stakeholders the Conversion JAD Sessions will be conducted.</p>	Cambria	Preliminary work on conversion was completed prior to Contingency Phase 1 or Full Construction Project Plan development. This preliminary work, including JAD Sessions, was documented in the approved Interfaces TDD pages 630 through 716. This Conversion Plan addresses the need to incorporate Modernized MEDS Pre-Prod into that approved design.	4/16/2014	Accepted

Often the IV&V is requested to do an assessment of an issue that has arisen on the project. While Cambria's process for doing this follows our Finding Review methodology, the result is a separate document delivered to DHHS. Exhibit 64 below provides an excerpt of an assessment Cambria did for the MS DOM to review their preliminary MAGI Rules. The full assessment report can be found in Appendix A.

Exhibit 64. Preliminary IVV Assessment – MAGI Rules



IV&V ASSESSMENT PROVIDED TO
State of Mississippi
Division of Medicaid

PROJECT NAME
Mississippi Medicaid Eligibility Modernization Project

PREPARED FOR
Rita Rutland
Deputy Administrator
State of Mississippi
Office of the Governor—Division of Medicaid

SUBMITTED
4/29/2016

PRELIMINARY ASSESSMENT OF:
MAGI Rules Functionality—Pre-Production Modernized MEDS

SUBMITTED BY:
Cambria Solutions, Inc.



PRELIMINARY ASSESSMENT OF MAGI RULES FUNCTIONALITY IN PRE-PRODUCTION MODERNIZED MEDS

In March of 2014, the State and the Center for Medicare and Medicaid Services (CMS) asked the independent verification and validation (IV&V) vendor to conduct a detailed assessment of account transfer and Modified Adjusted Gross Income (MAGI) functionality in advance of the Pre-Production Modernized MEDS Go-Live date scheduled for May 15, 2014. After delivering the account transfer assessment in March, the IV&V Team conducted an on-site assessment during the week of April 14-16, 2014 with the following objectives:

- > Assess the maturity of the Pre-Production Modernized MEDS eligibility system;
- > Determine the state of the Pre-Production Modernized MEDS environment prior to user acceptance testing (UAT) being conducted;
- > Verify system testing through representative system test case execution; and
- > Analyze the overall design of the system architecture and rules engine to validate the May 15, 2014 Go-Live date.

In order to provide the most value to the State and CMS, the IV&V is delivering this preliminary assessment to review our test results, reveal major findings, and provide an advance assessment of the System Integrator's readiness for UAT starting April 29, 2014. The April IV&V Assessment Report (IAR) will include a dedicated section covering a more comprehensive set of findings around the overall design and architecture.

OVERVIEW OF TEST RESULTS

The IV&V Team developed 17 new test cases to verify and validate the ability of Pre-Production Modernized MEDS to correctly process MAGI rules. Descriptions for each case and detailed test results are presented in Appendix A. Each test case was developed to stress the Pre-Production Modernized MEDS and uncover potential issues for State Eligibility staff to prepare for during UAT. Each test case's results were measured against expected results, which were validated by the IV&V's Eligibility subject matter expert (SME). Potential defects or issues, or situations where test results differed from expected results, were immediately documented and flagged for follow-up discussions with the System Integrator's testing lead to determine the cause(s).

During the two days of testing, Cambria staff performed testing on: Medicaid eligibility determinations using MAGI rules, specific categories of eligibility (COEs), reasonable compatibility and countable/uncountable income. Out of 17 cases, 14 cases passed, representing an 82 percent pass rate. Of the three failed test cases, two were the result of unexpected outcomes in reasonable compatibility. Specifically, these two cases relate to the display of an approval for an individual failing the reasonable compatibility test and requiring the State Eligibility worker to specify an end date for bi-weekly income. The other failed test case resulted from unverified relationships that caused an incorrect COE denial. Overall, rules performance was much improved over performance in December 2013.

MAJOR FINDINGS

The IV&V assessment includes several initial findings which can serve as leading indicators in advance of formal UAT. Many of the major findings reveal an inconsistency between the system



Cambria Solutions, Inc.
Mississippi Division of Medicaid

design and the workflow and usability for the State Eligibility worker. During UAT, each of these findings can be substantiated or refuted through more thorough testing by the State.

Exhibit 1: Major Findings from MAGI Rules Functionality Assessment

REF. #	DESCRIPTION OF FINDING	COMMENTS
1	<p>The Business Rules Engine (BRE) includes duplication in the structure of COE determinations.</p> <p>Based on discussions with the System Integrator's Business Rules Architect and a review of the Business Rules Design document, the IV&V Team found that several common eligibility factors (e.g., household composition) were repeated across multiple COEs.</p>	<p>As jointly acknowledged by the System Integrator, this redundancy may lead to overall performance issues within the BRE.</p>
2	<p>Denial reason codes are not optimal for many eligibility decisions.</p> <p>Due to the structure of COE determinations mentioned in Finding #1, applicants are iteratively denied for individual COEs rather than for other common, non-financial eligibility factors ahead of MAGI and household composition determination.</p>	<p>The effect of this structure yields potentially confusing and incorrect denial reason codes (e.g. failure to meet 5-year bar). At a minimum, additional interpretation is required by an eligibility worker prior to generating a notice/correspondence.</p>
3	<p>Reasonable Compatibility determinations do not follow the COE determinations.</p> <p>The process and system design of income reasonable compatibility determination is disjointed from other COE eligibility determinations.</p>	<p>It is not clear upon the processing of eligibility whether income compatibility has passed or failed. Furthermore, significant manual resolution may be required by a supervisor to issue a request for additional verification or issue a denial.</p>
4	<p>Change reporting will necessitate access to the BRE in the interim period prior to Full Implementation.</p> <p>While most redetermination capability is slated for Full Implementation, the State will likely require access to the BRE to calculate changes reported to the household (e.g., income or family composition) in the interim.</p>	<p>To effectively evaluate whether income or household changes materially affect eligibility, workers and supervisors may need access to invoke the MAGI rules from the Pre-Production Environment.</p>
5	<p>Differences in design documentation and user expectations will likely cause workflow issues and need to be addressed by the State and System Integrator.</p> <p>The IV&V Team consistently found areas where the documented design would have significant workflow impacts on the end user. Two examples include:</p> <ul style="list-style-type: none"> ➢ Three months of consecutive ineligibility will need further review especially in the instance of a child qualifying for CHIP. (See Test Case #13) ➢ Relationship verifications may need to be reviewed. If there is a case member unrelated to the primary person, the relationship verification must be shown as "not verified – adult only." (See Test Case #6) 	<p>In relation to consecutive ineligibility, the worker will have to go back in to the case and process two different time periods in order for the correct information to be in the system.</p> <p>In regard to relationships, significant explanation will be needed during worker training to prevent confusion.</p> <p>For these items and others, the design will need confirmation by the State and the identification of a plan of action for changes and</p>

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4/29/2016

Preliminary Assessment of MAGI Rules Functionality in Pre-Production Modernized MEDS
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3.1.3 IV&V STATUS MEETINGS AND REPORTING

Cambria finds that attending project meetings, interviewing DHHS staff, meeting with DHHS project leadership, and project stakeholders offer insight in preparing and allowing a truly independent project status for DHHS in preparing the IAR. Throughout the DHHS projects, the IV&V team executes control of the IV&V scope by attending project meetings and meetings with CMS as directed by CMS or DHHS. The IV&V team attends requirements meetings and regular project status meetings held by DHHS and the vendor. The independent attendance of the IV&V team in the meetings provides the team the opportunity to support DHHS in identifying risks, issues, opportunities, project variances, external project impacts, and changes in requirements or additional requirements that may require mitigation. These observations are communicated with DHHS and the vendor. The team also takes notes in order to aid in key deliverable review of design documents and test plans confirming the vendor fulfills the requirements agreed upon by DHHS and vendor in the meetings.

The IV&V team holds weekly IV&V meetings to communicate observations, review progress made in the prior period, review action items, discuss any needed changes and resolve any issues pertaining to IV&V project management and monitoring of the project. The weekly status meetings are attended by the DHHS Project Manager, RAID Board leadership, IV&V Project Manager, IV&V Business/Test Analysts, and IV&V Technical Analyst. The Cambria team will participate in status meetings on a weekly basis, or more frequently, if necessary.

Cambria's IV&V team takes part in all meetings to fully understand any issues that arise and make recommendations for improvement.

IV&V team meetings are moderated by the Cambria team or DHHS. Status meetings follow a set agenda and provide a formal opportunity for every team member to speak and ask questions—in other words, to communicate with each other.

3.1.3.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder should include the following in the proposal:

- i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.

Cambria understands DHHS requires the IV&V team to be in attendance at project team meetings, as well as, facilitating IV&V status meetings to report IV&V findings to DHHS and the vendor. The following is Cambria's response to meeting the requirements for IV&V status meetings and reporting.

Exhibit 65. IV&V Status Meetings and Reporting Requirements and Approach

ID	REQUIREMENT	CAMBRIA'S RESPONSE
1	<p>Must prepare and submit a weekly status report including activities for the previous week and upcoming activities for the next two weeks that includes the following information:</p> <ul style="list-style-type: none"> ➤ Project meeting participation including an assessment of completed meetings and any recommendations for improvement. ➤ Planned project meetings for IV&V participation. ➤ Project deliverable review activities. ➤ Risks, issues, and opportunities which are new or have been updated since the previous submission. ➤ Updated IV&V schedule ➤ Critical incidents summarizing the incident, impact to the project, and a proposed action plan to address the incident. ➤ Other IV&V activities as defined by MLTC. 	Cambria will comply
<p>Cambria's IV&V team will attend all project meetings and meetings with CMS as directed by CMS or DHHS to independently observe the meetings to assess any impacts to the project, and provide any recommendations for improvement.</p> <p>The weekly report will include:</p> <ul style="list-style-type: none"> ➤ Assessments of the project's day to day meetings, activities, and recommendations for improvement ➤ Report on IV&V activities past and upcoming ➤ Update on deliverable review activities and schedule ➤ Update on IV&V schedule ➤ Handling of critical incidents, impacts to the project and proposed action plan to address the incident ➤ Other IV&V activities as defined by MTLC <p>The Weekly Status Report from the prior week's activities will be used as the upcoming Weekly Status Meeting agenda.</p>		
2	<p>Must submit each weekly status report by the MLTC established day and time. MLTC will allow a minimum of one business day from the end of the weekly reporting period for submission.</p>	Cambria will comply
<p>Cambria's IV&V team will provide weekly reports, delivered each Monday or as determined by DHHS, and in accordance with the template as approved by DHHS.</p>		
3	<p>Must facilitate a weekly IV&V status meeting with MLTC identified project leadership.</p>	Cambria will comply
<p>Cambria IV&V team will schedule and facilitate weekly status meetings on Fridays that are to be attended by the DHHS identified project leadership, IV&V Project Manager, IV&V Business/Test Analysts, and IV&V Technical Analyst. Additional attendees may be invited as needed.</p>		

ID	REQUIREMENT	CAMBRIA'S RESPONSE
4	<p>Must prepare and submit a maximum of five business days after month end a monthly IV&V report that includes the following:</p> <ul style="list-style-type: none"> ➤ Summary of IV&V activities for the past month. ➤ Summary of IV&V activities planned for the next month. ➤ IV&V assessment of the overall project, schedule, budget, scope, and quality status in comparison to the project teams' reported status clearly identifying any differences along with the reasoning. ➤ Additions or updates to executive level risks, issues, and opportunities along with further recommended actions. ➤ Summary assessment of project deliverables and work products reviewed in the last reporting period. ➤ Other IV&V activities as defined by MLTC. 	Cambria will comply
<p>Cambria's IV&V team will prepare and submit to DHHS within five business days after month end the monthly IV&V report summarizing:</p> <ul style="list-style-type: none"> ➤ IV&V activities for the past month and planned activities for the next month ➤ IV&V's independent assessment of the overall project, schedule, budget, scope, and quality status ➤ Identification of any differences and reasons for the disparity between the IV&V independent assessment and the project teams' reported status ➤ Updates and additions to executive level risks, issues, recommendations, and opportunities for improvement ➤ Summary of project deliverables and work products reviewed in the last reporting period ➤ Other IV&V activities as defined by DHHS 		
5	Must facilitate a monthly IV&V report meeting with MLTC identified leadership.	Cambria will comply
<p>Cambria's IV&V project manager will facilitate a monthly IV&V report meeting with DHHS identified leadership the 10th calendar day of every month or as determined by the State.</p> <p>Cambria's IV&V will draft the monthly status report summarizing the weekly status meeting reports and the review period for the monthly status report will begin seven days prior to the end of the month. The final report will be provided within five business days after month end.</p>		
6	Must create the agenda and take the minutes for any IV&V meetings.	Cambria will comply
<p>Cambria's IV&V will utilize the appropriate previous status report to create the IV&V meeting agenda for the IV&V meetings. Cambria's IV&V will record meeting minutes.</p>		

3.1.3.2 PROCESS FOR CAPTURING DETAILED STATUS ON PROJECT ACTIVITIES

ii. Describe the bidder's process for capturing detailed status on project activities (i.e., scheduled tasks, risks, issues, staffing, communications, etc.) at a detailed level and reporting the information as needed based on the reporting audience.

The IV&V team develops the monthly project status report through the following development process:

- Reviewing and monitoring the Vendors' work plan for schedule slippage, earned value analysis, open issues and action items, deliverable quality, risk controls, and stakeholder feedback
- Participating in regular status meetings with the State and Vendor and recording minutes
- Analyzing the project schedule, testing progress, and project changes
- Conducting interviews and reviewing documentation and deliverables
- Conducting an analysis of the RTM
- Supporting the State during system testing and UAT
- Managing risks and issues, please see Section 3.1.1.1.8 Risk Management
- Monitoring defect tracking and resolutions
- Developing findings and recommendations for corrective and/or improvement actions in IV&V internal findings meetings

All of these activities give us data that we gather, put in repository, and analyze during our daily standups and in our internal IV&V meetings to produce status.

3.1.3.2.1 WEEKLY STATUS REPORT

The status report indicates overall project direction including project schedule, project deliverable quality, scope change request management, project issues status, project risk mitigation, and DHHS's concerns. Specifically, the status report includes:

- Overall project summary/status including completed meetings
- Progress made against milestones, deliverables, and tasks for the reporting period, including activities started, completed, or in progress
- Assessment of meetings attended during the reporting period and any recommendations for improvement
- Review of deliverable activities including the project's adherence to scope, schedule, quality, standards, methods, and tools
- Report of critical incidents, their impact to the project, and recommended action plan for correction
- An explanation for any variances, effects on other areas, and strategies to achieve realignment
- List of delayed tasks, reasons for delay, with expected revised completion date
- Planned project meetings for IV&V participation
- Work planned for the next two reporting periods
- Recommended revisions to the approved schedule for the project
- Project meetings attended and assessment of meetings with any needed recommendations for improvement
- Issues and risks assessment, recommendations, and actual resolutions for each issue and risk, and the potential impact to the project if the issues and risks are not resolved. Disposition of previous issues and recommendations
- Action Items
- Updated IV&V schedule
- Critical Incidents, barriers to completing the project
- Key decisions made

- Any other topics and risk items that require attention.
- Other IV&V activities as defined by DHHS

Weekly status reports will be reviewed in the weekly IV&V status meetings that will be scheduled and facilitated on Fridays by the Cambria IV&V Project Manager. Weekly IV&V status meetings are to be attended by the DHHS identified project leadership, IV&V Project Manager, IV&V Business/Test Analysts and IV&V Technical Analyst. Additional attendees can be invited as needed. Cambria will prepare agendas and capture meeting minutes at the weekly IV&V status meetings to record action items, discussions, and decisions made.

3.1.3.2.2 CLIENT MONTHLY STATUS REPORT

Each month, Cambria's project manager creates the IV&V monthly status report which is similar to the weekly status report, however the monthly status report indicates the overall project direction including project schedule, project deliverable quality, scope change request management, project issues status, project risk mitigation, and DHHS's concerns. Cambria tailors its status reports for the intended audience. For the project staff, the status report is detailed on an as needed or requested basis, which is to give the project staff the information needed to make decisions on risks and issues thereby giving the staff the ability to review all issues and risks to solution the issues and mitigate risks. For the executives, the reports are tailored to a summary level only communicating the information needed at a higher level. At executive level, a summary status report allows for critical or high priority issues review at an executive level that would require approval to move forward due to budget and or scope. Appendix A includes a sample client monthly status report which may be tailored for the DHHS. Specifically, the client monthly status report includes:

- Overall summary of the IV&V activities for the past month
- Overall summary of the IV&V activities for the upcoming month
- Overall summary/status assessment with status report indicators in the format of 'red, yellow and green' of the overall project, schedule, budget, scope, and quality status
 - Green can mean the project is "on track" for hitting schedule, cost, and requirements (scope) goals, and there are no major issues
 - Yellow can mean "in question" - early warning of potential risk to either cost, schedule, or scope, and refer the reader to the Issues section for details
 - Red can mean status is "critical" - one or more serious issues have put project success in jeopardy.
- A comparison analysis of the of the IV&V's assessment of overall project, schedule, budget, scope, and quality status against the project teams' reported status clearly identifying the differences along with the reasoning
- Recommended revisions to the approved schedule for the project
- Completed and planned Project Meetings and other related project activities
- IV&V schedule of accomplishments in the past month
- Planned IV&V activities for the next month
- Executive summary of additions or updated on issues and risks assessment, recommendations, and actual resolutions for each issue and risk, and the potential impact to the project if the issues and risks are not resolved
- Disposition of previous issues and recommendations

- Summary assessment of project deliverables and work products reviewed in the last month
- Any other topics and risk items that require attention
- Other IV&V activities as defined by DHHS

The IV&V monthly status report will be reviewed at the monthly IV&V report meetings. Our IV&V Project Manager will facilitate a monthly IV&V report meeting with DHHS identified leadership the 10th calendar day of every month or as determined by the State. Cambria's IV&V will draft the monthly status report summarizing the weekly status meeting reports and the review period for the monthly status report will typically begin seven days prior to the end of the month. The final report will be provided within five business days after month end.

3.1.3.2.3 INDEPENDENT ASSESSMENT REPORT (IAR)

Many IV&V vendors spend their time only checking boxes off on their checklists and they provide little observation of processes to offer recommendations to enhance/improve project success. Many other IV&V vendors hold their findings and recommendations until the end of the month thus impacting the vendor and schedule. The goal of Cambria's IV&V is to work with DHHS and the vendor to help successfully implement the project. Weekly meetings allow for transparency in communicating observation of best practices as well as issues that need to be addressed proactively. In addition to the weekly status report and the client monthly status report, Cambria's IV&V team also creates the comprehensive Independent Assessment Report (IAR).

The purpose of the IAR is to provide an assessment of project deliverables and artifacts and provide an evaluation of the technical planning, management, and control processes that directly support the successful implementation of a DHHS project. The IV&V processes help the State meet CMS-defined phase exit criteria that project work products are in line with accepted industry standards, and that project and system requirements are being met. The IAR presents findings, identifies risks, and makes recommendations to help determine the project and system are in line with CMS expectations, project guidelines and requirements, and industry standards.

The IAR is developed through the following IV&V tasks:

- Participation in regular status meetings with the State and Vendor;
- Analysis of the project schedule, testing progress, and project changes;
- Conducting interviews and reviewing documentation and deliverables;
- Supporting the State during system testing and UAT; and
- Development of Findings and Recommendations for corrective and/or improvement actions.

The IV&V team generates a monthly IV&V Assessment Report (IAR) for the State presenting Findings and Recommendations for corrective and/or improvement actions. The IAR delivers the team's assessment of project deliverables and artifacts and provides an evaluation of the technical planning, management, and control processes that directly support the successful implementation of the project. Cambria's IAR presents findings, identifies risks, and makes recommendations to help ensure that the project and system are in line with project guidelines and requirements, and industry standards, such as the Institute of Electrical and Electronic Engineers (IEEE), Project

Cambria's IV&V is independent and impartial- our reports go to CMS and identify issues involving both the state and vendor.

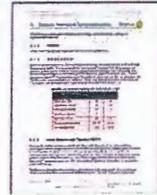
Management Body of Knowledge (PMBOK), and the Information Technology Infrastructure Library. Cambria’s IV&V is independent and impartial – our reports go to CMS and will identify issues involving the state as well as the vendor in findings.

In addition to the IAR, Cambria’s project manager will produce monthly IV&V status reports that contains assessment findings, including issues, risks, conclusions, recommendations and project status as a more detailed report for the State’s project manager.

The key areas of the project assessed by the IAR are:

Exhibit 66. Key Areas Assessed by the IAR

ASSESSMENT AREA	DESCRIPTION	EXAMPLE
Summary of Project Progress	Major accomplishments and activities are summarized and assessed.	
Findings & Recommendations	All significant deficiencies, risks, or concerns are documented with a recommendation to remedy the deficiency. These findings are tracked until resolved.	
Scope	The status of change requests, scope control and other items are evaluated and reported on in this assessment area.	
Schedule	The current project schedule reflecting the phase of the project, tasks in each phase, actual and scheduled completion date and % complete for the task. This section gives an indication of which tasks are complete, slipping and late.	
Risk Assessment	This section includes a summary of the Risk Assessment Report delivered on a monthly basis. The risks and issues most urgent to the project will be assessed.	

ASSESSMENT AREA	DESCRIPTION	EXAMPLE
Project Phases (i.e. SDLC)	Each phase of the EES and DMA projects will be assessed, including requirements, design, development, implementation, and post-implementation. The readiness for entry into new phases will be assessed as well.	
Quality	The quality of deliverables and work products of the Vendor is assessed most often here, including accuracy, consistency, completeness, and timeliness.	
Cost	The cost of the project, any change requests, and contract amendments will be assessed. Therefore, we can facilitate early detection and correction of cost issues.	
Staffing	This section will determine if the project is fully resourced, any resource strain, overlap or corrective actions are needed in regard to staffing.	
IV&V Activities	Summary of IV&V activities for the past month and IV&V activities planned for the next month.	

3.1.3.3 METHODS FOR DETERMINING AND REPORTING PROJECT STATUS

iii. Describe the bidder's methods for determining and reporting overall project, schedule, budget, scope, and quality status (i.e., determining whether a project is red, yellow, or green, and providing defined criteria as to what constitutes each type of status).

The IAR uses indicators and dashboards to depict the overall health and direction of the project. Exhibit 67 reflects the criteria for the stoplight (dashboard) indicators used in the executive summary of the IAR. Indicators provide a visual summary status which is then followed by a detailed description of the reason for the visual status of the following colors and symbols for that critical area being assessed.

Exhibit 67. Indicators and Trends

INDICATOR	SYMBOL	DESCRIPTION
Green		Good. Meets expected standards. Processes are largely compliant with established standard(s) as documented. There should be no related findings
Yellow		Marginal. Marginally meets expected standard(s). Processes are only partially compliant with established standard(s) as documented.
Red		Unsatisfactory. Processes are not compliant with established standard(s) as documented.
Up Arrow		The finding is trending in an upward direction, meaning it is getting close to resolution or progress is being made.
Down Arrow		The finding is trending in a downward direction, meaning it is not getting closer to resolution or the condition is regressing.
Side to Side Arrow		The finding has not changed in its status, meaning it is not closer to resolution nor regressing.

As a part of the indicators used to assess the progress of the EES and DMA projects, Cambria will trend the progress of the indicators over quarters to provide project leadership the capability to see progress or lack of progress. As a result, Cambria will recommend specific corrective actions to bring the EES and DMA projects into conformance with industry standards of practice and end goal of successful implementation. The below exhibit demonstrates the progress against the major assessment areas in the IAR in the last quarter of 2014.

Exhibit 68. IAR Trends and Progress – Quarterly Reporting

CATEGORY	OCTOBER 2014	NOVEMBER 2014	DECEMBER 2014
Scope			
Schedule			
Design, Testing & Implementation			
Cost			

CATEGORY	OCTOBER 2014	NOVEMBER 2014	DECEMBER 2014
Staffing			
Quality			

3.1.3.4 STATUS REPORT TEMPLATES

iv. Provide the bidder’s status report templates, including instructions and procedures for completing the templates.

3.1.3.2.4 WEEKLY STATUS MEETING

The weekly status meeting is the formal vehicle for reporting progress, identifying risks and issues, discussing needed changes, and resolving problems.

The goal of status meetings is to:

- Review the progress made in the prior period
- Review action items and
- Resolve project issues

Weekly status meetings are attended by all project team members. Other stakeholders may be invited to participate as appropriate. Team meetings are moderated by the Cambria team or DHHS. Status meetings follow a set agenda and provide a formal opportunity for every team member to speak and ask questions—in other words, to communicate with each other.

Cambria will work with DHHS to further customize the weekly project status report to meet the requirement needs, the template is displayed in Exhibit 69.

Exhibit 69. Weekly Project Status Report Template

Instructions on how to populate the weekly status report:

- **Overall Project Summary** - Shade the cells as appropriate. This section of the project status report provides a quick executive overview of the status of the project. It is intended for high-level management so it should not get too much into the details of the project. However, it should highlight anything specific which should be brought to their attention. The scope/schedule/cost/quality table is a quick way to present a color coded dashboard for the status report. For a project that needs tighter control +/- 2% and +/- 5% are used for these thresholds; whereas, other projects with less strict control may use 10% and 20% variances.
- **Milestones / Tasks** - This section is a quick table which shows the status (shade cells as appropriate) of the project milestones and tasks.
 - **ID** = WBS or deliverable #.

- **Milestone/Task Name** = name as it appears in WBS or project plan.
- **Start (Planned)** = the start date according to the approved project plan.
- **Start (Actual)** = the actual date the milestone was started.
- **Finish (Planned)** = the finish date according to the approved project plan.
- **Finish (Actual)** = the actual date the milestone was finished.
- **%Complete** – percent of work that has been completed to date.
- **Status** = on track (shaded green); date at risk or changed (shaded yellow); impacts end date (shaded red).
- **Key Deliverables** - This section is a quick table which shows the status of key deliverables. The planned start and actual finish date and a revised finish date for the deliverable.
 - **Key Deliverable** – name as it appears in WBS or project plan.
 - **Start (Planned)** = the start date according to the approved project plan.
 - **Start (Finish)** = the actual date the milestone was started.
 - **Revised (Finish)** = the finish date of the completed deliverable review cycle.
 - **Status** – comments/notes regarding the deliverable status.
- **Project Meetings and Activities**
 - **Meetings attended** – List of completed meetings since previous status report submission. An IV&V assessment of each completed meeting and any recommendations for improvement.
 - > Date – date meeting held
 - > Assessment – IV&V assessment of meeting
 - > Recommendation – any IV&V recommendation for improvement of meeting
 - **Planned Project Meetings** – list of meetings IV&V plans to attend
 - > Date – date meeting is planned to be held
 - **Other activities attended** – list of any other project related activities such as training.
 - > Date – date activity is planned to be held
- **IV&V Schedule at a Glance**
 - **Last Week's Accomplishments** - In this section you should provide a highlight of work performed and deliverables/milestones met during the past week.
 - > Date – date deliverable or milestone completed
 - > Owner/Lead – person completing the deliverable or milestone
 - **Activities Planned for Next Week** - Provide an overview of the work being performed during the next week and any milestones or deliverables you expect to meet.
 - > Date – date deliverable or milestone expected to complete
 - > Owner/Lead – person expected to complete the deliverable or milestone
- **Risks/Issues and Opportunities** - This section should provide a list of open risks (risks which have occurred (issues), or are on the verge of occurring) and opportunities.
- **Critical Incidents** – This section should list any event that impacts the project by delaying or stopping any phase of the project for a set number of hours or days as defined by the client. Also provide a proposed action plan for the critical incident.
- **Action Items** - This section should provide a list of action items that must be monitored/addressed.

- **Items for Discussion** - This section provides for capturing any general items not categorized in the deliverables/milestones, risks/issues, activities, action items listed above.

3.1.3.2.5 MONTHLY STATUS REPORT

The monthly status report indicates overall project direction including project schedule, project deliverable quality, scope change request management, issues, project risk mitigation, and DHHS's concerns. The monthly status report may can be tailored to DHHS's reporting needs and may include:

- Progress made against milestones, deliverables, and tasks for the reporting period, including activities started, completed, or in progress
- Status of deliverables and the project's adherence to scope, schedule, quality, standards, methods and tools, resources, and budget, with an explanation for any variances
- An updated list of key milestones/deliverables and a comparison to the approved baseline schedule and explanation for any variances
- Recommended revisions to the approved schedule for the project
- Issue/risk assessment and recommendations for resolving each issue and risk, and the potential impact to the project if the issues and risks are not resolved
- Disposition of previous issues and recommendations
- Work planned for the next reporting period
- Meetings attended during the reporting period
- Outstanding action items (i.e., unresolved Action Log items)
- An assessment of implementation progress, including probability of meeting/completing project milestones/deliverables for each reporting period and adherence to the project scope, schedule, quality, resources, and budget
- A list of project team members, hours worked, and planned activities for next month

Exhibit 70 below is a sample status report template which may be tailored further for DHHS.

Exhibit 70. Monthly Status Report Template

The image displays two screenshots of the Cambria Monthly Status Report template. The left screenshot shows the main report header and several data entry sections: IV&V Activities This Period, Planned Activities for Next Period, Schedule, Budget, Scope, and Quality of Project Deliverables/Work Products. The right screenshot shows sections for Risks, Issues, Opportunities for Improvement, Action Items, and Items for Discussion, each with a table for data entry.

Instructions on how to populate the Monthly status report:

- **Project** – In this section you should identify the project, the reporting period, planned finish for the project, total project contract value, expended cost total to date, remaining contract value and overall status of the project.
- **IV&V Activities this Period** - In this section you should provide a highlight of work performed and deliverables/milestones completed, deliverables reviewed, deliverables submitted, meetings attended, and other project related activities.
- **Planned Activities for Next Period** - In this section you should provide an overview of the work being performed during the next month and any milestones or deliverables expected to complete.
- **Schedule** – In this section you should provide the current schedule phase and milestones, expected completion date and their % completed.
- **Budget** – In this section you give a status of the budget. However, if the project is fixed price then this section would give a status of change requests that the state is paying for and how that is differing from the cost initially agreed up.
- **Scope** – In this section you should provide where the scope is in relation to requirements for the overall project and for the month. There may be critical success factors that are used in this process as well as monitoring change orders or change requests.
- **Quality of Project Deliverables / Work Products** - In this section you should provide a list of all deliverables and project related work products submitted and status of each.
- **Risks** – In this section you should provide a list of risks or risks that are about to occur.
- **Issues** - This section should provide a list of issues (risks which have occurred).
- **Opportunities for Improvement/Recommendations** – In this section you should provide a list of opportunities for improvement based on IV&V observations.
- **Action Items** - This section should provide a list of action items that must be monitored/addressed.
- **Items for Discussion** - This section provides for capturing any general items not categorized in the deliverables/milestones, risks/issues, activities, action items listed above.

3.1.3.2.6 IAR

In addition to the reports that are provided, Cambria also provides the IAR which presents findings, identifies risks, and makes recommendations to help ensure that the project and system are in line with CMS expectations, project guidelines and requirements, and industry standards. Exhibit 71 displays the monthly status report template for the IAR.

Exhibit 71. IV&V Assessment Report Template

IV&V ASSESSMENT PROVIDED TO
[State Agency Client Name]

PROJECT NAME
[Project Name]

PREPARED FOR
[State Executive Sponsor Name]
[Title]
[Department]
State of [State]
[State Agency]

DELIVERED
XX/XX/XXXX

DOCUMENT TITLE
IV&V Assessment Report (IAR)
[month] [year]

SUBMITTED BY
Cambria Solutions, Inc.

Cambria Solutions

Cambria Solutions, Inc.
IV&V Assessment Report 8x

LIST OF EXHIBITS

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December 31, 2016
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Cambria Solutions, Inc.
IV&V Assessment Report for [Project Name]

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Cambria Solutions, Inc.
IV&V Assessment Report for [Project Name]

1. EXECUTIVE SUMMARY

The following IV&V Assessment Report (IAR) describes Cambria's Independent Verification and Validation (IV&V) review of the [Project Name] project for the month of [Month]. The primary objective of the IV&V is to provide an unbiased assessment of the project deliverables and system, project processes and performance, and accountability of the project team, partners, and stakeholders. The IV&V is expected to facilitate early detection and correction of errors, enhance management insight into risks, and help ensure compliance with project and Center for Medicare and Medicaid Services (CMS) standards. The Executive Summary describes the project health, status of findings and recommendations, and a status on the current phase of the project.

1.1 OVERALL PROJECT HEALTH

The overall project health of the [Project Name] as of [Date] is:

Exhibit 1: Overall Project Health

CATEGORY	INDICATOR	STATUS
Scope	●	
Schedule	●	
Design, Testing & Implementation	●	
Cost	●	
Staffing	●	
Quality	●	

Appendix B contains the legend and criteria for the indicators above.

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Cambria Solutions, Inc. DSIW Assessment Report for [Client Name]

1.2 STATUS OF CURRENT AND NEW FINDINGS

After review of the [Client Name] through [Date], the IV&V found the following new findings:

[This section contains a paragraph describing the findings discovered since the last report. Additional paragraphs are required to give a current status of the project.]

Exhibit 2: New Findings in [Current month and quarter]

ID	Title	Description

Throughout [Client Name], the System Integrator and the State addressed findings from November and previous months. The following exhibit displays the high level status for outstanding findings and their associated trend:

[This section contains a paragraph describing the status of outstanding findings. Additional paragraphs are required to give a current status of the project.]

Exhibit 3: Outstanding Findings

ID	Title	Status	Trend

Appendix B contains the legend and criteria for the indicators above.

All findings and recommendations are described in detail in Section 5 and all descriptions of trends and indicators are found in Appendix B.

Cambria Solutions, Inc. DSIW Assessment Report for [Client Name]

1.3 STATUS OF [Project Name]

[This section contains a paragraph describing the status of the project for the current month and quarter. Additional paragraphs are required to give a current status of the project.]

Cambria Solutions, Inc. DSIW Assessment Report for [Client Name]

2. CURRENT STATUS

This section has a paragraph that gives the high level view of the project from inception. Additional paragraphs are required to give a current status of the project.

Exhibit 7: summarizes the current project plans, scope, and Go-Live dates.

Exhibit 7: Project Plan Summary

PROJECT PLAN	MAJOR MILESTONES	GO-LIVE DATE	STATUS

Cambria Solutions, Inc. DSIW Assessment Report for [Client Name]

3. SCOPE

STATUS: [Indicator]

[This section is describing where the scope is in relation to requirements for the work all project and for the project. Summaries there are critical success factors that are used in this process as well as maintaining change reduction change projects.]

Exhibit 8: Critical Success Factors

CRITICAL SUCCESS FACTORS	STATUS

4. SCHEDULE STATUS:

[This section gives a status of each deliverable milestone and when the milestone is to be completed and what is completed.]

Exhibit 11: Project Schedule Status

Phase	Task	Completion Date	% Complete

6. COST STATUS:

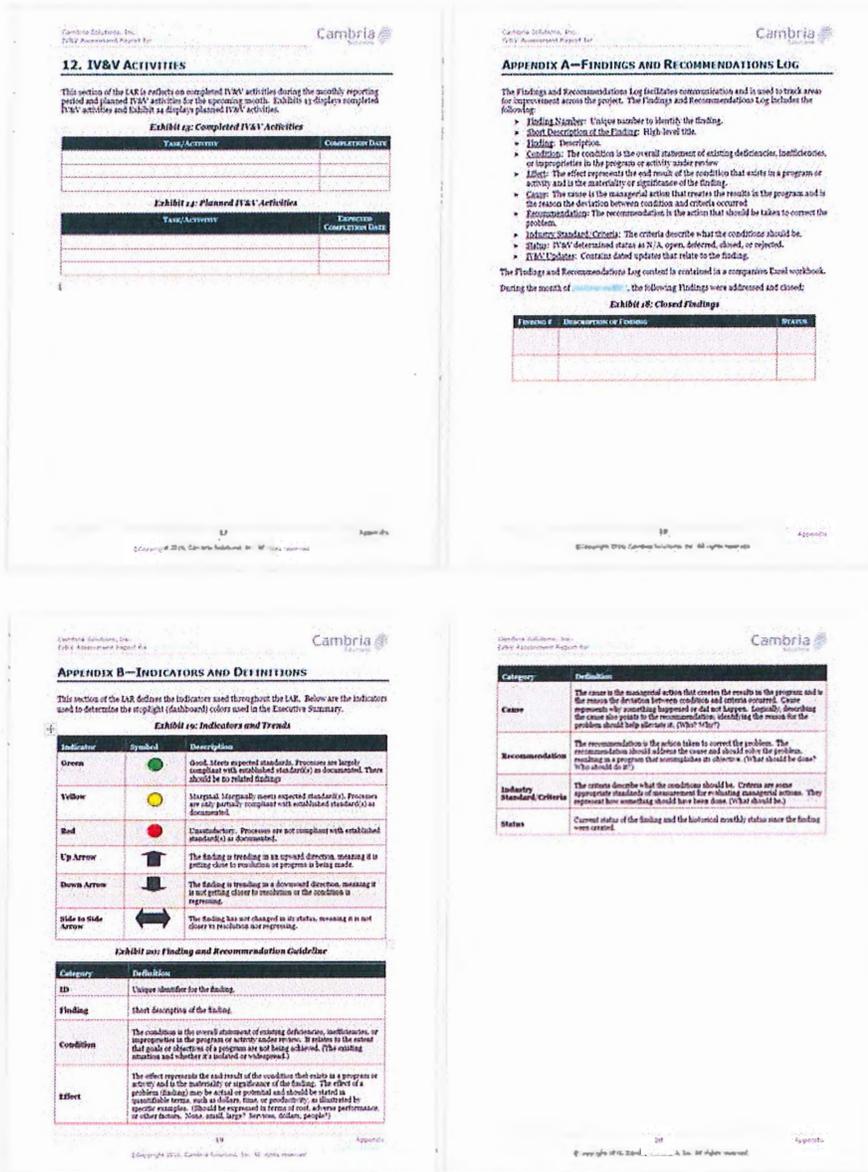
[This section gives a status of cost. However, if the project is fixed price then this section would give a status of change requests that the state is paying for and how that is defining from the cost initially agreed up.]

5. DESIGN, TESTING & IMPLEMENTATION STATUS:

[This section describes the progress of the Design, Testing and Implementation. It lists all milestones that are being tracked and when they are to be completed and what is completed.]

7. STAFFING STATUS:

[This section details any staffing issues with the implementation vendor.]



Instructions on how to populate the monthly IAR:

- **Summary of Project Progress** - Major accomplishments and activities are summarized and assessed.
- **Findings & Recommendations** - All significant deficiencies, risks, or concerns are documented with a recommendation to remedy the deficiency. These findings are tracked until resolved.
- **Scope** - The status of change requests, scope control and other items are evaluated and reported on in this assessment area.
- **Schedule** - The current project schedule reflecting the phase of the project, tasks in each phase, actual and scheduled completion date and % complete for the task. This section gives an indication of which tasks are complete, slipping and late.

- **Risk Assessment** - This section includes a summary of the Risk Assessment Report delivered on a monthly basis. The risks and issues most urgent to the project will be assessed.
- **Project Phases (i.e. SDLC)** - Each phase of a DHHS project will be assessed, including requirements, design, development, implementation, and post-implementation. The readiness for entry into new phases will be assessed as well.
- Quality** - The quality of deliverables and work products of the Vendor is assessed most often here, including accuracy, consistency, completeness, and timeliness.
- **Cost** - The cost of the project, any change requests, and contract amendments will be assessed. Therefore, we can facilitate early detection and correction of cost issues.
- **Staffing** - This section will determine if the project is fully resourced, any resource strain, overlap or corrective actions are needed in regard to staffing.

3.1.3.5 SAMPLE WEEKLY STATUS REPORTS

v. Provide examples of similar weekly status reports used in previous projects.

Exhibits 72, 73, and 74 display examples of Cambria’s meeting agenda, weekly status report and meeting minutes for the MS DOM IV&V project. Please see Appendix A for more complete examples.

Exhibit 72. Sample Meeting Agenda

MIS/DOM ELIGIBILITY PERM MEETING
14/03/2016
09:00 A.M.
FTECH Conf Room

AGENDA

Facilitator: Tony Franklin

Attendees: Stephanie Chubbuck, Stephanie Bryant, Brad Estess, Jashu Bond, Tony Franklin, La Chelle Powell, Mike Jeter

Meeting Objectives: Determine types of test cases to use for PERM testing Round 1.

1.1 AGENDA

ID	Description	Facilitator	Duration
1	Review a test case -	Jashu	15 mins
2	Admin Report	Jashu	5 mins
3	Test Environment - assist with CHD which environment used.	Stephanie	5
4	Test case entry: database	Stephanie	5
5	Test case data retrieval	Jashu	5
6	IVV attendance	Tony	15

1.2 KEY DECISIONS

ID	Description
1	

1.3 ACTION ITEMS

ID	Description	Assigned To

1.4 KEY RISKS AND ISSUES

ID	Description	Assigned To

Exhibit 73. Sample Weekly Project Status Report

PROJECT: Phase 2
Week 1
6/12/2016

DOCUMENT INFORMATION	
Time Period: 4/6-4/13	Report Date: 4/13/16
Prepared by: Justin Kasper	Provided for: Phase 2 Project Team

1. OVERALL PROJECT SUMMARY

DELIVERABLES	BUDGET	SCHEDULE	RESOURCE
Green = On Track	Yellow = Cautionary (variance of +/- 2%)	Red = Warning (variance of +/- 30%)	

2. MILESTONES/TASKS

ID	MILESTONE/TASK NAME	START	FINISH	% COMPLETE	STATUS
1	Initiate Phase 2	5/28	5/28	100	Done
2	Submit Deliverables	6/1	6/1	100	Done
3	Develop Logistics Plan	6/1	6/1	100	Not Started
4	Develop Resource Plan	6/1	6/1	100	Not Started
5	Develop Risk Management Plan	6/1	6/1	100	Not Started
6	Develop Quality Management Plan	6/1	6/1	100	Not Started
7	Begin Phase 2	6/1	6/1	100	Not Started

3. SCHEDULE AT A GLANCE

ID	LAST WEEK'S ACCOMPLISHMENTS	DATE COMPLETED	OWNER/LEAD
1	Initiated Phase 2	6/1/2016	Justin Kasper
2	Submitted and Received Executive Approval for Phase 2 Scope plan	6/1/2016	Justin Kasper
3	Submitted available Deliverables	6/1/2016	Justin Kasper
4	Submitted available Deliverables	6/1/2016	Justin Kasper
5	Met with our Strategic Partner Software AG	6/1/2016	Justin Kasper
6	Prepared Phase 2 COA Plan	6/1/2016	Justin Kasper
7	Developed approach for Deliverable Q4 2016	6/1/2016	Justin Kasper

PROJECT: Phase 2
Week 1
6/12/2016

ID	ITEM	PRIORITY (H, M, L)	ASSIGNED TO	DUPLICATE	STATUS
11	Tony and LaChelle will put together Change Management Plan and get with Sharon on Wednesday 5/11	H	LaChelle and Tony	4/13/2016	In Progress
12	Push out to Rick on his deliverables, Configuration and Security Management Plans	H	Justin		Closed
13	Push out to Eric task with Blake to get ESD contract	H	Justin		Closed
14	Clear Project Code from PMO (M) if Walter hasn't sent this by 4/6/2016 a.m.	M	LaChelle		Closed
15	Complete schedule plan for system and phase	H	Justin		Closed
16	Optional Org Chart for Phase 2	M	Tony and Justin	4/13/2016	Open
17	Send status report for phase 2, set up an hour Tuesday afternoon to build status report. Ask the Tony for any input	H	LaChelle and Justin	4/13/2016	In Progress
18	Communications Plan	H	Tony and LaChelle	4/13/2016	In Progress
19	Build a list of resources to identify and update when we get from your. This is developing. You, LaChelle and Tony, have reviewed and approved available. This, send the info to the Project Code Change Management Plan. Data Log	H	Justin	4/13/2016	In Progress

PROJECT: Phase 2
Week 1
6/12/2016

ID	LAST WEEK'S ACCOMPLISHMENTS	DATE COMPLETED	OWNER/LEAD
1	Initiated Phase 2	6/1/2016	Justin Kasper

4. RISKS AND ISSUES

ID	ACTIVITIES PLANNED FOR NEXT WEEK	DATE PLANNED	OWNER/LEAD
1	QA Deliverables	6/1/2016	Justin Kasper
2	Implement Logistics Plan (dependent on "100% of team")		

5. ACTION ITEMS: 28 ACTION ITEMS (H & M LISTED BELOW)

ID	DESCRIPTION	PRIORITY (H, M, L)	ASSIGNED TO	DUPLICATE	STATUS
1	Phase 2 Start date	M	Justin		Open
2	Not for QA for Phase 1 & 2 Deliverables	M	Justin		Open
3	Ask the Phase 2 and Phase 2 schedule with Tony and LaChelle	M	Justin	4/13/2016	Open
4	Use RFP for ESD contract and Project management Plan, clarify goals and objectives of the project, what's included, what's not included, deliverables and their relationship	M	Justin		Open
5	Reach out to Sharon and schedule some time to discuss the change management plan in order for her to develop a plan, writing it up based on the RFP proposal	M	LaChelle		Open
6	Work with Tony through each of the deliverables	M	Justin and LaChelle		Open
7	Take Status Reporting Plan and report examples, add additional language regarding specific and example specific Action Items. Refer to ESD project 2015.	M	LaChelle and Tony	4/13/2016	In Progress
8	Issue Resolution Plan. Tony specific	M	LaChelle and Tony		Open

PROJECT: Phase 2
Week 1
6/12/2016

6. ITEMS FOR DISCUSSION

ID	ITEM	NOTES	OPENED DATE
1	QA Log Details		
2	Configuration Error		

Exhibit 74. Sample Meeting Minutes

Meeting Minutes

Performance Measurement and Data Analytics Training Program Meeting

Date: February 05, 2016
Time: 9:00 AM - 10:00 AM
Location: Room 1401A, Sequoia (Dover)

Facilitator: **Deanna Syngis**

Participants: **Jessamie Sprague, LaChelle Wood, Louise Fletcher, Edith Thomas, Eric Harris, Annelise Lathrop, Adriana Villa**

Meeting Objective: **Mobile's status**

1. AGENDA

ID	Description	Duration
Mobile - SIGMET Performance Measures	What issues inhibit SIGMET Performance Measures? How to address them? How to get them to use their resources and the current level of authority in SIGMET. In relation to other states? What considerations had you to give you much time for? Why are I in this meeting? Why am I here? It is current project, for more relevant, check some details. Using the performance measures more general, looking them. Make some specific to a task, SIGMET is more basic and simple. SIGMET Goal Setting to Performance Measures - A list of items on the periodic status. How the performance make it possible to engage the performance. How much time you can use with some SIGMET training, also training, SIGMET. How to connect it to the bigger picture.	

ID	Description	Duration
Publication and distribution	Office of Legal Services review needed? Review process. Informational security often needed? Could Arkansas project? What needed? The paper office report all approval, then review agreement, legal questions for sharing info, how to data being shared? Document? The OIG someone else has been needed. Things which people would do to avoid reports? Follow the procedure. For OIG questions. Available to review online documents. Is there a web page based on publication and distribution. Health publication portal. The internet has several sites.	
	OSDHMAN forms needed for open data portal. Was department reauthorized need to publish to open data portal? In the hands of the health right now. Meeting with someone present, review what they would need on the portal, get the items needed to publish. Criteria for publishing to Open Data portal. How to follow up. Includes a document of OIG guidelines? From Print format? Address with open review from the health response team by 8:30 PM.	
	How to use data dictionary example used to Cambria? Another due to the OIG data dictionary document on the sample. Language will forward to Cambria. How to interpret? How to build a data dictionary?	

2. KEY DECISIONS

ID	Decision
Item #1	[Detailed description of any key decisions in the meeting]

3. SCHEDULE REVIEW

Work Completed

- Activity completed since last meeting
- Planned Work for the Week (Insert Time Frame (e.g. Week Month))
- Item(s) to be completed within the next time period

4. NEW ACTION ITEMS

ID	Description	Assigned To
Item #1	[Detailed description of new action items]	[Individual(s) assigned to each item]

5. RISK AND ISSUE MANAGEMENT

ID	Description	Assigned To
Item #1	[Risks and/or issues identified in the meeting]	[Individual(s) assessing risk or issue]

6. NEXT MEETING

Date: March 04, 2016	Time: 9:00 AM - 10:00 AM
Location: Room 1401A, Sequoia (Dover)	Facilitator:
Objective(s): Mobile's status	

3.1.3.6 SAMPLE IV&V MONTHLY STATUS REPORTS

vi. Provide examples of the IV&V's previous monthly status reports from other projects.

The monthly status report indicates overall project direction including project schedule, project deliverable quality, scope change request management, issues, project risk mitigation, and DHHS's concerns. Exhibit 75 depicts a sample monthly project status report from the MS DOM IV&V project. For a more complete example, see Appendix A.

Exhibit 75. Sample Monthly Project Status Report

Status Report
 Project: Modernization Project—Basic IV&V Services
 Reporting Period: 9/01/2015-9/31/2015
 Planned Finish: 4/30/2015
 Overall Status: **G**

Total Contract Value: \$49,579.00
 Expended to Date: \$ 5,252.43
 Remaining Contract Value: \$44,326.57

Accomplishments This Period

- Meetings
 - Attended weekly status meetings with the vendor;
 - Attended CMS calls, both SOTA and E&E Calls;
 - Attended CRF preparation and ORR meeting with CMS
 - Attended Consolidation TDD comment review meeting
 - Attended DCM & IV&V meeting to discuss ABD Work Plan Comments
 - Attended the first targeted baseline discussion on Resources Requirements
- IV&V Document Review and Assessment
 - Consolidation TDD Deliverable
 - Consolidation TDD Change Log
 - Risks, Issues, and Change Control Documentation
 - ABD Work Plan
 - Meeting Minutes for the Consolidation TDD, Work Site Gap Meeting, and Status Meetings

Planned Activities for Next Period

- Meetings
 - Attend weekly status meetings with the vendor;
 - Attend CMS calls, both SOTA and E&E Calls;
 - Attend ABD Work Plan Walk Through
 - Attend four targeted baseline preparation meetings starting April 21, 2015
- IV&V Document Review and Assessment
 - 2nd Review of Consolidation TDD
 - First Review of Rules, Interfaces, and RUM TDD Revisions
 - Systems Documentation Review
 - 2nd evaluation of ABD Work Plan

Schedule

Overall Schedule Status	Start Date	Due Date	% Comp	Status
ABD				
TBD				

Risks/Issues

Overall Risk/Issue Status	Due Date	Status
1.		
2.		

Action Items

Item	Due Date	Owner	Status
1.			

Items for Discussion

Item	Notes	Opened Date

3.1.3.7 SAMPLE IV&V ASSESSMENT REPORT

The IAR presents findings, identifies risks, and makes recommendations to help validate that the project and system are in line with CMS expectations, project guidelines and requirements, and industry standards. Exhibit 76 displays an example of an IAR prepared by Cambria for the MS DOM IV&V project. For a more complete example, please see Appendix A.

Exhibit 76. Sample IV&V Assessment Report

TABLE OF CONTENTS

- Executive Summary
 - Overall Project Health
 - State of Current Review Findings
- Scope of Testing
- Current Status
- IV&V Assessment Progress and Methodology
 - Methodology and Evidence
- Findings
- Schedule
- Design, Testing & Implementation
 - Design
 - System Testing
 - User Acceptance Testing (UAT)
 - Operational Testing
 - Compliance Testing
 - Implementation
 - Validation Report
- Cost
- Staffing
- Quality
- Project Findings and Recommendations
 - Findings 1 - Design/Code
 - Findings 2 - System Testing
 - Findings 3 - UAT/Operational Testing
 - Findings 4 - Lack of Social Commerce Solutions & Reporting of State Commerce Issues
 - Findings 5 - App, Site and Mobile App/Device Support of Work Item
 - Findings 6 - Staffing/HR/Proc
 - Findings 7 - Workload and Staffing/Cost/Procurement
- Risk Factors and Success
- Divisibility and Artifacts
- Appendix A - Findings and Recommendations Log

1. EXECUTIVE SUMMARY

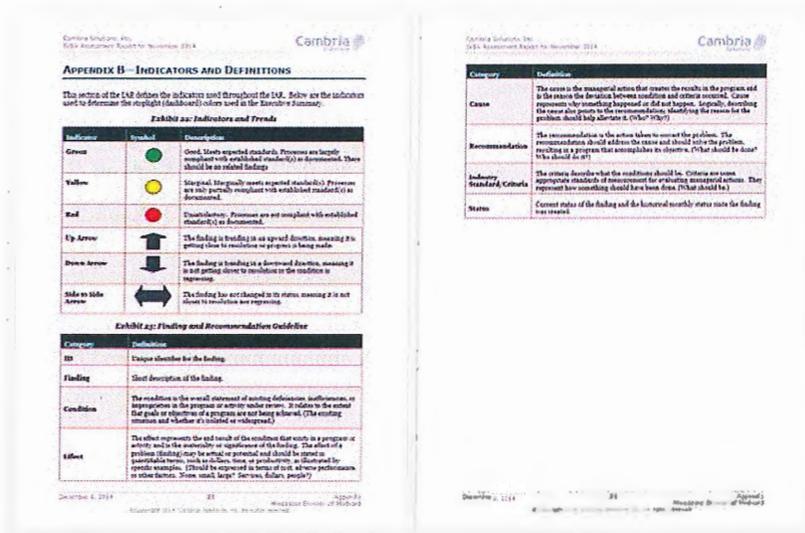
The following IV&V Assessment Report (IAR) describes Cambria's Independent Verification and Validation (IV&V) review of the Mississippi Medicaid Eligibility Modernization System (MS DOM) Modernization project for the month of October 2014. The primary objective of the IAR is to provide an unbiased assessment of the project activities and system, project progress and performance, and measure stability of the project team, experience and methodology. The IAR is prepared by factoring only documented evidence of errors, such as non-compliance with the rules and requirements with project and Contractor Missions and Deliverables (M&D) also done. The Executive Summary describes the project goals, scope of the design and assessment activities, and a snapshot of the current phase of the Eligibility Modernization Project (EMP).

1.5 OVERALL PROJECT HEALTH

The overall project health of the EMP and Eligibility, overall:

4.0 out of 5.0 Overall Project Health

Category	Findings	Score
Scope	Scope has been defined and approved, but the implementation and delivery is being pushed to implementation.	4.0
Staffing	Resource gaps include 13 new roles and several team member reassignments until March on December 8, 2014.	4.0
Design, Testing & Performance	Development is complete in the MS DOM Modernization project and the system testing phase is in progress.	4.0
Cost	There is a budget variance and has only had a change order during the additional scope from the change order.	4.0
Staffing	Staffing is fully resource for the design phase.	4.0
Quality	Quality has been defined, however no specific items for the IAR have been identified as of yet.	4.0



3.1.4 CMS AND MITA COMPLIANCE

An important aspect of the IV&V scope of work is to ensure that the systems being implemented meet CMS Certification and are MITA-aligned as required by CMS for enhanced funding. The Cambria IV&V team will analyze the CMS Medicaid Enterprise Certification Toolkit (MECT) and offer our assessment of the Medicaid Enterprise Certification Lifecycle (MECL) checklist options, which include the MITA Business Module Checklist, MMIS Module Checklist, and the Customized Checklist. We will study the current Nebraska configuration and the future “To-Be” plan and provide insight into which checklist will be the best fit for this new Medicaid enterprise effort. It is important to decide the appropriate option early in the certification process as it will determine the checklist formats to be included in the progress reports we produce during the engagement. The Cambria IV&V team will then send regular Certification Progress Reports to both CMS and the Department.

Under the MITA-aligned checklist, the solution is evaluated according to the projected (To-Be) MITA maturity level selected for each process during the previous MITA State Self-Assessment. This is appropriate when a previous MITA assessment exists and is considered sound. The modular checklist establishes its own criteria for each sub-system, which is best to use when there is not a reliable, pre-existing assessment. The customized checklist requires the Department to create checklists tailored to their own specifications and requires CMS Regional Office approval.

Our experience with MITA will aid the Department as they proceed with MITA 3.0 compliance. HTS is currently engaging the Alabama and Connecticut Medicaid Agencies in performing their state self assessments and training the Alaska staff in MITA assessment. The HTS team guides the states through the assessment process and develops the reports and roadmaps with the state agencies. HTS also serves as the technical lead on the CMS/Urban Institute Medicaid EHR Team (MeT) initiative and has participated and reviewed the MITA HITECH Toolkit developed for CMS. All 50 states and territories have access to this Toolkit and can use it to ensure that their HITECH projects are MITA compliant. The HTS team reviews all HITECH planning and implementation documents submitted by states to ensure the submitted documents adhere to MITA and the Seven Conditions & Standards.

The Cambria team brings MMIS and Eligibility and Enrollment (E&E) experience and MITA subject matter expertise to this project. We believe our staff's combination of project management experience, MMIS, E&E, and MITA expertise is a unique blend of services that surpasses what other firms may offer.

3.1.4.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder should include the following in the proposal:

i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the contractor's approach to meeting the requirement.

Exhibit 77. CMS and MITA Compliance Requirements and Approach

ID	REQUIREMENT	CAMBRIA'S RESPONSE
1	Must provide IV&V services for CMS in support of the MECL in accordance with guidance to be released in the new MECL.	Cambria will comply
<p>Cambria understands the role the IV&V vendor will play in the certification of the enhancements to the Nebraska Medicaid enterprise. The newly revised CMS MECL is in alignment with the modular direction of the Medicaid Management Information System (MMIS). The role of the IV&V vendor has been redefined with an emphasis on representing the interests of CMS. This includes providing an unbiased perspective and independence while overseeing the progress of the MMIS development. The Cambria IV&V team will participate in SDLC gate reviews, provide insight and recommendations to the State, inform CMS of risks and issues in all phases of development, in accordance with 45 CFR 95.626.</p> <p>Our team will review all project and technical progress and determine if it is in alignment with the Department's baseline plans and requirements documented in the MECL and prepare certification progress reports throughout the certification life cycle, including in anticipation of certification milestone reviews. The MECL has defined three checklists for states to choose from and use throughout the MECL. While the checklists contain the same criteria, each is organized differently allowing states to choose the checklists most in alignment with their project development.</p> <ul style="list-style-type: none"> ➤ <u>MITA Business Module Checklist Set</u> – organized for states developing MMIS modules organized using the MITA business areas ➤ <u>MMIS Module Checklist Set</u> – organized for states with MMIS system-centric modules ➤ <u>Customized Checklist Set</u> – requires approval from the CMS Central Office (CO). This option is arranged by the state when taking an innovative approach to MMIS or requesting funds for a non-traditional function not covered under one of the first two checklists. <p>The Cambria IV&V team will assess the checklists, review the criteria in relation to the Nebraska Enterprise enhancements, and provide insight into which list will be the best fit for the CMS certification process.</p> <p>As the project progresses, the Cambria IV&V team will continually assess and review all work products, artifacts, and deliverables produced by the vendors and provide critical analysis and recommendations for proceeding, while flagging issues for review and possibly corrective action.</p>		
2	Must periodically, as needed, produce exception based Certification Progress Reports in the format required by CMS. The report must utilize the MECL checklists and MMIS Critical Success Factors (CSFs) and must objectively illustrate the strengths and weaknesses of the project and provide recommendations for correcting any identified weakness.	Cambria will comply

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>The Cambria IV&V team is familiar with the new CMS MECL, which provides templates for Certification Progress Reports to be submitted by the IV&V vendor. The MECL guidelines require Certification Progress Reports throughout the four phases of the MECL –</p> <ul style="list-style-type: none"> ➤ Initiation and Planning ➤ Requirements, Design, and Development ➤ Integration, Test, and Implementation ➤ Operations and maintenance <p>During the Requirements, Design, and Development phase, Periodic Certification Progress Reports to CMS can be submitted as necessary, omitting the milestone review sections.</p> <p>The Certification Progress Reports are submitted throughout the MECL, including milestone reviews: Project Initiation Milestone Review, Operational Milestone Review, and MMIS Certification Final Review(s). Periodic certification progress reports are submitted throughout the Requirements, Design & Development phase of the MECL. The Certification Progress Reports contain multiple sections to be updated by the State, the IV&V team, and CMS. The MECL includes critical success factors (CSFs), incorporated into the certification process. The Certification Progress Report contains a CSF section where programmatic and MMIS CSFs are tracked and documented by the IV&V team. The MECL checklists contain built-in mapping between the MMIS CSFs and the certification criteria. The State and the IV&V team will update the checklists while reviewing the artifacts and the IV&V team will compile the sections, including all the checklists and other work products, into the report to be submitted to CMS and the State.</p>	
3	Must submit the monthly IV&V report to CMS.	Cambria will comply
	<p>Cambria's IV&V team will prepare and submit to the Department, within five business days after month end, the monthly IV&V report summarizing:</p> <ul style="list-style-type: none"> ➤ IV&V activities for the past month and planned activities for the next month ➤ IV&V's independent assessment of the overall project, schedule, budget, scope, and quality status ➤ Risks, issues and recommendations ➤ Project deliverables and work products reviewed in the last reporting period ➤ Other IV&V activities as defined by the Department <p>The monthly IV&V reports are discussed further in Section 3.1.3 IV&V Status Meetings and Reporting.</p>	
4	Must participate in meetings with CMS as directed by CMS or DHHS.	Cambria will comply

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>Cambria's IV&V team will attend all project meetings and meetings with CMS, as directed by CMS or DHHS, to independently observe the meetings and assess any impacts to the project, providing recommendations for improvement.</p> <p>The weekly report will include:</p> <ul style="list-style-type: none"> ➤ Assessments of the project's day to day activities and project meetings ➤ IV&V activities past and upcoming ➤ Updated IV&V schedule ➤ Handling of critical incidents, impacts to the project and proposed action plan to address the incident <p>The Weekly Status Report from the prior week's activities will be used as the upcoming Weekly Status Meeting agenda.</p> <p>Cambria's IV&V project manager will facilitate a monthly IV&V report meeting with the Department-identified leadership on the 10th calendar day of every month or as determined by the State.</p> <p>Cambria's IV&V will draft the monthly status report, summarizing the weekly status meeting reports, and the review period for the monthly status report will begin seven days prior to the end of the month. The final report will be provided within five business days after month end.</p> <p>The weekly and monthly status reports are discussed further in Section 3.1.3 IV&V Status Meetings and Reporting.</p>	
5	<p>As directed by DHHS, must coordinate and participate in the planning, preparation, and performance of CMS project reviews (Gate reviews, readiness reviews, certification reviews, etc.).</p>	Cambria will comply
	<p>As the IV&V vendor, the Cambria IV&V team will coordinate and participate in the planning, preparation, and performance of CMS project reviews, including gate reviews, readiness reviews, and certification reviews, providing facilitation of appropriate sections, coordination, and documenting supporting evidence for all recommendations.</p> <p>HTS staff have experience in CMS Enterprise Performance Life cycle (EPLC) process through work on the strategic planning, IT Gate Reviews and implementation activities. This includes staff who participated in the preparation and development of the required IT Stage Gate review materials from initiation of the project and attendance at the Stage Gate review meetings with CMS/CCIIO in the CMS Bethesda Maryland offices.</p>	
6	<p>In preparation for certification milestone reviews, must evaluate documents and evidence along with any working modules / code applicable to that particular review, and complete the reviewer comments portion of the relevant Medicaid Enterprise Certification Checklists. The completed checklists are appended to the Certification Progress Report. Progress report must be delivered with the necessary lead time as required by CMS prior to the scheduled MMIS certification milestone review. The certification progress reports must be provided to CMS at the same time they are presented to the state.</p>	Cambria will comply
	<ul style="list-style-type: none"> ➤ The Certification Progress Report is comprised of two parts; the Cambria IV&V team fills in part one along with the Department, and CMS fills in part two. The Cambria IV&V team will gather evidence, analyze, and update the reviewer comments portions of the checklists and then make recommendations per the instructions of each section. The Cambria IV&V team will submit all reports, including draft reports, and associated checklists, as a zip file to the Department and CMS simultaneously, with lead time required by CMS prior to scheduled MMIS certification milestone 	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>reviews. A summary of those sections and the procedures the Cambria IV&V team will follow are explained below.</p> <p>Part One of the Certification Progress Report includes the following sections:</p> <ul style="list-style-type: none"> ➤ IV&V Report – the Cambria IV&V team will summarize the state’s status and progress toward MMIS Certification. This report includes the information gathered in the certification checklists. The Department and IV&V fill out their respective portions and attached to the IV&V report. ➤ Methodology & Scope of the Progress Report – the Department will determine which set of checklists it will use in pursuing its certification approach. The CMS MECT provides three choices – MITA Alignment, Modular Alignment, or Customized Alignment. The Methodology & Scope Report is where the Department will inform CMS of their checklist selection. The checklists are included in this report, as well the “Evidence Locations and Point of Contact” table which includes columns for the Evidence, Location/Tool examined and Point of Contact engaged by our Cambria IV&V team and a description of our approach in overseeing operations. ➤ Project Advancement Since Last Certification Progress Report - This report summarizes the Department’s progress since the last progress report. The Status of Each Module table allows the Cambria IV&V team a place to list the MITA/MMIS Module and the Milestone Reviews, including Project Initiation, Operational, and Final milestones. This report monitors progress on items such as corrective actions and whether actions were taken or not. ➤ Risks – This report is presented as a Microsoft Excel spreadsheet template provided by CMS. The Cambria IV&V team will use this spreadsheet, provided by CMS, to explain risk situations and how they are being addressed by the Department. High impact/high probability programmatic and technical risks can be documented. The spreadsheet provides for documenting of a risk is likely to occur (high, medium, low), the severity of the impact (high, medium, low), the state’s planned mitigation actions, and a risk resolution target date. ➤ PMO Status and Report – The Cambria IV&V team will describe the approach taken to engage with the stakeholders, including contractors, state staff, and subject matter experts throughout the project, including attending project management meetings, reviewing project management artifacts, gathering and examining evidence, and reviewing all aspects of the PMO status (e.g., budget, schedule). The template provided includes Status Item, State PMO Status, and Comments. The PMO Status and Report also includes a section to describe corrective actions taken since the last report and their status and Critical Success Factors (CSF) updates since the last report. MMIS Programmatic CSF’s are explained in the next report. ➤ MMIS CSF Progress – The Cambria IV&V team will use this section to summarize the timeframe and actions taken in determining the status of programmatic CSF’s, documented in the <i>Appendix A: MMIS Programmatic Critical Success Factors Report</i>, a Microsoft Excel template provided by CMS within the Certification Progress Report. The template includes Status from Last Report, Critical Success Factor, Status Met/Not Met, IV&V Comments, IV&V Recommendations, and CMS Comments. The statuses for Programmatic CSFs are defined as: Met (The PMO is performing project activity sufficiently) and Not Met (The PMO is not performing project activity sufficiently). ➤ MITA and Standards and Conditions for Medicaid IT Update – This report summarizes the state’s Medicaid Information Technology Architecture (MITA) goals and Standards and Conditions for Medicaid IT progress. This report allows the Cambria IV&V team to report on maturity during the review and also report exceptions or issues and how the state is moving toward maturity based on the State Self-Assessment (SS-A) and the IV&V review. This report is a required deliverable regardless of whether the state chooses to use the MITA, Modular, or Custom Alignment Checklist. The report includes sections for discussing the state’s progress toward maturity in the Business Architecture, Information Architecture, Technical Architecture, and Standards and Conditions for Medicaid IT. Other sections will state how the state’s proposed solution is meeting the following: Modularity Standard, MITA Condition, Industry Standards Condition, Leverage Condition, Business Results Condition, Reporting Condition, and Interoperability Condition. ➤ Recommendations – The final section in Part One of the Certification Progress Report is a table 	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>that will provide recommendations for the Department. The IV&V Recommendations table allows the Cambria IV&V team to provide recommendations and a place to identify the evidence or checklist reference for the recommendation. If this report is prepared in anticipation of a milestone review, the Cambria IV&V team may recommend if the milestone review should proceed or not.</p> <p>Part Two of the report is reserved for the CMS response to the IV&V report. Periodically throughout the project, the Cambria IV&V team will send progress reports. CMS may choose to respond to some or all reports and their response may vary in size and detail. For those progress reports that are tied to a certification milestone review, the report will include a Certification Milestone Review Summary, a Certification Milestone Review table including those CMS leads who performed the review, and a CMS Recommendations/Decisions section.</p> <ul style="list-style-type: none"> ➤ Certification Milestone Review Summary – This response is only included if the report is tied to a certification milestone review. If it is to be included in the CMS Response, it will include a summary graphic produced from the CMS tracking database and will provide a Gate Review Assessment Summary, including the Milestone Phase, the MECT Checklist name, criteria count, statuses including “Meets”, “Partially Meets”, “Doesn’t Meet”, with percentages, and other reporting criteria. ➤ Certification Milestone Review – This section will also be included if CMS Response is part of a milestone review. The Milestone Review Leads table will provide the Role, Name, and Organization performing the review. ➤ CMS Recommendations/Decisions – This section will include CMS’s confirmation of IV&V assessments and additions after the certification milestone review and CMS final decisions. Appendix B of the Certification Progress Report includes a template for a sample MMIS Functional CSF Summary Report, focused on CSFs with a status of “Not Met”. <p>As stated previously, the Cambria IV&V team will submit all reports, including draft reports, and associated checklists as a zip file to the Department and CMS simultaneously, with lead time required by CMS, prior to scheduled MMIS certification milestone reviews.</p>	
7	Must periodically submit project progress data to the CMS dashboard on a schedule required by CMS.	Cambria will comply
	<p>The Cambria IV&V team will submit project progress data to the CMS dashboard, following CMS instructions for appending checklists and producing zip files to be delivered to CMS and the Department. The MECL requires progress reports for all phases of the MECL and periodic reports during the Requirements, Design, and Development Phase. The Cambria IV&V team will coordinate with the Department to review the checklists, make updates and recommendations, and submit all summaries and checklists in the proper zip file formats to both the Department and CMS.</p>	
8	Must assess impacts of projects to MITA business, informational, and technical architecture maturity.	Cambria will comply
	<p>The Cambria IV&V team will analyze the state’s current MITA assessment. We understand the annual update is in process and the roadmap has changed considerably since the original assessment. We will follow the state’s decision as to which checklists they will use (MITA, Modular, or Custom Alignment). The IV&V team will engage the Department to review evidence and document findings and resolutions from the checklists. Having a good understanding of the As-Is statement and To-Be goals from the State Self-Assessment, we can track if the Department is progressing toward maturity, based on levels stated in the Business Architecture, Information Architecture, and Technical Architecture Capability Matrices.</p>	
9	Must track traceability of project activities and requirements through the entire project to CMS critical success factors and certification checklist criteria as applicable to the project to secure ongoing enhanced funding.	Cambria will comply

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>Guided by the state's System Development Life Cycle (SDLC) methodology, the Cambria IV&V team will develop a familiarity with the requirements traceability matrix and an understanding of the project activities. We will advance through the SDLC phases as the project progresses, from the planning phase through pre-implementation to ensure at each phase that the DDI team is continually complying with and incorporating the requirements as defined by the Department. Throughout each phase of the MECL, the Cambria IV&V team will assess, review, and update the vendors' progress using the MECT checklists. We will produce the Certification Progress Report, which includes sections to report our assessment of risks and issues, MITA compliance, CSFs, project management activity, and other measures. Our team will provide recommendations to the Department as a part of our progress reports.</p>	
10	<p>Must perform all functions required by CMS for all CMS reviews.</p>	<p>Cambria will comply</p>
	<p>The Cambria IV&V team will perform all functions required by CMS in anticipation of all CMS reviews. Functions include: gathering information, conducting interviews, assessing the state's progress, reviewing state artifacts and evidence, filling out the review portions of all checklists, preparing a Certification Progress Report, delivering reports to CMS and the Department simultaneously, and uploading examples of final versions of required documents to the MES document re-use library where applicable.</p>	
11	<p>Must coordinate certification activities for the project including review of certification packet materials from the DMA implementation contractor. Must evaluate and make recommendations about the state artifacts that are required for MMIS certification milestone reviews. A list of required artifacts is included in the CMS Medicaid Enterprise Certification Toolkit.</p>	<p>Cambria will comply</p>
	<p>The Cambria IV&V team will coordinate with the DMA implementation contractor to receive and review all artifacts specified in Appendix B – Required Artifacts List contained in the MECT. The team will evaluate the artifacts from all aspects of the project, including specific artifacts from Project Management, MITA, Technical/SDLC, Financial, Security/Privacy, Procurement, and Certification Final Evidence. These materials will be produced throughout the project lifecycle and will require careful coordination to ensure those artifacts are reviewed ahead of milestone reviews in order to receive CMS feedback.</p>	
12	<p>Must review all new or updated documentation, guidance, and rules promulgated by CMS applicable to the project and provide summary impacts to the project along with any recommendations.</p>	<p>Cambria will comply</p>
	<p>The Cambria IV&V team will continually monitor CMS for updates to documentation, guidance, and rules in relation to all aspects of this MMIS project, including, MECT, MITA, federal match, or other initiatives. Our experienced Cambria IV&V team has a depth of experience in both MITA and CMS regulation and guidance, allowing our team to analyze the new artifacts, determine the impact to the project, and provide our assessment to the Department in a timely manner. In fact, DMA Project Manager Tony Franklin sits on the board of the Private Sector Technology Group (PSTG). PSTG is an influential industry group that advises CMS; it has the "ear of CMS" on many key issues such as MITA, input into notice of proposed rulemaking, and represents the vendor community's voice in helping government solve the most pressing issues related to Medicaid systems, practices and process from a technical aspect. HTS provides subject matter expertise and technical assistance to CMS by reviewing HIT Advance Planning Documents, state EHR Incentive Payment audit strategies, state HIE development, and HIE assistance on the Urban institute's MeT technical assistance contract with CMS, including architecture, sustainability, and use cases. HTS is also an active member of PSTG. The combination of Cambria and HTS and our collective relationships with CMS will provide DHHS with predictive insight, access to key-decision makers, and anticipated, updated guidance and rules.</p>	
13	<p>Must perform any IV&V services and roles required by CMS or DHHS necessary to secure the enhanced funding.</p>	<p>Cambria will comply</p>

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	The Cambria team will perform all IV&V services and roles as defined by CMS in the new MECT and Eligibility & Enrollment guidelines, and federal match final rule guidelines. We will work with the Department to identify other possible areas not included in the CMS standard language where the Cambria IV&V team is contractually able to perform activities the state may require during ongoing operations and maintenance.	

3.1.4.2 UNDERSTANDING AND APPROACH TO CMS' EXPECTATIONS

ii. Describe the bidder's understanding of CMS' expectations for an IV&V contractor and approach to compliance with CMS expectations.

The newly revised MECT has provided a clearly defined role for the IV&V vendor. For any new Medicaid Enterprise endeavor, the IV&V vendor must be completely independent during the life of the project. Cambria understands, as the IV&V vendor, we would be prohibited from bidding on, proposing, or being awarded any project management, quality assurance, software design/development/implementation of any phase of the project for which the IV&V vendor is performing services. As the IV&V vendor, Cambria would be precluded from performing any independent testing of the software.

Managerial independence must also be maintained throughout the life of the project, therefore, as the IV&V vendor, Cambria is independent of departmental or hierarchical structures that are separate from the software development and program management organizations. This allows the Cambria IV&V team to deliver findings and recommendations to the State and CMS leadership without fear of restriction, retaliation, or coercion.

3.1.4.2.1 IV&V SCOPE OF SERVICES

Certification Progress Reports/Dashboard Reporting

The IV&V Scope of Services, as defined in the MECT, includes producing periodic Certification Progress Reports in conjunction with the Department and CMS using the template provided by CMS in the MECT. The Certification Progress Reports occur in each MECL phase. The IV&V team will participate in the milestone reviews at each phase, Project Initiation Milestone Review, the Operational Milestone Review, and the MMIS Certification Final Review.

The Cambria IV&V team will conduct interviews and observe the project management staff, development staff, and attend project meetings to better understand the various processes, procedures, and tools used in the MMIS program. The Cambria IV&V team will gather all their observations and provide analysis and determine if vendors are adhering to the accepted standards. This analysis will be delivered to CMS in the reviewer comment portion of the MECT Checklists and included in the Certification Progress Reports. The IV&V team will also provide periodic progress data to the CMS dashboard.

Oversight

The Cambria IV&V role will include providing oversight of day-to-day operations and management of the Nebraska Medicaid Enterprise enhancements. CMS mandates the IV&V vendor have complete access to documents, facilities, and staff during normal business hours in order to carry out oversight duties. In order to ensure a high level of integrity and confidence, the IV&V team will engage key staff on site daily to observe meetings, review deliverables, documentation, and other artifacts, and conduct interviews.

The Cambria IV&V team will review all artifacts, work products, and deliverables from the MMIS enhancement processes and progress in areas defined by CMS, as shown in Exhibit 78: CMS MECT – IV&V Service Provider – Areas to Review.

Exhibit 78. CMS MECT – IV&V Service Provider – Areas to Review

PROJECT MANAGEMENT	MODULAR DEVELOPMENT
<ul style="list-style-type: none"> ➤ Progress against budget and schedule ➤ Risk management ➤ Inclusion of state goals / objectives and all federal MMIS requirements in requests for proposal and contracts ➤ Adherence to the state’s software development lifecycle (SDLC) ➤ Incorporation of the standards and conditions for Medicaid IT into design and development ➤ Reasonability, thoroughness, and quality of MITA self-assessment, concept of operations, information architecture, and data architecture ➤ Reflection of the state’s MITA goals and plans into actual MMIS design and development ➤ Configuration management that is robust and includes state or developer configuration audits against configuration baseline ➤ Change management ➤ Adherence to service level agreements 	<ul style="list-style-type: none"> ➤ Completeness and reasonability of MMIS concept of operations, architecture, and designs ➤ Accuracy of capture of interfaces and data sharing requirements with systems external to the MMIS ➤ Viability and completeness of the data transition plan ➤ Traceability of requirements through design, development, and testing ➤ Adequacy of system security and privacy policies, plans, technical designs, and implementations ➤ Coverage and integrity of all system testing, including stress testing and testing of interfaces between modules and with external partner systems ➤ Capacity management, including consideration of future vendors’ support and release plans for underlying databases, software, and hardware ➤ Adequacy of disaster recovery planning

3.1.4.3 APPROACH TO SUPPORTING CMS GATE REVIEW PROCESS

iii. Describe in detail the bidder’s approach to supporting the CMS gate review process for the EES project.

We understand this project is currently underway, scheduled to enter the maintenance and operation phase by March 31, 2017. We also understand the current IV&V contract ends by June 30, 2016. Our team, as the IV&V vendor, would transition those responsibilities under this statement of work. Our team has the experience from both the Department and vendor perspective and will use that expertise to ease the transition process. Cambria proposes as a part of our IV&V staffing plan, a transition team to provide supplemental support to the IV&V team to assist in analyzing necessary deliverables requirements, work through backlog, and provide analytical assessment of key areas of concern. They will help to alleviate the burden to the state during the transition phase. The transition team resources will engage later with the DMA project to provide a continuous transfer of knowledge. The Cambria and HTS teams bring valuable experience in handling time-sensitive and challenging transitions to this project.

The EES is subject to CMS Certification, including MITA Compliance, CSFs, and other performance standards in order to qualify for the enhanced match rate defined under the recent CMS Final Regulation for Mechanized Claims Processing and Information Retrieval.

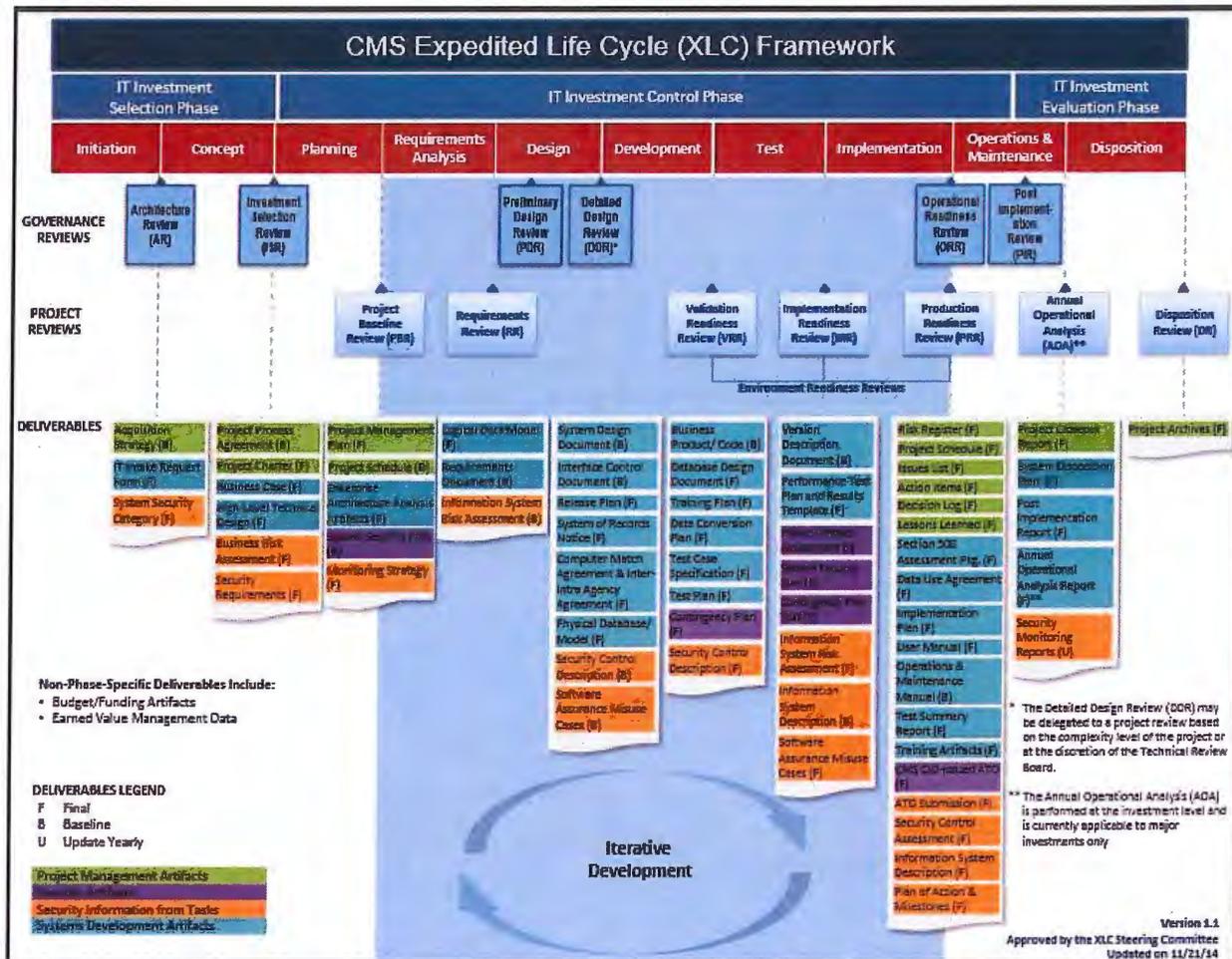
We will work closely with the Department to coordinate the takeover of IV&V responsibilities without losing current momentum. We will assess the current IV&V vendor artifacts to familiarize our team with all ongoing work products and deliverables. Our team, experienced in Eligibility & Enrollment, will be able to step in, examine all artifacts, assess the evidence, and provide timely feedback and recommendations in anticipation of scheduled CMS gate reviews. The Cambria team recognizes the importance of maintaining clear and consistent communication with CMS and understands the importance of their involvement in the EES and DMA projects. The gate review process is intended to unify development activities and will be used to monitor progress and will be the basis for “Go/No-Go” decisions. The gate review process must be aligned with the project life cycle that includes initiation and planning, requirements analysis and design, development, and implementation, and finally, operations and maintenance. Cambria will review all gate reviews up to the point of joining the EES project to continue focus on progress along the project continuum, the identification of project risks and successful completion and achievement of project goals. There are two types of gate reviews – formal reviews and CMS consults. The formal reviews occur at the transition points between life cycle processes and include the planning review, design review, and operational review.

The Enterprise Life Cycle (ELC) framework includes four formal gate reviews that occur during the system development life cycle, with interim consults occurring between each review. The formal gate reviews include:

- AR - Architectural Review (Plan Phase)
- PBR - Project Baseline Review (Plan Phase)
- DDR - Detailed Design Review (Design Phase)
- ORR - Operational Readiness Review (Implementation Phase)

There may also be an Annual Operational Analysis Review (OAR) which occurs annually during the Operations and Maintenance Phase. The formal gate reviews are illustrated in the CMS Expedited Life Cycle (XLC) Framework, Exhibit 79.

Exhibit 79. CMS Expedited Life Cycle (XLC) Framework



The initial planning gate review normally occurs approximately 60 days following the approval of the Agency's Implementation Advanced Planning Document (IAPD). CMS sometimes opts to combine the AR and PBR into the initial planning gate review.

Cambria has direct experience conducting CMS Gate Reviews and developing and presenting artifacts as part of ACA-related projects. Cambria is able to leverage our experience and relationships with CMS to assess the readiness of DHHS for each Gate Review, provide recommendations, analyze deficiencies in the artifacts, and perform other tasks to facilitate successful gate reviews. Establishing and maintaining transparent communications with both federal and state oversight entities will serve to further build the level of confidence these entities have with DHHS.

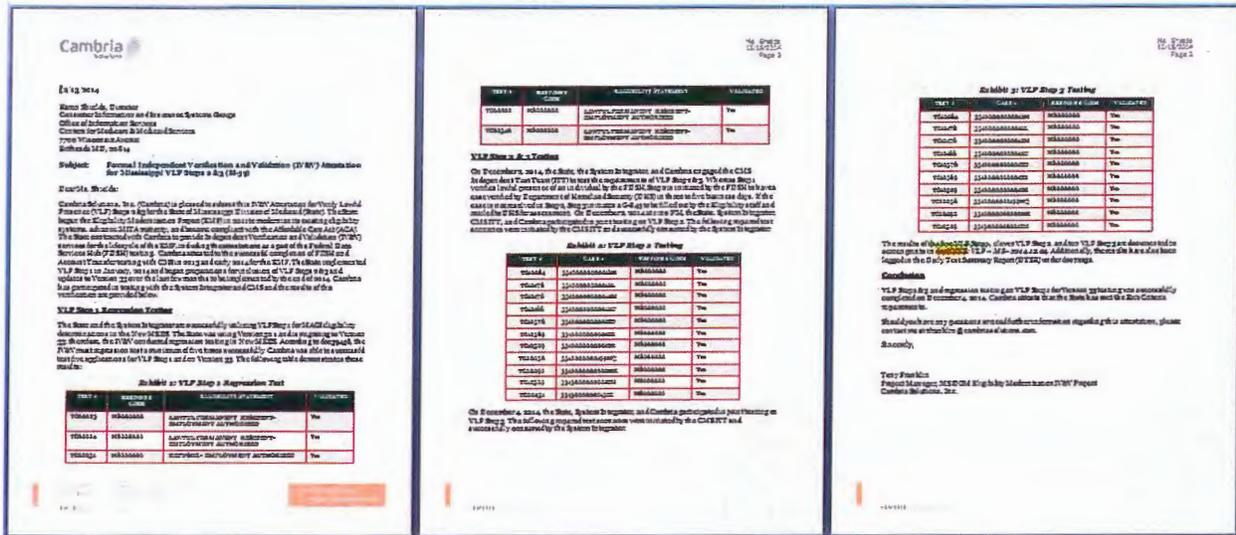
Our team assisted Washington State in being the first pilot for conducting a stage gate review for a State-based Exchange. While the challenges were immense, Washington **became one of the few successful State-based Exchanges and has received two Industry awards recognizing their success.**

We have existing relationships with CMS, and regional representatives, and have developed agendas and materials for Detail Design Reviews (DDR), Operational Readiness Reviews (ORR),

and Final Detail Design Reviews (FDDR) that will alleviate some of the workload on the Client's staff.

We also understand the role that the IV&V vendor plays in reporting to CMS. Cambria delivers attestations and other items deemed necessary by CMS. We have included an example of an attestation report submitted to CMS by our IV&V team in Exhibit 80.

Exhibit 80. Sample Cambria Attestation Report



CMS assessments are delivered throughout the project and as stated earlier in the section to provide the agency insight into whether or not to give DHHS a “Go” or “No-Go” decision with the implementation and a successful closure of the EES, MLTC, or any other DHHS project.

3.1.4.4 APPROACH TO COORDINATION OF CMS CERTIFICATION

iv. Describe in detail the bidder’s approach to coordination of the CMS certification of the DMA project.

An integral part of the new MMIS solution will include the development of the Data Management and Analytics (DMA) project, the central analytical solution to support the Medicaid enterprise. The DMA interacts with most major systems in the Medicaid enterprise and external entities, therefore, ensuring the DMA project is in alignment with the requirements, MITA guidelines, and certification milestone goals is essential.

The Cambria team will coordinate with the Department and the DMA vendor to continually assess all artifacts and work products associated with the DMA, throughout all phases of the MECL, to assure the project is designed, developed, and implemented in alignment with the Department’s requirements, including goals for MITA maturity and CMS MECT certification specifications. The Cambria team has reviewed the MECT checklists and critical success factors (CSFs) and we will engage the Department in identifying critical success factors specific to the DMA, as well as incorporating CMS CSF’s. The Cambria team includes subject matter experts who have designed, developed, implemented, and maintained data warehouses/decision support systems for Medicaid Enterprise Systems and can offer our assessment, analysis, and recommendations to assist in a successful CMS certification. The MECT MMIS Module checklist

includes a Decision Support System Checklist that provides Sample Criteria and Evidence Data to review and assess, including data retention, encryption support, claim and pharmacy history extracts, and more. We will offer recommendations where necessary, identify risks and issues, and offer evidence where we identify corrective actions are needed.

3.1.4.5 APPROACH TO ASSESSING IMPACTS OF A PROJECT ON MITA MATURITY LEVELS

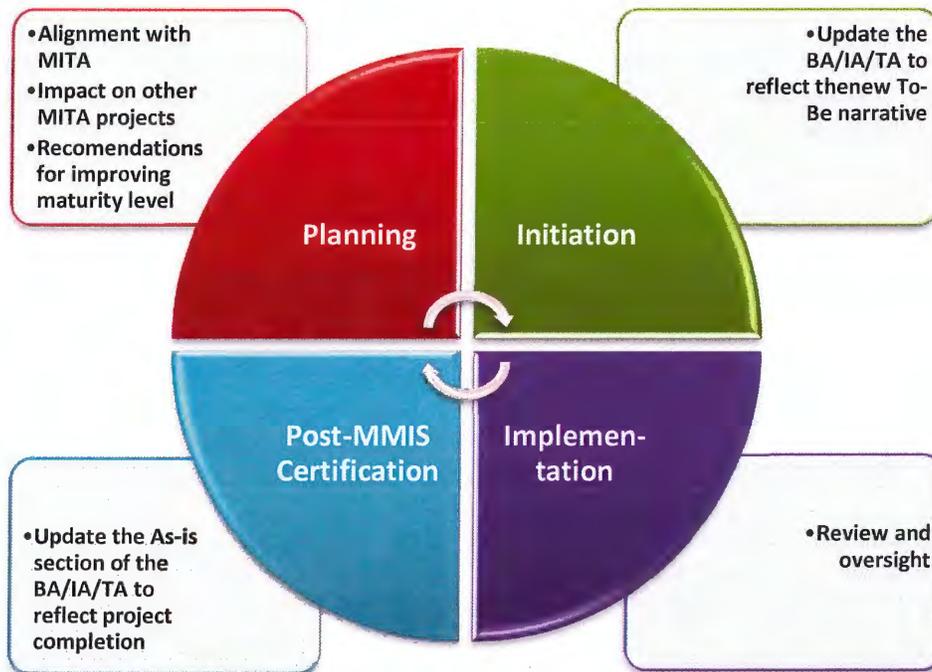
v. Describe the bidder’s approach to assessing the impacts of a project on MITA maturity levels.

The Cambria IV&V team will analyze the state’s current MITA State Self-Assessment and following the state’s decision as to which checklists they will use (MITA, Modular, or Custom Alignment), we will work with the state to review evidence and document findings and resolutions from the checklists.

Having a good understanding of the As-Is statement and To-Be goals from the State Self-Assessment, we can track if the Department is progressing toward maturity based on levels stated in the Business Architecture, Information Architecture, and Technical Architecture Capability Matrices.

The Cambria IV&V team assesses each project using a process that aligns with the phases of the MECL, as illustrated in Exhibit 81.

Exhibit 81. MITA Maturity Levels – Project Impact



- **Project Planning** - In order to analyze the impacts of the project on the MITA maturity levels, it is important to assess the MITA As-Is and To-Be assessments and determine if the project, at the planning phase, is in alignment with the MITA To-Be stated goals. Our

team will document our assessment, determine the impact on other MITA documented projects, and make recommendations for improving the maturity level.

- **Initiation** – The IV&V team will document the possible updates to the BA/IA/TA documents To-Be narratives. At this point, the Department and the DDI vendor are progressing with the project and if the direction impacts the To-Be stated goals, it needs to be reflected at this point.
- **Implementation** – The IV&V team will provide review and oversight to ensure the project is aligned with the To-Be goals and document our assessment.
- **Post-MMIS Certification** – At this phase, the project has been implemented and has been determined to be in alignment with the MITA maturity goals and is compliant. The MITA assessment As-Is documents must be updated to reflect the new status of the project.

HTS has both MITA experience, having conducted assessments for a number of states, and a strong team of subject matter experts who can apply their Data Warehouse/Decision Support System and Eligibility & Enrollment expertise to assess the progress of both the DMA and EES projects and provide insight, recommendations, and corrective action where necessary to ensure risks and issues are identified, addressed, and mitigated as early in the process as possible to keep the projects in alignment with the MITA compliance goals. The Cambria IV&V team will be involved in the process early, allowing us to identify issues early in the MITA assessment process. Our team will assess the documents as they are produced and can identify risks, issues, errors, and goals that may be out of reach or out of scope of the Department’s vision. Early verification of artifacts can prevent issues from become risks and potentially roadblocks to compliance and certification.

3.1.4.6 APPROACH TO MONITORING CMS DOCUMENTATION, GUIDANCE, AND REGULATIONS

vi. Describe the bidder’s approach to monitoring for documentation, guidance, and regulations from CMS.

The Cambria IV&V team will continually monitor the CMS websites, newsletters, and user group email notifications for updates to documentation, guidance, and rules in relation to all aspects of this MMIS project, including, MECT, MITA, federal match, or other objectives. Our team will analyze the new artifacts, determine the impact to the project, and provide our assessment to the Department in a timely manner. Both Cambria and HTS have strong relationships with CMS in other projects, including active involvement with the Private Sector Technology Group (PSTG) and CMS/Urban Institute Medicaid EHR Team (MeT) initiative. These involvements keep Cambria and HTS actively engaged with CMS and familiar with all regulations.

3.1.5 OPERATIONAL AND SYSTEM READINESS

The objective of this section is to outline the IV&V team’s approach to the Operational and System Readiness requirements. The Cambria team will provide all the deliverables as described and as scheduled with the Department. Operational and System Readiness requires a comprehensive plan to assess both the testing activities and all the procedures required to implement a new project.

3.1.5.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder should include the following in the proposal:

i. Address the bidder’s approach to meeting each requirement in a table that contains the requirement and the bidder’s approach to meeting the requirement.

Cambria brings our 360 Degree view to help support DHHS in the operational and system readiness IV&V independent assessment. Our team of experienced staff who have been a part of the state and vendor teams on Medicaid enterprise systems implementations only help to enhance our IV&V capabilities. Our firsthand knowledge and expertise of operating and preparing for system readiness on other state implementations give us the upper hand on knowing what to look for, common gaps and areas that are often overlooked, typical areas where critical incidents are often detected, and experience with recommendations for resolution.

Exhibit 82. Operational and System Readiness Requirements and Approach

ID	REQUIREMENT	CAMBRIA’S RESPONSE
1	Must assess project testing activities including test scenarios, cases, and results including traceability of testing to project requirements. Assessment must include whether additional test scenarios or cases are needed to sufficiently test the project requirements.	Cambria will comply

As the IV&V vendor, Cambria will establish confidence among program sponsors, stakeholders, and users that an infrastructure and/or software project under development will meet all of its requirements and that it will be deployed on time and within budget. Our IV&V methodology is a proven process that mitigates project risk by identifying errors that can lead to time and cost overruns and even catastrophic system failure at the time of deployment.

Our team will perform the IV&V activities concurrently with each SDLC phase to provide timely feedback to the management and the vendor teams so that the vendors can incorporate the feedback into their development process. This will enable the team to become familiar with the RTM and the tools associated with tracking the requirements. As the project progresses through the phases of the SDLC, the Cambria IV&V team will assess the testing activities, including the test plan, test scenarios, test cases and results, and determine if there are sufficient scenarios and test cases to cover all the requirements, and if the results are valid for the test cases.

During the Analysis and Design Verification Phase, the IV&V team will assess the Data Conversion strategy, where applicable. We will review the plan to ensure the vendor teams have captured all the conversion-related business rules and has the strategy for data cleansing, data merge and migration, and several rounds of mock conversion testing before the conversion routines can be executed in the production environment. The strategy needs to articulate alternate plans in case the conversion is a no-go during implementation.

The IV&V team will review the vendor teams’ unit testing and unit test coverage during the Development Verification Phase to ensure the code is thoroughly tested. Our team is prepared to work with the testing team and employ the same test tools, if necessary.

During the System Implementation Phase the IV&V team will validate the following test phases, as specified by the Department:

- Functional Testing
- Technical Testing – Performance, Load/Stress
- Security Testing
- Integration Testing to test interfaces
- User Acceptance Testing

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>➤ Data Conversion Testing, if applicable</p> <p>Data analysis from the independent testing is collected and presented to the management team for their review. The stakeholders can take this data and make an objective, informed decision for the production roll-out. During this phase, the IV&V team also validates the training execution and ensures that it addresses the training-related requirements of the Department to assure readiness.</p> <p>The team will use test review checklists as part of their assessment, for example:</p> <p><u>Unit Testing Review Checklist</u></p> <p>This checklist is used to determine whether adequate test procedures to test each program were developed and documented, whether each unit was coded and tested ensuring logic employed is correct and addresses the specified requirements.</p> <p><u>Test Readiness Review Checklist</u></p> <p>This checklist is for evaluating the Test Readiness Review to ensure that adequate preparations were taken for the performance of System Integration Test and User Acceptance Testing.</p> <p><u>Security Testing Review Checklist</u></p> <p>The Cambria team will review and validate the vendor's black-box testing for SQL injections, application, and penetration testing.</p> <p>For testing purposes, the Cambria team proposes a review and validation of test cases to ensure they address requirements verification. If necessary, the Cambria team will suggest additional test scenarios that may not be included in the test plan.</p> <p>The Cambria IV&V team will review all testing results from all phases using Rational Requirements Composer, the defect tracking tool being used by the vendors. In past implementations, the team has used a number of tools such as Rational ClearQuest, SQA, and JIRA to track test results and defects-log, which can also trace to the requirement.</p> <p>During each testing phase, in addition to reviewing the vendors' test cases, test results, the IV&V team will also examine test cases to ensure the functionality provided by the system addresses the requirements.</p> <p>New CMS MECL guidelines prohibit the IV&V vendor from performing any independent testing but the IV&V team will review all testing to determine requirements are addressed and offer recommendations for additional testing as needed.</p>	
2	Must assess defect resolution and retesting activities to validate defect was appropriately resolved	Cambria will comply
	<p>We will assist DHHS in managing and tracking defect metrics. When a defect is identified, it must be triaged and addressed per the severity and agreed-upon defect resolution plan identified in the vendor's Test Management Plan. If in our assessment we determine that a defect is potentially a risk or issue, we will include that in the Risk section of the Certification Progress Report with a high, medium, or low probability of occurrence and severity of impact to the project.</p> <p>During the project execution, for every milestone or phase, a stage gate review will be conducted to ensure the milestone/phase exit criteria are being met. We will evaluate every category during the gate review and will include our assessments in the Certification Progress Report detailing the criteria that are being met, that are being met partially, and those that are not being met. Based on the findings in the report, we will make a recommendation if the exit from the milestone/phase should be approved or not. If there are issues, we will develop an actionable punch list that upon DHHS' approval, the Vendors can review and address. This may include following up on those failed tests that initiated a defect. It is imperative that the vendors have a process to follow-up and retest after the defect has been addressed. The Cambria team will monitor those failed test cases and determine if they are addressed, retested, and resolved.</p> <p>We understand EES is using Rational Requirements Composer application from IBM to document the RTM. This tool can be used to document requirements, change history, impact assessments, and known problems. The vendors presumably log the defects in a defect tracking tool that the DHHS will be using for the project (such as ClearQuest or Jira) where daily defect metrics dashboards will be generated that</p>	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
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will provide visibility into quality of the system being developed. The defect classification is normally defined in the vendor's Quality and Test Management Plan. The industry best practice is to classify defects into the following categories:

Blockers – System broke, no work-around, critical for business to operate.

Critical – Functionality not met. Business could function, but will have major repercussions and should be addressed as soon as possible.

Major – Functionality met partially. Business can function.

Minor – Functionality met, minor issues with calculation or logic that should be addressed.

Trivial – Cosmetic change.

The figure below shows defect metrics for a particular day during testing phase and provides a trend of the Software Quality Index (a quality metric) being tracked in a project.

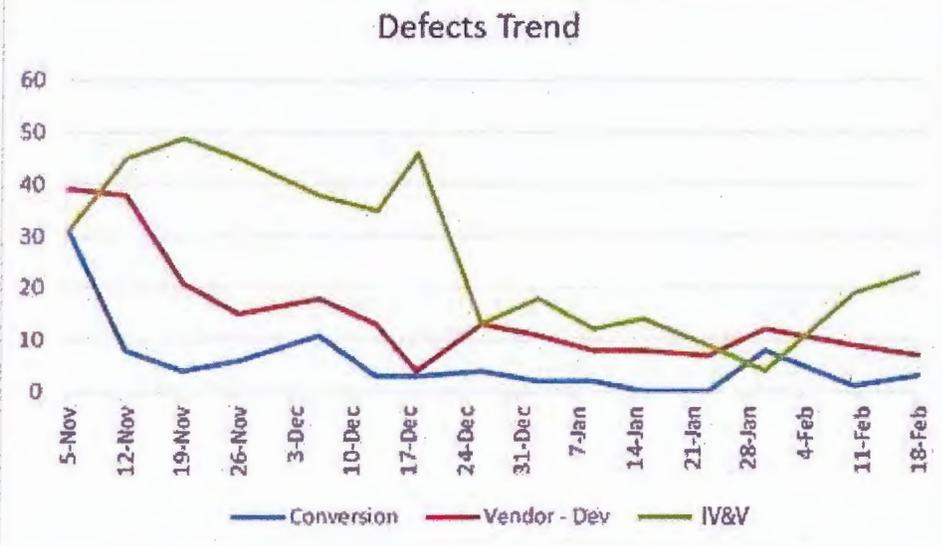
As of 3/7/2014

Severity	Open Defects	SQI Points	SQI	Resolved Defects	Resolved SQI
Blocker	6	100	600	6	600
Critical	22	50	1100	6	300
Major	20	25	500	4	100
Minor	7	10	70	3	30
Trivial	1	1	1	0	0
Grand Total	56		2271	19	1030

SQI stands for Software Quality Index. Such index allows capturing a score on a standardized manner where defects are classified according to their severity and higher the severity, higher the SQI weight.



The next figure shows the defect trend over a period. This provides a good view of quality over the period.

ID	REQUIREMENT	CAMBRIA'S RESPONSE
<div style="text-align: center;"> <h3>Defects Trend</h3>  </div>		
3	<p>Must develop and submit a comprehensive System and Business Operations Readiness Review Plan work product for each project for Department approval a minimum of 90 days prior to the acceptance testing schedule date in the project work plan.</p>	<p>Cambria will comply</p>
<p>We will develop, for each project, a System and Business Operations Readiness Review Plan work product for DHHS approval, at a minimum of 90 days prior to the acceptance testing schedule date in the project work plan. We discuss our approach in further detail in Section 3.1.5.2 Approach to Operational and Systems Readiness.</p>		
4	<p>Must conduct a system and business operational readiness review and assessment and provide the results to DHHS.</p>	<p>Cambria will comply</p>
<p>We will conduct a system and business operational readiness review and assessment. We will provide the results to DHHS for review. Examples of system and operational readiness reviews are presented below, in Section 3.1.5.3 Sample Readiness Review Plan and 3.1.5.4 Sample Operation and Readiness Review Reports.</p>		

3.1.5.2 APPROACH TO OPERATIONAL AND SYSTEMS READINESS

ii. Describe the bidder's approach to operational and systems readiness.

The Cambria IV&V team will develop an Operational and Systems Readiness Plan for the DHHS' approval in anticipation of the acceptance testing scheduled date in the project work plan. The plan will determine the functional and business requirements of the project are implemented.

Our IV&V team will include functional and technical subject matter experts, including certified project management professionals, testers, architects, and other SMEs who will review the functional business requirements, the design, use cases, and implementation plans such as any conversion plans, volume/stress testing, and other plans. Our team will provide oversight in reviewing User Acceptance Testing activities.

The objective of this deliverable is to provide an independent assessment of the Vendor’s Operational Procedures. We will perform an assessment of the vendor’s plan for a set of comprehensive criteria defining their readiness for launch, including conversion, training preparation and readiness, preparing the Department for implementation, test results (system, integration, UAT plan), and performance test results.

We will use SDLC principles as a guide throughout the process. We will use these guidelines to review the system integration throughout, including business design, technical design, test plans, test results, implementation strategies, and deliverables. We can also assess if the vendor has fully integrated existing applications, interfaces, and structures as needed into the new solution.

Our traceability component includes utilizing the RTM to provide a comprehensive view of the requirements while reviewing the development and implementation of the system and allowing the analysts to review, verify, and validate that the system addresses the functional, non-functional, federal, and state regulation mandates. This tool allows communication to be streamlined, information to be centralized, and regular reviews to be efficient; all of which are considered best practices that should be initiated and implemented.

At the appropriate time in the project work plan, we will conduct a system and business operational readiness review assessment based off our plan, compile the analysis, and deliver the results to DHHS.

3.1.5.3 SAMPLE READINESS REVIEW PLAN

iii. Provide an example of a readiness review plan utilized for other projects.

The following is a plan Cambria used for a client’s Change Management Transition Plan. Our team identified the transition tasks that we should monitor to determine their status at various stages in the transition phase. Status includes: On Target, Behind, Critical, and Complete.

Exhibit 83. Change Management Transition Plan

Premium Aggregation Removal (PAR) Change Management Transition Plan								
ID	ID2	Task	Accountable Person(s)	Start Date	End Date	Status R/Y/G/B	% Complete	Comments/Dependencies
Status		Business owner for this plan: Joanna Donbeck Business Unit/Process Area: Transition Invoicing and Balances Status Review Date: 7/6/2015						
Tasks Complete: 32		Status Indicators: On target: No tasks are behind schedule Behind: 1 or more tasks are behind schedule - mitigation/catch-up plan in place Critical: 1 or more tasks are significantly behind schedule (2+ weeks) - at-risk of impacting overall readiness Complete: All tasks are completed						
Total Tasks: 126								
Work Complete: 25%								
Start: 3/2/2015								
Finish: 10/2/2015								
1		Transition Invoicing and Balances	Joanna Donbeck					
1	1	Request & Design Aged Receivables Report (ARR) to enable transfer to carriers	Susanne Towill	3/2/2015	4/17/2015	Complete	100%	Complete - expecting list one 6/1/15
1	2	Request report from carriers already carrying a receivable balance to start early comparisons of customer receivables	Susanne Towill	3/19/2015	6/1/2015	Complete	100%	Complete - expecting from Deloitte on 6/1/15
1	3	Receive report from carriers already carrying a receivable balance	Susanne Towill	4/1/2015	6/30/2015	Complete	100%	Have report from Kaiser, CUP (Columbia United Providers)
1	4	Create process to compare HPF Invoice Report with Carrier receivable report	Susanne Towill/Joanna Donbeck	4/1/2015	6/15/2015	Complete	100%	
1	5	Compare HPF Invoice Report to Carrier receivable report to identify discrepancy causes	Susanne Towill	6/15/2015	6/30/2015	Complete	100%	Exc ensure that comparing the same dates, premium amounts do/don't include APTC.
1	6	Receive ARR data (table view) from Deloitte	Susanne Towill/Corey Baum	6/1/2015	6/1/2015	Complete	100%	
1	7	Work with Finance staff to generate report from ARR data	Matco Baca/Susanne Towill/Corey Baum	6/2/2015	6/15/2015	Complete	100%	
1	8	Process to handle unreconciled balances once HBE loses the ability to send out 820 EDI file	Joanna Donbeck/Marco	6/23/2015	7/17/2015	In progress		See: Task 2.0 in Post-Customer Transition Plan
July ARR								
1	9	Load Stress Environment	Deloitte	6/15/2015	6/24/2015	Complete	100%	
1	10	Run grace period/invoice data fixes	Deloitte	6/15/2015	6/24/2015	Complete	100%	Gufran and Geets to ID and run subset of data fixes applicable. Vincent to confirm timeline and assignment. Full compare from stress environment. Gufran to verify HBE.

**Premium Aggregation Removal (PAR)
Change Management Transition Plan**

Status Indicators:
 On target ■
 Behind ■
 Critical ■
 Complete ■

Business owner for this plan: Courtney Eiswald
Business Unit/Process Area: Managing Payment and Invoice Balance
 Related to Zendesk Tickets
Status Review Date: 7/6/2015

ID	Task	Accountable Person(s)	Start Date	End Date	Status R/Y/G/B	Duration	Days Elapsed	Target % Complete	% Complete	Comments/Dependencies
	Managing Payment and Invoice Balance Related Zendesk Tickets	Courtney Eiswald								
1.0	Create metrics to report current state of volumes and stats	Karissa/Brandon	6/1/2015	6/30/2015		29	35	121%	100%	For current and ongoing
2.0	Determine process for burn down	Brandon/Kathy/Karissa	6/1/2015	6/30/2015		29	35	100%	100%	In-process of establishing and communicating to team members the plan. Meeting with teams week of 7/5
3.0	Leadership Approval and Resource Commitment	Courtney Eiswald	6/15/2015	6/19/2015		4	21	100%	100%	Addressed resource constraints and risk to overall project; however, the priority/approval was not determined
4.0	Execute burn down process	Noune/Brandon/Karissa	6/22/2015	9/4/2015		74	14	19%	5%	Invoice/Finance/Enrollment/Recon Tickets need to be resolved by Enrollment first End date gives a little room until PAR Go-Live Finalizing Burndown process / plan this week
5.0	Create process for communicating account issues to carriers at time of transition	Kathy/Patti	6/1/2015	8/30/2015		90	35	39%		
6.0	Begin communicating account issues to carriers	Patti	6/17/2015	9/23/2015		98	19	19%		Present at All Carrier meeting on 6/17

**Premium Aggregation Removal (PAR)
Change Management Transition Plan**

Status Indicators:
 On target ■
 Behind ■
 Critical ■
 Complete ■

Business owner for this plan: Courtney Eiswald
Business Unit/Process Area: Managing Payment and Invoice Balance
 Related to Zendesk Tickets
Status Review Date: 7/6/2015

ID	Task	Accountable Person(s)	Start Date	End Date	Status R/Y/G/B	Duration	Days Elapsed	Target % Complete	% Complete	Comments/Dependencies
	Managing Payment and Invoice Balance Related Zendesk Tickets	Courtney Eiswald								
1.0	Create metrics to report current state of volumes and stats	Karissa/Brandon	6/1/2015	6/30/2015		29	35	121%	100%	For current and ongoing
2.0	Determine process for burn down	Brandon/Kathy/Karissa	6/1/2015	6/30/2015		29	35	100%	100%	In-process of establishing and communicating to team members the plan. Meeting with teams week of 7/6
3.0	Leadership Approval and Resource Commitment	Courtney Eiswald	6/15/2015	6/19/2015		4	21	100%	100%	Addressed resource constraints and risk to overall project; however, the priority/approval was not determined
4.0	Execute burn down process	Noune/Brandon/Karissa	6/22/2015	9/4/2015		74	14	19%	5%	Invoice/Finance/Enrollment/Recon Tickets need to be resolved by Enrollment first End date gives a little room until PAR Go-Live Finalizing Burndown process / plan this week
5.0	Create process for communicating account issues to carriers at time of transition	Kathy/Patti	6/1/2015	8/30/2015		90	35	39%		
6.0	Begin communicating account issues to carriers	Patti	6/17/2015	9/23/2015		98	19	19%		Present at All Carrier meeting on 6/17

3.1.5.4 SAMPLE OPERATION AND READINESS REVIEW REPORTS

iv. Provide examples of operation and system readiness review reports used on previous projects.

The following is a sample operation and readiness review report after conducting a system and business operational readiness review and assessment.

Exhibit 84. Sample Operation and Readiness Review Report

Report Date: 7/6/15	Managing Payment and Invoice Balance Related to Zendesk Tickets				Transition SEP Documentation Verification		Transition Sponsor Payments to Carriers		Post Cut-over Financial Transaction Management		Financial Processing (Key Bank and Abila Changes)		Trading Partner Agreements		Communications		Customer Support Network (Incl. Call Center, Navigators, Brokers)		System Training & Education		Reporting
Project Completion	10/2/2015	9/23/2015	9/23/2015	9/24/2015	9/30/2015	9/30/2015	9/23/2015	7/30/2015	6/16/2015	6/17/2015	6/17/2015	9/23/2015	9/11/2015								
Tasks Complete	32	2	5	3	6	1	2	1	1	1	1	0	1	0	1	0	0	0	0	0	0
Total Tasks	128	6	13	10	19	14	13	14	1	1	1	30	18	8	23	0	0	0	0	0	
% Work Complete	25%	33%	38%	30%	46%	8%	8%	14%	100%	100%	100%	27%	56%	17%	62%	0%	0%	0%	0%	0%	
% Work Remaining	75%	67%	62%	70%	54%	92%	92%	86%	0%	0%	0%	73%	44%	83%	38%	100%	100%	100%	100%	100%	
Status	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
Owner	Joanna	Courtney	Courtney	Joanna	Susanne	Joanna/Marco	Marco	Christine	Nelly	Randi	Randi	Seema									
Notes (If status = red/yellow, what are next steps, mitigation)	*this task is currently at risk of timely completion due to high volume, performance issues ARR/FAR validation in progress	Tasks slightly behind in process of establishing and communicating to team members the phs.	Publishing the Exclusion and Process Guide. Process development and documentation on tracks gathering information from teams, developed high-level visual flows or reconciliation using Editor, adjusted phs timeline.	Phs subject to change pending outcomes of new legislation.		Meeting between Opr and Phases scheduled for 7/8 to review draft phs for successful balances, post-cutover transactions, and Opr feedback on transition phs	Ongoing meetings with KeyBank to discuss process testing					Conducted initial phasing meeting with new business owners, additional meetings scheduled to complete phs development.									Discussed and identified CMS and IRIS reporting process changes. Continuing discussions to develop phs and define processes.
Milestone Target																					
Process Development	7/10/2015	6/30/2015	9/1/2015	7/10/2015	5/15/2015	7/15/2015	8/12/2015	N/A	N/A	N/A	TBD	N/A	TBD								

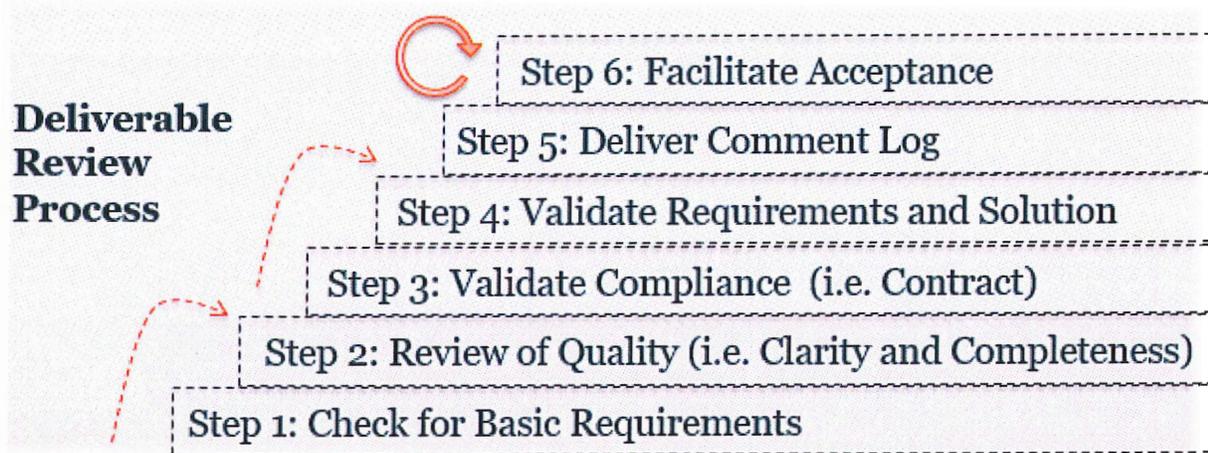
3.1.6 IV&V DELIVERABLES AND WORK PRODUCTS

Cambria takes pride in its timeliness and quality of its IV&V deliverables and work products. We will use our proven deliverable methodology which is used on all of our projects. Cambria’s IV&V team will assess the required, unique deliverables and artifacts that are essential to DHHS’ EES and DMA projects, and future IV&V projects. The review and acceptance of deliverables is a critical success factor in the eventual success of the EES and DMA projects as gaps can be identified, efficient design measured, and a proper documentation of procedures assessed. We recognize the day-to-day challenges of the tasks that DHHS must address, where those tasks compete for human resources. Therefore, the production of quality deliverables quickly becomes a challenging issue for the EES and DMA vendors. To assure DHHS and the EES and DMA vendors have all of the project requirements agreed upon, Cambria’s IV&V team will assess all deliverables and artifacts to help ensure the documents and artifacts meet the agreed upon functional, technical, and quality requirements.

Cambria is well aware of the importance of the EES and DMA vendors producing quality deliverables and meeting the agreed-upon deliverable dates. Cambria will develop a master deliverable document listing (1) the deliverable name, (2) assigned to, (3) due date, (4) status, and (5) comments which will be available in DHHS’ shared repository. Cambria will work with DHHS and the EES and DMA vendors to make sure priorities of all project deliverables are assigned and communicated. A weekly review will be done for all project deliverables to insure the deliverables are being tracked and that deliverable status is reported in the IV&V weekly status report.

As part of Cambria’s deliverable review of the vendor deliverables, we will follow our standard review process:

Exhibit 85. Cambria's Deliverable Review Process



- **Step 1: Check for Basic Requirements** – The purpose of this step is to check the deliverable for conformance to basic quality and readiness for DHHS and CMS review. If this review is not successful, then the Cambria Project Manager will notify the DHHS Project Manager and recommend the rejection of the deliverable for remediation.
- **Step 2. Review of Quality** – Once the deliverable clears a basic requirements check, Cambria's team will review the deliverable for standard quality criteria such as clarity, completeness, consistency, traceability, and timeliness.
- **Step 3. Validate Compliance** – Next, Cambria's team will validate the deliverable complies with federal and state statute and regulation, contractual requirements, specified DEDs (if applicable), and industry standards such as IEEE and PMBOK.
- **Step 4. Validate Requirements and Solution** – Finally, Cambria's team will review the requirements of the solution, the Requirements Traceability Matrix (RTM), and the needs of DHHS and help determine that the solution proposed conforms appropriately.
- **Step 5. Deliver Comment Log** – Once the previous four steps of review have taken place, the Cambria Project Manager will deliver the comment log with findings and recommendations to the DHHS Project Manager for consolidation with DHHS comments and remediation.
- **Step 6. Facilitate Acceptance** – More than one cycle of review, remediation, and discussion may be needed to produce a final deliverable that reflects the needs of DHHS, compliance with federal and state standards, and industry best practices. Cambria will work with the vendor to not allow grammatical issues to delay the project deliverables. For example, if there have been two reviews and the vendor is still having grammatical issues, Cambria will initiate a meeting with the vendor to resolve the grammatical issues. Cambria will be willing and able to support the state on any subsequent cycles of review.

Sample Cambria IV&V Deliverable

Below, Cambria is including a sample IV&V deliverable which shows test case results using Cambria's deliverable review process. This sample shows test case results of Medicaid eligibility determinations.

Exhibit 86. Test Case Results

REF. #	CASE DESCRIPTION	TEST RESULT	COMMENTS
1	Married couple filing taxes as MFS. Mother has 2 children in the home, Father has 1 child; no common children. Each spouse claims their own child/children as a tax dependent. All household members are applying.	Pass	
2	Mother and 2 children are current Medicaid beneficiaries. Child #1 turns 19 on 5/14/15; current recertification date is 5/31/15. Child needs to apply for individual benefits.	Pass	
3	Individual qualifies for Medicaid. Selects 'YES' to residency question; physical address is outside of the state.	Pass	
4	Mother, Father, and common child reside in same household. Mother is pregnant with twins; due date is 2/5/15. Mother and children applying. Family income of \$45,000 (163% FPL).	Pass	
5	Family of 4: married husband and wife; wife's 2 children. Family's income higher than 133%. Mother and children applying.	Pass	When processed, check to make sure mother is in COE-75.
6	Household includes child, child's mother, child's father, and child's grandmother. Child's mother and father, both 17, are not married. Grandmother and mother are related. All household members are applying.	Fail	Relationship Screen: when coding relationship of child's father to child's mother and child's grandmother, if the verification is coded as 'Verified', the system incorrectly denies eligibility for child's grandmother for COE-75. If user indicates that the non-related family member is 'Not Verified—Adult Only,' the system correctly processes eligibility for grandmother.
7	Family of 4: Mother and 3 children. 2 children are currently in Medicaid; 1 child is in CHIP. Mother changes job and now has health insurance for all 4 family members.	Pass	
8	Family of 5: husband, wife, their child, wife's child, and husband's child. Husband and wife are not applying.	Pass	
9	Grandmother is applying for daughter, grandchild, and nephew. Grandmother claims daughter and child; nephew is claimed by his father (does not reside in household).	Pass	

REF. #	CASE DESCRIPTION	TEST RESULT	COMMENTS
10	Father and 2 children are applying. Child #1 works, and chooses to file as single.	Pass	
11	Aunt and her niece and nephew are applying. Aunt is 'needy caretaker' of the children, whose parents are deceased.	Pass	
12	Family of 4: Husband, wife, husband's child, wife's child. Only applying for children. Yearly household income of \$30,000.	Pass	
13	Family of 4: Husband, wife, husband's child, wife's child. All family members are applying. Yearly household income of \$30,000.	Pass	Issues related to 3 months of consecutive ineligibility; problems related to dates and timing.
Reasonable Compatibility Testing			
14	Family of 2: parent and child. Income is not verified initially; household MAGI income and TALX MAGI income are both below FPL limit.	Pass	
15	Family of 2: parent and child. Income is not verified initially; household MAGI income is below FPL limit, and TALX MAGI income is above FPL limit within \$50 threshold.	Fail	Case passed only when end-date is placed on bi-weekly income. Confirmation needed as to whether this is according to original design.
16	Family of 2: parent and child. Income is not verified initially; household MAGI income is above FPL limit; TALX MAGI income is below FPL limit.	Fail	Displayed correct Reasonable Compatibility code; however, produced incorrect eligibility decision. Requires wrong process flow that prevents supervisory approval.
17	Family of 2: parent and child. Income is not verified initially; household MAGI income is below FPL limit, and TALX MAGI income is above FPL limit.	Pass	

3.1.6.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder should include the following in the contractor's proposal:

- i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the contractor's approach to meeting the requirement.

As the IV&V, Cambria holds high standards for development and completion of our IV&V deliverables. Cambria's deliverable development process begins with the development of the Deliverables Expectation Document (DED) that is provided to DHHS in advance of the deliverable development and due date. This allows for a mutual discussion of clear expectations prior to the development of the deliverable and subsequently when the deliverable is completed and ready for review, DHHS is aware of what they will be receiving from each deliverable. DEDs will not be created for each weekly or monthly status reports, but rather a DED will be created to

set mutual expectations on what is expected to be reported on the weekly and monthly status reports. One DED will be created for ongoing deliverables.

Exhibit 87. IV&V Deliverables and Work Products Requirements and Approach

ID	REQUIREMENT	CAMBRIA'S RESPONSE
1	<p>For each project, must fulfil all IV&V contractor responsibilities and submit a monthly deliverable including activities and work products completed within the month:</p> <ul style="list-style-type: none"> ➤ The monthly IV&V report ➤ Weekly status report materials for the month ➤ IV&V project work product and deliverable assessments completed within the month ➤ Critical incident reports ➤ Requirements traceability matrix updates ➤ CMS and MITA compliance activities ➤ IV&V work plan updates ➤ IV&V work products 	Cambria will comply
<p>It is our understanding that for the EES project and the DMA projects, Cambria will submit a comprehensive, monthly deliverable representing all IV&V activities for the current month. This monthly deliverable will adhere to the project's governance model and will include all of the IV & V work products for the month as well as the IV&V assessments of the project work and deliverables. This monthly deliverable will include:</p> <ul style="list-style-type: none"> ➤ The monthly IV & V report ➤ Weekly status report materials for the month ➤ IV&V project work product and deliverable assessments completed within the month ➤ Inclusion of all weekly status reports for the month ➤ Critical incident reports ➤ Requirements traceability matrix updates ➤ CMS and MITA compliance activities ➤ IV&V work plan updates ➤ IV&V work products completed within the month 		
2	<p>Must perform work and submit work products and deliverables for State review and approval in accordance with the approved IV&V work plan scheduled dates.</p>	Cambria will comply
<p>Cambria's IV&V team will perform their work and submit work products and deliverables according to the dates that are approved on the IV&V work plan. The Cambria Project Manager will be diligent in knowing what work products and deliverables are due within the upcoming two weeks as shown on the approved IV&V work plan.</p>		
3	<p>Must provide a tracking capability for tracking of work product and deliverable submission and review status.</p>	Cambria will comply

knowledge of MITA and requirements for systems certification, MITA, procurement rules and Federal funding and oversight mandates. And, we've been on both the vendor and state side of eligibility and MMIS efforts. Additionally Cambria brings an understanding of agile system development approaches, which is critical as this nontraditional way of developing systems has impacts such as on how deliverables are produced and reviewed, teams are empowered to make decisions and manage risks, etc.

The caliber and experience of Cambria's people are consistently recognized by our clients. We have a deep bench of expertise in the operations and management of Medicaid programs and systems. Many of our seasoned employees originated from global system integrators and the Big 4 consulting firms having implemented these large scale, complex Medicaid projects. Several of our senior management team held key leadership positions within various government agencies and Administrations leading the implementations of projects such as the EES and DMA projects. This combined perspective allows us to fully understand the ongoing and emerging issues and address them from varying points of view in order to help state's create realistic, workable solutions. Therefore, we are skilled at the fine nuances of how to successfully move projects forward, working in multi-vendor and multi-tiered governance structures, and how to navigate risks and issues so that the DHHS's projects remain on track.

The following section outlines Cambria's proposed approach to staffing the IV&V for EES and DMA projects.

3.2.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder should include the following in their proposal:

- i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the contractor's approach to meeting the requirement.

The IV&V services sought by DHHS cross multiple projects and involve multiple interdependent and system initiatives in order to achieve its Medicaid enterprise vision. Your roadmap includes 11 milestones (with the completion of EES project and the start of the DMA project being just the first of this modular implementation approach). This requires selection of a vendor who has broad expertise in all these business areas and can bring technical expertise to bear in support of the IV&V activities of providing the project management, independent assessment and quality assurance, IV&V status meetings and reporting, CMS and MITA compliance, operational and system readiness.

The proposed Cambria team brings this right mix of talent and experience! We are on the forefront of industry standards, including the recently released new CMS certification process and life cycle for MMIS procurements and MITA projects. And we clearly understand that with this new certification process, the role of the independent verification and validation (IV&V) contractor is expanding and changing. In addition to a core project team that is dedicated onsite, fulltime weekly – we included in our staffing model a value add of an Advisory Team that has deep, relevant experience in multiple states and at the national level. We believe this on-call team will be invaluable to our Project Managers and to you as you navigate the EES, DMA and any additional downstream projects as part of your 11 milestones. One of the Advisors, Suzanne Vitale, has committed to be a QA/Sr SME for the EES project; dedicating time including monthly visits to ensure the project is on track, our IV&V services are on task, and of course to offer insights from multi-state experience implementing integrated eligibility systems. And we offer a Transition Specialist to assist with ramp up and your backlog during the first 30 days.

Our projects are successful because we have the right people, the right experience and the right attitude. Time and again our clients say the reason they hired us the first time was for our technical expertise and business acumen, while they hire us a second time because they like working “with” us and the unique HumanGenuity approach that we bring to the table.

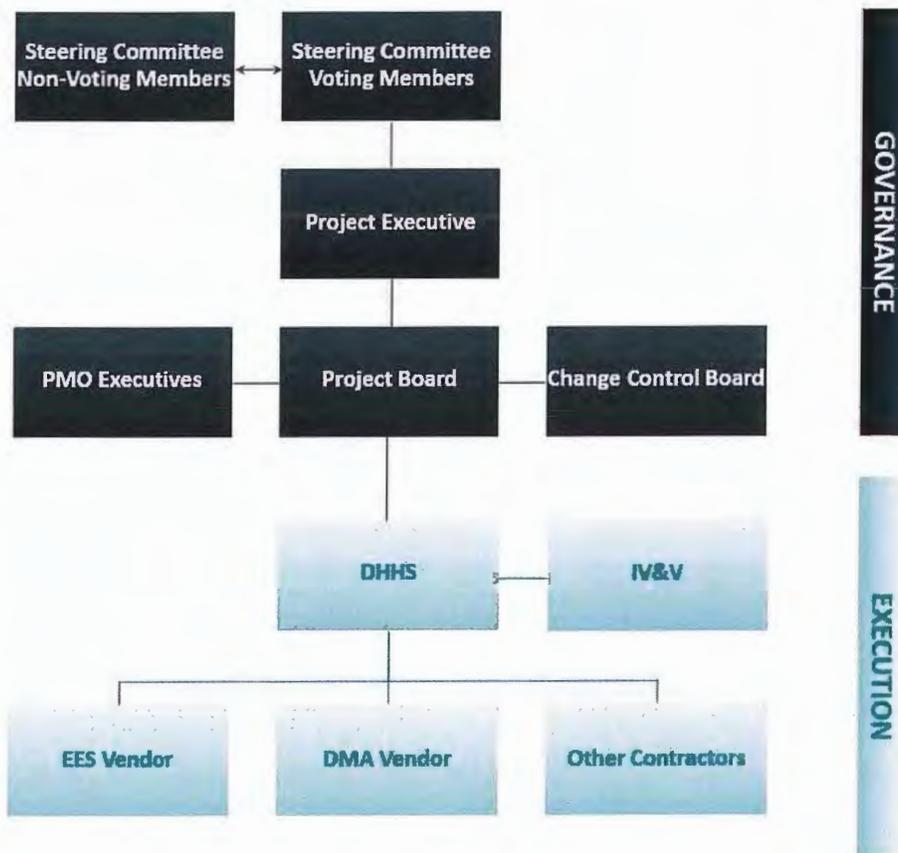
Exhibit 89 outlines Cambria’s proposed approach to State Purchasing Bureau requirements.

Exhibit 89. Organizational Staffing Requirements and Approach

ID	REQUIREMENT	CAMBRIA’S RESPONSE
1	Must provide an organizational structure which reflects coordinated activities among DHHS, IV&V, EES, DMA and other contractors.	Cambria will comply

We are confident that we have put together an organizational structure which will fully support coordinated activities among DHHS, IV&V, EES, DMA and other contractors. Cambria is aware of the current Governance structure in place for the ESS and where the IV&V staff fits into the overall governance and reporting structure. Exhibit 90 below shows the proposed governance and organizational structure for the projects.

Exhibit 90. Proposed Governance and Organizational Structure



Cambria’s role in Medicaid IV&V projects is not to slow the vendor’s process down. Our role is to make the project successful and help achieve the design, development, and implementation of a system that meets the needs of DHHS. Cambria anticipates integrating our IV&V services and activities to leverage the current DHHS governance structure as designed and operating. As appropriate, Cambria may provide

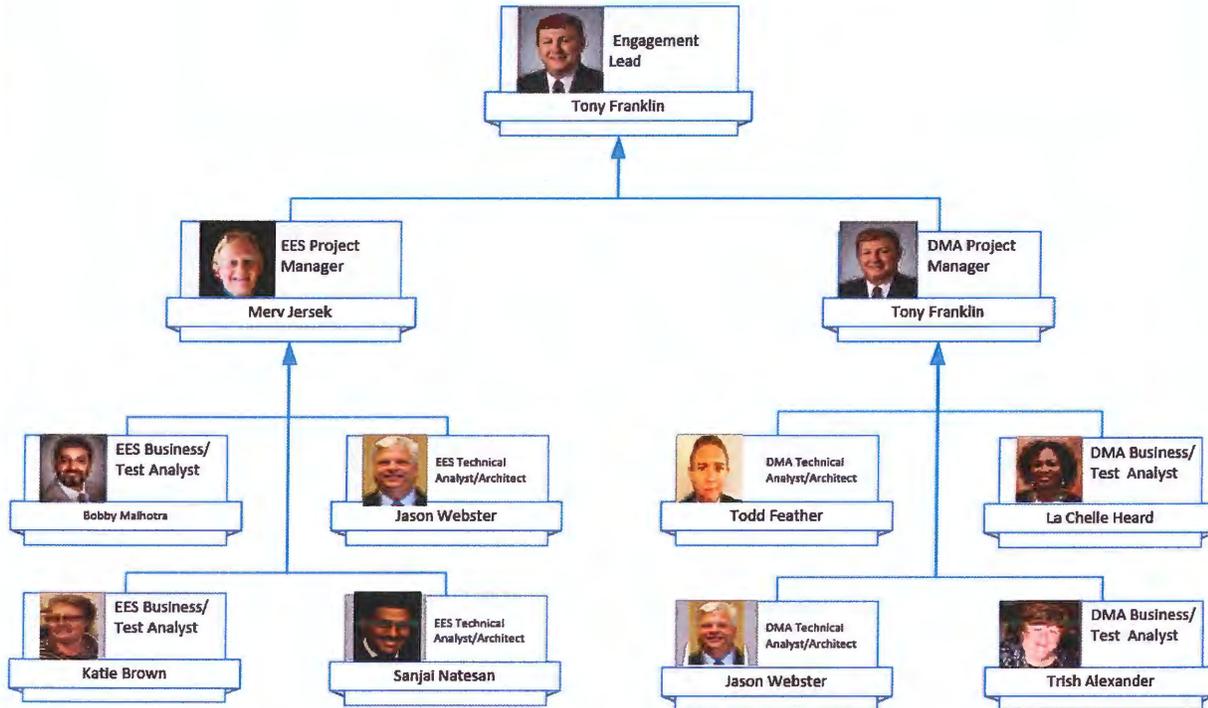
ID	REQUIREMENT	CAMBRIA'S RESPONSE								
	<p>some recommendations for improvement to the structure.</p> <p>Exhibit 91 below shows the coordinating activities among the key organizations. Throughout the two projects, the EES Vendor and the DMA Vendor will report the status on the new system design, development, and testing activities to DHHS. Cambria's IV&V team will provide reporting to the DHHS on such things as the project's progress against the baseline schedule, the project's expenditures vs. budget, identified risks, MITA compliance, traceability of requirements, and adherence to service level agreements. A similar reporting structure will be implemented for future modular Medicaid component projects as they are initiated.</p> <p style="text-align: center;">Exhibit 91. Coordinating Activities Among Organizations</p> <table border="1" data-bbox="180 604 1417 1656"> <thead> <tr> <th data-bbox="180 604 440 751">DHHS ENGAGES</th> <th data-bbox="440 604 760 751">SYSTEM VENDORS/CONTRACTORS DEVELOPS, DESIGNS, AND IMPLEMENTS</th> <th data-bbox="760 604 1079 751">IV&V ASSESSES, REVIEWS, AND REPORTS</th> <th data-bbox="1079 604 1417 751">IV&V ADVISORY BOARD SUPPORTS</th> </tr> </thead> <tbody> <tr> <td data-bbox="180 751 440 1656"> <ul style="list-style-type: none"> ➤ Engages in software system requirements gathering sessions ➤ Actively engages in process reengineering ➤ Reviews and provides feedback in vendor's design and development ➤ Engages in testing software ➤ Accepts /Rejects software before moving into production </td> <td data-bbox="440 751 760 1656"> <ul style="list-style-type: none"> ➤ Manages all project management activities related to the DDI responsibilities of the EES and DMA projects ➤ Facilitates key working sessions and status meetings with DHHS ➤ Conducts and performs the process re-engineering workshops ➤ Gathers business and system requirements ➤ Develops deliverables documenting system design, development, and implementation ➤ Designs, develops, and implements the EES and DMA systems </td> <td data-bbox="760 751 1079 1656"> <ul style="list-style-type: none"> ➤ Participates in all meetings, workshops, sessions facilitated by DHHS and system vendors ➤ Reviews all deliverables and key work products ➤ Facilitates IV&V status meetings with DHHS ➤ Assesses key areas of risks and issues, and reports out to DHHS ➤ Develops status reports for the EES and DMA projects and future optional projects </td> <td data-bbox="1079 751 1417 1656"> <ul style="list-style-type: none"> ➤ Provides advisory support, assistance, and recommendations to DHHS and Cambria ➤ Provides guidance and though leadership to DHHS and Cambria </td> </tr> </tbody> </table>	DHHS ENGAGES	SYSTEM VENDORS/CONTRACTORS DEVELOPS, DESIGNS, AND IMPLEMENTS	IV&V ASSESSES, REVIEWS, AND REPORTS	IV&V ADVISORY BOARD SUPPORTS	<ul style="list-style-type: none"> ➤ Engages in software system requirements gathering sessions ➤ Actively engages in process reengineering ➤ Reviews and provides feedback in vendor's design and development ➤ Engages in testing software ➤ Accepts /Rejects software before moving into production 	<ul style="list-style-type: none"> ➤ Manages all project management activities related to the DDI responsibilities of the EES and DMA projects ➤ Facilitates key working sessions and status meetings with DHHS ➤ Conducts and performs the process re-engineering workshops ➤ Gathers business and system requirements ➤ Develops deliverables documenting system design, development, and implementation ➤ Designs, develops, and implements the EES and DMA systems 	<ul style="list-style-type: none"> ➤ Participates in all meetings, workshops, sessions facilitated by DHHS and system vendors ➤ Reviews all deliverables and key work products ➤ Facilitates IV&V status meetings with DHHS ➤ Assesses key areas of risks and issues, and reports out to DHHS ➤ Develops status reports for the EES and DMA projects and future optional projects 	<ul style="list-style-type: none"> ➤ Provides advisory support, assistance, and recommendations to DHHS and Cambria ➤ Provides guidance and though leadership to DHHS and Cambria 	
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2	<p>Must provide criminal background investigations on all personnel and follow-up investigations every five years. Must report on individuals who have criminal activity identified to DHHS.</p>	<p>Cambria will comply</p>								

ID	REQUIREMENT	CAMBRIA'S RESPONSE																											
<p>A standard component of Cambria's new-hire process is to conduct criminal background investigations on each new hire. This process is performed using an independent contractor engaged by Cambria. Cambria personnel have a follow-up criminal background investigation performed every five years. Any individuals who have criminal activity identified and working on DHHS's projects will be reported to DHHS.</p>																													
3	<p>Must provide all key positions identified IV.C.1.,</p>	<p>Cambria will comply</p>																											
<p>The Cambria team has read RFP Section IV. C.1 and WILL COMPLY with all of the key positions in this section of the RFP. The proposed personnel are described in Exhibit 92.</p>																													
<p style="text-align: center;"><i>Exhibit 92. The Cambria IV&V Team and Roles for EES and DMA Projects</i></p>																													
<table border="1"> <thead> <tr> <th data-bbox="165 577 544 630">ROLES</th> <th data-bbox="544 577 998 630">EES PROJECT</th> <th data-bbox="998 577 1437 630">DMA PROJECT</th> </tr> </thead> <tbody> <tr> <td data-bbox="165 630 544 682">Engagement Lead</td> <td data-bbox="544 630 998 682">➤ Tony Franklin</td> <td data-bbox="998 630 1437 682">➤ Tony Franklin</td> </tr> <tr> <td data-bbox="165 682 544 735">Project Manager*</td> <td data-bbox="544 682 998 735">➤ Merv Jersak</td> <td data-bbox="998 682 1437 735">➤ Tony Franklin</td> </tr> <tr> <td data-bbox="165 735 544 787">Business/Test Analyst*</td> <td data-bbox="544 735 998 787">➤ Bobby Malhotra</td> <td data-bbox="998 735 1437 787">➤ La Chelle Heard</td> </tr> <tr> <td data-bbox="165 787 544 840">Business/Test Analyst*</td> <td data-bbox="544 787 998 840">➤ Katie Brown</td> <td data-bbox="998 787 1437 840">➤ Trish Alexander</td> </tr> <tr> <td data-bbox="165 840 544 913">Technical Analyst/Architect*</td> <td data-bbox="544 840 998 913">➤ Jason Webster/Sanjai Natesan</td> <td data-bbox="998 840 1437 913">➤ Todd Feather/Jason Webster</td> </tr> <tr> <td data-bbox="165 913 544 955">Transition Specialist</td> <td data-bbox="544 913 998 955">➤ La Chelle Heard</td> <td data-bbox="998 913 1437 955">➤ n/a</td> </tr> <tr> <td data-bbox="165 955 544 997">QA/Sr SME</td> <td data-bbox="544 955 998 997">➤ Suzanne Vitale</td> <td data-bbox="998 955 1437 997">➤ n/a</td> </tr> <tr> <td data-bbox="165 997 544 1039">Advisory Panel</td> <td data-bbox="544 997 998 1039">➤ Various</td> <td data-bbox="998 997 1437 1039">➤ Various</td> </tr> </tbody> </table>			ROLES	EES PROJECT	DMA PROJECT	Engagement Lead	➤ Tony Franklin	➤ Tony Franklin	Project Manager*	➤ Merv Jersak	➤ Tony Franklin	Business/Test Analyst*	➤ Bobby Malhotra	➤ La Chelle Heard	Business/Test Analyst*	➤ Katie Brown	➤ Trish Alexander	Technical Analyst/Architect*	➤ Jason Webster/Sanjai Natesan	➤ Todd Feather/Jason Webster	Transition Specialist	➤ La Chelle Heard	➤ n/a	QA/Sr SME	➤ Suzanne Vitale	➤ n/a	Advisory Panel	➤ Various	➤ Various
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Advisory Panel	➤ Various	➤ Various																											
<p>*Denotes key positions required by the RFP.</p>																													
<p>Cambria has provided summary qualifications on each proposed resource in Section 2.10 Summary of Bidder's Proposed Personnel/Management Approach and resumes and references in Section 3.2.1.2 Key Staff Names and Resumes.</p>																													
4	<p>Must maintain an Organizational Chart and project contact list.</p>	<p>Cambria will comply</p>																											

ID	REQUIREMENT	CAMBRIA'S RESPONSE
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Cambria has developed a combined Organizational Chart for the EES and DMA projects. This Organizational Chart is illustrated in Exhibit 93 below and provided again in Section 3.2.1.3 Staffing Plan for Each Project. As part of the early project management activities, Cambria compiles and maintains a project contact list with names, phone numbers, and email addresses for the project team.

Exhibit 93. Cambria IV&V Organizational Structure



5	Must acquire DHHS approval for key staff and key staff replacements.	Cambria will comply
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Cambria understands the requirement that any key staff or key staff replacements must have DHHS approval. As such, in the event of staff replacements, Cambria will work with DHHS to present resumes, conduct and coordinate interviews, and receive approval prior to replacing staff.

6	Must not reassign or replace key personnel without the prior written approval of DHHS.	Cambria will comply
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Cambria understands that any reassignment or replacement of key personnel cannot be done without the prior written approval of DHHS. Cambria will provide written notice of any potential and imminent key personnel and role changes to DHHS for approval.

7	Must provide monthly IV&V staff as proposed.	Cambria will comply
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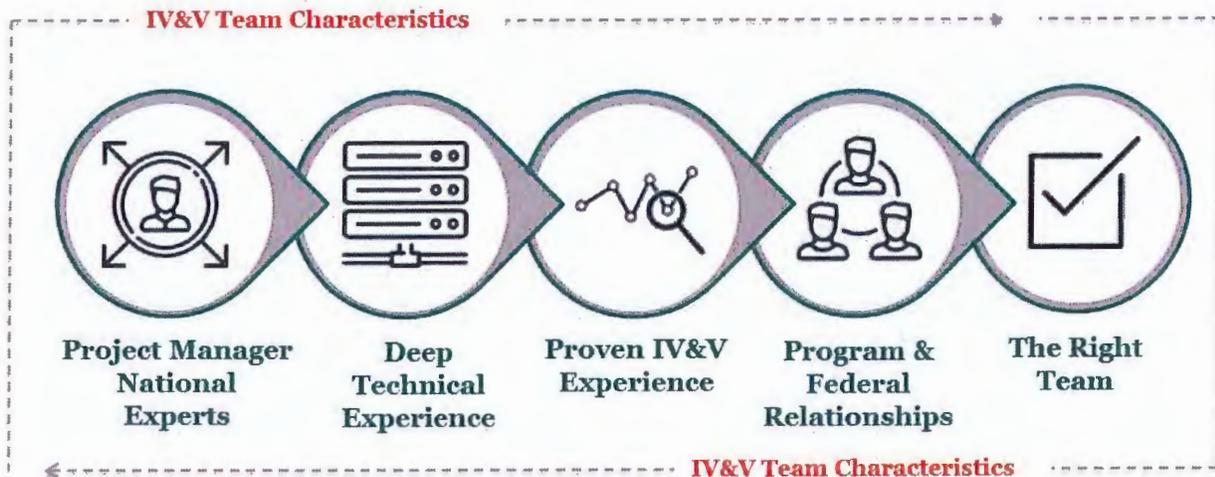
Cambria has created a proposed monthly IV&V staffing chart for the life of the EES and DMA project. The monthly staffing plan for the EES and DMA projects is found in Exhibit 8, in the Staffing Plan for Additional Projects section.

3.2.2 KEY STAFF NAMES AND RESUMES

ii. Names and resumes of the bidder’s key staff for the four key positions. Bidders may propose the same individuals for the EES and DMA projects.

The right resources with the right skills is paramount to the success of an IV&V engagement. All potential vendors will explain their “rigorous” processes for IV&V, but the qualifications, skills, and composition of the IV&V consultants matter even more. Cambria has carefully selected a team that can provide the right expertise for DHHS with the following characteristics:

Exhibit 94. IV&V Team Characteristics



- **Nationally Recognized and Experienced Project Managers:** Cambria’s proposed Project Managers for EES and DMA are nationally recognized experts in their respective fields. For EES, Merv Jersak has 30 years of experience implementing and managing E&E systems from the vendor and the state perspective in six states, including recent E&E implementations in Georgia and New Mexico. For DMA, Tony Franklin has 21 years of experience managing major MMIS implementations in 8 states, recently advising and providing support to Mississippi and Florida on their MES replacement projects.
- **Deep Technical E&E and MMIS Experience:** Cambria’s main differentiator is that our staff are not only experienced in providing IV&V services, but the majority of our staff have dozens of years of experience on both the vendor- and state-side designing, developing, and implementing E&E and MMIS systems. Our proposed EES Technical Analyst/Architect Jason Webster served as Chief Enterprise Architect & Deputy Chief Technology Officer for the Commonwealth of Kentucky. In addition, Cambria’s proposed DMA Technical Analyst/Architect Todd Feather is currently an architect for California MMIS program and served for 4 years as the Technical Architect for the Kansas Eligibility and Enrollment System (KEES).
- **Proven IV&V Experience:** Cambria’s DMA Project Manager and Business Analyst just completed two years of successful IV&V over MS’s Eligibility Modernization Project. The Project Managers and supporting analysts on both EES and DMA projects average between 3-5 years of IV&V experience. Their years of firsthand experience having designed, developed, and implemented on the vendor- and state-side bring direct

knowledge and experience to help identify risks, gaps, and issues to avoid and resolve for the projects.

- **Deep Understanding of the Medicaid Program:** Cambria’s proposed team not only understands the technical challenges and opportunities, but understands the policy and practice behind these programs. For example, Katie Brown is the proposed Business Analyst for EES and has 25+ years working with the Commonwealth of Kentucky in Medicaid Eligibility and Policy. She served as a Branch Manager of Medical Support and Benefits and as a Supervisor. Our Advisory Panel likewise has an average of 25 years working in HHS programs, organizational transformations, and large scale systems implementations.
- **Federal Relationships:** Cambria’s Engagement Lead Tony Franklin and Advisor Suzanne Vitale are leaders who have been elected to national HHS boards of the Private Sector Technology Group (PSTG) and the Human Services Information Technology Advisory Group (HSITAG). Moreover, HTS’ Sandeep Kapoor served as a technical consultant for the National Academy for State Health Policy (NASHP), and works directly with the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) on Health Information Technology for Economic and Clinical Health (HITECH). Their understanding of the policies and direction of CMS and trends in health information technology will help guide and support DHHS in achieving your Medicaid enterprise vision.

In summary, Cambria’s team is uniquely assembled to meet the needs of DHHS. The following exhibit displays all of the proposed staff for Cambria’s IV&V team to DHHS for the EES and DMA projects:

Cambria recognizes there are up to 11 milestone projects that must be completed for the Medicaid Enterprise; therefore, Cambria plans to demonstrate its commitment to DHHS and our breadth of expertise by augmenting our staff with two major components: an Advisory Board and Resource Pool. First, Cambria is providing an IV&V Advisory Board to provide national expertise and eminence across the spectrum of the Medicaid Enterprise. Second, Cambria is providing a representative set of resources and consultants that would be available to DHHS for the optional projects. In summary, Cambria is proposing a comprehensive staffing approach that is unique to the needs of EES and DMA, augmented by industry leaders and advisors, and supported by a deep resource pool.

3.2.2.1 SUMMARY OF QUALIFICATIONS

Exhibit 95 below introduces Cambria’s IV&V Project Team for the EES and DMA projects and includes a summary of their qualifications.

Exhibit 95. Cambria’s Proposed Project Team: Summary of Qualifications

ROLE & STAFF NAME	QUALIFICATIONS
Engagement Lead: Tony Franklin, PMP®	

ROLE & STAFF NAME	QUALIFICATIONS
	<p>Mr. Franklin is being proposed both as Cambria’s Engagement Lead over both the EES and DMA projects and as the Project Manager of the DMA project. He will come onboard with the EES project, build a strong rapport with EES stakeholders and bridge the gap by serving as the PM on the DMA project.</p> <ul style="list-style-type: none"> ➤ As Engagement Lead, Mr. Franklin will be the Cambria corporate representative for both the EES and DMA projects <ul style="list-style-type: none"> ➤ He will be communicating with DHHS to help ensure they are completely satisfied with Cambria’s IV&V services ➤ He will help resolve any issues that need escalation and work to address them in a timely and satisfactory manner ➤ Mr. Franklin’s experience includes: <ul style="list-style-type: none"> ➤ Being a nationally recognized MMIS expert with over 21 years of experience managing large-scale Medicaid system implementations in 8 states and municipalities ➤ Being recognized as a leader in delivering solutions on-time and on-budget and providing in-depth technical expertise throughout the Software Development Life Cycle, as well as managing technical and operational staff of 45 to 150 members ➤ Being a Senior Manager at Cambria and actively engaged in the Health and Human Services field since 1989 ➤ Over 21 years of experience in managing or in a key management position for a large-scale healthcare IT development project that encompasses the full system development life cycle from initiation through post implementation ➤ Being a certified PMP® and active member of the Project Management Institute
EES Project Manager: Merv Jersak, PMP®	
	<p>Mr. Jersak will report to both DHHS and CMS. His primary work assignments will include managing the IV&V project team, serving as the primary liaison with DHHS, reviewing all IV&V assessments, reviewing deliverables, managing the IV&V budget schedule and resources, and serving as an escalation point for the team. Mr. Jersak’s experience includes:</p> <ul style="list-style-type: none"> ➤ Being a nationally recognized E&E system expert with over 30 years working in six states on both the state and vendor side ➤ Serving as a Project Manager, Senior Business Architect, and Implementation Consultant bringing lessons learned, technical expertise, and national knowledge to the EES project ➤ Over 20 years of experience as project manager and/or in a key management position for large-scale healthcare IT development projects encompassing full SDLC’s from initiation through post implementation ➤ An Advanced Project Management Certification from the American Management Association and active member of the Project Management Institute
EES Business/Test Analyst: Bobby Malhotra	

ROLE & STAFF NAME	QUALIFICATIONS
	<p>Mr. Malhotra will report directly to the Lead EES Project Manager, Merv Jersak. His primary assigned work will include assessing artifacts by the EES vendors to verify that requirements are being met and that the test plans and test scenarios are comprehensive. In his assessments, Mr. Malhotra may make recommendations to align test work products with DHHS's goals and requirements. He may also recommend adding test scenarios where deficiencies are found. He will also monitor risks, issues, and defects to determine that they are being addressed, resolved, and re-tested. Mr. Malhotra's experience includes:</p> <ul style="list-style-type: none"> ➤ Having performed SDLC IV&V assessments for an EES implementation in Rhode Island, including requirements, systems interfaces, data management and data modeling, data conversion, source code, testing, and implementation readiness ➤ Experience as a Technical/Functional System Consultant in the HealthCare, Banking and e-commerce Domain, and demonstrating excellent communication, analytical, and presentation skills ➤ Extensive experience working with business users as well as senior management for web-based environment and client server applications ➤ Over 11 years of experience in business/test analyst responsibilities on projects of similar scope
<p>EES Business/Test Analyst: Katie Brown (HTS)</p>	
	<p>Ms. Brown will report directly to the EES Project Manager, Merv Jersak. Her primary assigned work will include assessing artifacts by the EES vendors to determine that the requirements are being met and that the test plans and test scenarios are comprehensive. In her assessments, Ms. Brown may make recommendations to align test work products with DHHS's goals and requirements. She may also recommend adding test scenarios where deficiencies are found. She will also monitor risks, issues, and defects to determine that they are being addressed, resolved, and re-tested. Ms. Brown's experience includes:</p> <ul style="list-style-type: none"> ➤ Over 25 years of experience in Medicaid eligibility, member services, and Health Information Technology ➤ Providing strategic and programmatic direction to her clients nationwide on Medicaid and Health and Human Services programs ➤ Having provided technical subject matter expertise and training for a number of statewide projects including the Kentucky Health Benefit Exchange ➤ Over 25 years of experience in business/test analyst responsibilities on projects of similar scope
<p>EES Technical Analyst/Architect: Jason Webster, PMP® (HTS) (shared role with Sanjai Natesan)</p>	

ROLE & STAFF NAME	QUALIFICATIONS
	<p>Mr. Webster will report directly to the EES Project Manager, Merv Jersak. His primary assigned work will include assessing the architecture infrastructure, interoperability, security, data integrity, and other technical aspects of the EES vendor's solution to insure that the requirements are being met and that the test plans and test scenarios are comprehensive. In his assessments, He may make recommendations to align the architectural solutions with DHHS's goals and requirements. He may also recommend adding test scenarios where deficiencies are found. He will also monitor risks, issues, and defects to ensure that they are being addressed, resolved, and re-tested. Mr. Webster's experience includes:</p> <ul style="list-style-type: none"> ➤ He has over 25 years of experience working in a number of technical roles on IT projects, including more than 15 years working in the Cabinet for Health and Family Services (CHFS), a state health and human services enterprise that is home to the Kentucky Medicaid Program ➤ He has served as deputy chief architect during procurement, development, and deployment of the Kentucky Health Information Exchange (KHIE) and was interface lead during implementation of a new Medicaid Management Information System (MMIS) that involved 260+ interfaces to 30+ unique systems ➤ He has over 20 years of experience as a solutions architect on projects of similar size and scope
<p>EES Technical Analyst/Architect: Sanjai Natesan (share role with Jason Webster)</p>	
	<p>Mr. Natesan will share the Technical Analyst/Architect role with Mr. Webster. He will report directly to the EES Project Manager Merv Jersak.</p> <ul style="list-style-type: none"> ➤ Mr. Natesan brings more than 20 years of experience in information technology. ➤ Mr. Natesan has extensive experience in: Enrollment Systems, Eligibility Systems, Infrastructure, Design, Development, and Implementation (DDI) projects, SDLC, Technical Operations ➤ Mr. Natesan has extensive experience as a solutions architect working with Integrated Eligibility Systems in 9 states. ➤ He has served as an IV & V Technical Lead, Senior Solutions Architect, Product Manager, Functional and Technical Advisor, Technical SME on numerous State Medicaid Integrated Eligibility Projects
<p>EES QA/Sr Subject Matter Expert (SME): Suzanne Vitale (also serves on Advisory Panel)</p>	
	<p>Ms. Vitale will serve as an independent quality assurance and SME to the EES Project. She will work directly with the Engagement Lead, Tony Franklin, and the EES Project Manager Merv Jersak.</p> <ul style="list-style-type: none"> ➤ Ms. Vitale brings more than 26 years of experience in HHS programs, operations, governance and systems implementation. ➤ Ms. Vitale has extensive experience in: Medicaid, SNAP, TANF, child welfare, adult protective services, public health, and mental and behavioral health ➤ Ms. Vitale has extensive experience in stakeholder management, delivering projects in a compressed deadline, and integrated eligibility processes and systems across multiple states and at the Federal oversight level. <p>She has worked on both the state and vendor side. Having served in appointed and key leadership positions including Deputy Undersecretary FNCS/USDA, FL Deputy Secretary, TX Deputy Commissioner, HHS Executive Director for Eagle County CO, Chief of Staff for WA DSHS Economic Services Administration. Ms. Vitale currently leads Cambria's HHS Industry and is Vice President.</p>
<p>DMA Project Manager: Tony Franklin, PMP®</p>	

ROLE & STAFF NAME	QUALIFICATIONS
	<p>As the DMA Project Manager, Mr. Franklin will report to both DHHS and CMS. His primary work assignments will include managing the IV&V DMA project team, serving as the primary liaison with DHHS, reviewing all IV & V assessments, reviewing deliverables, managing the IV&V budget schedule and resources, and serving as an escalation point for the team. Mr. Franklin’s experience includes:</p> <ul style="list-style-type: none"> ➤ Being a nationally recognized MMIS expert with over 21 years of experience managing large-scale Medicaid system implementations in 8 states and municipalities ➤ Being recognized as a leader in delivering solutions on-time and on-budget and providing in-depth technical expertise throughout the Software Development Life Cycle, as well as managing technical and operational staff of 45 to 150 members ➤ Being a Senior Manager at Cambria Solutions and serving in the Health and Human Services field since 1989 ➤ Over 21 years of experience in managing or in a key management position for a large-scale healthcare IT development project that encompasses the full system development life cycle from initiation through post implementation ➤ Being a certified PMP® and active member of the Project Management Institute
	<p>DMA Business/Test Analyst & Transition Specialist: La Chelle Heard, PMP®</p>
	<p>Ms. Heard will report directly to the DMA Project Manager, Tony Franklin. Her initial assignment will be supporting seamless transitioning during the first 30 days. Her primary assigned work will include assessing artifacts by the DMA vendors to help determine that the requirements are being met and that the test plans and test scenarios are comprehensive. In her assessments, she may make recommendations to align test work products with DHHS’s goals and requirements. She may also recommend adding test scenarios where deficiencies are found. She will also monitor risks, issues, and defects to determine that they are being addressed, resolved, and re-tested. Ms. Heard’s experience includes:</p> <ul style="list-style-type: none"> ➤ Over 20 years’ experience in state health care (Medicaid Management Information Systems), retail, manufacturing, property/casualty insurance, credit card processing, and airline cargo ➤ Six years of management experience, eight years as lead business systems analyst, and 12 years of MMIS experience with both client support and mainframe application programming support ➤ Over 20 years of experience in business / test analyst responsibilities on projects of similar scope ➤ Worked on MS IV&V and Cambria internal team for evolving our IV&V methodology ➤ Being a certified PMP® and active member of the Project Management Institute
	<p>DMA Business/Test Analyst: Trish Alexander, PMP®</p>

ROLE & STAFF NAME	QUALIFICATIONS
	<p>Ms. Alexander will report directly to the DMA Project Manager, Tony Franklin. Her primary assigned work will include assessing artifacts by the DMA vendors to help determine that the requirements are being met and that the test plans and test scenarios are comprehensive. In her assessments, she may make recommendations to align test work products with DHHS's goals and requirements. She may also recommend adding test scenarios where deficiencies are found. She will also monitor risks, issues, and defects to determine that they are being addressed, resolved, and re-tested. Ms. Alexander's experience includes:</p> <ul style="list-style-type: none"> ➤ Over 25 years of multi-state experience in Health Information Technology (HIT). ➤ Providing particular expertise to states on operational aspects of Medicaid including: <ul style="list-style-type: none"> ➤ participant and provider eligibility ➤ coverage; claim reimbursement ➤ certification ➤ program integrity ➤ drug rebates ➤ pharmacy ➤ third party liability ➤ Proficiency in MMIS and being a technical SME to Medicaid projects in Kentucky, Mississippi, New Hampshire, New Jersey, North Carolina, Tennessee, Texas, and Washington ➤ Over 25 years of experience in business/test analyst responsibilities on projects of similar scope
	<p>DMA Technical Analyst/Architect: Todd Feather, PMP® (shared role with Jason Webster)</p>
	<p>Mr. Feather will report directly to the DMA Project Manager, Tony Franklin. His primary assigned work will include assessing the architecture infrastructure, interoperability, security, data integrity, and other technical aspects of the DMA vendor's solution to help determine that the requirements are being met and that the test plans and test scenarios are comprehensive. In his assessments, he may make recommendations to align the architectural solutions with DHHS's goals and requirements. He may also recommend adding test scenarios where deficiencies are found. He will also monitor risks, issues, and defects to determine that they are being addressed, resolved, and re-tested. Mr. Feather's experience includes:</p> <ul style="list-style-type: none"> ➤ Over 15 years of experience in the information technology industry and has been a certified PMP® since 2006 ➤ Direct, hands-on experience with delivery methodologies, infrastructure, environments, configuration management, technical architecture, and senior-level clients ➤ Over 15 years of experience as a solutions architect on projects of similar size and scope
	<p>DMA Technical Analyst/Architect: Jason Webster, PMP® (shared role with Todd Feather)</p>
	<p>Mr. Webster will share the Technical Analyst/Architect role with Mr. Feather as the EES project begins to ramp down and his responsibilities diminish. He will report directly to the DMA Project Manager, Tony Franklin. Cambria believes it is important to have Mr. Webster's continuity between projects as EES and DMA are not completed in silos and he can provide an IV&V analysis of the architecture and technical specifications from an enterprise-wide view.</p>

3.2.2.2 CAMBRIA IV&V ADVISORY BOARD & RESOURCE POOL

In addition to our proposed project staff, Cambria is demonstrating our commitment to DHHS by providing additional senior staff as IV&V advisory board members to the EES, DMA, and any other future projects. We feel supporting DHHS through the implementation of Nebraska's Medicaid enterprise vision will require knowledge and expertise from a team that has seen and

done it from varying points of view, and have demonstrated thought leadership in shaping the direction of Medicaid.

Our IV&V Advisory Board will be comprised of leaders who are not on the project full time, but rather available and accessible to DHHS as needed.

The Cambria IV&V Advisory Board will be comprised of the following leaders:

- Suzanne Vitale is a proven leader with 25 years' of experience executing bold business strategies and improvements across the spectrum of the health and human services systems.
 - She has served in executive positions for large, complex public sector agencies at Federal, state, regional, and local levels.
 - She has a keen understanding of how to bridge state/national policy expectations with the realities of local implementation.
 - She has proven ability to successfully manage large-scale information technology (IT) implementations involving multiple vendors, eligibility integration, complex IT architectures, and multi-tiered governance structures.
 - She also has experience with transformation projects for eligibility and case management systems in two of the largest states – Florida and Texas (initial planning and design), as well as within the U.S. Federal government.
- Sandeep Kapoor brings more than 25 years of experience working with federal and state agencies, and private sector clients in health care information technology. He recently served as the Chief Technology Officer (CTO) with the Cabinet for Health and Family Services in Kentucky.
 - As CTO, he led Kentucky's nationally recognized technical implementation of the statewide Health Information Exchange (HIE) and State Level Repository (SLR) for Medicaid incentive payments.
 - He has worked with multiple states as well as serving in lead roles at a national level.
 - He served as a technical consultant for the National Academy for State Health Policy (NASHP), and has worked with the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) on Health Information Technology for Economic and Clinical Health (HITECH).
 - He continues to take lead roles nationally through Healthcare Information and Management Systems Society (HIMSS), World Managed Care, and Office of the National Coordinator (ONC) for Health Information Technology workshops. Sandeep has longstanding relationships with clients, stakeholders, and national leaders in both healthcare and technical industries.
- Dhiraj Talwar is a proven leader with 25+ years of experience leading and executing large-scale and complex systems integration projects.
 - He has over 15 years of experience leading, managing and delivering mission-critical projects with state and local health and human services agencies, such as California Department of Public Health, California Department of Developmental Services (DDS), County of Los Angeles, Welfare Client Data System Consortium (WCDS), and the Interim Statewide Automated Welfare System (ISAWS)
 - He has deep experience with large-scale integrated eligibility and enrollment systems, such as CalWORKs Information Network (CalWIN), Los Angeles Eligibility Automated Determination Evaluation Reporting System (LEADER), Statewide Automated Welfare System, and California's Statewide Screening Information System

- He has proven ability to support a wide-range of engagements including strategy, planning, requirements gathering, design, development, change leadership, program management, data migration/conversion and system implementation for custom development as well as COTS/MOTS implementation efforts
- He has strong expertise in technical architecture, systems integration, agile methodologies, and database design including experience in application and data integration, middleware technologies, n-tier architectures, and open source products
- He is an action-oriented and results-focused professional with excellent team management, customer relationship management skills, and passion to improve processes and develop people
- He is a certified Project Management Professional and a Professional Scrum Master
- Gary Ozanich, Ph.D., is a nationally recognized expert in the fields of Health Information Technology (HIT) and Health Information Exchange (HIE). As a Senior Consultant, he brings over 30 years of experience specializing in Health and Human Services programs and draws from a career in both academia and the private sector. His core competencies include:
 - Research
 - Policy and strategic initiatives in Health and Human Services programs
 - Active member of the Health Information and Management Systems Society (HIMSS)
 - Co-Chair of the HIMSS HIE Community Committee
- Jason Leung is a PMP certified practitioner who brings over 14 years of Information Technology (IT) and policy consulting experience, specializing in health and human services clients, particularly publicly-funded health care programs.
 - He has strong system design, testing, and implementation expertise with particular focus on Eligibility and Enrollment and interfaces
 - His deep expertise was proven when he provided oversight on behalf of the business for the successful implementation of the CA Health Benefit Exchange project
 - He brings strong capabilities to analyze potential impacts and develop degrees of integration/interoperability, as demonstrated on the WA Health Benefit Exchange where he worked with owners of existing state eligibility and enrollment systems
 - He is a certified Project Management Professional

In addition to the proposed IV&V project team for EES and DMA, the IV&V Advisory Board, Cambria is providing a resource pool that would be available to DHHS for the future optional projects. Cambria is demonstrating its commitment to DHHS and depth of experience to support all of the potential projects and initiatives that are transforming the Medicaid Enterprise.

- Jim Peresta – MMIS and provider enrollment
- Lauren Schaub – enrollment broker, eligibility, plan selection, integration
- Steve Schmitz – requirements gathering, use cases and testing
- Henk Keukenkamp – senior project manager over large complex implementations; CA MMIS expertise (project management, technical architecture, takeover and migration)
- Sandeep Koppolu – claims benefits services
- Imran Moin – eligibility, master data management, integration, interfaces
- Debbie Keith – Medicaid program, implementation, and training
- Brandi Noel - clinical practice administration, clinical quality measures (CQM), public health, and provider services

- Mike Smith – eligibility systems and MMIS implementation and training

In summary, Cambria’s team is uniquely assembled to meet the IV&V needs of DHHS’s EES, DMA, and future optional projects. Resumes of proposed team members for the EES and DMA projects, and bios of the resource pool are provided in Section 3.2.1.6 Resumes.

3.2.2.3 THE CAMBRIA TEAM – YEARS OF EXPERIENCE

Exhibit 96 outlines our proposed team’s number of years’ experience with Medicaid and IV&V services as well as other related topics.

Exhibit 96. Cambria’s Proposed IV&V Staff: Years of Experience

ROLE(S)	PROPOSED STAFF/NAME	PROJECT MANAGEMENT	ELIGIBILITY AND ENROLLMENT SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	IV & V	MEDICAID	HEALTH AND HUMAN SERVICES
Engagement Lead/DMA Project Manager	Tony Franklin	20	3	22	1.5	22	22
EES Project Manager	Merv Jersak	27	23	15.5	4	15.5	31
EES Technical Analyst/Architect	Jason Webster	26	10	10	3	10	20
EES Technical Analyst/Architect	Sanjai Natesan	15	17	0	1	17	17
EES Business/Test Analyst	Bobby Malhotra	12	3	22	1.5	22	22
EES Business/Test Analyst	Katie Brown	0	25	0	0	25	25
DMA Technical Analyst/Architect	Todd Feather	15	8	8	0	8	8
DMA Business/Test Analyst & Transition Specialist	La Chelle Heard	11	1	13	1	15	15
DMA Business/Test Analyst	Trish Alexander	7	4	26	5	26	26
EES QA/Sr SME & Advisor	Suzanne Vitale	18	26	5	6	18	26
Advisor	Sandeep Kapoor	10	6	12	2	8	14

ROLE(S)	PROPOSED STAFF/NAME	PROJECT MANAGEMENT	ELIGIBILITY AND ENROLLMENT SYSTEMS	MEDICAID ENTERPRISE SYSTEMS	IV & V	MEDICAID	HEALTH AND HUMAN SERVICES
Advisor	Dhiraj Talwar	12	13	0	0	0	12
Advisor	Gary Ozanich, Ph.D.	0	0	0	0	11	11
Advisor	Jason Leung	13	10	0	0	10	16

3.2.2.4 RESUMES

This section provides detailed resumes and three (3) references for each Cambria proposed staff.

STAFF
RESUMES

TONY E. FRANKLIN, PMP

ENGAGEMENT LEAD AND DMA PROJECT MANAGER

SUMMARY OF QUALIFICATIONS

Tony Franklin is a Senior Manager at Cambria Solutions and has been in the Health and Human Services field since 1989. Tony brings more than 21 years of experience managing large-scale Medicaid system implementations in 8 states and municipalities. He is recognized as a leader in delivering solutions on-time and on-budget and providing in-depth technical expertise throughout the Software Development Life Cycle, as well as managing technical and operational staff of 45 to 150 members. Mr. Franklin has extensive experience in the following areas:

- Project management
- Computer information systems
- Design, Development, and Implementation (DDI) project management
- SDLC
- Medicaid
- Medicaid Management Information Systems (MMIS)
- Eligibility Systems
- Requirements gathering and documentation

PROJECT EXPERIENCE

Cambria Solutions, Inc.

MS Division of Medicaid, FL MES Project, MS Eligibility Modernization Project **April 2014 to Present**

- **Project Manager for the MS Division of Medicaid (DOM)** - write updates to several Implementation Advanced Planning Documents (IAPD) and Operational Advanced Planning Documents (OAPD).
- **Project Manager for MS DOM** – lead the IV&V team for the Eligibility Modernization Project. Reviewed deliverables produced by the System Integrator, supported user acceptance test (UAT), reviewed conversion data, provided independent attestations required by CMS, attended regular status meetings and participated in CMS Gate Reviews.
- **MMIS Lead/SME in Project Management Office for the Florida Agency for HealthCare Administration** – key technical lead and Cambria Project Manager for outstationed team. Supported requirements, planning, APDs, and procurement.

CSG Government Solutions **Project Manager**

Project Manager and Business Analyst supporting CSG's Healthcare and Human Services practice. On the Small Business Health Options Program (SHOP) Project, helped set up a Project Management Office (PMO), lead all Gate Reviews with CMS, and managed the System Integrator, GetInsured.com.

Mississippi SHOP Marketplace Project **August 2013 to March 2014**

***Xerox—Government Health Care Solutions
Montana Enterprise Project
DDI Project Manager***

January 2012 to August 2013

Managed requirement/design/initial coding/testing of the Health Enterprise Solution which included several Commercial Off-The Shelf (COTS) products. Oversaw staffing, budget, requirements, design, development, and testing of the Enterprise Product. Followed the agile/modified SCRUM methodology.

***North Dakota Enterprise Project
Development Support Manager***

May 2011 to January 2012

Managed a team of 20 Subject Matter Experts (SME) that worked with the client to attain requirements and finalize design. Worked with the Functional team on requirements/design documents and then delivered and worked with the development team on technical specifications. Worked with both the Functional and Testing Teams to help create test scenarios/cases, and testing project results.

***New Hampshire Enterprise Project
Technical Support Manager***

July 2010 to May 2011

Worked with the Infrastructure teams to put the End-to-End Testing Environment in place. Worked with the Functional team and SME's to get batch cycles consolidated into one product versus 12 functional areas; batch cycles were incorporated into Control M for scheduling. Worked with DBA's and COTS teams on Database and COTS issues in the End to End Testing Environment

***Virginia Enterprise Project
Cutover/Implementation Manager***

March 2010 to July 2010

Worked with the Project Team to help create a cutover/implementation plan to be used to take over the VA Medicaid System. Included the final checklists that were used to go live. Dealt with all necessary teams: operations, mainframe, infrastructure, and Web Portal. Acted as liaison between client and outgoing vendor during transition.

***Affiliated Computer Services (ACS)—Government Solutions Group
District of Columbia MMIS Project
DDI Project Manager***

May 2009 to February 2010

Worked with the DDI Project Manager to give overall direction to the entire development team. Managed the Overall Architecture Team, User Interface (UI) Team, and the Web Portal Team. Project included installing a new MMIS in the District of Columbia; as well as several in-house and external COTS products.

***TennCare MMIS Project
Implementation Manager***

October 2008 to April 2009

Managed the implementation team for takeover of the InterChange system from EDS. Provided proof to the Bureau of TennCare that ACS could run/maintain their system. Installed a new set of integrated test environments and of Rational products to enhance their change management process. Completed assessments on the current products, processes, and enhancements, ramped-up staffing for the systems team, and managed budget for each enhancement.

District of Columbia MMIS Project

Architecture/User Interface/Web Project Manager July 2007 to September 2008

Managed the Overall Architecture Team, User Interface (UI) Team, and the Web Portal Team. Project included installing a new MMIS in the District of Columbia; as well as several in-house and external COTS products.

Mississippi Medicaid Project

Web Development Project Manager

November 2006 to June 2007

Managed the MS Web Portal project to completion on time and budget. Included moving the application to a WebSphere/Oracle Platform from WebLogic/DB2. New functionality was added to submit claims, prior authorizations, third party liability, message center capabilities, and several other enhancements. Project also included developing middleware to allow the Web Portal, OmniTrack (call tracking) software, imaging software, and the mainframe MMIS to talk to each other.

Deputy Account Manager

January 2005 to April 2006

Managed the Systems Department, Claims Department, Provider Services Department—approximately 150 employees—and maintained facilities. Worked with Finance to help create and maintain the account budget. Managed an upgrade and build-out of the facilities during 2006.

EDUCATION

Bachelor of Science in Computer Information Systems
Carson-Newman College; Jefferson City, Tennessee

CERTIFICATIONS

Project Management Professional (PMP); Project Management Institute (2006)

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Rita Rutland	Deputy Administrator, iTech MS Division of Medicaid	550 High Street, Suite 1000, Jackson, MS 39201	601-576- 4147
Jeff Buska	Administrator, MT Department of Public Health and Human Services	111 North Sanders Helena, MT 39601-4520	406-442- 6985
Patricia Squires	Deputy Director of Health Care Operations Dept. of Health Care Finance	441 4th Street, NW Suite 900 Washington DC, 20001	202-698- 1705

MERV JERSAK **EES PROJECT MANAGER**

SUMMARY OF QUALIFICATIONS

Mr. Jersak has 35 years' experience in a variety of large-scale and smaller scale IT development projects. Over the past 31 years, he has led a number of client organizations in implementation of their IT systems, serving in various capacities as project manager/ project director, engagement manager, and project oversight. In all endeavors, he has maintained a hands-on approach in the delivery of these systems. He has extensive experience in the following areas:

- Public assistance, medical programs, and children's health insurance eligibility determination and case management systems (IV-A, Title XIX, Title XXI, FNS)
- Health Insurance Exchange (Federally Facilitated Marketplace (FFM) and State Based Marketplace (SBM))
- Child support enforcement (IV-D)
- Child welfare and child protective services (IV-E)
- IV-A/IV-D and IV-A/IV-E data exchanges
- Children's medical services
- Developmental disabilities
- Unemployment insurance and employment services
- Project management and independent project oversight (PM/PMO)
- Requirements gathering, systems analysis, design, and programming, utilizing a variety of SDLC disciplines
- Feasibility and cost/benefit analyses
- Quality assurance (QA) and independent verification and validation (IV&V)
- Testing and implementation activities
- Development of advance planning documents (PAPDs, IAPDs, APDUs)
- RFP development, vendor selection
- Federal and state project status reporting; federal gate reviews

PROJECT EXPERIENCE

Georgia Department of Community Health ***Georgia Integrated Eligibility System (GAIES)*** **Project Lead – System Integration Testing (SIT)** **June 2015 to Present**

Deloitte Consulting is the Systems Integrator for the \$240+ million GAIES which, when fully implemented, will automate the State's Public Assistance and Medicaid programs. Led the System Test planning effort:

- Built a catalog of System Integration Test (SIT) scenarios per system requirements
- Prepared a model SIT test cases, and train the SIT team in writing the scenarios
- Assisted in the development of the Requirements Traceability Matrix
- Provided ongoing guidance to the SIT team

The State of Georgia then requested Merv's guidance for User Acceptance Test Planning efforts:

- Assist the State's User Acceptance Test (UAT) leadership team in preparing for UAT
- Assist in the development of testing priorities, end-to-end functional test scripting, detailed UAT planning, and monitoring and reporting activities

***New Mexico Human Services Department (HSD)
Automated System Program and Eligibility Network (ASPEN)
Medical Assistance/Public Assistance Program Automation Project Manager, PMO
December 2010 to September 2014***

The New Mexico HSD contracted for the establishment of a Project Management Office (PMO) to assist the Department with the procurement of Design, Development, and Implementation (DDI) services for an integrated eligibility system (valued at \$112 million). As the PMO manager for program automation, provided project oversight and Quality Assurance of business-related activities and requirements for both the DDI vendor and State project teams, including:

- Developed the RFP business-related requirements (e.g. functional requirements, ACA compliance, testing requirements, training and implementation requirements)
- Released the RFP for DDI services within two months of starting the PMO to:
 - integrate HSD's Public Assistance and Medical assistance program into a single eligibility and case management system,
 - implement newly enacted Affordable Care Act requirements,
 - integrate a seamless interface to the required Health Insurance Exchange,
 - incorporate the Seven Standards and Conditions;
- Developed the Implementation Advanced Planning Document (IAPD)
- Developed as-needed APD Updates for project funding requests
- Developed the business case to maximize the financial benefit to the ASPEN project utilizing the exception to the cost allocation requirements of OMB Circular A-87
- Reviewed business-related DDI deliverables for compliance with RFP requirements
- Led the State's User Acceptance Test (UAT) team in developing the test case scenarios and over 3,000 end-to-end test scripts
- Facilitated the State's UAT of the system, and its go/no go implementation decision;
- Demonstrated compliance with the CMS Seven Standards and Conditions to CMS
- Prepared for and assisting HSD with CMS gate reviews
- Facilitated the initial effort by the State to transition from the FFM to an SBM

***Michigan Department of Human Services (DHS)
Public Assistance Eligibility Determination / Case Management System (Bridges)
Program Automation Project Manager, Project Management Office (PMO)
October 2004 to November 2010***

DHS contracted for the development and implementation of a highly automated, integrated eligibility determination and case management system (valued at \$210 million) for the State's Medicaid and Public Assistance programs. Merv was contracted as an independent Project Manager within the State's project PMO for the specification of business automation requirements, assistance with DDI vendor selection, provision of ongoing project oversight of both DDI vendor and State project execution, and facilitation of the State's performance in User Acceptance Testing and Implementation preparedness. As such, Merv:

- Developed the RFP functional and business process requirements specifications through facilitation of field user and central office workgroups;
- Developed Feasibility Study/Alternatives Analysis and the IAPD for project funding;
- provided project oversight of DDI vendor, and QA services for State's project team;
- analyzed and prioritized major enhancements to the Bridges system: QC sampling improvements, Disaster SNAP, Electronic Document Management, Foster Care to

Managed Care, Child Support interface re-design, S-CHIP system automated interface, Welfare Debt and TOP interfaces;

- Reviewed deliverables for compliance with RFP requirements, adherence to SDLC;
- Led the State's User Acceptance Test (UAT) team in developing the test case scenarios and creation of over 6,000 end-to-end test scripts;
- Provided leadership to the State's User Acceptance Testing efforts;
- Provided analysis for and input to the State's go/no go implementation decision;
- Supported the Department's senior executive in phased implementation activities;
- Developed processes for post-Implementation defect resolution, release planning, help desk support, and ongoing maintenance and enhancement activities;
- Supported DHS management in its interaction with other State and Departmental entities to establish ongoing priorities for implementation of required changes between DHS and the other entities' systems.

OTHER DIRECTLY RELATED EXPERIENCE

Project Manager, CMS Net E47 Project, CA Dept. of Health Services – May 2003-Feb. 2004
 Project Manager, MI Child Support Enforcement Implementation – Aug. 2001-Apr. 2002
 Project Manager, OK KIDS (Child Welfare) System – May 1999-July 2001
 VP Systems Integration, BDM International (Public Sector Division) – Aug.1992-Jul.1998
 Project Manager, AZ Medical Eligibility System – May 1993-September 1995
 Director Systems Integration, Systemhouse Inc. (Public Sector Div) – May 1991-July 1992
 Project Manager, HI Automated Welfare Information System – June 1986-December 1988
 Implementation Manager, AK Eligibility Information System – August 1982-January 1984

EDUCATION

Master of Business Administration, University of New Mexico, Albuquerque, NM
 Bachelor of Science (Honors) Computer Science, University of Manitoba, Winnipeg, Canada

CERTIFICATIONS / ASSOCIATIONS

- Advanced Project Management Certification, American Management Assoc. (1988)
- Member of Project Management Institute (since 2011)
- Member of American Public Health Services Association (since 1990)
- Member of National Speakers Association (since 2007)

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Charissa Saavedra	Deputy Director (former) New Mexico Human Service Dept.	5316 Apollo Dr. NW Albuquerque, NM 87120	505-350-0580
Laura Champagne	Chief Deputy Director (former), Michigan Dept. of Human Services	38700 Harvard Ct. Northville, MI 48167	248-761-2159
Mike Scieszka	Chief Information Officer (former), Michigan Dept. of Human Services	6389 Highland Ridge Dr. East Lansing MI 48823	517-896-7188

BOBBY MALHOTRA
EES BUSINESS/TEST ANALYST

SUMMARY OF QUALIFICATIONS

Mr. Malhotra has over 11 years of industry experience as a Technical/Functional System Consultant in healthcare, banking and e-commerce domain, possessing excellent communication, analytical, and presentation skills. Experienced working with business users, including senior management for web based environment and client server applications. Deep experience in specialized SDLC IV&V assessments, including requirements, development, data management and data modeling, data conversion, source code, testing, and implementation readiness. Proficient with methodologies like Software Development Life Cycle (SDLC), Agile, Waterfall, Project Management Methodology (PMM), iterative Rational Unified Process (RUP). Strong Programming Skills in designing and implementation of multi-tier applications using Java J2EE technology, platforms/language: Core Java, JSP, Servlet, JDBC, Spring Framework, Enterprise Java Beans and Hibernate.

- Project management
- Cyber Security
- Computer information systems
- Design, Development, and Implementation (DDI) project management
- SDLC- Agile, RUP, Waterfall
- Medicaid
- Medicaid Management Information Systems (MMIS)
- Integrated Eligibility Systems
- Requirements gathering and documentation
- Health Insurance Exchange

PROJECT EXPERIENCE

CSG Government Solutions***Rhode Island, Integrated Eligibility System and Health Insurance Exchange, Unified Health Infrastructure Project*****May 2014 to May 2015**

- Senior technical consultant providing comprehensive IV&V services for the design, implementation, and operation of the UHIP technology platform. My primary responsibilities are to conduct proactive project health and risk assessments encompassing the full system development life cycle.
- Reviewed DDI vendors code every other month to make sure to implement best practices for coding standards. Helped team to develop risk mitigation strategies, alternative approaches, and recommendations for improving project performance.
- Participated in State's user acceptance testing to validate that the system complies with federally-mandated requirements. In addition, we provide independent security assessments and system audits
- Provided daily, weekly, monthly status to the State leadership
- Have depth knowledge on EDI and understanding of carrier file transactions e.g. 834, 999 and discrepancy file
- Participated, provided recommendation to outline test scenarios for the annual Disaster recovery tests from IV&V prospective
- Lead, facilitated ongoing weekly meetings with the State

- Conducted IV&V on Unit test scripts, System integration testing scripts (SIT)
- Provided expertise on security documents (POAM, SSP, CAP, SSR, SDP)
- Provided onsite support for testing several EOHHS, DHS programs (RiteShare, Katie Bucket, Early intervention, Breast cancer, State, Federal interfaces, Medicaid, CHIP, SNAP, TNAF, Child Support Enforcement, etc.)
- Managed a team of IV&V/QA Analysts. Created and managed the Project Plan, scheduled IV&V/QA specialists to conduct phase specific assessments, and tracked IV&V contractual risks, requirements, and budgets
- Conducted IV&V on Junit and unit code testing results.
- Provided technical leadership to the front-end (Java SOA) and back-end systems
- Worked very closely with State and Deloitte to make sure Requirement Traceability Matrix (RTM) is getting updated/revised after every release with all new requirement implementing as part of change requests

E-commerce | Dick's Sporting Goods, Pittsburgh, PA

Senior System Analyst

November 2013 – April 2014

Responsibilities:

- Led Requirement Gathering Sessions (RGS), Joint Application Development (JAD) sessions
- Analyze and evaluated infrastructure processes and workflows
- Design, ITIL based process documentation and training that aligned with "Infrastructure Best Practices -- ITIL V.3"
- Reviewed infrastructure and provided "ITIL - Best Practice" recommendations to be also used for training and guidance of Engineers hired for Infrastructure Operations.
- Identified the need to ensure timeliness of customer connectivity requests

E-commerce, San Francisco, CA

Senior Business System Analyst

February 2011 – October 2013

- Document (FSD) based on the project scope and SDLC methodology. Utilized RUP to configure and develop process, standards and Procedure. Coordinated Sprints, from Iteration Planning thru daily scrum, and Iteration Reviews and Retrospectives
- Documented all the Business Process and Use Cases for the SAP Interface and assisted the Project. Prepared various Project Management reports, Charts and Diagrams using MS Project, to manage deliverable scope, budget and timelines
- Used Microsoft SharePoint as a Web-based Content Management System as well as a Document/Project Management tool. Monitored performance, integrity to optimize SQL queries for better efficiency
- Monitored version control and defect tracking activities using Rational Clear Case and Rational Clear Quest
- Facilitated User Acceptance testing (UAT) for the application as a Business User
- Responsible for line-manager and executive monthly reports to upper management involving Trend Charts, Histograms, Pivot tables and ad hoc reports for key metrics and data modelling

- Cross-functioned between Dev/QA/business teams to induct UI enhancements and facilitated user previews/UATs
- Key role in creation, review and deployment of system standards and best practices
- Hands on experience in creating and managing the Corporate Customer Database – Good Knowledge of the end to end Database Development Life Cycle Process
- Extensively involved with Data Validation and querying the database, in deriving reports
- Researched and Evaluated Financial Alternatives and recommended appropriate action
- Extensive experience in Scope Change Management
- Prepared project plan using MS-Projects to ensure timely completion of the project
- Worked closely with SMEs, Stakeholders to identify, and analyze the core requirements and key features of the ongoing project
- Performed GAP analysis to differentiate between the “as is” and “to be” systems
- Creator of Business Analyst team documentation strategy, standards and best practices

Dovetail Systems | Parsippany, NJ
Java Programmer plus Front End Developer
December 2006 - July 2007

- Worked on GUI internationalization using JSP and Core Java
- Developed Action Classes, which acts as the controller in Struts framework.
- Worked with JavaScripts, AJAX forms, JSON, JSP tags, JDBC, and SQL statements

EDUCATION

Bachelor and Masters in Computer Applications
Veer Bahadur Singh Purvanchal University
Jaunpur, Uttar Pradesh | India

CERTIFICATIONS

Certified Associate Project Management (CAPM); Project Management Institute (2014)
PRINCE2 FOUNDATIONAL AND PRACTITIONER
Information Technology Infrastructure Library (ITIL)
Lean SIX SIGMA Certified (Yellow Belt, Green Belt, Black Belt)

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Art Schnure	Technical Lead/Manager, Executive Office of Health and Human Services	Massachusetts	508-653-7857
Sumit Ohri	Chief Technical Officer, Health Source of Rhode Island	San Jose, CA	267-312-0609
Gurbaksh Dhindsa	Senior User Acceptance Testing Manager	Fremont, CA	650-868-5524

Katie Brown – EES Business/Test Analyst



Katie is a Senior Consultant for HealthTech Solutions (HTS) with 25+ years of experience in Medicaid eligibility, member services, and Health Information Technology (HIT). She provides strategic and programmatic direction to HTS clients nationwide on Medicaid and Health and Human Services programs. At HTS, she has provided technical subject matter expertise and training for a number of statewide projects including the Kentucky Health Benefit Exchange. She has particular knowledge of Meaningful Use (MU) requirements and has provided assistance to the statewide program in Florida. Prior to joining HTS, Katie worked extensively with programs at the Kentucky Department for Community Based Services (DCBS) and the Kentucky Department for Medicaid Services (DMS). During Katie's years with state government she reviewed all proposed rulemaking to assist upper management in the implementation of any mandates.

EXPERIENCE

25+ years of experience with Health and Human Services programs

Specializes in Eligibility and Enrollment processes

Former Manager of Kentucky Medicaid Support Services

Specializes in Medicaid eligibility and Affordable Care Act implementation

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2012-Present

Katie is a Senior Consultant for HealthTech Solutions and provides strategic and programmatic direction for Medicaid and Affordable Care Act (ACA) issues for HTS clients across the country, with particular focus in the areas of Eligibility & Enrollment (E&E) and Electronic Health Records (EHR). Katie also serves on a team for auditing of eligible professionals for Medicaid EHR Incentive payments.

Branch Manager, Medical Support and Benefits Branch, DCBS 2007-2012

Katie managed the Medical Support and Benefits Branch (MSBB) for DCBS. Kentucky DMS contracts with DCBS for Medicaid Eligibility. MSBB acts as liaison between DCBS field staff who process applications for Medicaid, and DMS staff who set policy. MSBB consisted of two sections: Case Processing and Medicaid Program Assistance Section (MPAS). The Case Processing Section processed Medicaid applications for state guardianship. The MPAS Section acted as a liaison between field staff that process all Medicaid applications statewide.

Katie monitored program status, assessed practices, identified gaps, developed plans for improvement and evaluated results from program activity. She directed the composition and publishing of all Medicaid Eligibility Policy for field staff within the state. She completed work breakdown structures, defined scopes of work, and monitored the status of policy implementations to ensure objectives were being met. She also monitored error rates for trends and administered the process of implementing system changes to support changing policies and or priorities. Her monitoring activities included identifying requirements, drafting change orders, leading and directing the work activities of stakeholders across multiple systems and organizations, monitoring quality, and ensuring the maintenance of production schedules.

Katie represented the Department in planning activities for the implementation of Kentucky's statewide transition to a Medicaid Managed Care model, and implementation planning of the Affordable Care Act. She was the primary contact for Medicaid eligibility staff statewide, and was responsible for ensuring that all elements of the eligibility contract were fulfilled.

During her tenure as branch manager she was involved in the reviewing and

CORE COMPETENCIES

- State Medicaid Programs
- Eligibility & Enrollment Services
- State Benefit Exchanges
- Affordable Care Act Implementation
- Health & Human Services Systems
- Health Standards & Certifications

implementing the Deficit Reduction Act and the Farm Bill. Katie played a key role in the implementation of the Children Health Insurance Program.

Supervisor, Medicaid Program Assistance Section, DCBS 2006

Katie supervised a team of 6 staff who administered all Medicaid Eligibility activities in Kentucky. She provided general oversight of development, revision, and clarification of program policies and procedures. She monitored staff to ensure Medicaid eligibility policy met guidelines set by DMS, and participated in all work groups related to policy changes, system enhancements, and training development.

Internal Policy Analyst III, DCBS 2005

As a member of the Director's staff, Katie monitored the activities for Medicaid, Temporary Assistance for Needy Families, and Supplemental Nutrition Assistance Programs. She led a team in the creation and implementation of a statewide web-based case review system. She also coordinated and monitored assignments, and provided technical assistance to staff.

Supervisor, Case Processing Section, DCBS 2004

Katie led a team of 5 staff, and maintained a statewide working caseload of adult guardianship cases, and helped determine retroactive medical assistance for Social Security Insurance recipients. She coordinated and monitored assignments, provided technical assistance and training to staff, and implemented and led a statewide initiative relating to reducing program error rates.

Medicaid Services Specialist III, Eligibility Policy Branch, DMS 2003

The Eligibility Policy Branch administered all Medicaid Eligibility issues for the Kentucky DMS. Katie reviewed all federal regulation, and recommended eligibility policy changes as needed. She monitored error rates, third party contracts and member enrollment. She participated in numerous work groups for Medicaid process improvement, and provided guidance relating to Medicaid eligibility policy to legislators, advocates, clients, and outside entities.

Supervisor, Medicaid Program Assistance Section, DCBS 2000-2002

Katie coordinated Medicaid E&E activities statewide with a team of 6 staff. She served as a liaison between DCBS and community partners and provided general programmatic oversight of the development, revision, and clarification of program policies and procedures. She participated in all work groups related to policy changes, system enhancements, and training development.

Family Support Specialist III, DCBS 1991-1999

Katie led a team of 6 staff in outreach and enrollment activities for means tested federal and state assistance programs, for all 120 Kentucky counties. As a Support Specialist, Katie met with applicants and assisted with identification of available services. She would assist with application processing for Medicaid, nutrition assistance, temporary relief, and child care assistance. Katie would perform supervisory functions including casework review, training, and monthly reporting.

CERTIFICATION

4. Certified in Public Management Fundamentals, Kentucky Governmental Services Center

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Mark Cornett	Retired Deputy Commissioner / Cabinet for Families and Children, Commonwealth of KY	525 W Main Street APT #516 Lexington, KY 40507 Email: Mcornettky@gmail.com	859-351-8524
Pat Walden	Family Support Branch Manager / Cabinet for Families and Children Commonwealth of KY	275 E Main Street Frankfort, KY 40601 Email: Patricia.Walden@ky.gov	502-316-5949
Ginny Carrington	Family Support Director / Cabinet for Families and Children Commonwealth of KY	275 E Main Street Frankfort, KY 40601 Email: Virginia.carrington@ky.gov	502-564-3106

LA CHELLE HEARD, PMP **EES BUSINESS/TEST ANALYST**

SUMMARY OF QUALIFICATIONS

Ms. Heard is a PMP-certified manager who has over 25 years of systems development and management experience with Medicaid experience consisting of: over 14 years of Medicaid Management Information Systems (MMIS) experience with both client support and mainframe application programming support, 10 years management experience, and 8 years as lead business systems analyst. Ms. Heard has extensive experience in the following areas:

- MMIS
- Independent Validation & Verification Manager
- Senior Business Analyst
- Management
- Design, Development, and Implementation
- Eligibility Systems
- Test Lead/Analyst

PROJECT EXPERIENCE

Mississippi Division of Medicaid (MS DOM)

Project Management Consultant Services for the Payment Error Rate Measurement (PERM) Attestation IV&V Services

Manager

November 2015 through Current

Cambria provided PERM attestation for MS DOM Program Integrity for “FY 2014- FY 2016 Medicaid and CHIP Eligibility Review Pilots: Round 2 Test Case”. Team independently observed the pilot testing by utilizing targeted measurements to provide state-by-state programmatic assessments of the performance of new processes and systems in adjudicating eligibility.

Florida Agency for Health Care Administration (FL AHCA)

Project Management Consultant Services for the MMIS, Decision Support System (DSS) and Fiscal Agent (FA) Procurement

MMIS Subject Matter Expert

July 2015 - November 2015

Project Management services and support for the MMIS, DSS and FA Procurement for the FL Medicaid agency. Co-authored the solicitation document used to procure vendors.

California Department of Health Care Services (CA DHCS)

Data Analytics and Performance Measurement Training Project

Business Analyst

January 2015 - March 2015

Worked with the CA DHCS and the Information Management Division (IMD) to design a data analytic training program for all analytic staff.

Mississippi Division of Medicaid

Eligibility Modernization Project

Independent Validation and Verification Manager

July 2014 - December 2014

As part of the 2010 Patient Protection and Affordable Care Act (PPACA), Mississippi Division of Medicaid (DOM) modernized its eligibility systems to be Affordable Care Act (ACA) compliant.

Conducted data conversion review, reviewed major deliverables, UAT execution and system test review, PERM Eligibility Test Case Outcome Analysis Attestation and IV&V Assessment Review.

Montana Department of Public Health and Human Services

MMIS, Design, Develop, and Implement (DDI) Replacement Project

Member Functional Team Lead

April 2012 - June 2014

Update the current Montana Department of Public Health and Human Services (DPHHS) (MMIS) with the Xerox Health Enterprise system. Developed and maintained requirements-based implementation artifacts and deliverables in accordance with the company tailored methodology. Trained implementation team members (client and Xerox) and stakeholders on requirements management process, responsibilities, deliverables, tools, and elicitation approach.

Alaska Department of Health and Social Services (DHSS)

MMIS DDI Replacement Project

Professional Services Senior Systems Business Analyst

July 2010 - March 2012

Implement Xerox's Health Enterprise web-based system offering a Web Portal for each of the following: Provider Enrollment/Management, Member and MMIS.

District of Columbia Department of Health Care Finance (DHCF)

OmniCaid MMIS

Professional Services Senior Systems Business Analyst

December 2007 - June 2010

Implement ACS' Omnicaid MMIS for the District of Columbia, project consisted of the verification of RFP requirements, development work, testing, training, implementation, and post-implementation support of the new District of Columbia DHCF OmniCaid MMIS. Conducted joint application design (JAD) sessions with the District to verify the RFP requirements and document the agreed upon requirements, traced the requirements and map all test cases for the requirements and to document defects

Mississippi Department of Medicaid

MMIS

Systems Engineer Manager

August 2005 - November 2007

This project supported several subsystems in MMIS which were claims payment, TPL, financial, MARS, architecture (PowerBuilder application), recipient, .NET, and provider. Managed a staff of five to seven systems engineers and five MVS mainframe programmers, PowerBuilder, and PL/SQL programmers.

Mississippi Department of Medicaid

MMIS

OmniMAR Business Analyst

October 2003 - July 2005

Provided customer support of the Management and Administrative Review (OmniMAR) Subsystem which resided on the DSS, an Oracle DB2 platform. Involved in daily research and analysis of data utilizing Oracle SQL to query the databases to create OmniMAR reports; training to the ACS and the MS DOM staff.

**Mississippi Department of Medicaid
MMIS**

Senior Systems Engineer

December 2001 - September 2003

MMIS Takeover of existing system from competitor, supporting the daily operation and weekly claims processing. Supplied online and batch application support of the claims processing system.

EDUCATION

Bachelor of Science in Computer Science
Jackson State University, Jackson, Mississippi

CERTIFICATIONS

Project Management Professional (PMP); Project Management Institute (2015)

TECHNICAL EXPERTISE

Desktop and Application Tools: Microsoft Office, Rational ClearQuest, Rational ReqPro, PL/1, DB2, SQL, COBOL, CICS, TSO/ISPF, MVS JCL, VSAM

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Stephen Oshinsky	Managing Consultant, iTECH	Office of the Governor, Division of Medicaid 550 High Street, Suite 1000, Jackson, MS 39201	601-359-6305, 601 942-9624 (cell)
Lateef Baaset	Testing Manager	Cognizant Technology 840 Stillwater Rd West Sacramento, CA	678-471-2341
Jean McCarthy	Sr. Project Manager,	Visionary Integration Professionals (VIP) 2001 Edmund Halley Dr, Suite 400 Reston, VA 20191	(703) 322-9565

Trish Alexander – DMA Business/Test Analyst



Trish is a Senior Consultant for HealthTech Solutions with 25+ years of multi-state experience in Health Information Technology (HIT). She provides particular expertise to states on operational aspects of Medicaid including participant and provider eligibility; coverage; claim reimbursement; certification; program integrity; drug rebates; pharmacy and third party liability. She is proficient in Medicaid Management Information Systems (MMIS) and has provided technical Subject Matter Expertise (SME) to efforts in Kentucky, Mississippi, New Hampshire, New Jersey, North Carolina, Tennessee, Texas, and Washington. Trish is an expert in data analytics and data management, including information architecture, data validation, analysis, and reporting. She has field based experience with Fortune 500 companies, states, and local clients. As an experienced Systems Analyst, she has a strong background with Independent Verification and Validation, Systems Development Life Cycle (SDLC) and user acceptance activities. Trish is a Certified Project Management Professional.

SELECT PROFESSIONAL HISTORY

5. Senior Consultant, HealthTech Solutions 2014-Present

At HTS, Trish is a Technical SME for the Wyoming Quality Care Coordination Program, which includes the State Level Registry (SLR), state data warehouse, and popHealth system projects. Trish has participated in IV&V as a test verification lead and has a lead role as one of the principal Data Analytics and Data Management experts for eligibility, claim, and clinical data. She is part of the Business Objects reporting team, and assists with the Design, Development, and Implementation of data universes and reports. Trish has also assisted with MITA v3.0 assessments in Kentucky and Alabama.

Software Testing Analyst, Cognizant Technology Solutions 2013-2014

Trish led a team of analysts in developing and executing test cases for functional integration. Her duties included verifying software application modifications, researching and analyzing gaps in the software to be implemented compared to the client's requirements, verifying and creating test cases, test scripts, updating requirements, and test results. Validated test execution performed by her team.

Systems Analyst, Edifecs 2012-2013

As a senior business/systems analyst with Edifecs, Trish served as a client liaison to present software products, train users, and respond to questions and issues. Other responsibilities include guiding the client to the appropriate testing approach for their particular system needs; coordinating testing efforts with the analysis, and tools acquired from Edifecs.

Consultant, Kovac Software Consulting 2010-2012

As a contract consultant to the Edifecs team for TennCare in Nashville, Tennessee, Trish participated in mapping and testing of 4010 to 5010 – X12 project. Using Edifecs Specbuilder and Mapbuilder tools, she created and modified X12 mappings and tested the maps created to convert 4010 versions of X12 transactions to new CMS required 5010 formats.

Trish created EDI balancing reports using SAP Business Objects and presented issues, testing, and report design options to the TennCare customer. During the transition phase, she presented a training session to the TennCare and HP teams. The training session included a Business Objects training session and a presentation of the reports designed specifically for the TennCare customer using the Edifecs tables.

She participated in the creation of the test harness for use in all phases of testing the

EXPERIENCE

25+ years of experience with Health and Human Services programs and systems

Health Information Technology Systems

Project Management

Multistate MMIS experience

Multistate MITA v3.0 experience

CORE

COMPETENCIES

- HIT Systems
- MMIS
- IV&V
- MITA v3.0
- State Level Registries
- Claim & Payment Systems
- Third-Party Liability
- Health Standards & Certifications
- Data Management
- Data Analytics
- Project Management

environments. This included the creation of encounter and fee for service claim transactions and non-claim transactions to enter into the Edifecs engine that would test the setting or bypassing of various errors.

She trained and transitioned from ICD-9 to ICD-10. In her role as the implementation consultant, she served as the liaison between the client and Edifecs for the mapping and testing tools they are using that aid in the implementation of the ICD-10 codes. Trish worked with a team of developers and testers to analyze issues, new releases, and software change requests and was responsible for communicating all developments to the client.

Systems Analyst, Affiliated Computer Services 2007-2010

Trish participated in system testing the New Hampshire Enterprise system prior to end-to-end testing and implementation. She also assisted in testing the claims entity and peripheral areas of the system. She served as testing team lead over a group of business analysts in testing over thousands of test cases for the ERE subsystem. Her responsibilities included training the testers that would rotate on to the team and distribute the workload to ensure the team was able to meet deadlines with quality testing. She reported the team progress to the management team and raised issues when necessary and then communicated management initiatives to her team. She assisted the team of analysts in verifying their data entry and electronic test claims and validating the results. She presented sample test cases to the customer throughout the testing process. Able to test large volumes of data and completed work ahead of schedule, while providing quality testing.

Trish also conducted system testing for projects in Mississippi and Washington DC to identify similarities and differences in the edit/audit processes so the firm could implement new system compliance. She participated in the construction of the Joint Application Design (JAD) and Requirement Specifications Documents for the Edit/Audit Processing and Enterprise Rules Engine (ERE). She developed and updated COBOL code related to the edits created in the ERE process. Trish also compiled and tested code and tested in Unit and System test environments; mapped the requirements in the RSD to the DSD using the Rational software (ReqPro); wrote the majority of the unit test cases and then performed the test execution in the UNIT environment; and migrated the unit test cases into the SYST test environment Rational software (CQ).

Systems Analyst, The Maxis Group 2006-2007

Trish was a consultant/Analyst for the Fiscal Agent for Mississippi Medicaid and was part of the Condition Based Edits (CBE) Implementation Team. She analyzed mainframe COBOL edits and created decision tables to be used in creating CBE functions. Trish also created user friendly documents to accompany the decision table to aid in troubleshooting edit errors for the provider community. Using the Decision Tables analysis, Trish created functions in the CBE system that replicate the functions performed by the COBOL programs in the mainframe system, and participated in testing of all phases of CBE development

Senior Programmer, Electronic Data Systems 2005-2006

Trish was a Senior Programmer/Analyst for the Kentucky MMIS. She conducted a detailed analysis of federal regulations, and assessed the impact of NPI and HIPAA requirements to KY MMIS including: EFT, HIPAA 835, and the statewide accounting system.

Systems Analyst, Unisys 1999-2005

Trish was responsible for analysis, design, and development of the Kentucky MMIS, including Financial, TPL, MARS, Claims/Encounters, Provider, Recipient/Buy-In, and Drug Rebate subsystems. She participated as Lead Analyst in system and user acceptance testing for HIPAA Transactions and Code Sets implementation.

Systems Programmer, US Airways 1998-1999

Trish developed ERP based software programs to support the Maintenance and Engineering Division.

Systems Analyst, Electronic Data Systems 1989-1997

Trish served as the lead analyst over a team of programmers and analysts. She developed, maintained, and supported multiple subsystems for North Carolina and Kentucky MMIS. Her areas of focus included claims, claim submission, ERP interfaces, pharmacy point-of-sale, and ad hoc reporting. As a programmer, she was responsible for pulling samples for independent auditors during IV&V process.

EDUCATION & CERTIFICATIONS

6. BS La Roche College- Pittsburgh, Pennsylvania

Certified Project Management Professional, Project Management Institute

TECHNICAL SKILLS

Servers/Operating Systems:

Windows Server 2000/2003, XP

Languages:

COBOL, C, SQL, UNIX

Database Management Systems:

MS SQL Server

Web Technologies:

HTML

XML Technologies:

XML

Standards & Vocabularies:

X12, HL7

Data Management & Processing:

BizTalk, Business Objects, DB2, SQL Server, IMS, VSAM

Other:

Microsoft Exchange

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
John Hugie, PLLC	Senior Technical Project Manager / Edifecs, Inc.	Nashville, TN Email: jahugi@xmission.com	615-517-6822
Laura Kovac	Owner & Consultant / Kovac Software Consulting	313 Melbourne Way Lexington, KY 40502 Email: kovac1ky@aol.com	859-420-2425
Paula Conway	Senior Business Analyst / HPE	656 Chamberlin Ave. #B Frankfort, KY 40601 Email: paula.conway@hpe.com	502-803-1575

TODD E. FEATHER, PMP
DMA TECHNICAL ANALYST/ARCHITECT

SUMMARY OF QUALIFICATIONS

Todd Feather is a Senior Manager at Cambria Solutions and has been in the Health and Human Services field since 2002. Todd brings more than 20 years of experience in information technology. He is recognized as a leader in delivering solutions on-time and on-budget and providing in-depth technical expertise throughout the Software Development Life Cycle, as well as managing technical and operational staff of large teams. Mr. Feather has extensive experience in the following areas:

- Project Management
- Computer information systems
- Design, Development, and Implementation (DDI) project management
- SDLC
- Infrastructure
- Medicaid Management Information Systems (MMIS)
- Eligibility Systems
- Technical Operations

PROJECT EXPERIENCE

Cambria Solutions, Inc.
CA MMIS – California Department of HealthCare Services
Senior Systems Architect for CA MMIS
March 2016 to Present

Senior Technical Architect working with DHCS to access the current technical infrastructure and recommend infrastructure and COTS updates and improvements, and plan the corresponding technical architecture projects. Also working with the department's Fiscal Intermediary and System Integrator and Data Center teams on operational support initiatives.

Experis
Blue Shield of CA
Facets Information Technology Portfolio Delivery
Senior Information Technology Project Manager
September 2015 to March 2016

Senior IT Project Manager for multiple, concurrent, small and medium sized information technology projects: effectively managed simultaneous projects managing the project schedule, risk evaluation and mitigation, communications, scope, quality and resources to deliver projects based on business needs and priorities.

Accenture
Leader Replacement System
Application Development Senior Manager
August 2013 to March 2014

Senior Development and Project Manager - Managed the design, development, and integration of electronic correspondence for the LA County eligibility system, a new J2EE-based system that

supports 40% of the state case load. Effectively managed the project schedule, including risk evaluation and mitigation, scheduling, estimation and planning, and resources that enabled the team to deliver on schedule. Also led technical troubleshooting and integration of Adobe Lifecycle Linux Servers

Accenture

Kansas Eligibility Enforcement System Project

Technical Architecture Team Lead

October 2011 – January 2014

Senior manager responsible for managing design, development, integration, testing and operations of the technical environments of the State of Kansas' integrated eligibility system. Worked closely with senior executive clients to manage the technical architecture project area including managing the project schedule, including risk evaluation and mitigation, scheduling, estimation and planning.

Implemented technical architecture consisting of servers, frame-relay MPLS networks, firewalls, and VPN configurations between two data centers on-time and under budget
Planned and executed several Disaster Recovery Exercises demonstrating secondary data center cutover of the enterprise architecture and applications. Also led Production Operations, including release management, staff allocation, issue communication to senior management, and post-issue reporting to client executives

Managed relationships with vendors, leading issue/resolution and support calls. Worked closely with senior and executive management of product companies regarding contract and support needs. Led discussions with remote data center management to resolve service quality problems

Accenture

California Public Employees' Retirement System

Technical Architecture Team Lead, (2010 – 2011)

October 2006 – January 2011

Managed the technical delivery for the CalPERS project. Major focus areas included project management, infrastructure, environments, security, build automation and deployment, production operations, project planning and team management.

Managed multiple third party vendors to efficiently procure, configure, implement, and support Infrastructure and Environment Build, Test, and Operations

Successfully upgraded COTS products in the environments (Linux VMs, application servers, databases, security infrastructure, network devices and firewalls) on schedule as required by client contract; Developed detailed workplaces for delivering the COTS upgrade work
Managed and executed several Disaster Recovery tests, demonstrating RTO and RPO capabilities. Documented results, including recommendations for changes, and achieved acceptance on client deliverables

Accenture

C-IV Consortium

Online Team Lead

February 2002 – September 2006

Managed the Online Team for system design and development for a large J2EE-based public assistance system. The Online Team was responsible for the application features for Data Collection, Case Management, Eligibility Determination (screens), and Business Rules Integration which consisted of approximately 300 application web pages, and backend services.

EDUCATION

Bachelor of Science in Computer Engineering
California Polytechnic State University, San Luis Obispo CA

Master of Science in Engineering
San Jose State University, San Jose, CA

CERTIFICATIONS

Project Management Professional (PMP); Project Management Institute (2006)

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Andrew Warren	Division Chief Customer Technologies Support Division	CalPERS 400 Q St Sacramento, CA 95811	916.795.0184
Mike Worthington	DCF Technical Lead	State of Kansas Department of Children and Families 534 S. Kansas Avenue Topeka, Kansas 66603	785.338.4597
Dan Dean	Managing Director, C-IV Consortium	C-IV Consortium 11290 Pyrites Way, Ste 102 Rancho Cordova, CA 95670	916.947.6835

Jason Webster – EES & DMA Technical Analyst/Architect



Jason has 25 years of experience working in a number of technical roles on IT projects, including more than 15 years working in the Cabinet for Health and Family Services (CHFS), a state health and human services enterprise that is home to the Kentucky Medicaid Program. He served as deputy chief architect during procurement, development, and deployment of the Kentucky Health Information Exchange (KHIE) and was interface lead during implementation of a new Medicaid Management Information System (MMIS) that involved 260+ interfaces to 30+ unique systems. Jason led development of an Enterprise Service Bus (ESB) and designed and implemented a translation project utilizing Microsoft BizTalk. He has strong working knowledge of both HL7 version 2 and version 3, including version 3 documents, and Clinical Document Architecture (CDA) and Continuity of Care Document (CCD).

More recently Jason has provided consulting services for the procurement, design, development, and deployment of eHealth solutions to state government agencies and health information technology (HIT) vendors. In this capacity, he served as technical consultant to two state health information exchange (HIE) programs. His responsibilities included assessing public health's role and systems' capability to participate in HIE in Georgia; and working with 4 of the leading electronic health record (EHR) vendors serving Wyoming to move from point-to-point interfaces with the Wyoming Immunization Registry to a single interface and point of connection using the State's HIE.

Jason developed his IT proficiency while serving with the US Navy, where he attained a Secret Security Clearance and rose several grades in supporting operations. Jason is a certified Project Management Professional.

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2011-Present

Jason has taken a lead role on a number of major engagements. He conducted a major readiness assessment of state Public Health Department central systems for HIE. He has also provided analytical support for Meaningful Use Stages 1 & 2 in support of the EHR incentive payment program. Jason directed a major project to onboard EHR systems to state immunization registry via a state HIE. Jason regularly participates in the MITA TAC, and ONC's Lab Community of Practice. Jason has assessed several CMS funded state HIE efforts and excels at working with major Systems Integrators in support of their HIE engagements.

Chief Enterprise Architect & Deputy Chief Technology Officer, OATS-CHFS 2004-2011

Jason served as the primary executive responsible for the smooth implementation of HHS business processes that span multiple entities and systems, for the Office of Administrative and Technology Services (OATS). The projects required a deep understanding of multiple technologies, information theory, semantics and the ability to effectively project manage. Jason was the Lead Architect for Kentucky's Health Information Exchange. Jason was also the Lead Architect for interfaces to a new Medicaid Management Information System (MMIS) involving 260+ interfaces to 30+ unique systems. Jason has implemented a Medicaid PBM system, and BizTalk as ESB and Business Objects as a primary BI tool. Jason was co-Chair of the Technical Architecture Review Board for CMS' development of the MITA 2.0 framework. Jason was a member of the HL7 MITA workgroup responsible for developing the information architecture and interoperability standards governing MITA.

EXPERIENCE

25 years of experience in electronics and information systems design, implementation and support

Extensive experience with MMIS

Proven ability to manage data and interoperability exchanges

Experience as production database administrator on 3000+ user system

Working knowledge of multiple technology stacks including IBM Mainframe, Widows and UNIX
Multistate MITA experience with v3.0

CORE COMPETENCIES

- HIT Systems
- MMIS
- Data Warehousing
- Public Health Systems
- Health Information Exchange
- Electronic Health Records
- Meaningful Use
- Clinical Quality Measure Systems
- Health Level 7
- Pharmacy Benefits Management Systems
- Managed Care Systems
- Eligibility Determination Systems
- MITA

- Project Management

Database Administrator, Office of Information Technology, CHFS 1996-2004

Jason was the lead DBA for Kentucky Statewide Automated Child Welfare Information System (SACWIS) implementation. The major system implementation involved 3500 total and 1200 concurrent users. Jason supported real-time replication of data in a heterogeneous environment involving Sybase, Microsoft, Oracle and other systems on both Sun Solaris and Microsoft Windows platforms.

Information Systems/Project Manager TechForce Corporation 2004-2005

Jason developed several information systems which supported a number of both large and small projects for TechForce, which grew from startup to \$50M in annual revenues in just four years. Jason served in a supporting role during the initial public offering in 1995.

Avionics Technician US Navy

1986-1990

From 1986 until 1990, Jason served in the US Navy as an Avionics Technician, where he supported Electronic Counter-Measures (ECM) devices. While serving, Jason rose five pay grades in 18 months due to outstanding academic and professional achievements, and held secret clearance.

TECHNICAL SKILLS

Servers/Operating Systems:

Windows Systems Administrator, SUN Solaris

Languages:

C++

Database Management Systems:

SQL Server, Windows Server

Standards & Vocabularies:

X12, HL7

Data Management & Processing:

Sybase, BizTalk

CERTIFICATIONS

Certified Project Management Professional, Project Management Institute

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Lou Lunetta	Principal Consultant / Health Informatics Consulting Services	3208 Powers Ford SE Marietta, GA 30067 Email: LLunetta13@gmail.com	770-862-0768
John Hoffmann	Director, Division of Provider and Member Services / Department for Medicaid Services	275 East Main Street – 6EC Frankfort, KY 40601 Email: John.Hoffman@ky.gov	502-564-2574 ext. 2027
Ronnie Boggs	Director, Division of Communications / Commonwealth of KY Finance and Administration Cabinet, Commonwealth Office of Technology, Office of Infrastructure Services	101 Cold Harbor Drive Frankfort, KY 40601 Email: Ronnie.Boggs@ky.gov	502-782-1212 Fax: 502-696-1890

SANJAI NATESAN

TECHNICAL ARCHITECT

SUMMARY OF QUALIFICATIONS

Sanjai Natesan is a Solution Architect at Cambria Solutions and has been in the Health and Human Services field since 1999. Sanjai brings more than 20 years of experience in information technology. He is recognized as a leader in delivering solutions on-time and on-budget and providing in-depth technical expertise throughout the Software Development Life Cycle, as well as managing technical and operational staff of large teams. Mr. Sanjai has extensive experience in the following areas:

- Project Management
- Information systems
- Design, Development, and Implementation (DDI) project management
- SDLC
- Infrastructure
- Enrolment Systems
- Eligibility Systems
- Technical Operations

PROJECT EXPERIENCE

C4B Solutions Inc.; Connect for Health Colorado – CO Health Benefit Exchange; Idaho Health Benefit Exchange; New Mexico Health Benefit Exchange
Senior Solutions Architect /Product Manager **Sep 2013 to Present**

Architect and Manage Exchange Eligibility Engine and Mobile Application, Review system integration, advises Project Management on functional and technical questions and provided consulting services to develop Strategic & operational plans and Implementation. Review Requirement Design and functional documents, advises to project management on functional questions and issues. Provide QA by ensuring project deliverables are in compliance with CMS guidelines. Advises System Integrator on functional risks and provide solutions and expertise advises. Manage a project team and guide development team, including leads, analysts and developers.

Public Consulting Group.

Consortium of States (Mississippi, Alabama, Florida, Louisiana and Georgia) – Department of Human Services – National Clearing house for SNAP eligibility
Functional / Technical Adviser **Apr 2013 to Sep 2013**

Review requirement design and functional documents, advises to project management on functional questions and issues. Advises System Integrator on functional risks and provide solutions and expertise advises. Provide QA by ensuring project deliverables are in compliance with CMS guidelines. Manage a project team and guide development team, including leads, analysts and developers.

Public Consulting Group.**State of Iowa – Department of Human Services – Integrated Eligibility; State of Nevada – Dept. of Human Services – Integrated Eligibility; State of Hawaii – Department of Human Services- Integrated Eligibility Systems****IV&V Technical Lead, Technical SME****June 2012 to Sep 2013**

Developed IV&V plan, Quarterly IV&V assessments, Checklists, Project oversight Management, System Integrator Plan and execution review. Reviewed requirement design and functional documents; Advises System Integrator on functional risks and provide solutions and expertise advises. Review Technical Design and functional documents, advises to project management on functional questions and issues. Provided consulting services to develop the Strategic & operational plans for the design and Implementation of an Integrated Eligibility System, developed Technical requirements for the new integrated eligibility system, writing RFP and Statement of work.

Public Consulting Group.**State of Massachusetts - Executive Office of Health and Human Services – Integrated Eligibility and exchange system Planning****Technical / Solutions Architect – Road Map for integration of 16 state systems****July 2012 to Sep 2012**

Provided consulting services to develop the strategic & operational plans for the design and Implementation of an Integrated Eligibility System. Developed Technical requirements for the new integrated eligibility system, writing RFP & Statement of work.

Maximus (formally Policy Studies Inc)**State of Maryland – Department of Human Services – Incremental modernization of CARES****Solutions Architecture****Jan 2012 – June 2012**

Primary goals for the project are expediting application processing, keeping CARES in compliance with Federal and State policy changes, and upgrading technology to gain performance and worker productivity.

- Analyze the current business process by doing site visits and conducting series of JAD sessions
- Converting the current Mainframe screens into a web based screens for intelligent and efficient data entry.
- Preparing Implementation Plan, Communication Plan, User Acceptance Test Plan and organizational change Management Plan for the project

Deloitte Consulting**State of Colorado - Department of Health and Human Services – Colorado Benefit Management System****Technical / Functional Team Lead****Nov 2009 – January 2012**

The Colorado Benefits Management System (CBMS) is an integrated on-line, real-time automated system with 25+ subsystems to support eligibility and benefits determination, client correspondence, management reports, interfaces and case management for public assistance programs like SNAP, TANF and Medical.

- Analyze the maintenance and enhancements requests and coordinating with the project management and the technical teams to prioritize the changes
- Lead a team of developers to coordinate the design, development, testing and implementation of the enhancements and system defects for Authorization, Benefit Issuance and Benefit Recovery Track

Deloitte Consulting / HP

CalWIN Consortium - Department of Health and Human Services – California

Technical / Functional Team Lead

July 2000 – Nov 2009

CalWIN is a large-scale, state-of-the-art, complex client/server eligibility determination and management system being developed for 18 of California’s counties that will support around 25,000 interactive users. This three-tier client-server project uses Tuxedo as the middleware.

- Analyze Federal Certification requirements identify functional areas for compliance;
- Translate requirements into detailed specifications for system changes and enhancements, develop work plan detailing tasks for the identified changes, provide flow charts along with detailed logic specifications and schedule and conduct design review sessions for all work performed
- Provide guidance to QA analysts and testers in the preparation of test cases and test scripts, prepare/update user documentation, status reports, memos, letters, forms and other documents as needed

Deloitte Consulting

State of Delaware – Department of Health and Human Services – DCIS-II –

Delaware Customer Information System

Sr. System Analyst

Aug 1999 – July 2000

Delaware Customer Information System (DCIS-II) is a Welfare System for the State of DE. The DCIS-II application will enable DHSS to efficiently administer and deliver the income maintenance programs and provide the appropriate services to their clients.

- Designing, Coding and testing of programs to pull data from DB2 database in the form of VSAM and sequential flat files
- Designing, Coding and testing the programs using PL/SQL to load the extracted data into Oracle database

EDUCATION

Bachelor of Science in Electrical & Electronics

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
JoAnn Osborn	Asst. Exec. Director – CalWIN Consortium	CalWIN-HP 8000 Foothill Blvd Roseville, CA	530.320.6275
Marcia Benshoof	Chief Operations and Strategy Officer – Colorado Exchange	Colorado Exchange 3773 Cherry Creek North Drive, Denver, CO	720.231.1403
Susan Burkham	IA ELIAS IV&V Oversight Management	1305 E Walnut St, Des Moines, IA	512.632.2990

SUZANNE VITALE

EES QUALITY ASSURANCE & SENIOR SUBJECT MATTER EXPERT

Suzanne Vitale is a proven leader with 26 years in HHS, having served in executive positions for large, complex public sector agencies at Federal, state, regional, and local levels. As such, she has a keen understanding of how to bridge state/national policy expectations with the realities of local implementation. Ms. Vitale is results-oriented with big picture foresight in anticipating emerging issues and changing contexts, and is driven by searching out new ways to improve outcomes, integrate services and processes, elevate best practices, and leverage technology for moving initiatives forward.

A cornerstone of her career has been successfully managing large-scale information technology (IT) implementations involving multiple vendors, eligibility integration, complex IT architectures, and multi-tiered governance structures. She has a reputation for building strong, cohesive teams that deliver in an environment requiring balancing the demands of aggressive schedules with the sustained commitment and support of key stakeholders.

Ms. Vitale has extensive experience in the following areas:

- Strategic planning, operational analysis, and process re-engineering
- Program design and evaluation
- Organizational change and project management
- Public finance, human resources, and IT
- Procurement strategy and practices
- Partnership and capacity building
- Legislative and media relations
- Governance and stakeholder mgmt

CAREER DETAIL

Cambria Solutions, Inc. **Vice President and HHS Market Lead** **January 2014 to Present**

Experience relative to this engagement:

- Serves as national expert in integrated eligibility policy, practice and operations
- Consults on business process re-engineering, eligibility systems development, and change management for public assistance, child welfare, and other human service programs.

Sample projects:

- Engagement Lead and QA for the Project Management Office of the Florida Agency for Health Care Administration. Includes project oversight, procurement and APD support, and strategic planning assistance for the replacement of their MMIS system.
- Technical and Strategic Advisor for the Mississippi Division of Medicaid's ACA-compliance project. Includes IV&V, project management, and planning support for the replacement of their MMIS system.
- Strategic Advisor, Sr SME, and Engagement Lead for the Georgia Department of Children and Family Services. Solved significant application processing issues and backlog that negatively impacted Medicaid, TANF and SNAP clients. High stakes, crisis management with public and media pressure. Averted \$75M Federal sanction by meeting improvement deadlines at 30, 60 and 90 days.

Florida Department of Children and Families (DCF)
Deputy Secretary and Asst Secretary for Economic Services; Regional Managing Director; and County Administrator

April 2010 to December 2013

DCF is a \$5 billion HHS agency, with seven regions, and 11,534 staff.

- Managed daily operations of the Department and served as key policy advisor to the Secretary on health care reform, public assistance, integrated eligibility, homelessness, child care licensing, substance abuse and mental health, and child/adult protection
- Transformed public assistance operations through business process redesign, standardizing field operations, introducing data analytics, developing a Medicaid asset verification system, reorganizing benefit recovery activities for increased return on investment (ROI), and implementing the first-in-nation system for preventing/detecting identity theft
- Led the fastest and successful implementation in the nation of an ACA-compliant system, FL's Medicaid Eligibility System (MES) –8.5 months, on time and under budget
- Implemented the SNAP EBT vendor transition in a record 9 months (most states of the same size take 12-18 months), with no impact to 3.6 million clients, 3,900 retailers, and achieved \$21 million in contractual savings and new fraud analytics capabilities
- Reduced public assistance backlog from 20% to 2.76% while maintaining 100% accuracy in processing a 130% increase in applications
- Navigated 26.7% staff turnover in child welfare while meeting performance metrics and a 60% increase in caseload

Colorado Health and Human Services Department (HHS), Eagle County
Executive Director

May 2008 to April 2010

Managed HHS services through 50 Federal, state, and local programs (economic service, public health, seniors, early childhood, youth services and child welfare). Oversaw a \$12 million budget and five departments. County-administered HHS system with wide discretion.

U.S. Department of Agriculture (USDA), Food and Nutrition Service
Northeast Regional Administrator

December 2005 to May 2008

Oversight of 15 food assistance programs and nutrition policy and education across seven states - collaborating with 32 state Commissioners, 35 state Directors, and 3 Indian Tribal Organizations. Managed a \$5.4 billion budget. Drove program improvement, community capacity building, and the development of state SNAP, WIC, and integrated eligibility systems.

Deputy Undersecretary

November 2001 to July 2003

Managed the day-to-day operations of the entire agency -- a \$60 billion budget across nine departments, seven regions and 16,000 staff nationwide

- Traveled extensively to advance Presidential policy agenda, establish community and industry partnerships, and promote citizen-based input
- Successfully led nationwide forums and negotiations with Congressional staff on critical legislation, including the Farm Bill and Child Nutrition Reauthorization
- Led large scale transformational activities for improving hunger programs
- Oversaw critical White House and Secretary directives such as balanced scorecard, human capital planning, e-government, and homeland security

Texas Department of Human Services (now an agency under the TX Health and Human Services Commission), Office of Planning, Evaluation, and Project Mgmt Deputy Commissioner

February 1998 to November 2001

Managed a \$60M budget for planning, evaluation, and project management functions across all 10 Divisions which administer public assistance, long-term care, and community-based programs for low-income individuals, families, seniors, and the disabled

- Guided strategic/operational planning and conducted research/evaluation on welfare issues
- Executive Sponsor for the (then) state-of-the-art integrated eligibility system project (TIERS) that modernized technology and business practices to support public assistance programs
- Established Enterprise Project Management Office (PMO)

Washington Department of Social and Health Services (DSHS), Economic Services Administration

Special Assistant (Chief of Staff) to the Assistant Secretary

August 1996 to February 1998

Oversaw regulatory development, strategic planning, legislative affairs, and gubernatorial and management initiatives in support of the agency's \$2B budget and 25 poverty-prevention, public assistance, welfare-to-work, and child support programs.

U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Management and Budget

Grants Management Administrator

December 1992 to August 1996

- Set and interpreted policy for over 300 mandatory and discretionary grant programs. Designed and implemented GrantsNet and TAGGS systems.

EDUCATION

Bachelors of Science in Business Administration; Radford University, Radford, Virginia
Executive Development Program; University of Texas, LBJ School of Business, Austin, Texas

EXPERIENCE REFERENCES

NAME	POSITION	ADDRESS	PHONE
Carol Christopher	Deputy Director Dept Family and Children Services State of Georgia	2 Peachtree St, NW Suite 19-490 Atlanta, GA 30303	404-651-8409
Rita Rutland	Deputy Administrator, iTech MS Division of Medicaid	550 High Street Suite 1000 Jackson, MS 39201	601-576-4147
Gay Munyon	Bureau Chief Medicaid Contract Management Agency for Health Care Administration State of Florida	2562 Executive Circle E Montgomery Bldg Suite 100, Mail Stop #22 Tallahassee, FL 32301	850-412-3400

OTHER AVAILABLE RESOURCES FOR FUTURE DHHS IV&V PROJECTS

Along with our proposed staff for the EES and DMA projects, Cambria is including bios of other available experienced staff to engage as IV&V team members for future optional DHHS projects.

JAMES PERESTA **MMIS PROJECT MANAGER**

Bio

Mr. Peresta has 13 years of experience as a State Medicaid employee in 2 states as well as over 20 years of experience working for health care IT vendors in the design and development of MMIS and HIX systems in 10 states. He has over 20 years of experience working with Medicaid eligibility and enrollment. He recently worked as a Senior Medicaid Program Advisor with the Maryland Medicaid Executive Staff in managing Medicaid Program-related business and IT activities of Maryland Health Benefit Exchange (MHBE) from concept through operational readiness. He was the Provider Management Team Lead working with the new web-centric MMIS in the state of South Dakota and has over 20 years of experience as a project manager, Medicaid SME, Senior Business Analyst, and Senior Consultant working with Medicaid DDI contracts. Mr. Peresta's skills and experience would be valuable in supporting DHHS' future Central Provider Management Module, the CBS – Professional, Institutional, and Pharmacy Claims module, or the LTSS Redesign module. He has managed budget and actual costs, project schedule, and verification and validation of project's activities and requirements on numerous projects.

LAUREN SCHAUB **MANAGER**

Bio

Ms. Schaub has 5 years of experience in healthcare specifically in Medicaid eligibility and enrollment. She has broad experience in the full software lifecycle for large-scale health care systems. She is a subject matter expert in the area of health reform, specifically health insurance exchange implementation, regulations, project management, and operational strategy. She served as a Project Manager for the California Health Benefit Exchange and was a consultant and functional lead on the Washington Health Benefit Exchange. Ms. Schaub's skills and experience would be valuable in supporting DHHS' future Enrollment Broker (EB) Implementation, NTRAC Implementation, or the Eligibility and Plan Selection Integration module. She has extensive experience with business process analysis, requirements analysis and validation, operational readiness/implementation planning, system documentation development, functional design and technical documentation, and custom software implementation.

STEVE SCHMITZ
MANAGER

BIO

Mr. Schmitz brings 20 years of experience in both the public and private sectors that include health insurance exchanges from six different states (Minnesota, Oregon, Mississippi, New Mexico, Idaho, and California), Children's Health Insurance Program (CHIP), and the financial sector. In addition, he was the product manager for Health-e-App, the first web-based eligibility and enrollment system for a state-based CHIP program in the country. In working with state-based exchange marketplaces, his roles have included Senior Business Analyst, Functional Lead, UAT Lead, Change Management Lead, and Business Analysis Manager. Areas of focus in these roles include: Working with policy teams on eligibility policy and eligibility system design, plan management and online plan selection system modules, provider directory, rolling out dental plans and dental plan selection, service center operations, and data analytics. In addition, Mr. Schmitz collaborated extensively with the four Statewide Automated Welfare System (SAWS) consortia for Medicaid integration with Covered California and led change management for the exchange's integration with MEDS (Medicaid Eligibility Determination System). His skills include business process engineering, change management, business process modeling, requirements gathering and analysis, functional design, policy analysis, quality assurance and UAT testing, training development, and strategic planning.

HENK KEUKENKAMP
DIRECTOR

BIO

Mr. Keukenkamp has over 20 years of experience in information technology (IT), specializing in project management of design, development, process improvement, and implementation of public sector business solutions. His experience includes the development of methods and system standards, quality assurance, systems development and implementation, project planning, business process re-engineering, technology training, and project management. He was the Engagement Director on the California Department of Health Care Services project and was responsible for managing a portfolio of projects including Pre-Admission Screening and Resident Review (PASRR), a solution to screen for mental and developmental illnesses and planning the appropriate level of care; Post Adjudication Claim Encounter System (PACES), a solution to capture managed care encounter data for the CA Medicaid program; ICD-10 IV & V for the CA-MMIS, the State-Level Registry (SLR) eHR incentive payments system, and N-2 project, to upgrade/modernize the CA-MMIS legacy systems. Mr. Keukenkamp has significant experience in leading complex large scale (\$100m+) projects. His skills and experience would be valuable in supporting DHHS' future Enrollment Broker (EB) Implementation, NTRAC Implementation, the Eligibility and Plan Selection Integration module, Capitation Processing Module, and CBS-LTSS module.

SANDEEP KOPPOLU

TECHNICAL MANAGER

BIO

Mr. Koppolu has over 6 years of experience with healthcare IT. He has over nine years of developer experience implementing complex information systems. He is a certified Microsoft Professional (MCP). He has an accomplished background encompassing web-based and client/server systems design, development, testing, debugging, and implementation. Mr. Koppolu specializes in all phases of the software development lifecycle (SDLC) and offers in-depth experience on Health Insurance Portability and Accountability Act (HIPAA) transactions, analysis of operational methods, and software development. Mr. Koppolu's skills and experience would be valuable in supporting DHHS' future Enrollment Broker (EB) Implementation, NTRAC Implementation, Eligibility and Plan Selection Integration project, Capitation Processing Module, and the CBS-Professional, Institutional, and Pharmacy Claims modules. His extensive experience with data migration, claims transactions, and claims processing systems would be invaluable regarding these four future initiatives in achieving DHHS' Medicaid enterprise vision. Mr. Koppolu has strong working knowledge and understanding of Microsoft BizTalk Server. Mr. Koppolu has extensive experience in application architecture and development, design and programming with web technologies, and service oriented architecture (SOA). He worked as a Web Service Engineer on the CA Medicaid 5010 project which dealt with 837, 835, 276, and 277 EDI transactions.

IMRAN MOIN

DIRECTOR

BIO

Mr. Moin is a certified Project Management Professional (PMP) with fourteen years of Management and Technology Consulting experience. Imran has a strong background in managing projects and leading teams across the full life cycle of IT project, including maintenance and operations and transition. Imran possesses a diverse experience that spans multiple programs and industries with a specialization in managing and delivering complex IT system implementation projects. Imran's past projects have included variety of technical platforms, ranging from mainframe based systems to three tier web based applications. Imran's clients include large State Government Departments as well as leading entities in Energy and Healthcare industries. Mr. Moin has over 8 years of direct experience with Medicaid Eligibility and Enrollment Systems for State of California, State of Michigan, State of Washington, State of Nevada and State of Hawaii. Mr. Moin's skills and experience would be valuable in supporting DHHS' future Enrollment Broker (EB) Implementation, NTRAC Implementation, or the Eligibility and Plan Selection Integration module.

DEBBIE KEITH
SENIOR CONSULTANT

BIO

Ms. Keith is a Senior Consultant for HealthTech Solutions (HTS) with 35+ years of experience in Medicaid eligibility, member services, and Health Information Technology (HIT). She provides training services and programmatic direction to HTS clients nationwide on Medicaid and Health and Human Services programs. Prior to joining HTS she served as Director of Member Services for the Kentucky Department for Medicaid Services. She served as the Medicaid representative for Kentucky's planning activities for the implementation of the Affordable Care Act (ACA). Debbie has managed all state level aspects of Medicaid eligibility and policy. In that capacity Debbie reviewed all newly published federal rule-making to provide guidance to upper management on impact, opportunities, and recommendations for implementing mandates. She monitored enrollment growth, assisted in budget forecasting based on demographic trends, maintained oversight of vendors, and served on the state steering committees. She served as the Medicaid Member Team Lead in the 2007 implementation of Kentucky's Medicaid Management Information System (MMIS). Debbie assumed a critical role in Kentucky's transition from fee-for-service to statewide Managed Care Organizations (MCOs), a task which was accomplished in four months. She developed an in-house customer contact center, which produced a significant and sustainable annual cost savings and supported the transition to MCOs by assuming the function of an enrollment broker.

BRANDI NOEL
SENIOR CONSULTANT

BIO

Ms. Noel is a Senior Consultant for HealthTech Solutions with 14+ years of experience in Health Information Technology (HIT) and Project Management. She provides particular expertise in organizational and systems based transitions. She is experienced with Electronic Health Record (EHR) system development and implementation, provider services, and claims. With HTS, Brandi led statewide implementation efforts for an EHR system serving over 800 unique sites. She has deep experience with Clinical Practice Administration, Clinical Quality Measures (CQM), Public Health, and Provider Services, including claims. She has field-level experience with Fortune 500 companies, states, and local clients. She has led assessments and Design, Development, and Implementation (DDI) projects for Kentucky, and Georgia.

3.2.3.1.1 RAMP-UP APPROACH

As new staff joins the project, they will be provided with a formal set of start-up/onboarding activities, including project orientation. The project manager (or designee) conducts the orientation, as needed. The orientation includes the:

- Project background
- Current status
- Specific job duties and expectations
- Introduction to the staff and consultants
- Overview of the facility and infrastructure
- Overview of the project processes (including time reporting, attendance, status meetings, issue resolution, change control, and risk management)

3.2.3.1.2 REPLACEMENT OF STAFF

We understand the impacts to costs, knowledge transfer, team dynamics, and relationships when project staff are swapped out mid-project. Thus, we strive to maintain a stable core team throughout the project. But when staff changes do occur, we will address vacancies on the EES and DMA projects in the following order of prioritization: 1) searching our national bench of available consultants that can be placed on this DHHS project; or 2) use robust recruiting process of first looking at our warm referrals that we have already vetted and are waiting for a Cambria project else posting of the job.

Consultant staff will be replaced in accordance with the procedures in the governing SOW. Resumes for proposed replacements must be submitted for DHHS approval. Replacement staff must meet the original minimum qualifications for the position and are subject to an interview, in addition to a review of their resume and qualifications. Where possible, the replacement staff begins work prior to the original staff's departure to support appropriate transition of responsibilities and knowledge.

Cambria has dedicated recruitment team who maintains relationships and contractual outsourcing agreements with many staffing firms. This allows us to have a streamlined and fast hiring process when we need to find new talent that is not currently available with our firm. However, this proposal represents a partnership between Cambria and HealthTech Solutions. Which means you get the best of both our firms' bench and available staffing to fill any vacancies that occur.

3.2.3.1.3 RAMP-DOWN APPROACH

As part of a ramp-down approach, Cambria will begin the transition plan in order to smoothly transition any remaining activities and responsibilities of the team members. As staff transition away from the project, the project management team conducts appropriate roll-off steps. Key steps include:

- Identifying any remaining duties and transition to other staff
- Transitioning electronic files to the electronic repository
- Returning building security/access cards;
- Returning computer equipment or other similar items
- Removing access rights to electronic repository and other systems

- Removing e-mail access
- Removing other network access

3.2.3.2 CAMBRIA’S STAFFING PLAN FOR THE EES PROJECT

As part of Cambria’s commitment to any of our clients, we fully support our staff in whatever their needs are during delivery. For the EES IV&V project, our management structure will support Merv Jersak, the EES IV&V Project Manager, by having a dedicated IV&V Engagement Lead who will provide oversight, resource allocation, and issue escalation throughout this 12 month project. Mr. Tony Franklin will serve in this role. He will have regular communication with Mr. Jersak to understand the status of the project; he will also make occasional visits to meet with the DHHS staff to ensure satisfaction with the pace and quality of Cambria’s work.

In addition to the Engagement Lead, Cambria is committed to helping DHHS meet your EES implementation timeline. As such, the transition period of the IV&V is critical to help DHHS understand the key risks and issue areas to resolve and be caught up on deliverable reviews. To assist in these efforts, Cambria is proposing a transition team that will help provide specific guidance, oversight, and advisory services, as well as, on the ground review, analysis, and participation on IV&V responsibilities. Suzanne Vitale will provide Quality Assurance/Senior Subject Matter Expertise (Sr. SME) during the EES project. Her experience having provided QA/Sr. SME support to our MS IV&V project, roles and relationships with CMS, leading state and vendor implementation efforts in multiple states will bring a wealth of strategic guidance to the EES project for DHHS. Our Transition Specialist, La Chelle Heard (also proposed on the DMA project) will assist the transition period for the first month. Her responsibilities will focus on helping to review deliverables, conducting analysis and assessment of key focus areas, and meeting attendance. Her primary goal will be to help get the IV&V team caught up on responsibilities during this transition time to allow for the day-to-day IV&V team to focus on working with the DHHS and EES vendor. La Chelle is also proposed on the DMA IV&V team and we expect no loss of knowledge gained with her time on the EES transition. Rather, she will be the liaison of knowledge between the two teams.

Cambria understands that the start date for the EES project will be July 1, 2016 and will continue through June 30, 2017. The Exhibit 98 Staffing Plan for EES IV&V Project identifies the roles, proposed resource, and their time allocation to the EES IV&V project.

Exhibit 98. Staffing Plan for EES IV&V Project

ROLES	PROPOSED RESOURCE	TIME ALLOCATION	LOCAL PRESENCE
Engagement Lead	➤ Tony Franklin	20%	Combination Onsite/Remote
Project Manager	➤ Merv Jersak	100%	Onsite, Full-time
Business/Test Analyst	➤ Bobby Malhotra	100%	Onsite, Full-time
Business/Test Analyst	➤ Katie Brown	100%	Onsite, Full-time
Technical Analyst/Architect	➤ Jason Webster ➤ Sanjai Natesan	Shared 100%	Combination Onsite/Remote
QA/Sr SME	➤ Suzanne Vitale	10%	Onsite, Monthly
Transition Specialist	➤ La Chelle Heard	1 Month	Onsite

ROLES	PROPOSED RESOURCE	TIME ALLOCATION	LOCAL PRESENCE
Advisory Panel	► Various	As Needed	On Call

3.2.3.3 CAMBRIA’S STAFFING PLAN FOR THE DMA PROJECT

Cambria understands that the DMA project will start 02/01/2017 and will continue through July 2019. By having Mr. Franklin serving as the IV&V Engagement Lead beginning with the start of the EES project, then becoming the IV&V Project Manager of the DMA IV&V project will provide the DMA IV&V team with valuable knowledge and an overall background of the DHHS project environment. Mr. Franklin will use the knowledge gained with DHHS’s EES stakeholders and bridge the gap between the EES and DMA projects with his continuation of serving as the PM on the DMA IV&V project.

As the DMA IV&V Project Manager, Mr. Franklin will manage the project scope, project schedule, project resources, and project costs.

Exhibit 99. Staffing Plan for DMS IV&V Project

ROLES	DMA PROJECT	TIME ALLOCATION	LOCAL PRESENCE
Engagement Lead & Project Manager	► Tony Franklin	100%	Onsite, Full-time
Business/Test Analyst	► La Chelle Heard	100%	Combination Onsite/Remote
Business/Test Analyst	► Trish Alexander	100%	Onsite, Full-time
Technical Analyst/Architect	► Todd Feather ► Jason Webster	Shared 100%	Combination Onsite/Remote
Advisory Panel	► Various	As Needed	On Call

3.2.3.4 CAMBRIA’S STAFFING PLAN FOR ADDITIONAL PROJECTS

Cambria understands that DHHS’s vision for Medicaid enterprise improvements is heavily influenced by the decreasing number of Medicaid members in the Medicaid Fee-for-service (FFS) program. We also understand that DHHS has several interdependent service and system initiatives in progress or planned in order to achieve its Medicaid enterprise vision. These system initiatives include Enrollment Broker Implementation, Heritage Health, Eligibility and Plan Selection Integration, Dental Benefits Management, the Capitation Processing Module, a Central Provider Management Module, Encounter Data Submission, Claims Broker Services, and LTSS redesign. The implementation of functionality requires integration of new modules with DHHS’s existing systems until all new modules have been implemented and integrated.

The Cambria team is poised and ready to assist DHHS in achieving this Medicaid enterprise vision and is able to supply the additional IV&V resources to accomplish this. Many of our staff have 10+ years of experience working with design, development, and operations of MMIS’s in numerous states, both on the vendor and State side of the business, thus our ability to provide IV&V services are honed from our direct hand-on experience having implemented Medicaid systems.

Our technology integration services are designed to help DHHS use smart, efficient ways to optimize and realize more value from your technology. Through our Systems Integration capabilities we leverage a highly industrialized model to help organizations accelerate through application go-live and toward operating at peak performance. Our services are designed to deliver value throughout every phase of the life cycle and to help our clients realize their return on investment. Bringing our services in the following enhances our ability to help DHHS and vendors be successful:

- Cross platform custom development
- Database and system administration
- Full systems lifecycle design, development and implementation support
- Testing services

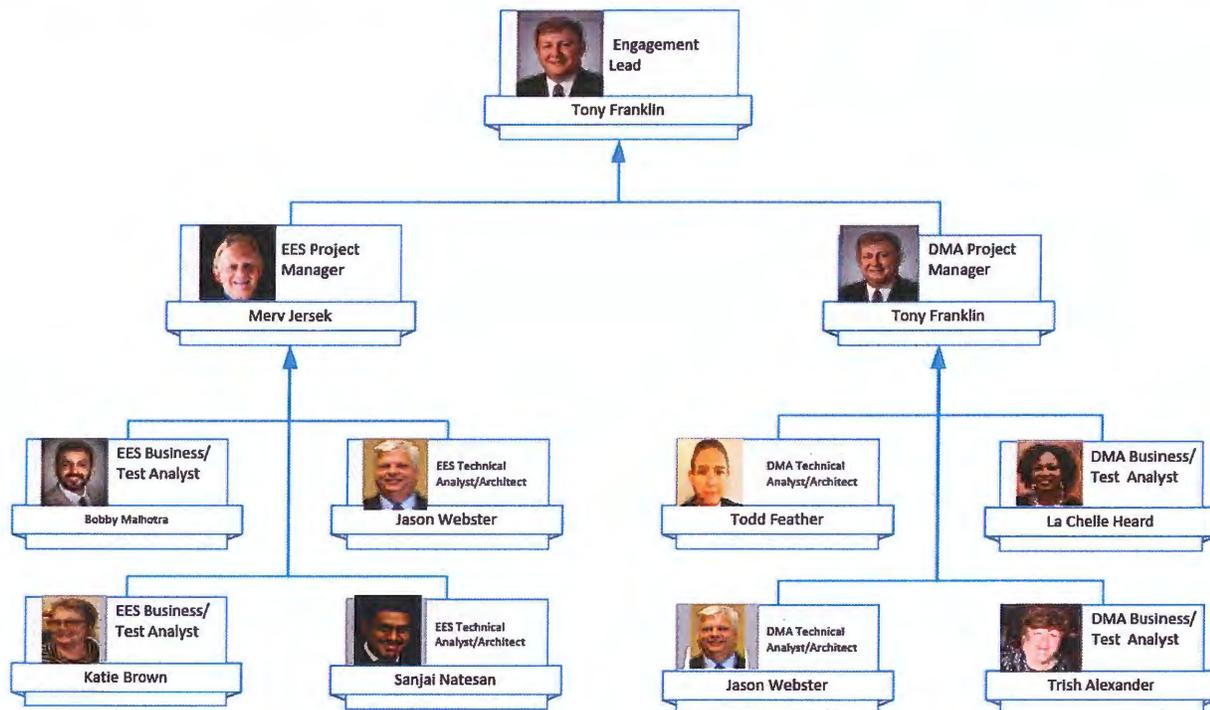
As a result, our resource pool and depth of personnel and relevant experience can be leveraged for any of those projects and ramped up to meet DHHS' needs. Bios of representative staff on in our firms was included in Section 3.2.2.4 Resumes.

3.2.4 ORGANIZATIONAL CHART FOR EACH PROJECT TEAM

iv. The bidder's organizational chart for each project team.

Exhibit 101 below shows Cambria's organizational chart for both the EES and DMA IV&V projects. This chart will be updated as needed and only upon approved changes throughout the life of the projects.

Exhibit 100. Cambria's IV&V Organizational Chart for the EES and DMA Projects



3.2.5 STRATEGY AND APPROACH TO MAINTAIN THE NUMBER OF STAFF FOR EACH PROJECT

v. DHHS has required a minimum of four key staff positions for each project. Describe the strategy and approach to maintain the appropriate number of staff for each project.

The Nebraska DHHS IV&V opportunity is very important to Cambria. Often our competitors stretch their staff across multiple projects and clients on IV&V projects. This over commitment has long-term negative impacts on the staff and jeopardizes the continuity and dynamics on the project. Cambria is making the commitment to keep DHHS a #1 priority. We are committed to staffing a minimum of four key staff positions for each project where Cambria is engaged to provide IV&V services, and to provide onsite full time presence almost all the positions.

Cambria has experienced many different talent management scenarios when staffing large scale, complex projects that are multi-year, multi-implementations. Our experience has helped us develop a strategy and approach that is advantageous to DHHS and the Cambria team.

We believe in maintaining key staff throughout the life of a project given the knowledge gained, the history understood, and the relationships developed. Thus, we plan ahead in identifying the next DHHS project where our key staff can be reassigned upon completion of their current project. Often there is overlap and we will work with the State to find an appropriate transition period with minimal impact to the schedule and budget. We also understand that key personnel must not be removed without prior State written approval and all key personnel must be available during all phases of the project. Cambria anticipates working with DHHS to determine the best staffing plan to maintain knowledge to complete a project successfully, all the while, transitioning staff to jump start another project.

We understand that DHHS requires the contractor to provide an interim resource within five business days for any key personnel vacancies regardless of the reason for the vacancy and that DHHS will receive a credit equal to the hourly rate as identified on the cost sheet for Cambria's corresponding Labor Category, prorated for each day or partial day until the position is satisfactorily filled. Cambria will work closely with DHHS to identify impacts due to the vacancy and how to mitigate any risks or issues that may arise, all the while, identifying replacement candidates to review with the State.

Cambria understands that key personnel must be replaced with individuals with comparable experience and qualifications as those submitted by the contractor in the proposal and must meet the requirements of the key positions. We also understand that DHHS approval is required prior to assigning any new key personnel to work on the contract and that we must submit resumes and allow DHHS to interview applicants as part of the approval process. If any of the key staff are to leave for any reason, we will make sure that a knowledge transfer process is done before the new key staff member is brought onboard. Again, we anticipate working closely with DHHS to be diligent in selecting replacements and help develop a transition during the vacancy and ramp-up of the replacement to lessen the impact as much as possible on the project.

3.3 LOGISTICS

Cambria knows the importance of being able to communicate frequently with the client to address questions and issues as they arise throughout the project. We also know the importance of having the project documentation, deliverables, and artifacts in a shared, secure repository

that is accessible by the team members who have authorization to this information. In the following section, Cambria will demonstrate our approach to satisfying these requirements and working collaboratively with DHHS.

3.3.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder's proposal should include the following:

- i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.

Cambria understands that DHHS will provide work space and access to desktop computers, printers and copiers for the Cambria staff members while on-site in Lincoln, however, DHHS will not provide parking. Cambria understands that all IV&V work is to be stored on DHHS's provided repository and that DHHS will provide a means by which Cambria staff may access the repository when contractor staff are off-site. Cambria is committed to maintaining privacy and security for DHHS as well as for information related to the citizens of Nebraska.

As part of Cambria's onboarding process for new hires, new employees are required to go through HIPAA privacy training. Employees are also required to take the HIPAA training on an annual basis. We will be also be open to add any unique Nebraska DHHS privacy requirements to our training for staff working on the EES and DMA projects.

Exhibit 101. Logistics Requirements and Approach

ID	REQUIREMENT	CAMBRIA'S RESPONSE
1	Must store all work products in DHHS designated repository and using designated folder structure.	Cambria will comply
Cambria understands that all IV&V work is to be stored on DHHS's provided repository using a designated folder structure. Cambria is very experienced in working in and maintaining project repositories which allow versioning and security for all project deliverables, artifacts, and documentation. Cambria will discuss with DHHS's project repository administrator what the desired folder structure is for the EES and will be for the DMA projects to best determine our IV&V authorized project members know how to access the documentation and add and update documentation throughout the projects.		
2	Must have controlled access to all contractor facilities where any contract related work is performed in compliance with privacy and security requirements.	Cambria will comply
In our Sacramento office, Cambria prides itself with our security measures that are in place. Cambria employees have access to the building doors and Cambria front office doors by using a Cambria issued key card. Similarly, Cambria also maintains seven offices nationwide with the same security and privacy safeguards.		

3.3.2 OVERVIEW OF ONSITE FACILITIES

- ii. Provide an overview and describe the bidder's facilities where contractor staff may perform work when not on-site in Lincoln.

Cambria expects our Project Manager to be onsite 100% of the time in Lincoln, Nebraska working out of the designated project site. We also expect the other key team members to be

working onsite in Lincoln, NE approximately 75% of the time. While not on-site in the Lincoln, Nebraska project office, Cambria staff will use any of the seven Cambria offices nation-wide. Cambria offices are secured 24 hours of the day and only Cambria employees have access to the building doors and front office doors by using a Cambria/building issued key card. Guests must be escorted or provided access by security.

If the Cambria staff is working outside of Sacramento, CA, they have access to Regus Corporate offices for hourly or day use. Cambria has a corporate contract with Regus Corporate offices, where Regus provides private and secure executive office and conference space use for Cambria employees worldwide. Regus has an executive office space at the US Bank Building located at 233 S. 13th Street, Lincoln, NE and two (2) locations in Omaha, Nebraska.

Cambria is well aware of the need for a Disaster Recovery and Back-up Plan for the projects' deliverables, documentation, and artifacts. Cambria's Disaster Recovery and Back-up Plan will work in conjunction and be incorporated with the Department's plan to be implemented in the event of a disaster in Lincoln, NE. Upon award of the contract, Cambria will provide DHHS a copy of our Disaster Recovery and Back-up Plan.

3.4 PRIVACY AND SECURITY

Having worked with numerous health and human services agencies, Cambria understands the importance of maintaining privacy and security standards, policies, and practices for our employees, and clients. Cambria has maintained privacy and security practices under the direction of our Program Management Office and Director of Technology Services. Our program is based upon HIPAA, state, and Federal regulations, and IOS/IEC 27001 standards and practices. Our Cambria IT and internal operations continually monitors the various levels of security to help ensure compliance and protection at all levels. This section describes Cambria's approach for privacy and security and how we expect to apply and extend these protections to DHHS.

3.4.1 CAMBRIA APPROACH TO MEETING EACH REQUIREMENT

The bidder should include the following in their proposal:

- i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.

Information security is the protection of information against accidental or malicious disclosure, modification or destruction. Because information is one of your Department's most valuable assets, all access to information must be managed with care. Access controls are put in place to protect information by controlling who has the rights to use different information resources and by guarding against unauthorized use. Formal procedures must control how access to information is granted and how such access is changed.

To safeguard its information and information systems effectively, Cambria has an established enterprise-wide Information Security Program. As part of this program, security controls are implemented to protect all information assets, including hardware, systems, software, and data. These controls are designed to ensure compliance with all federal, state and county legislation, policies and standards including HIPAA (e.g., by managing risk; facilitating change control;

reporting and responding to security incidents, intrusions, or violations; and formulating contracts.)

The following table and sections provide specific responses to the State’s requirements for privacy and security.

Exhibit 102. Privacy and Security Requirements and Approach

ID	REQUIREMENT	CAMBRIA’S RESPONSE
1	Must develop and submit a Privacy and Security Plan work product that includes a description of how contractor safeguards all state information that is transmitted within contractors systems (i.e. email). The plan must be approved by DHHS prior to the contractor having access to project materials.	Cambria will comply
Cambria will share our Privacy and Security Plan within the first 3 days of the execution of the contract and Notice to Proceed. Upon submission, we expect a review and feedback from DHHS within 2 business days in order to complete this work product and gain access to information needed to kick start the project.		
2	Must comply with all security and privacy laws, regulations, and policies, including HIPAA, and related breach notification laws and directives.	Cambria will comply
<p>Cambria has an established Information Security Program that complies with the State’s requirement. These controls such as our Business Associate Agreements, and Policies and Procedures are designed to achieve compliance with all federal, state and county legislation, policies and standards including HIPAA, HITECH and HIPAA Omnibus regulations (e.g., by managing risk; facilitating change control; reporting and responding to security incidents, intrusions, or violations; and formulating contracts.).</p> <p>Cambria is a HIPAA compliant firm and adheres to, executes training of, and enforces all privacy laws, regulations, and policies. Cambria houses all policies, plans, documentation, and forms on our SharePoint site where permission to this documentation is granted and accessible to all workforce members. Specifically, Cambria policy includes:</p> <ul style="list-style-type: none"> ➤ Data Breach Action Plan (PLN600) (Regulation PAP003.001; PAP003.002) ➤ Designation of Privacy Official (PAP001.001) ➤ General Staff Responsibilities (PAP001.002) ➤ Training and Education (PAP001.003) ➤ Reporting of Suspected Violations of Policies and Procedures (PAP001.004) ➤ Investigation of Potential Violations (PAP001.005) ➤ Sanctions and Penalties (PAP001.006) ➤ Business Associates (PAP001.007) ➤ Development and Maintenance of Privacy Policies and Procedures (PAP001.008) ➤ Documentation and Record Keeping (PAP001.009) ➤ Verification Requirements (PAP001.010.01) ➤ Use and Disclosure of Protected Health Information (PAP001.011) ➤ Use and Disclosure of PHI for Health Care Operations (PAP001.012) ➤ Use and Disclosure for Specialized Government Functions (PAP001.013) ➤ Other Uses and Disclosures of Protected Health Information (PAP001.015) ➤ Accounting to Patients for Disclosures of Information (PAP001.025) ➤ Mitigation (PAP001.028) ➤ Non-retaliation and Protection for Whistle Blowers (PAP001-029) ➤ Assigned Security Responsibilities (PAP002.001) 		

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<ul style="list-style-type: none"> ➤ Security Management Process (PAP002.002) ➤ Risk Analysis (PAP002.003) ➤ Risk Management (PAP002.004) ➤ Sanctions Policy (PAP002.005) ➤ Information System Activity Review (PAP002.006) ➤ Workplace Security—Authorization and Supervision (PAP002.007) ➤ Workforce Security—Workforce Clearance (PAP002.008) ➤ Workforce Security—Termination Procedures (PAP002.009) ➤ Information Access Management (PAP002.011) ➤ Security Awareness and Training (PAP002.012) ➤ Security Reminders (PAP002.013) ➤ Protection from Malicious Software (PAP002.014) ➤ Login Monitoring (PAP002.015) ➤ Password Management (PAP002.016) ➤ Security Incident Procedures (PAP002.017) ➤ Contingency Plan (PAP002.018) ➤ Data Back-up Plan (PAP002.019) ➤ Disaster Recovery Plan (PAP002.020) ➤ Emergency Mode Operations (PAP002.021) ➤ Testing and Revision Procedures (PAP002.022) ➤ Applications and Data Criticality Analysis (PAP002.023) ➤ Evaluation (PAP002.024) ➤ Business Associate Contracts (PAP002.025) ➤ Facility Access Controls—Facility Security Plan (PAP002.027) ➤ Facility Access Controls—Access Controls and Validation Procedures (PAP002.028) ➤ Facility Access Controls Maintenance Records (PAP002.029) ➤ Workstation Security (PAP002.030) ➤ Workstation Use (PAP002.030.5) ➤ Device and Media Controls—Disposal (PAP002.031) ➤ Device and Media Controls—Media Re-Use (PAP002.032) ➤ Device and Media Controls—Accountability (PAP002.033) ➤ Device and Media Controls—Data Backup and Storage (PAP002.034) ➤ Access Control—Unique User Identification (PAP002.035) ➤ Access Control—Emergency Access Procedures (PAP002.036) ➤ Access Control Automatic Log-off (PAP002.037) ➤ Access Control Encryption and Decryption (PAP002.038) ➤ Integrity (PAP002.040) ➤ Person or Entity Authentication (PAP002.041) ➤ Transmission Security Encryption (PAP002.042) ➤ Discovery of a Breach (PAP003.001) ➤ Breach Response and Investigation (PAP003.002) ➤ Risk Assessment (PAP003.003) 	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
<ul style="list-style-type: none"> ➤ Notification (PAP003.004) 	<p>A copy of all Cambria HIPAA policies, plans, documentation, and forms is available upon request.</p>	
3	<p>Must provide initial and ongoing privacy and security and HIPAA compliance training to all employees and contract personnel assigned to the project prior to providing access to PHI.</p>	Cambria will comply
<p>Upon hire or subcontract execution, all Cambria workforce members are required to attend onboarding sessions. Privacy and security and HIPAA compliance training is one component of onboarding. All workforce members are required to participate in this training and pass a HIPAA compliance exam. The exam is then reissued annually.</p> <p>A copy of the Cambria HIPAA compliance training and exam questions are available upon request.</p>		
4	<p>Must take all reasonable industry recognized methods to secure the system from un-authorized access.</p>	Cambria will comply
<p>Cambria has an Access Control Policy that is based upon reasonable industry recognized methods to secure our systems from unauthorized access. This Policy addresses password strength, Cambria devices, non-Cambria devices, access groups, and enforcement. Cambria enforces the Access Control Policy defined below. This policy applies to all Cambria employees, contractors, subcontractors, and any individuals using Cambria's physical technology or licensed applications. Additionally, this policy applies to Cambria's IT staff with administrative access to certain systems or repositories of user passwords.</p> <p>Policy</p> <p>General Password Guidelines</p> <p><i>Password Strength</i></p> <p>Due to the nature of our business, Cambria employees often interact with sensitive information, both from clients and internally. In order to protect this information to the best of our abilities all passwords used at Cambria must be <i>strong</i>, as judged by the requirements provided below. It is not acceptable to use a <i>weak</i> password for any Cambria related technology system.</p> <p>A <i>weak</i> password is one which is easily discovered by another individual with or without the assistance of a computer. Examples of weak passwords include words picked out of a dictionary, names, common letter patterns such as <i>asdf</i>, and pre-existing number patterns, such as your social security number or car registration.</p> <p>A strong password is one that is designed in such a way that will prevent detection from an individual or computer who seeks access to our system. A strong password contains the following components:</p> <ul style="list-style-type: none"> ➤ At least 10 characters ➤ More complex than a single word ➤ Cannot contain any part of your username <p>In addition to the above requirements, your password must contain 3 of the following categories:</p> <ul style="list-style-type: none"> ➤ Lower-case letter (a-z) ➤ Upper-case letter (A-Z) ➤ Number (0-9) ➤ Special Character (!, @, #, \$, etc.) <p>All passwords used by any of the individuals outlined in the scope of this policy, on any of Cambria's technology systems <u>must</u> follow the strong password guidelines.</p> <p>All user-level passwords must be changed every six (6) months unless there are special circumstances that prevent the user from doing so. In this case, the user must obtain written permission from IT Security Analyst to avoid this requirement. Default and temporary passwords must be changed by the user immediately. In the event that a user is unable to change their passwords, they should contact Cambria's IT support team for assistance. If you become aware, or suspect that your password has been</p>		

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>compromised or another person has discovered it, you must change your password immediately and report your concern to Cambria's IT Security Analyst.</p> <p><i>Protecting Passwords</i></p> <p>In order to protect Cambria's information from unauthorized access, the following guidelines must be adhered to at all times:</p> <ul style="list-style-type: none"> ➤ Never reveal your password to anyone ➤ Never use the "remember password" function in internet browsers or applications ➤ Never store your passwords in a place where they are open to theft ➤ Never store your passwords on a computer system without encryption ➤ Do not use any part of your username in the password ➤ Do not use the same password to access different systems ➤ Do not use the same passwords for systems inside and outside of work <p>Laptops</p> <p>Employees should be sure to secure their computer during the day and take the computer home each night. When at a client site, it is advised that Cambria staff secure their laptop with a cable locking system; cable locks will be provided by an IT staff member upon request. Computers <u>must</u> be in a locked state (Win-Key + L) whenever an employee walks away from the device.</p> <p>For workforce members dealing with sensitive data, a privacy screen will be provided upon request.</p> <p>Email</p> <p>Email access is controlled through individual accounts and passwords and hosted by <i>Intermedia</i>. Prior to beginning work at Cambria, each employee will be assigned an Exchange account and password which will give them access to email through Microsoft Outlook and Microsoft Outlook Web Access (OWA). Contractors and subcontractors may be granted temporary access to a Cambria email account given there is a legitimate business need that requires them to have a Cambria email account, and there are remaining licenses available.</p> <p>Email access will be terminated the same day the employee, contractor, or subcontractor terminates their association with Cambria. Cambria is under no obligation to provide access to, store, forward, or provide copies of the contents of any individual's email account after the term of their employment has ceased.</p> <p>SharePoint</p> <p>SharePoint provides secure access to internal communications such as policies and procedures and works well for collaborative groups in which a number of members are editing documents, posting content, or participating in other online activities.</p> <p>Access to Cambria's SharePoint is given to workforce members upon employment with Cambria. Each user will be assigned to one of four access groups based upon their Access Level (<i>See 4. Access Roles</i>) and work related need(s) to view data. Levels are as follows:</p> <ul style="list-style-type: none"> ➤ Reader: has read-only access to the Web site. ➤ Contributor: Can add content to existing document libraries and lists. ➤ Web Designer: Can create lists and document libraries and customize pages in the Web site. ➤ Administrator: Has full control of the Web site. <p>Cambria has put in place a policy of inherited permissions within SharePoint, which means that individuals inherit permissions from the highest site within any site hierarchy, unless unique permissions are assigned by an IT team member.</p>	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>Requests for additional SharePoint permissions should be made both in writing (via email) and submitted to Cambria Solutions IT Manager.</p> <p>Because our corporate Exchange and SharePoint accounts are linked through Intermedia, users will have the same password for both systems. Users can change their own passwords by going to Intermedia.net, logging in to <i>My Services</i>, and clicking the <i>Change password</i> link.</p> <p>Non-Cambria Devices</p> <p>The use of personally owned mobile devices or other non-Cambria owned PC's connected to the firm's server or wifi network can seriously compromise the security of the network. Under no circumstances can non-Cambria owned devices be connected to Cambria's local network.</p> <p>Other Application and Information Access</p> <p>Access within software applications must be restricted using the security features built into the individual product. Cambria's IT team is responsible for granting access to the information within the applicable system. Any requests for access must be made directly to an IT team member. When granting access, the IT team member must ensure that:</p> <ul style="list-style-type: none"> ➤ The access is compliant with section 3.1 <i>General Password Guidelines</i> ➤ Access to the system has been separated into clearly defined roles ➤ The appropriate level of access required for the user's role has been given to them ➤ The access cannot be overridden (admin settings have been removed or hidden from the user) ➤ Access is free from alteration by rights inherited from the operating system that could allow unauthorized higher levels of access ➤ Access is logged and auditable <p>Access Groups</p> <p>Cambria Solutions, Inc. grants access to its different information services (or data contained within) based upon Access Groups. Every member of the workforce is assigned to an access group based upon the employee's level.</p> <p>Cambria Solutions adheres to the principle of least privilege. Meaning no employee, regardless of level, will be given access to data/services of which they do not require access.</p> <p><i>User Level</i></p> <p>The User Access level is comprised of workforce members who fall within the following employee levels:</p> <ul style="list-style-type: none"> ➤ Contractor/Project-Temp ➤ Associate ➤ Sr. Associate ➤ Lead/Consultant ➤ Sr. Lead/Sr. Consultant <p>Workforce members in the User level are given the least amount of access. Granted access is based upon work requirements. Contractors might be granted limited access to services as required by their project, and/or at the request of their Cambria Project Manager.</p> <p><i>Manager Level</i></p> <p>The Manager Access level is comprised of workforce members who fall within the follow employee levels:</p>	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p> <ul style="list-style-type: none"> ➤ Manager ➤ Sr. Manager <p>Managers and Sr. Managers are given access to all required data services accessible from the Manager and User level.</p> <p><i>Executive Level</i></p> <p>The Executive Access level is comprised of workforce members who fall within the follow employee levels:</p> <ul style="list-style-type: none"> ➤ Director ➤ Sr. Director ➤ Vice President ➤ Sr. Vice President ➤ President ➤ CEO <p>The Executive level is the highest non-Administrator level. Executive level members are granted access to all data access levels given a work related need.</p> <p><i>Administrator Level</i></p> <p>The Administrator Access level is comprised of workforce members who fall within the follow employee group:</p> <ul style="list-style-type: none"> ➤ IT Staff <p>Only IT staff responsible for the administration of a particular service will be granted access to the Administrator level. The Administrator level is the highest level of access. Workforce members in the Administrator level have complete control over the management of a service.</p> <p>Enforcement</p> <p><i>User Responsibilities</i></p> <p>It is a user's responsibility to prevent their user IDs and passwords from being discovered by other individuals and potentially used to gain unauthorized access to Cambria's systems by:</p> <ul style="list-style-type: none"> ➤ Following the password protection guidelines listed above in section 3.1 <i>General Password Guidelines</i> ➤ Ensuring that any PC they are using that is left unattended is locked or logged out ➤ Leaving nothing on display that may contain access information such as login names and passwords <p>If any user is found to have breached this policy, they may be subject to disciplinary action at the discretion of the Cambria Leadership Team. Such policy violations will be handled on a case-by-case basis, with consideration given to the severity of the violation and the consequences incurred.</p> <p><i>IT Department Responsibilities</i></p> <p>It is the responsibility of Cambria's IT department to:</p> <ul style="list-style-type: none"> ➤ Review this policy and provide it to all users ➤ Provide users with instructions on password regulations ➤ Maintain and control all information security <p><i>Terms and Definitions</i></p> <p>Access – Permission or ability to access digital information</p> </p>	

ID	REQUIREMENT	CAMBRIA'S RESPONSE
5	Must permanently destroy all confidential data and protected health information entrusted to the contractor for the performance of the contract upon approval of DHHS.	Cambria will comply

As a standard operating procedure, Cambria team members avoid handing confidential data unless specifically authorized by the client. If it is necessary for a business purpose, media on which PHI or otherwise confidential data is stored is destroyed in one of the following ways. Electronic, encrypted media is cleared, purged, or destroyed consistent with NIST Special Publication 80-88, Guidelines for Media Sanitization, such that PHI cannot be retrieved. Paper, film, or other hard copy media is shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed. Below is excerpts from Cambria's Policy for media re-use and disposal.

Media Re-Use

It is the Policy of Cambria to properly erase and or sanitize ("wipe") all media containing individually identifiable health information, including Protected Health Information ("PHI", as defined by HIPAA), before any media may be re-used. It is the responsibility of Cambria's IT department to ensure that the content is securely overwritten, and that such actions are verified and documented.

Upon receipt of any media, an IT staff member should assume that PHI was stored on the device.

- Laptops should be completely reimaged before redistribution
- Flash drives should be completely sanitized ("wiped") before redistribution by means of degaussing or triple overwriting.
- CDs, DVDs, and Floppy Disks should be destroyed rather than re-used.

Media Disposal

- All electronic media - such as fixed and removable disk drives, rewritable CD-ROMs, and back-up tapes that are used to store PHI or information enabling security features of the organization's information system(s) - are "sanitized" using the following procedure.
- Before sale or disposal, all computer hardware is examined and certified as containing no PHI or information enabling security features of Cambria Solutions' information system(s), including information that would enable a user to access the organization's information system(s).
- All storage devices and media are to be given to the HIPAA Compliance Officer for disposal. Only an authorized staff member may dispose of storage devices and media.
- Before disposal, the storage media are sanitized either by means of degaussing, triple overwriting, or physically dismantling and destroying the storage media.
- A CD that is ready for disposal must be erased, or physically compromised by breaking it in half.
- If a computer has exceeded its' lifecycle of 5 years, is non-functional and older than 4 years, or cost for repair exceeds \$500 and the computer is out of warranty, it is considered ready for disposal.
- Once an asset is ready for disposal it should be documented and removed from the IT inventory.
- All software and data are removed from all computer equipment prior to sale or disposal of the equipment. Disk drives are sanitized by degaussing or triple overwriting.
- All computers, hard drives, and flash drives used by Cambria employees or subcontractors must be destroyed upon disposal.
- When an asset is ready for disposal contact Tri Valley Recycling and request a pick up and certificate of destruction for the number of items that must be destroyed.
- If Tri Valley Recycling is unavailable another e-waste disposal vendor must be procured and they must provide certificates of destruction.
- Logs are maintained of all computer equipment and storage media that have been disposed of. These logs include the date on which storage media were sanitized and a description of the sanitizing

ID	REQUIREMENT	CAMBRIA'S RESPONSE
	<p>method used, including certificates of destruction. This documentation must be stored on SharePoint.</p> <ul style="list-style-type: none"> ➤ It is a violation of this policy to dispose of any of the above listed assets in any other fashion. 	

3.4.2 PROPOSED STRATEGY, METHODOLOGY, AND CAPABILITIES FOR SYSTEMS, OPERATIONAL, AND PHYSICAL SECURITY

ii. Description of the proposed strategy, methodology and capabilities for systems, operational and physical security

To safeguard its information and information systems effectively, Cambria has an established enterprise-wide Information Security (IS) Program. As part of this program, security controls are implemented to protect all information assets, including hardware, systems, software, and data. These controls are designed to ensure compliance with all federal, state and county legislation, policies and standards including HIPAA (e.g., by managing risk; facilitating change control; reporting and responding to security incidents, intrusions, or violations; and formulating contracts.)

This policy addresses the reduction in risks to information resources through adoption of preventive measures and controls designed to detect any errors that occur. It also addresses the recovery of information resources in the event of a disaster. Cambria has established four (4) classes of IS controls: Management, Operational, Technical, and Physical. This structure is consistent with the guidance established by the National Institute of Standards and Technology (NIST), Special Publication (SP) 800-53, *Recommended Security Controls for Federal Information Systems*.

Management controls involve those safeguards and countermeasures that manage the security of the information and information systems, and the associated risk to Cambria's assets and operations. There are five (5) families of policy within the Management class that address:

- Security Assessment and Authorization (CA)
- Planning (PL)
- Risk Assessment (RA)
- System and Services Acquisition (SA)
- Program Management (PM)

Operational controls support the day-to-day procedures and mechanisms to protect Cambria's information and information systems. There are nine (9) families of policy within the Operational class that address:

- Awareness and Training (AT)
- Configuration Management (CM)
- Contingency Planning (CP)
- Incident Response (IR)
- Maintenance (MA)
- Media Protection (MP)

- Physical and Environmental Protection (PE)
- Personnel Security (PS)
- System and Information Integrity (SI)

Technical controls are those security mechanisms employed within an information system’s hardware, software, or firmware to protect the system and its information from unauthorized access, use, disclosure, disruption, modification, or destruction. They are used to authorize or restrict the activities of all levels of users within an individual system by employing access based on a least-privileged and need-to-know approach. There are four (4) families of policy within the Technical class that address:

- Access Control (AC);
- Audit and Accountability (AU);
- Identification and Authentication (IA); and
- System and Communications Protection (SC).

Physical controls are those security measures physical security controls meet or exceed regulatory standards. All physical access to our buildings and equipment is restricted and access is logged through the use of key cards, which are required to gain access. Only full time core employees are provided access to our headquarters in Sacramento, and satellite offices in Olympia, WA, Los Angeles, CA, Jackson, MS, Atlanta, GA, Washington, DC, and Tallahassee, FL. Physical access to servers, network equipment and telecommunication equipment is further controlled through access and key control. Only authorized personnel have access to location that store servers, network and telecommunications equipment. Server rooms are located in a secure building, have no windows, contain adequate fire suppression systems, and properly installed racks with seismic bracing and proper grounding.

As the IV&V vendor, we do not expect to access the data in the vendor or state’s systems, but rather gain limited time or hosted access as a secondary party to review the process. Cambria does not see the need to access client data in production and should there be a need to do analysis or review, we would request for anonymized data.

3.4.3 SAMPLE PRIVACY AND SECURITY PLAN

iii. Sample of a Privacy and Security Plan from a previous project

The following is an excerpt of a System Security Plan for a current client. The section selected focuses on Access Control and Audit and Accountability as defined in NIST 800-53 Security Controls. These security controls were selected based on the scope of the specific client project. Each System Security Plan is customized based on the client’s needs and the scope of the project.

Exhibit 103. Security Plan Excerpt: Impact 1 Controls

CONTROL ID	CONTROL NAME	DESCRIPTION OF CONTROL	STATUS
AC-2 (1) (2) (3) (4)	Account Management	The organization manages information systems accounts, including: ➤ Identifying account types (i.e., individual, group,	<input checked="" type="checkbox"/> In Place <input type="checkbox"/> Partially in Place

CONTROL ID	CONTROL NAME	DESCRIPTION OF CONTROL	STATUS
		<p>system, application, guest/anonymous, temporary)</p> <ul style="list-style-type: none"> ➤ Establishing conditions for group membership ➤ Identifying authorized users and specifying access privileges ➤ Requiring appropriate approvals for requests to establish accounts ➤ Establishing, activating, modifying, disabling, and removing accounts ➤ Specifically authorizing and monitoring the use of guest/anonymous and temporary accounts ➤ Notifying account managers when temporary accounts are no longer required and when users are terminated, transferred, or information system usage or need-to-know/need-to-share changes ➤ Deactivating: <ul style="list-style-type: none"> ➤ Temporary accounts that are no longer required ➤ Accounts of terminated or transferred users ➤ Granting access to the system based on: <ul style="list-style-type: none"> ➤ Valid access authorization ➤ Intended system usage ➤ Other attributes as required by the organization or associated missions/business function ➤ Reviewing accounts every six months ➤ Employs automated mechanisms to support the management of accounts. ➤ Information systems automatically terminate emergency accounts within 24 hours and temporary accounts with a fixed duration not to exceed 12 months ➤ Information systems disable inactive privileged accounts after sixty (60) days and non-privileged accounts after ninety (90) days ➤ Information systems automatically audit account creation, modification, disabling, and termination actions and notify appropriate individuals, as required <p>Additional Criteria:</p> <ul style="list-style-type: none"> ➤ Regulate the access provided to contractors and define security requirements for contractors ➤ Accounts do not have the same user or account name ➤ Accounts have not been assigned the same uid ➤ Accounts are locked after 90 days of inactivity ➤ Unused default accounts will be disabled ➤ Implement centralized control of user access administrator functions 	<input type="checkbox"/> Not in Place <input type="checkbox"/> N/A

CONTROL ID	CONTROL NAME	DESCRIPTION OF CONTROL	STATUS
<p>Security Control Implementation Details: User access reports are submitted to IT Security & Privacy Officer on a monthly basis. Reports are stored in a secure network location throughout the duration of the contract.</p>			
AC-3	Access Enforcement	The organization enforces approved authorizations for logical access to the system in accordance with applicable policy.	<input checked="" type="checkbox"/> In Place <input type="checkbox"/> Partially in Place <input type="checkbox"/> Not in Place <input type="checkbox"/> N/A
<p>Security Control Implementation Details: User requests are approved through State agency. Access levels are determined and approved by state agency. The organization implements approved requests to user access.</p>			
AC-6 (1) (2)	Least Privilege	<p>The organization employs the concept of least privilege, allowing only authorized accesses for users (and processes acting on behalf of users) that are necessary to accomplish assigned tasks in accordance with the organization's missions and business functions.</p> <ul style="list-style-type: none"> ➤ Explicitly authorizes access to privileged functions (deployed in hardware, software, and firmware) and security-relevant information is restricted to explicitly authorized individuals. ➤ Requires that users of the organization's information system accounts, or roles, with access to security functions or security-relevant information, use non-privileged accounts, or roles, when accessing other system functions, and if feasible, audits any use of privileged accounts, or roles, for such functions. <p>Additional Criteria:</p> <ul style="list-style-type: none"> ➤ Contractors must be provided with minimal system and physical access, and must agree to and support the security requirements. 	<input checked="" type="checkbox"/> In Place <input type="checkbox"/> Partially in Place <input type="checkbox"/> Not in Place <input type="checkbox"/> N/A
<p>Security Control Implementation Details: Users are only provided access to systems and functions required for their individual roles. Developers and administrators have different user accounts depending on access requirements.</p>			

CONTROL ID	CONTROL NAME	DESCRIPTION OF CONTROL	STATUS
AU-2 (3) (4)	Auditable Events	<p>The organization:</p> <ul style="list-style-type: none"> ➤ Determines, based on a risk assessment and mission/business needs, that the organization's information systems must be capable of auditing the events described in "Appendix C Recommended Events for Logging" ➤ Coordinates the security audit function with other entities requiring audit-related information to enhance mutual support and to help guide the selection of auditable events ➤ The list of auditable events are deemed to be adequate to support after-the-fact investigations of security incidents based on current threat information and ongoing assessment of risk ➤ Determines, based on current threat information and ongoing assessment of risk, that the events specified in AU-2a are to be audited at the frequencies specified in the system security plan ➤ Reviews and updates the list of auditable events annually ➤ Includes execution of privileged functions in the list of events to be audited by the information system, including administrator and user account activities, failed and successful log-on, security policy modifications, use of administrator privileges, system shutdowns, reboots, errors, and access authorizations 	<input checked="" type="checkbox"/> In Place <input type="checkbox"/> Partially in Place <input type="checkbox"/> Not in Place <input type="checkbox"/> N/A
<p>Security Control Implementation Details: The organization is in the process of providing a more robust SIEM solution by transitioning to an enterprise solution.</p>			
AU-6	Audit Review, Analysis, and Reporting	<p>The organization:</p> <ul style="list-style-type: none"> ➤ Reviews and analyzes audit records for defined key information systems on a daily basis for indications of inappropriate or unusual activity, and reports findings to designated officials; <ul style="list-style-type: none"> ➤ Excessive logon attempt failures by single or multiple users ➤ Logons at unusual/non-duty hours ➤ Failed attempts to access restricted system or data files indicating a possible pattern of deliberate browsing ➤ Unusual or unauthorized activity by system administrators ➤ Activities (e.g. command-line activity) by a user that should not have that capability ➤ System failures or errors ➤ Adjusts the level of audit review, analysis, and reporting within the information systems when there is a change in risk to operations, assets, and 	<input checked="" type="checkbox"/> In Place <input type="checkbox"/> Partially in Place <input type="checkbox"/> Not in Place <input type="checkbox"/> N/A

CONTROL ID	CONTROL NAME	DESCRIPTION OF CONTROL	STATUS
		individuals based on law enforcement information, intelligence information, or other credible sources of information	
Security Control Implementation Details:			
CA-5	Plan of Action and Milestones	<p>The organization:</p> <ul style="list-style-type: none"> ➤ Develops a plan of action and milestones (POA&M) for the information system to document the organization's planned remedial actions to correct weaknesses or deficiencies noted during the assessment of the security controls and to reduce or eliminate known vulnerabilities in the system ➤ Updates and submits existing POA&M on monthly bases until all the findings are resolved based on the findings from security controls assessments, security impact analyses, and continuous monitoring activities 	<input type="checkbox"/> In Place <input type="checkbox"/> Partially in Place <input type="checkbox"/> Not in Place <input checked="" type="checkbox"/> N/A
Security Control Implementation Details: There are no outstanding security controls that require corrective action.			

3.4.4 PRIVACY AND SECURITY PLAN TEMPLATE

iv. Privacy and Security Plan template with instructions and procedures for completing the template

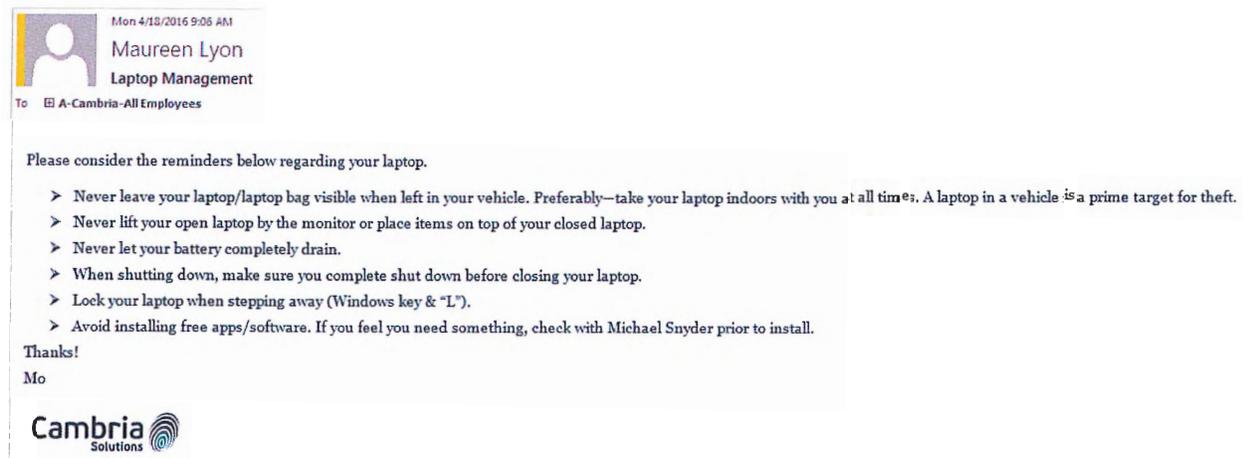
See Appendix A for Cambria's Privacy and Security Plan template.

3.4.5 WORKFORCE PRIVACY AND SECURITY AWARENESS SUPPORT

v. Description of how workforce privacy and security awareness is supported.

Upon hire or subcontract execution, all Cambria workforce members are required to attend onboarding sessions. An agenda item of onboarding personnel is policies related to workforce privacy and security awareness. As such, various policies and practices are reviewed and discussed with newly hired/contracted personnel. In addition, Cambria continuously provides firm-wide email communications regarding training and education to support awareness of workforce privacy and security. Below is an example of a recent communication to remind and support awareness of such issues.

Exhibit 104. Sample Security Communications



Cambria has adopted, trained, continually monitors, and enforces on policies related to workforce privacy and security awareness. The following array of policies were developed internally and/or through HIPAA policies and comply with state and Federal regulations specific to workforce privacy and security awareness. The following policies are a part of Cambria's Information Security Program:

- Designation of Privacy Official (PAP001.001)
- General Staff Responsibilities (PAP001.002)
- Training and Education (PAP001.003)
- Security Awareness and Training (PAP002.012)
- Security Reminders (PAP002.013)

Cambria can make these policies available to the State upon request.

3.4.6 APPROACH TO MONITORING ATTEMPTED SECURITY VIOLATIONS

vi. Description of the approach to monitoring attempted security violations and the actions that will be taken when security violation attempts are made as well as breaches

Cambria understands the responsibility and trust given to our team in handling client information. As such, our IT team and internal operations is diligent in continually monitoring attempted security violations through encryption and detection software installed and updated regularly on our laptops and Cambria devices. All devices, personal or non-personal, are not allowed access to Cambria email unless encryption software is installed (by Cambria) to manage and protect access and information available one's device.

The following policies are in place to monitor attempted security violations and how to address them in the event of a breach:

- Protection from Malicious Software (PAP002.014)
- Security Incident Procedures (PAP002.017)
- Contingency Plan (PAP002.018)
- Data Back-up Plan (PAP002.019)

- Disaster Recovery Plan (PAP002.020)
- Emergency Mode Operations (PAP002.021)
- Discovery of a Breach (PAP003.001)
- Breach Response and Investigation (PAP003.002)

Cambria can make these policies available to the State upon request.

Cambria handles all security violations attempts and breaches with great urgency and care. The following action plan details the step-by-step activities, leads, and tracking in the event of a data breach.

Exhibit 105. Cambria Data Breach Action Plan

Cambria Solutions HIPAA Compliance Manual Data Breach Action Plan - Cambria (PLN600)				
Activity	Lead	Start Date	End Date	Status/Findings
1 Immediate response actions				
2 Complete "Security Incident Report" FORM to identify incident	Cambria Solutions			
3 Report to Police Department	Covered Entity or Cambria Solutions			
4 Create/Notify response team	Cambria Solutions			
5 Notify Cambria Solutions attorneys	Cambria Solutions			
6 Notify Covered Entity/Client CEO/Board of Directors	Cambria Solutions			
7 Notify Cambria Solutions CEO/Board of Directors	Cambria Solutions			
8 Notify Cambria Solutions staff	Cambria Solutions			
9 Notify Cambria Solutions liability insurer	Cambria Solutions			
10 Develop incident action plan	Cambria Solutions			
11 Analysis				
12 Inventory unsecured data	Cambria Solutions			
Based on the updated HIPAA Breach Notification rule, breach notification will be determined based on probability of PHI compromise. Following steps need to be considered:				
13 Analyze types of data compromised and possibility of re-identification	Cambria Solutions/Legal Advisor			
14 Identify whether data was viewed or obtained	Cambria Solutions/Legal Advisor			
15 Identify who used /disclosed data and who viewed/used unsecured PHI	Cambria Solutions/Legal Advisor			
16 Identify mitigation efforts to minimize the risk of PHI compromise	Cambria Solutions/Legal Advisor			
17 Complete "Reporting Requirements Report"	Cambria Solutions/Legal Advisor			
18 Regulatory reporting and Notifications				
19 Define strategy/approach with Covered Entity/Client	Cambria Solutions/Legal Advisor			
20 Initial communication with Covered Entity/Client	Cambria Solutions/Legal Advisor			
21 Notifications				
22 Draft notification to Media	Cambria Solutions/Legal Advisor			
23 Oral notification to federal/state authorities & approval of notices				
24 OCR	Legal Advisor			
25 AG	Legal Advisor			
26 Other government agencies	Legal Advisor			
27 Covered Entity/Client approval of media notification	Cambria Solutions			
28 Distribute notification to media	Cambria Solutions			
29 Complete Cambria Solutions Information Packages				
30 Decide credit monitoring service offering	Cambria Solutions/Legal Advisor			
31 Complete credit monitoring service contract (if applicable)	Legal Advisor			
32 Patient Notices - (2) Electronic Data and Paper Data	Cambria Solutions/Legal Advisor			
33 Notification letters - (2) AG and OCR website report	Cambria Solutions/Legal Advisor			
34 Prepare organization-specific plans/spreadsheets	Cambria Solutions/Legal Advisor			
35 - Practice level plan items should include:				
36 -- All relevant date(s)	Cambria Solutions			
37 -- Information packages completed	Cambria Solutions/Legal Advisor			
38 -- Information packages delivered to Cambria Solutions	Cambria Solutions			
39 -- Patient notifications completed	Cambria Solutions/Legal Advisor			
40 -- Patient notifications sent	Cambria Solutions/Legal Advisor			
41 -- AG reports filed	Cambria Solutions/Legal Advisor			
42 -- OCR reports filed	Cambria Solutions/Legal Advisor			
43 Communications				
44 Talking points for various channels	Cambria Solutions			
45 Internal audiences	Cambria Solutions			
46 External audiences	Cambria Solutions			
47 Remediation				
48 Cross-Organizational autopsy of breach incident	Cambria Solutions			
49 Internal remediation	Cambria Solutions			
50 Security policy update	Cambria Solutions			
51 Laptop encryption	Cambria Solutions			
52 Additional tools and training deployment	Cambria Solutions			

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4 APPENDIX A: WORK SAMPLES

The following work samples have been provided to the State to demonstrate our experience with IV&V deliverables.

- Sample IV&V Project Schedule
- Sample Status Meeting Agenda
- Sample Weekly Project Status Report Template
- Sample Weekly Project Status Report
- Sample Meeting Minutes Template
- Sample Meeting Minutes
- Sample Monthly Project Status Report Template
- Sample Monthly Project Status Report Template
- Sample Monthly Project Status Report
- Sample IAR Template
- Sample IAR Report
- Sample Conversion Comments Log
- Sample Assessment of MAGI Rules Functionality
- Sample Security Plan

4.3 SAMPLE IV&V PROJECT SCHEDULE

Task Name	Duration	Start	Finish	Resource Names
MS EMP IV&V Plan	357 days	Mon 2/2/15	Tue 6/14/16	
Project Initiation	4 days	Mon 3/30/15	Thu 4/2/15	
M: Contract Award	0 days	Wed 4/1/15	Wed 4/1/15	
Kick Off Meeting	4 days	Mon 3/30/15	Thu 4/2/15	
Project Planning	81 days	Mon 2/2/15	Mon 5/25/15	
Initial IV&V Plan	16 days	Mon 2/2/15	Mon 2/23/15	
Comprehensive IV&V Plan	39 days	Wed 4/1/15	Mon 5/25/15	
IV&V Work Plan	26 days	Wed 4/1/15	Wed 5/6/15	
Project Execution	357 days	Mon 2/2/15	Tue 6/14/16	
IV&V Assessment Report	271 days	Wed 4/1/15	Wed 4/13/16	
Initial IV&V Report	25 days	Wed 4/1/15	Tue 5/5/15	
Develop Initial IV&V Report	8 days	Wed 4/1/15	Fri 4/10/15	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin, Walter Butcher
Submit Initial IV&V Report to QA for Review	0 days	Fri 4/10/15	Fri 4/10/15	
QA Reviews Initial IV&V Report	1 day	Mon 4/13/15	Mon 4/13/15	Denny Reed, Walter Butcher
D: Submit IV&V Report to DOM for Review	0 days	Mon 4/13/15	Mon 4/13/15	
C: DOM Reviews Initial IV&V Report	8 days	Tue 4/14/15	Thu 4/23/15	DOM
Receive comments from DOM on Initial IV&V Report	0 days	Thu 4/23/15	Thu 4/23/15	
Update Initial IV&V Report per DOM comments	5 days	Fri 4/24/15	Thu 4/30/15	Blake Jeter
Deliver Final IV&V Report to DOM	0 days	Thu 4/30/15	Thu 4/30/15	
C: DOM Reviews Final IV&V Report	3 days	Fri 5/1/15	Tue 5/5/15	DOM
M: DOM Approves IV&V Report	0 days	Tue 5/5/15	Tue 5/5/15	
IV&V Submits Initial Report to CMS	0 days	Tue 5/5/15	Tue 5/5/15	Tony Franklin
May 2015 Monthly Independent Assessment Report (IAR)	31 days	Fri 5/1/15	Fri 6/12/15	
Develop May 2015 IAR	18 days	Fri 5/1/15	Tue 5/26/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Fri 5/1/15	Fri 5/1/15	Tony Franklin
Create Findings	15 days	Fri 5/1/15	Thu 5/21/15	LaChelle Heard, Blake Jeter, Denny Reed, Tony Franklin, Rich Cefola
Submit Findings to QA for Review	0 days	Tue 5/19/15	Tue 5/19/15	
Update Open Findings with May 2015 Status	3 days	Tue 5/19/15	Thu 5/21/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Thu 5/21/15	Thu 5/21/15	
Develop the Base IAR with May Information	2 days	Fri 5/22/15	Mon 5/25/15	Denny Reed, Blake Jeter, LaChelle Heard, Tony Franklin
Drop Findings into Base IAR	1 day	Tue 5/26/15	Tue 5/26/15	LaChelle Heard
Submit May 2015 IAR to QA for Review	0 days	Tue 5/26/15	Tue 5/26/15	
QA Reviews May 2015 IAR	2 days	Wed 5/27/15	Thu 5/28/15	Walter Butcher
D: Deliver May 2015 IAR to DOM for Review	0 days	Thu 5/28/15	Thu 5/28/15	
C: DOM Reviews May 2015 IAR	5 days	Fri 5/29/15	Thu 6/4/15	DOM
Receive comments from DOM on May 2015 IAR	0 days	Thu 6/4/15	Thu 6/4/15	
Update May 2015 IAR per DOM comments	3 days	Fri 6/5/15	Tue 6/9/15	Denny Reed
D: Deliver Final May 2015 IAR to DOM	0 days	Tue 6/9/15	Tue 6/9/15	
C: DOM Reviews Final May 2015 IAR	3 days	Wed 6/10/15	Fri 6/12/15	DOM

Task Name	Duration	Start	Finish	Resource Names
		6/10/15		
M: DOM Approves May 2015 IAR	0 days	Fri 6/12/15	Fri 6/12/15	
IV&V Submits May 2015 Report to CMS	0 days	Fri 6/12/15	Fri 6/12/15	
June 2015 Monthly Independent Assessment Report	31 days	Mon 6/1/15	Mon 7/13/15	
Develop June 2015 IAR	17 days	Mon 6/1/15	Tue 6/23/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Mon 6/1/15	Mon 6/1/15	Tony Franklin
Create Findings	15 days	Mon 6/1/15	Fri 6/19/15	LaChelle Heard,Blake Jeter,Denny Reed,Tony Franklin,Rich Cefola
Submit Findings to QA for Review	0 days	Wed 6/17/15	Wed 6/17/15	
Update Open Findings with June 2015 Status	1 day	Wed 6/17/15	Wed 6/17/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Wed 6/17/15	Wed 6/17/15	
Develop the Base IAR with June Information	2 days	Thu 6/18/15	Fri 6/19/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin
Drop Findings into Base IAR	2 days	Mon 6/22/15	Tue 6/23/15	LaChelle Heard
Submit June 2015 IAR to QA for Review	0 days	Tue 6/23/15	Tue 6/23/15	
QA Reviews June 2015 IAR	3 days	Wed 6/24/15	Fri 6/26/15	Walter Butcher
D: Deliver June 2015 IAR to DOM	0 days	Fri 6/26/15	Fri 6/26/15	
C: DOM Reviews June 2015 IAR	5 days	Mon 6/29/15	Fri 7/3/15	DOM
Receive comments from DOM on June 2015 IAR	0 days	Fri 7/3/15	Fri 7/3/15	
Update June 2015 IAR per DOM comments	3 days	Mon 7/6/15	Wed 7/8/15	Denny Reed
D: Deliver Final June 2015 IAR to DOM	0 days	Wed 7/8/15	Wed 7/8/15	
C: DOM Reviews Final June 2015 IAR	3 days	Thu 7/9/15	Mon 7/13/15	DOM
M: DOM Approves June 2015 IAR	0 days	Mon 7/13/15	Mon 7/13/15	
IV&V Submits June 2015 Report to CMS	0 days	Mon 7/13/15	Mon 7/13/15	
July 2015 Monthly Independent Assessment Report	34 days	Wed 7/1/15	Mon 8/17/15	
Develop July 2015 IAR	20 days	Wed 7/1/15	Tue 7/28/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Wed 7/1/15	Wed 7/1/15	Tony Franklin
Create Findings	15 days	Wed 7/1/15	Tue 7/21/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin,Rich Cefola
Submit Findings to QA for Review	0 days	Tue 7/21/15	Tue 7/21/15	
Update Open Findings with July 2015 Status	1 day	Wed 7/22/15	Wed 7/22/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Wed 7/22/15	Wed 7/22/15	
Develop the Base IAR with July Information	2 days	Thu 7/23/15	Fri 7/24/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin
Drop Findings into Base IAR	2 days	Mon 7/27/15	Tue 7/28/15	LaChelle Heard
Submit July 2015 IAR to QA for Review	0 days	Tue 7/28/15	Tue 7/28/15	
QA Reviews July 2015 IAR	3 days	Wed 7/29/15	Fri 7/31/15	Walter Butcher
D: Deliver July 2015 IAR to DOM	0 days	Fri 7/31/15	Fri 7/31/15	
C: DOM Reviews July 2015 IAR	5 days	Mon 8/3/15	Fri 8/7/15	DOM
Receive comments from DOM on July 2015 IAR	0 days	Fri 8/7/15	Fri 8/7/15	
Update July 2015 IAR per DOM comments	3 days	Mon 8/10/15	Wed 8/12/15	Denny Reed
D: Deliver Final July 2015 IAR to DOM	0 days	Wed 8/12/15	Wed 8/12/15	
C: DOM Reviews Final July 2015 IAR	3 days	Thu 8/13/15	Mon 8/17/15	DOM

Task Name	Duration	Start	Finish	Resource Names
M: DOM Approves July 2015 IAR	0 days	Mon 8/17/15	Mon 8/17/15	
IV&V Submits July 2015 Report to CMS	0 days	Mon 8/17/15	Mon 8/17/15	
August 2015 Monthly Independent Assessment Report	31 days	Mon 8/3/15	Mon 9/14/15	
Develop August 2015 IAR	.17 days	Mon 8/3/15	Tue 8/25/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Mon 8/3/15	Mon 8/3/15	Tony Franklin
Create Findings	15 days	Mon 8/3/15	Fri 8/21/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin,Rich Cefola
Submit Findings to QA for Review	0 days	Wed 8/19/15	Wed 8/19/15	
Update Open Findings with August 2015 Status	1 day	Wed 8/19/15	Wed 8/19/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Wed 8/19/15	Wed 8/19/15	
Develop the Base IAR with January Information	2 days	Thu 8/20/15	Fri 8/21/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin
Drop Findings into Base IAR	2 days	Mon 8/24/15	Tue 8/25/15	LaChelle Heard
Submit August 2015 IAR to QA for Review	0 days	Tue 8/25/15	Tue 8/25/15	
QA Reviews August 2015 IAR	3 days	Wed 8/26/15	Fri 8/28/15	Walter Butcher
D: Deliver August 2015 IAR to DOM	0 days	Fri 8/28/15	Fri 8/28/15	
C: DOM Reviews August 2015 IAR	5 days	Mon 8/31/15	Fri 9/4/15	DOM
Receive comments from DOM on August 2015 IAR	0 days	Fri 9/4/15	Fri 9/4/15	
Update August 2015 IAR per DOM comments	3 days	Mon 9/7/15	Wed 9/9/15	Denny Reed
D: Deliver Final August 2015 IAR to DOM	0 days	Wed 9/9/15	Wed 9/9/15	
C: DOM Reviews Final August 2015 IAR	3 days	Thu 9/10/15	Mon 9/14/15	DOM
M: DOM Approves August 2015 IAR	0 days	Mon 9/14/15	Mon 9/14/15	
IV&V Submits August 2015 Report to CMS	0 days	Mon 9/14/15	Mon 9/14/15	
September 2015 Monthly Independent Assessment Report	32 days	Tue 9/1/15	Wed 10/14/15	
Develop September 2015 IAR	18 days	Tue 9/1/15	Thu 9/24/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Tue 9/1/15	Tue 9/1/15	Tony Franklin
Create Findings	15 days	Tue 9/1/15	Mon 9/21/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin,Rich Cefola
Submit Findings to QA for Review	0 days	Fri 9/18/15	Fri 9/18/15	
Update Open Findings with September 2015 Status	1 day	Fri 9/18/15	Fri 9/18/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Fri 9/18/15	Fri 9/18/15	
Develop the Base IAR with September Information	2 days	Mon 9/21/15	Tue 9/22/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin
Drop Findings into Base IAR	2 days	Wed 9/23/15	Thu 9/24/15	LaChelle Heard
Submit September 2015 IAR to QA for Review	0 days	Thu 9/24/15	Thu 9/24/15	
QA Reviews September 2015 IAR	3 days	Fri 9/25/15	Tue 9/29/15	Walter Butcher
D: Deliver September 2015 IAR to DOM	0 days	Tue 9/29/15	Tue 9/29/15	
C: DOM Reviews September 2015 IAR	5 days	Wed 9/30/15	Tue 10/6/15	DOM
Receive comments from DOM on September 2015 IAR	0 days	Tue 10/6/15	Tue 10/6/15	
Update September 2015 IAR per DOM comments	3 days	Wed 10/7/15	Fri 10/9/15	Denny Reed
D: Deliver Final September 2015 IAR to DOM	0 days	Fri 10/9/15	Fri 10/9/15	
C: DOM Reviews Final September 2015 IAR	3 days	Mon	Wed	DOM

Task Name	Duration	Start	Finish	Resource Names
		10/12/15	10/14/15	
M: DOM Approves September 2015 IAR	0 days	Wed 10/14/15	Wed 10/14/15	
IV&V Submits September 2015 Report to CMS	0 days	Wed 10/14/15	Wed 10/14/15	
October 2015 Monthly Independent Assessment Report	31 days	Thu 10/1/15	Thu 11/12/15	
Develop October 2015 IAR	17 days	Thu 10/1/15	Fri 10/23/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Thu 10/1/15	Thu 10/1/15	Tony Franklin
Create Findings	15 days	Thu 10/1/15	Wed 10/21/15	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin, Rich Cefola
Submit Findings to QA for Review	0 days	Mon 10/19/15	Mon 10/19/15	
Update Open Findings with October 2015 Status	1 day	Mon 10/19/15	Mon 10/19/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Mon 10/19/15	Mon 10/19/15	
Develop the Base IAR with October Information	2 days	Tue 10/20/15	Wed 10/21/15	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin
Drop Findings into Base IAR	2 days	Thu 10/22/15	Fri 10/23/15	LaChelle Heard
Submit October 2015 IAR to QA for Review	0 days	Fri 10/23/15	Fri 10/23/15	
QA Reviews October 2015 IAR	3 days	Mon 10/26/15	Wed 10/28/15	Walter Butcher
D: Deliver October 2015 IAR to DOM	0 days	Wed 10/28/15	Wed 10/28/15	
C: DOM Reviews October 2015 IAR	5 days	Thu 10/29/15	Wed 11/4/15	DOM
Receive comments from DOM on October 2015 IAR	0 days	Wed 11/4/15	Wed 11/4/15	
Update October 2015 IAR per DOM comments	3 days	Thu 11/5/15	Mon 11/9/15	Denny Reed
D: Deliver Final October 2015 IAR to DOM	0 days	Mon 11/9/15	Mon 11/9/15	
C: DOM Reviews Final October 2015 IAR	3 days	Tue 11/10/15	Thu 11/12/15	DOM
M: DOM Approves October 2015 IAR	0 days	Thu 11/12/15	Thu 11/12/15	
IV&V Submits October 2015 Report to CMS	0 days	Thu 11/12/15	Thu 11/12/15	
November 2015 Monthly Independent Assessment Report	31 days	Mon 11/2/15	Mon 12/14/15	
Develop November 2015 IAR	17 days	Mon 11/2/15	Tue 11/24/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Mon 11/2/15	Mon 11/2/15	Tony Franklin
Create Findings	15 days	Mon 11/2/15	Fri 11/20/15	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin, Rich Cefola
Submit Findings to QA for Review	0 days	Wed 11/18/15	Wed 11/18/15	
Update Open Findings with November 2015 Status	1 day	Wed 11/18/15	Wed 11/18/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Wed 11/18/15	Wed 11/18/15	
Develop the Base IAR with November Information	2 days	Thu 11/19/15	Fri 11/20/15	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin
Drop Findings into Base IAR	2 days	Mon 11/23/15	Tue 11/24/15	LaChelle Heard

Task Name	Duration	Start	Finish	Resource Names
Submit November 2015 IAR to QA for Review	0 days	Tue 11/24/15	Tue 11/24/15	
QA Reviews November 2015 IAR	3 days	Wed 11/25/15	Fri 11/27/15	Walter Butcher
D: Deliver November 2015 IAR to DOM	0 days	Fri 11/27/15	Fri 11/27/15	
C: DOM Reviews November 2015 IAR	5 days	Mon 11/30/15	Fri 12/4/15	DOM
IAR Receive comments from DOM on November 2015	0 days	Fri 12/4/15	Fri 12/4/15	
Update November 2015 IAR per DOM comments	3 days	Mon 12/7/15	Wed 12/9/15	Denny Reed
D: Deliver Final November 2015 IAR to DOM	0 days	Wed 12/9/15	Wed 12/9/15	
C: DOM Reviews Final November 2015 IAR	3 days	Thu 12/10/15	Mon 12/14/15	DOM
M: DOM Approves November 2015 IAR	0 days	Mon 12/14/15	Mon 12/14/15	
IV&V Submits November 2015 Report to CMS	0 days	Mon 12/14/15	Mon 12/14/15	
December 2015 Monthly Independent Assessment Report	33 days	Tue 12/1/15	Thu 1/14/16	
Develop December 2015 IAR	19 days	Tue 12/1/15	Fri 12/25/15	
Create monthly schedule for IAR activities and make assignments	0.5 days	Tue 12/1/15	Tue 12/1/15	Tony Franklin
Create Findings	15 days	Tue 12/1/15	Mon 12/21/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin,Rich Cefola
Submit Findings to QA for Review	0 days	Mon 12/21/15	Mon 12/21/15	
Status Update Open Findings with December 2015	1 day	Mon 12/21/15	Mon 12/21/15	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Mon 12/21/15	Mon 12/21/15	
Develop the Base IAR with December Information	2 days	Tue 12/22/15	Wed 12/23/15	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin
Drop Findings into Base IAR	2 days	Thu 12/24/15	Fri 12/25/15	LaChelle Heard
Submit December 2015 IAR to QA for Review	0 days	Fri 12/25/15	Fri 12/25/15	
QA Reviews December 2015 IAR	3 days	Mon 12/28/15	Wed 12/30/15	Walter Butcher
D: Deliver December 2015 IAR to DOM	0 days	Wed 12/30/15	Wed 12/30/15	
C: DOM Reviews December 2015 IAR	5 days	Thu 12/31/15	Wed 1/6/16	DOM
IAR Receive comments from DOM on December 2015	0 days	Wed 1/6/16	Wed 1/6/16	
Update December 2015 IAR per DOM comments	3 days	Thu 1/7/16	Mon 1/11/16	Denny Reed
D: Deliver Final December 2015 IAR to DOM	0 days	Mon 1/11/16	Mon 1/11/16	
C: DOM Reviews Final December 2015 IAR	3 days	Tue 1/12/16	Thu 1/14/16	DOM
M: DOM Approves December 2015 IAR	0 days	Thu 1/14/16	Thu 1/14/16	
IV&V Submits December 2015 Report to CMS	0 days	Thu 1/14/16	Thu 1/14/16	
January 2016 Monthly Independent Assessment Report	30 days	Mon 1/4/16	Fri 2/12/16	
Develop January 2016 IAR	16 days	Mon 1/4/16	Mon 1/25/16	
Create monthly schedule for IAR activities and make assignments	0.5 days	Mon 1/4/16	Mon 1/4/16	Tony Franklin
Create Findings	15 days	Mon 1/4/16	Fri 1/22/16	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin,Rich Cefola

Task Name	Duration	Start	Finish	Resource Names
Submit Findings to QA for Review	0 days	Tue 1/19/16	Tue 1/19/16	
Update Open Findings with January 2016 Status	1 day	Tue 1/19/16	Tue 1/19/16	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Tue 1/19/16	Tue 1/19/16	
Develop the Base IAR with January Information	2 days	Wed 1/20/16	Thu 1/21/16	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin
Drop Findings into Base IAR	2 days	Fri 1/22/16	Mon 1/25/16	LaChelle Heard
QA Reviews January 2016 IAR	3 days	Tue 1/26/16	Thu 1/28/16	Walter Butcher
D: Deliver January 2016 IAR to DOM	0 days	Thu 1/28/16	Thu 1/28/16	
C: DOM Reviews January 2016 IAR	5 days	Fri 1/29/16	Thu 2/4/16	DOM
Receive comments from DOM on January 2016 IAR	0 days	Thu 2/4/16	Thu 2/4/16	
Update January 2016 IAR per DOM comments	3 days	Fri 2/5/16	Tue 2/9/16	Denny Reed
D: Deliver Final January 2016 IAR to DOM	0 days	Tue 2/9/16	Tue 2/9/16	
C: DOM Reviews Final January 2016 IAR	3 days	Wed 2/10/16	Fri 2/12/16	DOM
M: DOM Approves January 2016 IAR	0 days	Fri 2/12/16	Fri 2/12/16	
IV&V Submits January 2016 Report to CMS	0 days	Fri 2/12/16	Fri 2/12/16	
February 2016 Monthly Independent Assessment Report	32 days	Mon 2/1/16	Tue 3/15/16	
Develop February 2016 IAR	18 days	Mon 2/1/16	Wed 2/24/16	
Create monthly schedule for IAR activities and make assignments	0.5 days	Mon 2/1/16	Mon 2/1/16	Tony Franklin
Create Findings	15 days	Mon 2/1/16	Fri 2/19/16	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin, Rich Cefola
Submit Findings to QA for Review	0 days	Thu 2/18/16	Thu 2/18/16	
Update Open Findings with February 2016 Status	1 day	Thu 2/18/16	Thu 2/18/16	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Thu 2/18/16	Thu 2/18/16	
Develop the Base IAR with February Information	2 days	Fri 2/19/16	Mon 2/22/16	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin
Drop Findings into Base IAR	2 days	Tue 2/23/16	Wed 2/24/16	LaChelle Heard
QA Reviews February 2016 IAR	3 days	Thu 2/25/16	Mon 2/29/16	Walter Butcher
D: Deliver February 2016 IAR to DOM	0 days	Mon 2/29/16	Mon 2/29/16	
C: DOM Reviews February 2016 IAR	5 days	Tue 3/1/16	Mon 3/7/16	DOM
Receive comments from DOM on February 2016 IAR	0 days	Mon 3/7/16	Mon 3/7/16	
Update February 2016 IAR per DOM comments	3 days	Tue 3/8/16	Thu 3/10/16	Denny Reed
D: Deliver Final February 2016 IAR to DOM	0 days	Thu 3/10/16	Thu 3/10/16	
C: DOM Reviews Final February 2016 IAR	3 days	Fri 3/11/16	Tue 3/15/16	DOM
M: DOM Approves February 2016 IAR	0 days	Tue 3/15/16	Tue 3/15/16	
IV&V Submits February 2016 Report to CMS	0 days	Tue 3/15/16	Tue 3/15/16	
March 2016 Monthly Independent Assessment Report	32 days	Tue 3/1/16	Wed 4/13/16	
Develop March 2016 IAR	18 days	Tue 3/1/16	Thu 3/24/16	
Create monthly schedule for IAR activities and make assignments	0.5 days	Tue 3/1/16	Tue 3/1/16	Tony Franklin
Create Findings	15 days	Tue 3/1/16	Mon 3/21/16	Blake Jeter, Denny Reed, LaChelle Heard, Tony Franklin, Rich Cefola
Submit Findings to QA for Review	0 days	Fri 3/18/16	Fri 3/18/16	
Update Open Findings with March 2016 Status	1 day	Fri 3/18/16	Fri 3/18/16	LaChelle Heard
Submit status updates on previous findings to QA for Review	0 days	Fri 3/18/16	Fri 3/18/16	

Task Name	Duration	Start	Finish	Resource Names
Develop the Base IAR with March Information	2 days	Mon 3/21/16	Tue 3/22/16	Blake Jeter,Denny Reed,LaChelle Heard,Tony Franklin
Drop Findings into Base IAR	2 days	Wed 3/23/16	Thu 3/24/16	LaChelle Heard
QA Reviews March 2016 IAR	3 days	Fri 3/25/16	Tue 3/29/16	Walter Butcher
D: Deliver March 2016 IAR to DOM	0 days	Tue 3/29/16	Tue 3/29/16	
C: DOM Reviews March 2016 IAR	5 days	Wed 3/30/16	Tue 4/5/16	DOM
Receive comments from DOM on March 2016 IAR	0 days	Tue 4/5/16	Tue 4/5/16	
Update March 2016 IAR per DOM comments	3 days	Wed 4/6/16	Fri 4/8/16	Denny Reed
D: Deliver Final March 2016 IAR to DOM	0 days	Fri 4/8/16	Fri 4/8/16	
C: DOM Reviews Final March 2016 IAR	3 days	Mon 4/11/16	Wed 4/13/16	DOM
M: DOM Approves March 2016 IAR	0 days	Wed 4/13/16	Wed 4/13/16	
IV&V Submits March 2016 Report to CMS	0 days	Wed 4/13/16	Wed 4/13/16	
CMS Required Reviews	297 days	Mon 2/2/15	Tue 3/22/16	
Phase 2: ABD Implementation	214 days	Mon 4/6/15	Thu 1/28/16	
Phase 3: Web Portal Implementation	305 days	Wed 4/15/15	Tue 6/14/16	
Project Control	261 days	Tue 3/31/15	Tue 3/29/16	
Attend Weekly All-StateSOTA Calls	259 days	Tue 3/31/15	Fri 3/25/16	
Attend Bi-Weekly CMS E&E Calls	259 days	Tue 3/31/15	Fri 3/25/16	
Attend Weekly Status Meetings with Vendors	256 days	Fri 4/3/15	Fri 3/25/16	
Create Monthly Status Reports	244 days	Mon 4/6/15	Thu 3/10/16	
Work Plan Updates	255 days	Mon 4/6/15	Fri 3/25/16	
Ongoing Risk and Issue Management	242 days	Mon 4/27/15	Tue 3/29/16	
Project Close	7 days	Mon 4/11/16	Tue 4/19/16	
Create Final Checklist and Close Out	7 days	Mon 4/11/16	Tue 4/19/16	
Project Lessons Learned	3.5 days	Tue 4/12/16	Fri 4/15/16	
Monthly Deliverables Summary	330 days	Mon 2/23/15	Mon 5/30/16	
April 2015	47 days	Mon 2/23/15	Wed 4/29/15	
D1 - Initial IV&V Plan (part of the Proposal)	0 days	Mon 2/23/15	Mon 2/23/15	
D2 - Comprehensive IV&V Plan	0 days	Tue 4/14/15	Tue 4/14/15	
D3 - IV&V Workplan	0 days	Tue 4/21/15	Tue 4/21/15	
D4 - Initial IV&V Report	0 days	Mon 4/13/15	Mon 4/13/15	
D8 - Initial Review and Recommendations on Risks and Issues	0 days	Tue 4/28/15	Tue 4/28/15	
D8 - Web Portal Requirements for RFP	0 days	Thu 4/23/15	Thu 4/23/15	
D6: Review and Approve ABD RAD	0 days	Wed 4/29/15	Wed 4/29/15	
May 2015	2 days	Tue 5/26/15	Thu 5/28/15	
D5 - IAR May 2015	0 days	Thu 5/28/15	Thu 5/28/15	
D8 - Review and Recommendations on Risks and Issues - May 2015	0 days	Tue 5/26/15	Tue 5/26/15	
D6 - Review and Approve ABD RAD RTM	0 days	Tue 5/26/15	Tue 5/26/15	
June 2015	3 days	Tue 6/23/15	Fri 6/26/15	
D5 - IAR June 2015	0 days	Fri 6/26/15	Fri 6/26/15	
D8 - Review and Recommendations on Risks and Issues - June 2015	0 days	Tue 6/23/15	Tue 6/23/15	
July 2015	3 days	Tue 7/28/15	Fri 7/31/15	
D5 - IAR July 2015	0 days	Fri 7/31/15	Fri 7/31/15	

Task Name	Duration	Start	Finish	Resource Names
D8 - Review and Recommendations on Risks and Issues - July 2015	0 days	Tue 7/28/15	Tue 7/28/15	
August 2015	13 days	Wed 8/12/15	Mon 8/31/15	
D5 - IAR August 2015	0 days	Fri 8/28/15	Fri 8/28/15	
D8 - Review and Recommendations on Risks and Issues - August 2015	0 days	Tue 8/25/15	Tue 8/25/15	
D6 - Review and Approve ABD TDD	0 days	Mon 8/17/15	Mon 8/17/15	
D6 - Review and Approve ABD Sprint Schedule	0 days	Wed 8/12/15	Wed 8/12/15	
D6 - Review and Approve ABD System Test Case - Sprint 1	0 days	Mon 8/31/15	Mon 8/31/15	
September 2015	11 days	Mon 9/14/15	Tue 9/29/15	
D5 - IAR September 2015	0 days	Tue 9/29/15	Tue 9/29/15	
D8 - Review and Recommendations on Risks and Issues - September 2015	0 days	Tue 9/29/15	Tue 9/29/15	
D6 - Review and Approve ABD Conversion Plan	0 days	Mon 9/14/15	Mon 9/14/15	
D6 - Review and Approve ABD TDD RTM	0 days	Wed 9/23/15	Wed 9/23/15	
D6 - Review and Approve ABD System Test Case - Sprint 1 RTM	0 days	Mon 9/14/15	Mon 9/14/15	
October 2015	11 days	Tue 10/13/15	Wed 10/28/15	
D5 - IAR October 2015	0 days	Wed 10/28/15	Wed 10/28/15	
D8 - Review and Recommendations on Risks and Issues - October 2015	0 days	Tue 10/27/15	Tue 10/27/15	
D6 - Review and Approve Web Portal RAD	0 days	Wed 10/21/15	Wed 10/21/15	
D6 - Review and Approve ABD System Test Results - Sprint 1	0 days	Tue 10/13/15	Tue 10/13/15	
November 2015	20 days	Wed 11/4/15	Wed 12/2/15	
D5 - IAR November 2015	0 days	Fri 11/27/15	Fri 11/27/15	
D8 - Review and Recommendations on Risks and Issues - November 2015	0 days	Tue 11/24/15	Tue 11/24/15	
D6 - Review and Approve ABD Conversion	0 days	Wed 11/25/15	Wed 11/25/15	
D6 - Review and Approve Web Portal RAD RTM	0 days	Wed 11/4/15	Wed 11/4/15	
D6 - Recommendations to Exit ABD UAT	0 days	Thu 11/26/15	Thu 11/26/15	
D6 - Review and Approve ABD User Manual	0 days	Mon 11/23/15	Mon 11/23/15	
D6 - Participate in ABD Operational Readiness Test (ORT)	0 days	Tue 12/1/15	Tue 12/1/15	
D6 - ABD Go Live	0 days	Wed 12/2/15	Wed 12/2/15	
December 2015	25.33 days	Wed 12/2/15	Thu 1/7/16	
D5 - IAR December 2015	0 days	Wed 12/30/15	Wed 12/30/15	
D8 - Review and Recommendations on Risks and Issues -December 2015	0 days	Tue 12/29/15	Tue 12/29/15	
D6 - Review and Approve Web Portal TDD	0 days	Wed 12/2/15	Wed 12/2/15	
D6 - Review and Approve Web Portal TDD RTM	0 days	Fri 12/25/15	Fri 12/25/15	
D6 - Review and Approve Final ABD RTM	0 days	Fri 12/18/15	Fri 12/18/15	
D7 - Submit Final Phase 2 (ABD) Assessment Report	0 days	Thu 1/7/16	Thu 1/7/16	
January 2016	11 days	Wed 1/7/16	Thu 1/28/16	

Task Name	Duration	Start	Finish	Resource Names
		1/13/16		
D5 - IAR January 2016	0 days	Thu 1/28/16	Thu 1/28/16	
D8 - Review and Recommendations on Risks and Issues - January 2016	0 days	Tue 1/26/16	Tue 1/26/16	
D6 - Review and Approve Web Portal Sprint Schedule	0 days	Wed 1/13/16	Wed 1/13/16	
D6 - Review and Approve Web Portal System Test Cases - Sprint 1	0 days	Thu 1/28/16	Thu 1/28/16	
D6 - Review and Approved ABD Systems Documentation	0 days	Thu 1/28/16	Thu 1/28/16	
February 2016	11 days	Fri 2/12/16	Mon 2/29/16	
D5 - IAR February 2016	0 days	Mon 2/29/16	Mon 2/29/16	
D8 - Review and Recommendations on Risks and Issues - February 2016	0 days	Tue 2/23/16	Tue 2/23/16	
D6 - Review and Approve Web Portal System Test Cases RTM - Sprint 1	0 days	Fri 2/12/16	Fri 2/12/16	
D6 - Review and Approve Web Portal System Test Results - Sprint 1	0 days	Thu 2/25/16	Thu 2/25/16	
March 2016	6 days	Mon 3/21/16	Tue 3/29/16	
D5 - IAR March 2016	0 days	Tue 3/29/16	Tue 3/29/16	
D8 - Review and Recommendations on Risks and Issues - March 2016	0 days	Tue 3/29/16	Tue 3/29/16	
D6 - Recommendations to Exit Web Portal UAT	0 days	Mon 3/21/16	Mon 3/21/16	
D6 - Web Portal Go Live	0 days	Thu 3/24/16	Thu 3/24/16	
Deliverables after Base Contract Year	17 days	Thu 5/5/16	Mon 5/30/16	
May 2016	17 days	Thu 5/5/16	Mon 5/30/16	

4.4 SAMPLE STATUS MEETING AGENDA

Agenda

AGENDA	MS DOM ELIGIBILITY PERM MEETING		
	12/02/2014 10:00 A.M. ITECH CONFERENCE ROOM		
Facilitator:	Tony Franklin		
Invitees:	<ul style="list-style-type: none"> ➤ Stephen ➤ Stephanie ➤ Brad ➤ Janis 	<ul style="list-style-type: none"> ➤ Tony ➤ La Chelle ➤ Blake 	
Meeting Objectives:	<ul style="list-style-type: none"> ➤ Determine types of test cases to use for PERM testing Round 2. 		
ID	DESCRIPTION	FACILITATOR	DURATION
1	Round 2 test cases -	Janis	15 mins.
2	Adult Expansion	Janis	5 mins.
3	Test Environment – must tell CMS which environment used	Stephen	5 mins.
4	Test case entry designee	Stephanie	5 mins.
5	Test case data reviewer	Janis	5 mins.
6	IVV attestation	Tony	15 mins.

Key Decisions

ID	DESCRIPTION
1	No adult expansion in the test

Action Items

ID	DESCRIPTION	ASSIGNED TO
1	Test Environment Setup	Stephanie

Key Risks and Issues

ID	DESCRIPTION	ASSIGNED TO

4.5 SAMPLE WEEKLY PROJECT STATUS REPORT TEMPLATE

DOCUMENT INFORMATION	
Time Period:	Report Date: mm/dd/yyyy
Prepared by:	Provided to:

Overall Project Summary

DELIVERABLES	BUDGET	SCHEDULE	RESOURCE

Green = On track **Yellow = Cautionary (variance of +/- 5%)** **Red = Warning (variance of +/- 10%)**

[Shade the cells as appropriate] This section of the project status report provides a quick executive overview of the status of the project. It is intended for high-level management so it should not get too much into the details of the project. However, it should highlight anything specific which should be brought to their attention.

The scope/schedule/cost/quality table is a quick way to present a color coded dashboard for the status report. For a project that needs tighter control +/- 2% and +/- 5% are used for these thresholds; whereas, other projects with less strict control may use 10% and 20% variances.

Milestones/Tasks

This section is a quick table which shows the status of the project milestones and deliverables.

ID	MILESTONE/TASK NAME	START		FINISH		% COMPLETE	STATUS
		PLANNED	ACTUAL	PLANNED	ACTUAL		
1							
2							
3							

Green = On track

Yellow = date at risk or changed

Red = impacts end date

Key Deliverables

Key Deliverables – quick table which shows the status of key deliverables. The planned start and actual finish date and a revised finish date for the deliverable.

ID	KEY DELIVERABLE	PLANNED		REVISED	STATUS
		START	FINISH	FINISH	
1					
2					

Project Meetings and Activities

Meetings Attended – list of meetings attended since previous status report submission. An assessment of each completed meeting and any recommendations for improvement.

ID	MEETINGS ATTENDED	DATE	ASSESSMENT	RECOMMENDATION
1				
2				

Planned Project Meetings – list of meetings IV&V plans to attend.

ID	PLANNED PROJECT MEETINGS	DATE
1		
2		

Other Activities Attended – list any other project related activities such as training.

ID	OTHER ACTIVITIES ATTENDED	DATE
1		
2		

IV&V Schedule at a Glance

Last Week’s Accomplishments - In this section you should provide a highlight of work performed and deliverables/milestones met during the past week.

ID	LAST WEEK'S ACCOMPLISHMENTS	DATE COMPLETED	OWNER/LEAD
1			
2			

Activities Planned for Next Week - Provide an overview of the work being performed during the next week and any milestones or deliverables you expect to meet.

ID	ACTIVITIES PLANNED FOR NEXT WEEK	DATE PLANNED	OWNER/LEAD
1			
2			

Risks, Issues and Opportunities

Risks, Issues and Opportunities – list of open risks (risks which have occurred {issues}, or are on the verge of occurring) and opportunities.

ID	DESCRIPTION	PRIORITY (H, M, L)	ASSIGNED To	STATUS
1				
2				

Critical Incidents

Critical Incidents – event that impacts the project by delaying or stopping any phase of the project for a set number of hours or days as defined by the client. Also list the proposed action plan for each critical incident.

ID	CRITICAL INCIDENT	IMPACT	PROPOSED ACTION PLAN
1			
2			

Action Items

This section should provide a list of action items that must be monitored/addressed.

ID	ITEM	PRIORITY (HIGH (H), MEDIUM (M), Low(L))	ASSIGNED TO	DUE DATE	STATUS
1					
2					

Items for Discussion

This section provides for capturing any general items not categorized in the deliverables/milestones, risks/issues, activities, action items listed above.

ID	ITEM	NOTES	OPENED DATE
1			
2			

4.6 SAMPLE WEEKLY PROJECT STATUS REPORT

DOCUMENT INFORMATION	
Time Period: 4/14-4/20	Report Date: 4/20/16
Prepared by: Justin K	Provided to: Phase 0 Project Team

Overall Project Summary

DELIVERABLES	BUDGET	SCHEDULE	RESOURCE

Green = On track **Yellow** = Cautionary (variance of +/- 5%) **Red** = Warning (variance of +/- 10%)

Milestones/Tasks

ID	MILESTONE/TASK NAME	START		FINISH		% COMPLETE	STATUS
		PLANNED	ACTUAL	PLANNED	ACTUAL		
1	Initiate Phase 0	3/29	3/29	4/12	4/12	100	
2	Solidify Deliverables	4/8		4/18	4/25	70	Altered Timeline
3	Develop Logistics Plan	Pending dependency		Pending dependency			Not Started
4	Develop Resource Plan	4/5	4/5	4/22		20	On Hold
5	Develop Kick-off and Internal Communication Plan	4/22		4/25		20	
6	Executive Review	4/25		4/29			Not Started
7	Begin Phase 1	5/2					Not Started

Green = On track **Yellow** = Date at risk or changed **Red** = Impacts end date

Schedule at a Glance

ID	LAST WEEK'S ACCOMPLISHMENTS	DATE COMPLETED	OWNER/LEAD
1	Submitted All Available Deliverables to Q/A Review	4/15	Justin K
2	Reviewed Tech Deliverables with SAG	4/15	Justin K
3	Reviewed Issue Management Plan (Q/A notes)	4/15	Justin K
1	Continued Q/A of Deliverables	4/13	Justin K

ID	LAST WEEK'S ACCOMPLISHMENTS	DATE COMPLETED	OWNER/LEAD
2	Collaboration with SAG on Configuration Plan	Ongoing	
3	Continued response to Q/A reviews for Deliverables	Ongoing	
4	Development of Kick Off Decks	Ongoing	

Risks and Issues

ID	DESCRIPTION	PRIORITY (H, M, L)	ASSIGNED TO	STATUS

Action Items: High & Medium

ID	ITEM	PRIORITY (H, M, L)	ASSIGNED TO	DUE DATE	STATUS
30	Circle back with SAG.	H	Justin	4/19	Closed
31	SAG to provide matrix mapping of SAG's output with Phase 1 required deliverables.	H	Mark C/Julie R	4/20	Closed
32	SAG will provide the configuration plan; Justin to circle back with SAG.	H	Justin	4/20	Closed
33	Switch Daily a.m. meetings to Tues and Thurs. Next meeting will be 4/21/2016.	M	Justin	4/18	Closed
34	Need to have a stand up plan to full operation, drop in a folder.	H	Justin	4/21	Open
35	Justin will handle QA comments and handle results in Thursday's daily a.m. meeting.	M	Justin	4/21	Open
36	Need burn down list on the status report.	H	Justin	4/21	Open

Items for Discussion

ID	ITEM	NOTES	OPENED DATE
1	Project Log/Issue Resolution Plan		
2	Q/A Review Cycle (minimal feedback)		
3	Burn Down List		

4.7 SAMPLE MEETING MINUTES TEMPLATE

MINUTES	[PROJECT NAME]	[DATE]	[TIME]
Facilitator:	[Name of person leading the meeting]		
Invitees:	[Names of people invited to participate]		
Meeting Objectives:	[Goals and Objectives of the meeting]		

Minutes

ID	DESCRIPTION
[Item #]	[Copy Descriptions from the Agenda] <ul style="list-style-type: none"> ➤ [Record discussion of agenda topic]
[Item #]	[Copy Descriptions from the Agenda] <ul style="list-style-type: none"> ➤ [Record discussion of agenda topic]
[Item #]	[Copy Descriptions from the Agenda] <ul style="list-style-type: none"> ➤ [Record discussion of agenda topic]
[Item #]	[Copy Descriptions from the Agenda] <ul style="list-style-type: none"> ➤ [Record discussion of agenda topic]
[Item #]	[Copy Descriptions from the Agenda] <ul style="list-style-type: none"> ➤ [Record discussion of agenda topic]
[Item #]	[Copy Descriptions from the Agenda] <ul style="list-style-type: none"> ➤ [Record discussion of agenda topic]

Key Decisions

ID	DESCRIPTION
[Item #]	[Detailed description of any key decisions in the meeting]
[Item #]	[Detailed description of any key decisions in the meeting]

Schedule Review

Work Completed <ul style="list-style-type: none"> ➤ [Activities completed since last meeting]
Planned Work for the Next [Insert Time Frame (e.g. Week; Month)] <ul style="list-style-type: none"> ➤ [Activities to be completed within the next time period]

New Action Items

ID	DESCRIPTION	ASSIGNED TO	DUE DATE
[Item #]	[Detailed description of new action items]	[Individual(s) assigned to each item]	[mm/dd/yy]
[Item #]	[Detailed description of new action items]	[Individual(s) assigned to each item]	[mm/dd/yy]

Risk and Issue Management

ID	DESCRIPTION	ASSIGNED TO
[Item #]	[Risks or Issues identified in the meeting]	[Individual(s) assessing risk or issue]

Next Meeting

Date:	Time:
Location:	Facilitator:
Objectives: >	

4.8 SAMPLE MEETING MINUTES

Meeting Minutes	<h3>Performance Measurement and Data Analytics Training Program Meeting</h3> <p style="text-align: right;">Date: February 26, 2015 Time: 1:00-2:00 Location: Room 71.6014</p>
Facilitator: Samantha	
Invitees:	
<ul style="list-style-type: none"> ➤ Samantha ➤ La Chelle ➤ Lianne 	<ul style="list-style-type: none"> ➤ Edith ➤ Ron ➤ Angelique
Meeting Objectives: Module 1 session	

Agenda

#	DESCRIPTION	DURATION
Module 1- SMART Performance Measures	<ul style="list-style-type: none"> ➤ What comes before SMART Performance Measures? <ul style="list-style-type: none"> ➤ Refer to MITA as Federal Standard we're trying to move to higher levels of MITA maturity. ➤ Try to get them to see their business process and the current level of maturity in MITA ➤ In relation to other states? <ul style="list-style-type: none"> ➤ Maybe considered but not to give too much time to it ➤ Why am I in this training? Why am I here? <ul style="list-style-type: none"> ➤ In current project, be more efficient, think more globally ➤ Using the performance measure, more general, listing them ➤ Make more specific to a task ➤ MITA is new term and concept ➤ SMART Goal Setting vs Performance Measures <ul style="list-style-type: none"> ➤ A lot of focus on the Specific criteria – have the participant make it personal to engage the participant ➤ Start with overview with some MITA, SMART training, close training, MITA ➤ How to connect it to the bigger picture 	

#	DESCRIPTION	DURATION
Publication and distribution	<ul style="list-style-type: none"> ➤ Office of Legal Services review needed? <ul style="list-style-type: none"> ➤ Privacy issues ➤ Information security office needed? Quality Assurance review? When needed? <ul style="list-style-type: none"> ➤ Has privacy office signed off, Approval form, contract agreement, legal protection for sharing info, how is data being shared / transferred? ➤ The ISO internet page has forms needed ➤ Things wish people would do to avoid rejects? <ul style="list-style-type: none"> ➤ Follow the guidelines, PAR (???) guidelines ➤ Availability to access online documents. <ul style="list-style-type: none"> ➤ Is there a web page focused on publication and distribution Health publication portal? ➤ The internet has internal form ➤ OSHMAN forms created for open data portal. Has department communicated need to publish to open data portal? <ul style="list-style-type: none"> ➤ In the hands of Dr. S right now, meeting with specific program areas, what they would want on the portal, and the forms needed to publish ➤ Criteria for publishing to Open data portal. <ul style="list-style-type: none"> ➤ Edith to follow – up ➤ Cambria’s document or PAR guideline? PowerPoint format? <ul style="list-style-type: none"> ➤ Adriana will get answer from Dr. S, respond back by EOD Friday ➤ How to use data dictionary example sent to Cambria? <ul style="list-style-type: none"> ➤ Another doc is the DRC data elements document on the intranet ➤ Angelique will forward to Cambria ➤ How to incorporate? How to build a data dictionary? 	

Key Decisions

ID	DESCRIPTION
[Item #]	[Detailed description of any key decisions in the meeting.]

Schedule Review

Work Completed ➤ [Activities completed since last meeting]
Planned Work for the Next [Insert Time Frame (e.g. Week; Month)] ➤ [Activities to be completed within the next time period]

New Action Items

ID	DESCRIPTION	ASSIGNED TO
[Item #]	[Detailed description of new action items]	[Individual(s) assigned to each item]

Risk and Issue Management

ID	DESCRIPTION	ASSIGNED TO
[Item #]	[Risks and/or issues identified in the meeting]	[Individual(s) assessing risk or issue]

Next Meeting

DATE: MARCH 12, 2015	TIME: 1 – 2 P.M. PDT
Location: Room 71.6014 Sequoia (Director)	Facilitator:
Objective(s): Module 1 review	

4.9 SAMPLE MONTHLY PROJECT STATUS REPORT TEMPLATE

Monthly Status Report

Overall Status		G	
Project:	Project Name	Reporting Period:	mm/dd/yyyy - mm/dd/yyyy
		Planned Finish:	mm/dd/yyyy
Total Contract Value	\$999,999.99	Expended to Date	\$999,999.99
		Remaining Contract Value	\$999,999.99

Accomplishments This Period
[In this section you should provide a highlight of work performed and deliverables/milestones completed, deliverables reviewed, deliverables submitted, meetings attended, and other project related activities.]

Planned Activities for Next Period
[In this section you should provide an overview of the work being performed during the next month and any milestones or deliverables expected to complete.]

Schedule				
Overall Schedule Status				G
ABD	Start Date	Due Date	% Comp	Status
TBD				
[This section should provide the status of high level tasks/milestones.]				

Risks/Issues		
Overall Risk/Issue Status		G
Risk/Issue	Due Date	Status
[This section should provide a list of open risks (risks which have occurred {issues}), or are on the verge of occurring) and opportunities.]		

Action Items			
Item	Due Date	Owner	Status
[This section should provide a list of action items that must be monitored/addressed.]			

Items for Discussion		
Item	Notes	Opened Date
[This section provides for capturing any general items not categorized in the deliverables/milestones, risks/issues, activities, action items listed above.]		

4.10 SAMPLE MONTHLY PROJECT STATUS REPORT

Status Report

Overall Status				
Y*				
Project:	MEDS Modernization Project—IV&V Services		Reporting Period:	12/1/14 - 12/31/14
			Planned Finish:	12/31/14
Total Contract Value	\$649,140.00	Expended to Date	\$ 649,140.00	Remaining Contract Value \$0

* The Project is currently on track to the current schedule. However, as a whole the project is a year behind

Accomplishments This Period	Planned Activities for Next Period
<ol style="list-style-type: none"> 1. IV&V Project Plan, Library, and Status Reports <ul style="list-style-type: none"> • Maintained Project Library 2. IV&V Document Review and Assessment <ul style="list-style-type: none"> • Reviewed Change Control Log, Risks & Issues Log, Decisions Log; • Reviewed Full System Test Results Package; and • Reviewed the Requirements Traceability Matrix (RTM) update. 3. Unit and System Testing IV&V <ul style="list-style-type: none"> • Monitored System Testing for VLP Steps 2 & 3; and • Reviewed System Testing Statistics and Defect Remediation. 4. UAT Preparation, Verification, and Validation <ul style="list-style-type: none"> • Executed a representative set of test cases for Full MAGI UAT from 12/1 to 12/10; • Lead UAT testing for "time travel" testing and assisted in interfaces testing; and • Participated in defect consolidation activities and daily UAT Status Meetings. 5. IV&V Assessment Reports <ul style="list-style-type: none"> • Delivered November IAR; and • Delivered December IAR. 6. Miscellaneous <ul style="list-style-type: none"> • Participated in Daily Briefings with the Regional Offices after implementation; • Conducted PERM Testing and completed attestation to CMS; • Attested to VLP Steps 2 & 3 successful test completion to CMS; and • Conducted Project Wrap-Up activities. 	<p>No activities planned for January, 2015 due to the end of the contract.</p>

Schedule				
Overall Schedule Status				G
Full MAGI	Start Date	Due Date	% Comp	Status
1. Load Conversion Data to Sys Test	08/13/14	09/24/14	100%	G
2. Perform System Test 1	09/04/14	09/18/14	100%	G
3. Perform System Test 2	09/30/14	10/14/14	100%	G
4. 508 Compliance Testing	09/04/14	10/15/14	100%	G
5. Security Testing	09/04/14	10/15/14	100%	G
6. Performance Testing	09/04/14	10/15/14	100%	G
7. Regression Testing	10/20/14	11/03/14	100%	G
8. UAT Test 1	11/07/14	11/17/14	100%	G
9. UAT Test 2	11/18/14	11/24/14	100%	G
10. Go Live	12/15/14	12/15/14	100%	G

Risks/Issues		
Overall Risk/Issue Status		Y
Risk/Issue	Due Date	Status
1. End of Year Risks to Project Schedule	01/01/15	On-going risk mitigation is needed for multiple external risks at the end of the year
2. Account Transfer Defects & Loading	01/01/15	Defects continue to hamper the loading of account transfers
3. Lack of ABD Project Plan	01/01/15	Planning still needs to occur for schedule, governance, and next steps for ABD
4. Continued defect increases at post-implementation	02/01/15	An over 200% increase in defects since implementation can negatively impact processing

Action Items			
Item	Due Date	Owner	Status

Items for Discussion		
Item	Notes	Opened Date

4.11 SAMPLE IAR TEMPLATE

4.11.1 EXECUTIVE SUMMARY

Please note that the following section is a template and all comments and instructions in GRAY and/or with brackets [] should be removed or replaced before finalization.

The following IV&V Assessment Report (IAR) describes Cambria’s Independent Verification and Validation (IV&V) review of the [project] project for the month of [month year]. The primary objective of the IV&V is to provide an unbiased assessment of the project deliverables and system, project processes and performance, and accountabilities of the project team, sponsors, and stakeholders. The IV&V is expected to facilitate early detection and correction of errors, enhance management insight into risks, and help ensure compliance with project and Center for Medicare and Medicaid Services (CMS) standards. The Executive Summary describes the project health, status of findings and recommendations, and a status on the current phase of the [project].

4.11.1.1 OVERALL PROJECT HEALTH

Exhibit 1 shows the overall health of the project and Appendix B contains the legend and criteria for the indicators shown.

The overall project health of the [project] as of [xxxxx x, xxxx] is:

Exhibit 106. Overall Project Health

CATEGORY	INDICATOR	STATUS
Scope		
Schedule		
Design, Testing & Implementation		
Cost		
Staffing		
Quality		

4.11.1.2 STATUS OF CURRENT AND NEW FINDINGS

After review of the [project] through [previous month and year], the IV&V found the following new findings:

The data in Exhibit 2 comes from the Findings and Recommendations log.

Exhibit 107. New Findings in [current month and year]

ID	TITLE	DESCRIPTIONS

Throughout [current month], the System Integrator and the State addressed findings from [month] and previous months.

The Exhibit 3 displays the high level status for outstanding findings and their associated trend.

[The information in the below table is from the Findings and Recommendation log. In some cases there is no change for the month.]

Exhibit 108. Outstanding Findings

ID	TITLE	STATUS	TREND

All findings and recommendations are described in detail in Section 10 and all descriptions of trends and indicators are found in Appendix B.

4.11.1.3 RISKS/ISSUES

Exhibits 4-6 provide a list of open risks (risks which have occurred (issues), or are on the verge of occurring) and opportunities.

Exhibit 109. Risks

ID	RISK	STATUS	RECOMMENDATIONS	DUE DATE

Exhibit 110. Issues

ID	ISSUE	STATUS	RECOMMENDATIONS	DUE DATE

Exhibit 111. Opportunities

ID	OPPORTUNITY	STATUS	RECOMMENDATIONS	DUE DATE

4.11.1.4 STATUS OF [PHASE OF PROJECT]

[This is a few paragraphs describing the status of the project for the phase the project is in that month. Depending on the phase there may be graphics that are needed (i.e., testing).]

4.11.2 CURRENT STATUS

[This section has a paragraph that gives the quick view of the project from inception. Additional paragraphs are required to give a current status of the project.]

Exhibit 7 summarizes the current project plans, scope, and Go-Live dates.

Exhibit 112. Project Plan Summary

PROJECT PLAN	MAJOR MILESTONES	GO-LIVE DATE	STATUS

4.11.2.1 SCOPE

Status ●

[This section has a paragraph describing where the scope is in relation to requirements for the overall project and for the month.]

Exhibit 8 outlines any critical success factors that are used in this process as well as monitoring change orders or change requests.

Exhibit 113. Critical Success Factors

CRITICAL SUCCESS FACTORS	STATUS
>	>

4.11.2.2 SCHEDULE

Status ●

Exhibit 9 outlines the current milestones and when they are expected to be completed and their % completed.

Exhibit 114. Project Schedule Status

PHASE	TASK	COMPLETION DATE	% COMPLETE

4.11.2.3 DESIGN, TESTING & IMPLEMENTATION

Status ●

[This section describes where the project is at for design, testing and implementation. If there are multiple types of testing then those are broken out in separate subsection with tables for the defects to date. If there are multiple implementation dates then a status of each one would be broken out.]

4.11.2.4 COST

Status ●

[This section gives a status of cost. However, if the project is fixed price then this section would give a status of change requests that the state is paying for and how that is differing from the cost initially agreed up.]

4.11.2.5 STAFFING

Status ●

[This section details out any staffing issues with the implementation vendor.]

4.11.2.6 QUALITY OF DELIVERABLES

Status ●

As part of the review of deliverables, the IV&V also monitors quality to assure that the State is getting the best quality deliverables possible from the System Integrator. This is not only a grammatical exercise. Deliverables must also meet the content quality required by the State to help ensure that both parties have the same understanding. For example, when a comment on a deliverable requests that the deliverable supply an understanding of a concept, it is not acceptable to just put that understanding in the comment log. It must also appear in the document to help ensure that it is complete and that all future readers will gain the appropriate understanding of the concept.

[The remainder of this section details out any quality issues that were found by the IV&V.]

4.11.3 PROJECT FINDINGS AND RECOMMENDATIONS

The IV&V team assessed the current status of the project and developed a series of findings and recommendations related to [project name]. Additional detail is provided in the remainder of this document and in an Excel log referenced in Appendix A, Findings & Recommendations Log. A key finding for the month can either be a new finding identified during the current month or remaining findings from previous months; closed findings from the prior month are referenced in Appendix A.

[Each finding is in a section detailed below. This is an exact duplicate of what is in the FDR. At the bottom of this table is a status. The newest month's status will be on top. Therefore, the only thing that changes about this table each month, until the finding is closed, is the addition of the current month's status]

4.11.3.1 FINDING X.X – XXXXX

Exhibit 115. Project Finding & Recommendations

[X.X]	[XXXXX]	
Finding	[Actual finding description]	
Condition	[The condition is the overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review]	
Effect	[Effect of the finding]	
Cause	[Cause of the finding]	
Recommendation	Recommendation for the finding	
INDUSTRY STANDARD/CRITERIA		
Industry Standard		
	MONTH AND YEAR	CURRENT STATUS OF FINDING
Status	[Previous mm/yy]	[Previous month status]

4.11.4 BEST PRACTICES AND SUCCESSES

During [month and year], the State and the System Integrator demonstrated a number of successes and best practices:

Best Practice #1: xxxx

[This is a description of the best practice for that month]

4.11.5 DELIVERABLES AND ARTIFACTS

[This section of the IAR is focused on the IV&V team’s assessment of deliverables and artifacts that the State and the System Integrator produced to support project planning, testing, system implementation, and maintenance and operations.]

Exhibit 11 details the deliverables reviewed during the month of November and their current status.

Exhibit 116. [month and year] Deliverable Review and Status

REF. #	DELIVERABLE TITLE	STATUS AS OF XX/XX/XXXX
1		
2		
3		
4		
5		
7		
8		

4.11.6 IV&V ACTIVITIES

This section of the IAR is reflects on completed IV&V activities during the monthly reporting period and planned IV&V activities for the upcoming month. Exhibit 12 displays completed IV&V activities.

Exhibit 117. Completed IV&V Activities

TASK/ACTIVITY	COMPLETION DATE

Exhibit 13 displays Planned IV&V activities.

Exhibit 118. Planned IV&V Activities

TASK/ACTIVITY	EXPECTED COMPLETION DATE

4.11.7 APPENDIX A—FINDINGS AND RECOMMENDATIONS LOG

The Findings and Recommendations Log facilitates communication and is used to track areas for improvement across the project. The Findings and Recommendations Log includes the following:

- **Finding Number:** Unique number to identify the finding
- **Short Description of the Finding:** High-level title
- **Finding:** Description
- **Condition:** The condition is the overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review
- **Effect:** The effect represents the end result of the condition that exists in a program or activity and is the materiality or significance of the finding
- **Cause:** The cause is the managerial action that creates the results in the program and is the reason the deviation between condition and criteria occurred
- **Recommendation:** The recommendation is the action that should be taken to correct the problem
- **Industry Standard/Criteria:** The criteria describe what the conditions should be
- **Status:** IV&V determined status as N/A, open, deferred, closed, or rejected
- **IV&V Updates:** Contains dated updates that relate to the finding

The Findings and Recommendations Log content is contained in a companion Excel workbook. Exhibit 14 is the template for listing Closed Findings.

During the month of [current month], the following Findings were addressed and closed:

Exhibit 119. Closed Findings

FINDING #	DESCRIPTION OF FINDING	STATUS

4.11.8 APPENDIX B—INDICATORS AND DEFINITIONS

This section of the IAR defines the indicators used throughout the IAR. Exhibit 15 defines the indicators used to determine the stoplight (dashboard) colors used in the Executive Summary.

Exhibit 120: Indicators and Trends

INDICATOR	SYMBOL	DESCRIPTION
Green		Good <ul style="list-style-type: none"> ➤ Meets expected standards ➤ Processes are largely compliant with established standard(s) as documented ➤ There should be no related findings
Yellow		Marginal <ul style="list-style-type: none"> ➤ Marginally meets expected standard(s) ➤ Processes are only partially compliant with established standard(s) as documented
Red		Unsatisfactory <ul style="list-style-type: none"> ➤ Processes are not compliant with established standard(s) as documented
Up Arrow		The finding is trending in an upward direction, meaning it is getting close to resolution or progress is being made.
Down Arrow		The finding is trending in a downward direction, meaning it is not getting closer to resolution or the condition is regressing.
Side to Side Arrow		The finding has not changed in its status, meaning it is not closer to resolution nor regressing.

Exhibit 16 outlines the guideline used in the Finding and Recommendation log.

Exhibit 121: Finding and Recommendation Guideline

CATEGORY	DEFINITION
ID	<ul style="list-style-type: none"> ➤ Unique identifier for the finding
Finding	<ul style="list-style-type: none"> ➤ Short description of the finding
Condition	<ul style="list-style-type: none"> ➤ Condition is the overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review ➤ Relates to the extent that goals or objectives of a program are not being achieved <ul style="list-style-type: none"> ➤ Existing situation and whether it's isolated or widespread

CATEGORY	DEFINITION
Effect	<ul style="list-style-type: none"> ➤ Represents the end result of the condition that exists in a program or activity and is the materiality or significance of the finding. ➤ Effect of a problem (finding) may be actual or potential and should be stated in quantifiable terms, such as dollars, time, or productivity, as illustrated by specific examples ➤ Should be expressed in terms of cost, adverse performance, or other factors <ul style="list-style-type: none"> ➤ None ➤ Small ➤ Large ➤ Services ➤ Dollars ➤ People
Cause	<ul style="list-style-type: none"> ➤ Managerial action that creates the results in the program and is the reason the deviation between condition and criteria occurred ➤ Cause represents why something happened or did not happen ➤ Logically, describing the cause also points to the recommendation <ul style="list-style-type: none"> ➤ Identifying the reason for the problem should help alleviate it <ul style="list-style-type: none"> ➤ Who ➤ Why
Recommendation	<ul style="list-style-type: none"> ➤ Action taken to correct the problem ➤ Recommendation should address the cause and should solve the problem, resulting in a program that accomplishes its objective <ul style="list-style-type: none"> ➤ What should be done ➤ Who should do it
Industry Standard/Criteria	<ul style="list-style-type: none"> ➤ Describe what the conditions should be ➤ Criteria are some appropriate standards of measurement for evaluating managerial actions ➤ They represent how something should have been done <ul style="list-style-type: none"> ➤ What should be
Status	<ul style="list-style-type: none"> ➤ Current status of the finding and the historical monthly status since the finding were created

4.12 SAMPLE IAR REPORT

4.12.1 EXECUTIVE SUMMARY

The following IV&V Assessment Report (IAR) describes Cambria’s Independent Verification and Validation (IV&V) review of the Mississippi Medicaid Eligibility Determination Systems (MEDS) Modernization project for the month of November 2014.

The primary objective of the IV&V is to provide an unbiased assessment of the project deliverables and system, project processes and performance, and accountabilities of the project team, sponsors, and stakeholders. The IV&V is expected to facilitate early detection and correction of errors, enhance management insight into risks, and help ensure compliance with project and Center for Medicare and Medicaid Services (CMS) standards.

The Executive Summary describes the project health, status of findings and recommendations, and a status on the current phase of the Eligibility Modernization Project (EMP).

4.12.1.1 OVERALL PROJECT HEALTH

Exhibit 17 reflects the Overall Project Health. Appendix B contains the legend and criteria for the indicators.

The overall project health of the EMP as of November 30, 2014 is:

Exhibit 122. Overall Project Health

CATEGORY	INDICATOR	STATUS
Scope		<ul style="list-style-type: none"> ➤ The project has absorbed additional scope, but documentation and functionality is being pushed to post-implementation.
Schedule		<ul style="list-style-type: none"> ➤ The current project schedule includes 28 late tasks and the implementation date has slipped one week from December 8, 2014 to December 15, 2014. ➤ Risks still exist to the revised implementation date.
Design, Testing & Implementation		<ul style="list-style-type: none"> ➤ The State continues to monitor progress in New MEDS. ➤ The State and IV&V are engaged in User Acceptance Testing as of the end of November 2014.
Cost		<ul style="list-style-type: none"> ➤ This is a fixed priced contract and has only had 1 change order relating to additional scope from CMS. ➤ The System Integrator has not assigned costs to any other change requests; therefore, it is assumed that these change requests will be no cost to the State.
Staffing		<ul style="list-style-type: none"> ➤ The plan is fully resourced. ➤ The State and the System Integrator must agree on who will handle post-implementation functionality – either the project team or maintenance team. ➤ No change in November.

CATEGORY	INDICATOR	STATUS
Quality		<ul style="list-style-type: none"> Quality in the deliverables continues to remain a focus for the IV&V. The full set of System Test Results documentation has not been delivered yet. As noted in Finding 16.1 a majority of the defects found in UAT were not previously identified during System Testing. This would indicate that there are quality issues in the code which were not found during system testing or the test cases were not thorough enough to catch the issues.

4.12.1.2 STATUS OF CURRENT AND NEW FINDINGS

Exhibit 18 reflects the New Findings discovered.

After review of the EMP through November 2014, the IV&V found the following new findings:

Exhibit 123. New Findings in November 2014

ID	TITLE	DESCRIPTIONS
16.1	Implementation Date Delayed due to UAT defects	<ul style="list-style-type: none"> During UAT for Full MAGI, the State identified a large number of defects, including many of high priority, which caused the implementation date to be delayed one week from December 8, 2014 to December 15, 2014.

Throughout November 2014, the System Integrator and the State addressed findings from October and previous months. Exhibit 19 displays the high level status for outstanding findings and their associated trend. Appendix B contains the legend and criteria for the indicators.

Exhibit 124. Outstanding Findings

ID	TITLE	STATUS	TREND
9.7	Lack of FTI; Use of TALX	<ul style="list-style-type: none"> The State received the SSR and its associated 100+ supporting documents from the System Integrator on November 24, 2014. The State submitted the required SSR, Logical Data Flow, and Physical Data Flow on November 25, 2014 as requested by the IRS. 	

ID	TITLE	STATUS	TREND
13.1	End of Year Risks	<ul style="list-style-type: none"> ➤ The State and the System Integrator are still monitoring and mitigating the risks to the project schedule posed by MSCAN, Open Enrollment, and CMS guidance. ➤ An external project has also created additional risk for the implementation of Full MAGI is the document management system WorkSite. <ul style="list-style-type: none"> ➤ Worksite will enable retrieval of beneficiary documents, notices, and letters for Eligibility staff. ➤ The WorkSite project team and the EMP project team should coordinate closely over the next month to have WorkSite available for implementation. ➤ Otherwise notices and letters from new applicants will not be stored or Eligibility staff will have to continue to look at documents in legacy MEDS until WorkSite is available. 	
14.2	Account Transfer Defects	<ul style="list-style-type: none"> ➤ The System Integrator has shared a draft PDF for addressing missing SSN account transfers, but it has not been finalized or put into operation by the State yet. ➤ As of November 30, 2014, New MEDS has processed 6,772 account transfer applications. 	
15.1	Aged, Blind and Disabled (ABD) Scope of Work Risk	<ul style="list-style-type: none"> ➤ The System Integrator informed the State and the IV&V that a project schedule exists internally for the ABD scope and is tracked separately from the Full MAGI scope. ➤ Also, the System Integrator is working on components of the solution that do not require State input and feedback. ➤ The State and the System Integrator have not yet met to discuss the official timeline and planning for ABD. ➤ While it is good that the System Integrator can verbally report that they are working on ABD, there is no official insight into that work in order for the IV&V or the State to attest that the work is actually being performed. ➤ It is the IV&V's understanding that the System Integrator's December Workplan update will contain planning tasks for ABD. 	
15.2	Eligibility Web Portal	<ul style="list-style-type: none"> ➤ There was no progress made on this finding in the month of November. 	

ID	TITLE	STATUS	TREND
15-3	Household Grid Display and Case Processing	<ul style="list-style-type: none"> ➤ The System Integrator and the State developed a plan to address the finding in November in three parts: <ul style="list-style-type: none"> ➤ CRs 327 and 368 as well as defect number 25158. ➤ As of the end of November 2014, the only remaining part still tested by the State is CR368. ➤ This CR enables the household grid to display the most recent time periods for each individual. ➤ CR368 will be in a build that is scheduled for November 30, 2014. 	

All findings and recommendations are described in detail in Section 10 and all descriptions of trends and indicators are found in Appendix B.

4.12.1.3 STATUS OF TESTING

The System Integrator officially entered System Testing for Full MAGI on September 2, 2014. At the end of November 2014, Full MAGI System Testing was completed with an overall Pass Percentage for Full MAGI at 99.8%. Exhibit 20 reflects the statistics and defect counts from full MAGI system testing.

Exhibit 125. System Testing for Full MAGI Statistics by Functional Area

TEST CASE STATUS	RULES	INTERFACES	CON.	REPORTS	LETTERS	NOTICES	TOTAL
Test Cases Ran	636	232	35	47	108	190	1248
Test Cases Passed	636	232	35	47	106	190	1246
Test Cases Failed	0	0	0	0	2	0	2
Test Cases Remain	0	0	0	0	0	0	0
Total Test Cases	636	232	35	47	108	190	1248
Percentage Execution	100%	100%	100%	100%	100%	100%	100%
Percentage Pass	100%	100%	100%	100%	98.1%	100%	99.8%

After the completion of System Testing, the State and the System Integrator reviewed system test results on October 30, 2014 in order to assess readiness for UAT on November 5, 2014. On November 5, 2014, the State moved forward with the UAT testing phase with 20 known defects.

Verify Lawful Presence (VLP) Steps 2 and 3 are functionality that will be implemented in Full MAGI but is being tested in parallel. The System Integrator began system testing for VLP Steps 2 and 3 on November 6, 2014.

Exhibit 21 reflects VLP statistics and the overall pass percentage for VLP system testing at the end of November was 75.0%.

Exhibit 126. System Testing for Full MAGI - VLP

TEST CASE STATUS	#
Test Cases Ran	48
Test Cases Passed	36
Test Cases Failed	12
Test Cases Remain	8
Total Test Cases	56
Percentage Execution	85.7%
Percentage Pass	75%

On November 5, 2014, the State and System Integrator began the UAT testing phase with a planned exit date of November 24, 2014. On November 20, 2014, UAT Test 1 was 100% complete and entered into UAT Test 2.

Based on the need to adequately test defects discovered during UAT, in particular those affecting the household grid functionality, the State and the System Integrator agreed to extend the Full MAGI UAT phase from November 24, 2014 to December 8, 2014 and move the implementation date from December 8 2014 to December 15, 2014.

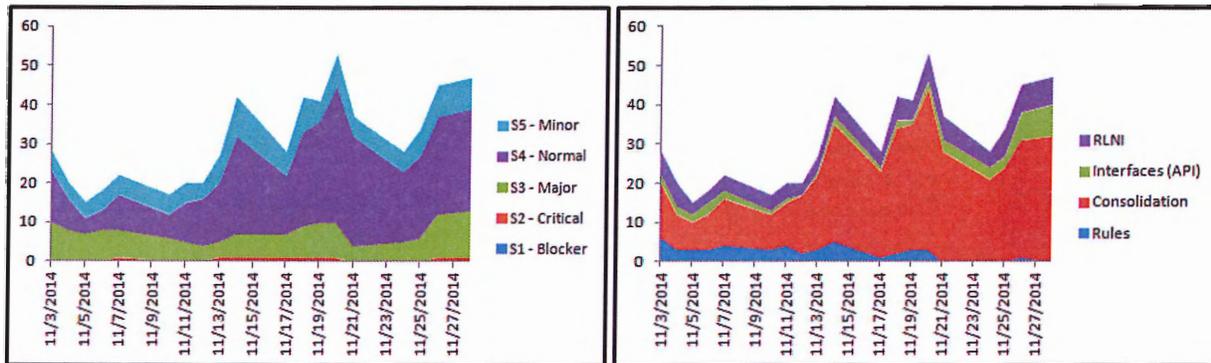
As of the end of November 21, 2014, UAT Test 2 was 50% complete and UAT Test 2 Defect Resolution was 10% complete. The average number of defects reported per day during UAT was approximately 10. Exhibit 22 reflects the total number of defects in UAT as of November 28, 2014 of 47 with 1 critical defect.

Exhibit 127. Bugzilla Full MAGI Defect Results

DEFECT SEVERITY	# DEFECTS 8/29/2014	# DEFECTS 9/30/2014	# DEFECTS 10/29/2014	# DEFECTS 11/28/2014
1 - Blocker	0	0	1	0
2 - Critical	2	0	0	1
3 - Major	3	3	12	12
4 - Normal	21	28	18	26
5 - Minor	16	10	7	8
TOTAL	42	41	38	47

Exhibit 23 illustrates the number of defects by severity and category.

Exhibit 128. Number of Defects by Severity and by Category



4.12.2 CURRENT STATUS

The EMP is the major project the State began in 2011 to modernize its eligibility systems to include MAGI and Non-MAGI functionality in a single eligibility system. By early September 2014, the State and System Integrator completed the roll-out of MAGI Phase 1 for all offices. After multiple missed dates and seven months of manual processing by the Eligibility staff, the System Integrator delivered MAGI Phase I on July 28, 2014 and a large portion of manual processing was alleviated. The System Integrator made progress in November 2014 towards implementing the next phase of functionality for Full MAGI in December 2014, but encountered defects that caused a slippage in the implementation date. Major highlights from the month of November 2014 are described below:

In November, the State entered UAT on November 5, 2014 with a planned completion of November 24, 2014. However, due to a high number of defects, including a few of high priority, the implementation date was moved one week from December 8, 2014 to December 15, 2014.

The State and the System Integrator re-baselined the Full MAGI project schedule in October 2014 to retire MEDSX and implement notices and letters on December 8, 2014. The System Integrator completed Full MAGI System Testing with a 92% pass rate, but will not deliver comprehensive documentation of results until the end of UAT. The State and the IV&V engaged in UAT for the majority of November and encountered a high number of defects, including those with high priority such as the household grid display and processing. There was an average of 10 new defects discovered per day during UAT in November. As a result, the Eligibility staff will be without Full MAGI for one week longer than planned. Moreover, the Full MAGI project schedule contained more than 25 late tasks for the third straight month.

The State and the System Integrator are managing the EMP scope of work in one project schedule with two major milestones as opposed to two separate schedules. Exhibit 24 summarizes the current project plans, scope, and Go-Live dates. ABD will be in its own project schedule.

Exhibit 129. Project Plan Summary

PROJECT PLAN	MAJOR MILESTONES	GO-LIVE DATE	STATUS
Status as of November 30, 2014	MAGI Phase 1: > New MEDS (MAGI applications) and Account Transfer with FFM.	July 28, 2014	Implemented > Defects have hindered account transfer processing.
	Full MAGI: > Retirement of Legacy MEDSX resulting in a Full MAGI System.	December 15, 2014	In-Progress > The Full MAGI project schedule was approved in October and revised in November.
This will be in a separate schedule	ABD: > Incorporation of Non-MAGI into New MEDS (MAGI, Non-MAGI, FDSH, FFM)	Proposed: 2015	Go-Live Date Unknown > The priority will be the retiring of MEDSX in 2014 and ABD functionality in 2015.

4.12.2.1 SCOPE

Status 

The original scope of the EMP was to implement a new system including MAGI on October 1, 2013. This system would include a rules engine and would allow the State to retire both of their current legacy eligibility systems (MEDS and MEDSX).

The original EMP plan (Critical Success Factor Plan) was delivered in September 2013 and has undergone multiple revisions based on newly proposed Go-Live dates and sunset dates. The EMP plan documented the critical dates and activities to be accomplished. In order to help ensure beneficiaries receive benefits, the State and System Integrator began executing the Contingency Plan. Exhibit 25 reflects the State implemented solutions for all of its critical success factors as part of the Contingency Plan, except for one:

Exhibit 130. Critical Success Factors

CRITICAL SUCCESS FACTORS	STATUS
Ability to Accept Application Data	> Implemented: > Paper > In-Person > Telephone > Online Form with email > FFM Account Transfers > Not Implemented: > State Eligibility Web Portal Application (mitigated with Online Fillable Form with Email)

The following list displays the functionality in each system in the EMP until the full Modernized MEDS is delivered:

- **New MEDS:** This system is built on the modern platform that will process MAGI eligibility determinations and transfer accounts with the FFM.
- **Legacy MEDSX:** This is a legacy system that originally determined eligibility for the Families, Children, and CHIP (FCC) populations. This system includes all of the current interfaces with the MMIS, CHIP Vendor, and system of record for Medicaid IDs. Originally slated to be retired, MEDSX must be maintained until Full MAGI so that the MAGI eligibility determination can be passed to the MMIS or CHIP Vendor, approval notices can be generated, and the system of record can be updated.
- **Legacy MEDS:** This is a legacy system that determines eligibility for the Non-MAGI populations. Originally slated to be retired, MEDS must be maintained until the ABD phase of the project is completed in 2015.

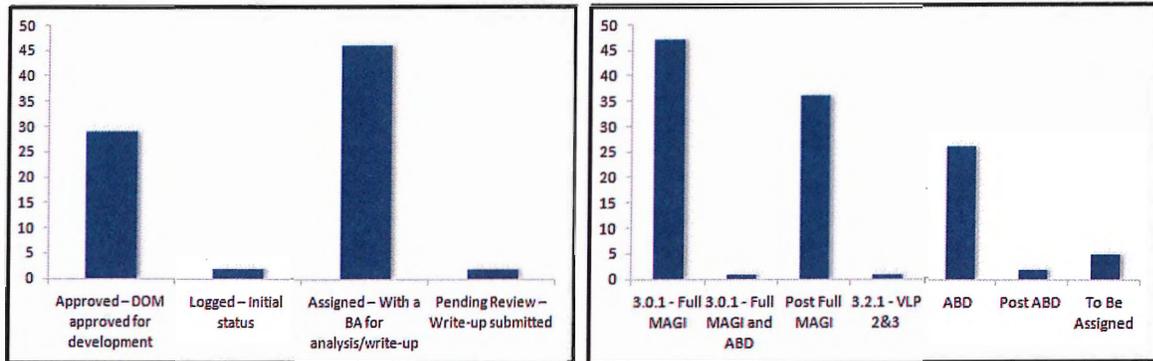
Exhibit 26 outlines major areas of scope and functionality of the EMP and the system where the functionality is currently operating.

Exhibit 131. System and Functionality Map

NEW MEDS FUNCTIONALITY	SYSTEM	NOTES
Application Intake	New MEDS	➤ MAGI applications are input into New MEDS
MAGI Eligibility Determination	New MEDS	➤ All MAGI eligibility processing occurs in New MEDS
Hub Services	New MEDS	➤ Hub Services have been available in New MEDS since before the MAGI Phase 1 Go-Live
Notices	New MEDS/ Legacy MEDSX	➤ Denial notices are generated by batch and manual process in New MEDS ➤ Approval notices in Legacy MEDSX
Letters	Legacy MEDSX	➤ Letters are still handled in the Legacy MEDSX
Reports	Legacy MEDSX	➤ Some new reports to support New MEDS operations were developed by the State and System Integrator ➤ Reports are generated in Cognos and stored in the System Integrator's report repository (Reports Online)
Legacy Interfaces (i.e. MMIS, CHIP)	Legacy MEDSX	➤ All interfaces except for Hub Services are in the Legacy MEDSX
Non-MAGI Eligibility Determination	Legacy MEDS	➤ All Non-MAGI functionality, including notices and letters reside in Legacy MEDS.

The Change Control Process has been facilitating early identification of CRs and prioritizing them in the proper phases of the EMP. Exhibit 27 demonstrates the current status of open change requests and their planned release for implementation.

Exhibit 132. Number of Change Requests by Status and Release



The State and the System Integrator have negotiated to implement Full MAGI scope on December 15, 2014, which represents a 1 week delay to the schedule. In order to meet that date, the State and the System Integrator agreed to deliver functionality and documentation after December 15, 2014.

The functionality and the documentation that will be delivered after December 15, 2014 is as follows:

- Non-critical defects (jointly agreed upon)
- Automated disposition of account transfers
- TDD addendum containing implemented change requests
- Requirements traceability matrix for full MAGI test cases
- System documentation revised based on Full MAGI implementation
- Full system test results documentation package

4.12.2.2 SCHEDULE

Status ●

During October 2014, the System Integrator and the State changed the Go-Live date to December 8, 2014 to accommodate changes due to an external project and accommodate the data conversion effort by the System Integrator. At the end of October, the project schedule was re-baselined and it was approved by the State. Subsequently, finding 14.1 was closed by the IV&V. On November 21, 2014, the System Integrator and the State decided to move the Go-Live date to December 15, 2014 to allow adequate testing of defects discovered in UAT. As of November 28, 2014, UAT Test 2 Defect Resolution is at 50% complete.

All of the MAGI Phase 1 milestones have been completed; therefore, the focus of the EMP is now on monitoring and tracking Full MAGI. Exhibit 28 reflects Full MAGI status.

Exhibit 133. Full MAGI Project Schedule Status

PHASE	TASK	COMPLETION DATE	% COMPLETE
FULL MAGI	Start	6/9/14	100%
VLP	VLP Step 2 and 3 RAD Addendum	7/10/14	100%
	VLP Steps 2 and 3 Design	10/6/14	100%
	Code and Unit Test	12/8/14	88%
CODING	Interface Coding	8/1/14	100%
	Rules Code and Unit Testing	10/2/14	100%
	RLNI Code and Unit Test	8/6/14	100%
	Consolidation Code and Unit Test	10/20/14	100%
	Conversion Coding and Unit Test	8/12/14	100%
ACCOUNT TRANSFER	CMS AT BSD 3.2.2 Requirements	10/30/14	100%
CONVERSION	Load Conversion Data	11/3/14	100%
SYSTEM INTEGRATOR TESTING	System Test Results 1	10/1/14	100%
	System Test Results 2	10/16/14	100%
	508 Compliance Testing	11/03/14	100%
	Security Testing	10/29/14	100%
	Performance Testing	11/03/14	100%
	Regression Testing	11/3/14	98%
	UAT	UAT Test 1	11/7/14
UAT Test 2		11/24/14	0%
ORR	CMS ORR	12/1/14	0%
Go Live	Go-Live	12/8/14	0%

The State and System Integrator continue to track and report late tasks related to the project schedule. As of the November 30, 2014, the Weekly Status Report by the System Integrator indicates that there were 28 tasks late. Some of these major tasks include:

- Deliver System Test Results to DOM
- Create TDD Addendums for Project Change Requests
- Update RTM Placeholders for Full MAGI Test Cases
- Revise MEDS “System” Documentation
- Create Implementation Management Plan

Many external risks could impact the project schedule in December, but the State and the System Integrator should also pay close attention to two additional items related to the schedule in December. The IV&V recommends that the State and the System Integrator begin meeting to plan work surrounding ABD to ensure that it is tracked within the project schedule.

While all the details related to the project schedule are not completely known, there needs to be a place holder within the project schedule to ensure resources will be allocated and the work can be completed by the end of 2015.

The State should also ensure that resources are devoted to and focused on completion of a RFP for an Eligibility Web Portal. Emphasis should be placed on releasing the RFP in 2014 to allow enough time to bring a vendor on board and deliver a solution by 2015.

4.12.2.3 DESIGN, TESTING & IMPLEMENTATION

Status ●

The following sections detail the status and findings around the design, testing, and implementation phases.

4.12.2.3.1 DESIGN

The only major design activity conducted by the System Integrator and the State during the last few months was the approval of requirements and design for Verify Lawful Presence Steps 2 & 3 as well as an associated Joint Application Design (JAD) Session. VLP Steps 2 & 3 are on target to be completed by December 8, 2014.

One of the major deficiencies revealed post-MAGI Phase 1 implementation and while preparing for Full MAGI is that the design of New MEDS did not reflect the legacy MEDSX's focus on case level processing and actions. New MEDS currently demonstrates two deficiencies where the focus is on individual processing, transfers, and actions rather than cases:

- Household Grid Display and Case Processing
- Case Transfer

These issues have been discussed by the System Integrator and the State, and the System Integrator has logged Change Requests to deal with the Household Grid Display and the Case Processing issues. The System Integrator is planning to resolve display issues by Full MAGI Go-Live of December 15, 2014. However, the overall case processing issues will utilize messaging and agreed upon workarounds until a design solution is finalized and will most likely not be implemented until post-December 15, 2014. These two issues demonstrate an overall deficiency of the implementation of the design of New MEDS that was approved in 2013.

The State and the System Integrator should prioritize discussions to determine a long-term solution for case processing and prioritize it for a post-implementation release. The System Integrator should also work with the State to identify other areas of New MEDS where updates or actions on individuals should be linked to the household and overall case.

In November, the System Integrator and the State developed a plan to address this issue in three parts: CR 327 and CR 368 and defect number 25158. As of the end of November 2014, the only remaining part still to be tested by the State is CR368. This CR enables the household grid to display the most recent time periods for each individual. CR368 will be in a build that is scheduled for November 30, 2014.

For more information, please see Finding 15.3.

4.12.2.3.2 SYSTEM TESTING

At the end of November 2014, Full MAGI System Testing was completed with the following statistics and defect counts. Overall Pass Percentage for Full MAGI was 99.8%.

4.12.2.4 COST

Status ●

This project is a fixed priced project. The State has approved a contract amendment with the System Integrator to accommodate additional scope valued at 10% of the original contract on 04/29/2014.

The standard operating procedure for change requests is for the System Integrator to allow the State to review the description of the change request along with its associated costs. This allows the State the opportunity to determine if they would like to implement the change for the associated cost or forgo the change. To date there have been 378 Change Requests recorded in the Change Request log, but there have been no associated costs reported, other than for VLP Steps 2 & 3 and the Account Transfer BSD changes. Therefore, the assumption is that these change requests are zero dollar change requests.

There were no changes in cost for the month of November 2014.

4.12.2.5 STAFFING

Status ●

The project work plan that is being used for the project is currently fully resourced. For the month of November, there is no known resource or staffing issues affecting the implementation of Full MAGI.

However, the Systems Integrator reported that a mixture of their maintenance and development staff would be coding the post-implementation release which contains defects and change requests found during UAT. The State previously requested that releases during the post-implementation support time period be accomplished using the current development staff. This was requested to help assure that there would not be any delays in coding due to training of the maintenance staff.

4.12.2.6 QUALITY

Status ●

As part of the review of deliverables, the IV&V also monitors quality to assure that the State is getting the best quality deliverables possible from the System Integrator. This is not only a grammatical exercise. Deliverables must also meet the content quality required by the State to help ensure that both parties have the same understanding. For example, when a comment on a deliverable requests that the deliverable supply an understanding of a concept, it is not acceptable to just put that understanding in the comment log. It must also appear in the document to help ensure that it is complete and that all future readers will gain the appropriate understanding of the concept.

For the month of November, the State and IV&V reviewed only two deliverables, the System Test Results documentation and the VLP Test Cases. However, the review cannot be completed of the System Test Results documentation since the System Integrator will not deliver the remaining results until at least December 15, 2014. The State and the Systems Integrator agreed on the delivery schedule for TDD Addendums, System Test Results Documentation and updated RTM; however, this practice does not follow a typical systems development lifecycle (SDLC). In a standard SDLC and as part of Expedited Life Cycle (XLC) by CMS, it is not acceptable to have a design document that is not updated to reflect what is actually being tested. It is expected that system test results are completed and approved prior to the official exit of system testing and prior to the official entrance to UAT. In addition, the RTM is a living document and should continually be updated throughout each phase of the project.

As noted in Finding 16.1 a majority of the defects found in UAT were not previously identified during System Testing. This would indicate that there are quality issues in the code which were not found during system testing or the test cases were not thorough enough to catch the issues.

Based on conversations with the State, the IV&V understands that these issues will be corrected and planned appropriately as the project moves into the ABD phase.

4.12.3 PROJECT FINDINGS AND RECOMMENDATIONS

The IV&V team assessed the current status of the project and developed a series of findings and recommendations related to EMP. Additional detail is provided in the remainder of this document and in an Excel log referenced in Appendix A—Findings And Recommendations Log.

A key finding for the month can either be a new finding identified during the current month or remaining findings from previous months; closed findings from the prior month are referenced in Appendix A – two were closed.

4.12.3.1 FINDING 9.7 - LACK OF FTI; USE OF TALX

Exhibit 29 is Finding 9.7, which outlines the Finding and Condition of the State using TALX rather than Federal Tax Information (FTI).

Exhibit 134. Finding 9.7

9.7	LACK OF FTI; USE OF TALX
Finding	<ul style="list-style-type: none"> ➤ Eligibility determinations and income verification are more complex and require additional time due to the State using TALX information and other data sources rather than Federal Tax Information (FTI).

9.7	LACK OF FTI; USE OF TALX
<p>Condition</p>	<ul style="list-style-type: none"> ➤ The State and the System Integrator have not been able to complete the work required to receive FTI and must rely on alternative income information from the TALX service (Equifax Workforce Solution), provided by the Federal Data Services Hub (FDSH). ➤ The System Integrator has added an additional resource with prior experience with IRS documentation approval to help gain approval from IRS to use FTI. ➤ The System Integrator assessed gaps between the former template and the new template and began gathering the necessary information to populate it in June 2014. ➤ The System Integrator evaluated the level of effort required to complete it and planned to provide the State with documentation by the end of August 2014 for internal review. ➤ However, after many cycles of internal review, the System Integrator is slated to deliver the IRS SSR workbook for review by the first few days of October 2014. ➤ Upon approval by both parties, the System Integrator will submit the documentation to the IRS. The System Integrator is planning to include the work in the Full MAGI project schedule once updated.

4.12.4 BEST PRACTICES AND SUCCESSES

During November 2014, the State and the System Integrator demonstrated a number of successes and best practices:

Best Practice #1: The System Integrator effectively designed, tested, and deployed an update to account transfers to comply with CMS Account Transfer BSD 2.3.2.

CMS released new specifications (BSD 2.3.2) in the summer of 2014 in order to continue receiving and sending account transfers on October 31, 2014. The System Integrator prioritized the functionality, tested it effectively, and deployed it on schedule at the very end of October 2014. No issues were experienced in November in regard to the BSD changes.

Best Practice #2: The System Integrator worked with the State to mail out January 2015 renewal pre-populated forms.

As a part of the EMP, the State delayed renewals in 2014 to 2015; therefore, starting in 2015, the State will need to begin renewals for existing clients. The System Integrator and the State worked together as the System Integrator continued to support the State in parallel activities and help ease the burden on the Eligibility staff. The renewal forms were pre-populated for January 2015 and mailed during the week of November 24, 2014.

4.12.5 DELIVERABLES AND ARTIFACTS

This section of the IAR is focused on the IV&V team’s assessment of deliverables and artifacts that the State and the System Integrator produced to support project planning, testing, system

implementation, and maintenance and operations. Exhibit 30 details the deliverables reviewed during the month of November and their current status.

Exhibit 135. November 2014 Deliverable Review and Status

REF. #	DELIVERABLE TITLE	DOCUMENT #	STATUS AS OF 11/30/2014
1	Full MAGI Project Schedule 3.0		Approved
2	SSR		In-Process
3	System Test Documentation		In-Process
4	TDD Addendums		In-Process
5	VLP Test Cases		Approved
6	Updated RTM		In- Process

4.12.6 APPENDIX A—FINDINGS AND RECOMMENDATIONS LOG

The Findings and Recommendations Log facilitates communication and is used to track areas for improvement across the project. The Findings and Recommendations Log includes the following:

- **Finding Number:** Unique number to identify the finding.
- **Short Description of the Finding:** High-level title.
- **Finding:** Description.
- **Condition:** The condition is the overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review
- **Effect:** The effect represents the end result of the condition that exists in a program or activity and is the materiality or significance of the finding.
- **Cause:** The cause is the managerial action that creates the results in the program and is the reason the deviation between condition and criteria occurred
- **Recommendation:** The recommendation is the action that should be taken to correct the problem.
- **Industry Standard/Criteria:** The criteria describe what the conditions should be.
- **Status:** IV&V determined status as N/A, open, deferred, closed, or rejected.
- **IV&V Updates:** Contains dated updates that relate to the finding.

The Findings and Recommendations Log content is contained in a companion Excel workbook.

Exhibit 31 reflects the Findings for the month of October; they were addressed and closed.

Exhibit 136: Closed Findings

FINDING #	DESCRIPTION OF FINDING	STATUS
14.3	Lack of Initial Conversion Evidence and Reporting of Data Conversion Results	Closed

4.12.7 APPENDIX B—INDICATORS AND DEFINITIONS

This section of the IAR defines the indicators used throughout the IAR. Exhibit 32 reflects the indicators used to determine the stoplight (dashboard) colors used in the Executive Summary.

Exhibit 137. Indicators and Trends

INDICATOR	SYMBOL	DESCRIPTION
Green		Good <ul style="list-style-type: none"> ➤ Meets expected standards ➤ Processes are largely compliant with established standard(s) as documented ➤ There should be no related findings
Yellow		Marginal <ul style="list-style-type: none"> ➤ Marginally meets expected standard(s) ➤ Processes are only partially compliant with established standard(s) as documented
Red		Unsatisfactory <ul style="list-style-type: none"> ➤ Processes are not compliant with established standard(s) as documented
Up Arrow		The finding is trending in an upward direction, meaning it is getting close to resolution or progress is being made.
Down Arrow		The finding is trending in a downward direction, meaning it is not getting closer to resolution or the condition is regressing.
Side to Side Arrow		The finding has not changed in its status, meaning it is not closer to resolution nor regressing.

Exhibit 33 outlines the guideline used in the Finding and Recommendation log.

Exhibit 138. Finding and Recommendation Guideline

CATEGORY	DEFINITION
ID	<ul style="list-style-type: none"> ➤ Unique identifier for the finding
Finding	<ul style="list-style-type: none"> ➤ Short description of the finding
Condition	<ul style="list-style-type: none"> ➤ Overall statement of existing deficiencies, inefficiencies, or improprieties in the program or activity under review ➤ It relates to the extent that goals or objectives of a program are not being achieved <ul style="list-style-type: none"> ➤ The existing situation and whether it's isolated or widespread

CATEGORY	DEFINITION
Effect	<ul style="list-style-type: none"> ➤ Represents the end result of the condition that exists in a program or activity and is the materiality or significance of the finding ➤ The effect of a problem (finding) may be actual or potential and should be stated in quantifiable terms, such as: <ul style="list-style-type: none"> ➤ Dollars ➤ Time ➤ Productivity (illustrated by specific examples) ➤ Should be expressed in terms of cost, adverse performance, or other factors: <ul style="list-style-type: none"> ➤ None ➤ Small ➤ Large ➤ Services ➤ Dollars ➤ People
Cause	<ul style="list-style-type: none"> ➤ Managerial action that creates the results in the program and is the reason the deviation between condition and criteria occurred ➤ Cause represents why something happened or did not happen ➤ Logically, describing the cause also points to the recommendation <ul style="list-style-type: none"> ➤ identifying the reason for the problem should help alleviate it <ul style="list-style-type: none"> ➤ Who ➤ Why
Recommendation	<ul style="list-style-type: none"> ➤ Action taken to correct the problem ➤ The recommendation should address the cause and should solve the problem, resulting in a program that accomplishes its objective <ul style="list-style-type: none"> ➤ What should be done ➤ Who should do it
Industry Standard/Criteria	<ul style="list-style-type: none"> ➤ Describe what the conditions should be ➤ Criteria are some appropriate standards of measurement for evaluating managerial actions. ➤ They represent how something should have been done <ul style="list-style-type: none"> ➤ What should be
Status	<ul style="list-style-type: none"> ➤ Current status of the finding and the historical monthly status since the finding was created

4.13 SAMPLE CONVERSION COMMENTS LOG

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1.	Conversion Plan Purpose	<p>More clarification is needed regarding this section, particularly the following sentence: "The purpose of the Conversion Plan is to summarize the approach and tasks necessary to convert source data into the modernized MEDS system."</p> <p>The SI needs to provide additional details regarding the source systems that will be involved in conversion.</p>	Cambria	<p>Replace source data with: Legacy MEDSX, and Modernized MEDS Pre-prod.</p> <p>07/21/14 – Replaced verbiage in section that was missed with: Legacy MEDSX, and Modernized MEDS Pre-prod.</p>	4/16/2014	04/21/14 - Change does not appear to have been made to the document 7/31/14 – Cambria Ok.	
2.	Conversion Plan Scope	<p>"This plan discusses how the Xerox data analyst from the Conversion Team will work with the functional area teams to document transformation rules, validate the converted data, and identify the different tasks the team will perform during each phase of testing."</p> <p>The purpose of the Conversion Plan is not to provide details on how teams will work together, but also to define the conversion process and explain the conversion design (unless the conversion design is a separate deliverable).</p> <p>Transformation rules mentioned numerous times, and process for defining transformation</p>	Cambria	<p>The Conversion Plan documents the current transformation in Appendix D. The Conversion Plan discusses how any transformations not defined in Appendix D will be documented.</p> <p>07/21/14 – Additional cross-reference table submitted with Conversion Plan.</p>	4/16/2014	04/21/14 – Appendix D provides a list of tables and/or columns being converted but it does not provide any "rules". Is it assumed that all columns are a straight conversion 7/31/14 – Cambria - please include the additional cross reference table as an appendix in the conversion	

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		rules is defined. However, the transformation rules have NOT been provided to State for review and approval. SI needs to provide documented transformation rules to State.				plan.
3.	Conversion Approach	<p>"The Xerox data analyst identifies the source data to convert."</p> <p>It is recommended that the SI clarify how the Xerox data analyst will identify and determine the source data, as well as the timeline for the analyst to prepare a source-to-target mapping diagram.</p> <p>The SI needs to determine with which State stakeholders the Conversion JAD Sessions will be conducted.</p>	Cambria	Preliminary work on conversion was completed prior to Contingency Phase 1 or Full Construction Project Plan development. This preliminary work, including JAD Sessions, was documented in the approved Interfaces TDD pages 630 through 716. This Conversion Plan addresses the need to incorporate Modernized MEDS Pre-Prod into that approved design.	4/16/2014	Accepted
4.	Conversion Approach	<p>"During System and User Acceptance testing, DOM will be able to view converted data."</p> <p>It is recommended that a separate conversion test phase be initiated so the State can verify the ETL process works correctly. This will help reduce the risk of data cleansing in the source systems since conversion issues (related to data) are identified early on in the process.</p>	Cambria	The Full Construction Project Plan contains tasks related to each testing phase for conversion validation and testing.	4/16/2014	Accepted

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5.	Conversion Approach	<p>"No Conversion Source — Data is not available in the source system. In the case of clients with multiple source systems, data may be available in one system, but not another. In this event, the target table will be defined as Automated Conversion for one source system and No Conversion Source in the other."</p> <p>Will the system generate an alert or a report for worker that will identify missing data elements so that workers can manually enter that information? The SI needs to clarify how the data will be converted (and there is not conversion data source). Additionally, clarification is needed regarding the location from which the data will be obtained.</p>	Cambria	<p>No report will be generated because there is no data a worker can provide. Location from which data will be obtained is located in Appendix D.</p> <p>07/21/14 - Per the Conversion Plan Discussion on 05/08/14, no additional columns or tables would need to be provided for Modernized MEDS to be operational. The target table section of the Conversion Plan was referenced as a guide to trace the source of the data and understanding the load strategy. DOM was satisfied with this explanation and withdrew the comment.</p>	4/16/2014	4/21/14 - The SI should provide a list of columns or tables that DOM would need to provide if necessary or required for Modernized MEDS to be operational. There may need to be a follow-up discussion on how DOM will receive this information. 7/31/14 – Cambria OK
6.	Conversion Approach	<p>"Empty at Go Live — New system tables that will be null or empty at system implementation. For clients with multiple source systems, "Empty at Go Live" indicates no conversion source for any source system."</p> <p>The SI should provide clarification regarding the impact, if any, on the application of these empty or null data elements.</p>	Cambria	The following verbiage will be added to the plan: 'There is no impact of these tables being empty or null at "Go Live."	4/16/2014	Accepted
7.	Conversion Approach	"The data gap analysis exposes "gaps" that exist where legacy (source) data may exist that does not map to the target	Cambria	<p>We are not sure if there is a finding here or not?</p> <p>07/21/14 - Per the Conversion Plan</p>	4/16/2014	4/21/14 - The question got cut off in the original comment.

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		<p>system data structure, or, a gap may exist where the target system data structure has a table and/or column that does not have data mapped to it from a legacy source. Through this process, the Xerox data analyst identifies new columns and defines data transformation requirements. Conversion methods are determined for each field; the Xerox Conversion Team may simply transfer some fields without modification, while others may require value conversions or field relationship extrapolations. Still, others may be set to default or null values. The data analyst identifies and documents the detailed conversion rules. The Xerox data analyst creates these rules and identifies the transformation requirements and source(s) of data for all of the fields that Xerox needs to populate the new system."</p>		<p>Discussion on 05/08/14, the target table section of the Conversion Plan was referenced as a guide to understanding how NULL fields are handled. DOM was satisfied with this explanation, withdrew the data integrity concern, and withdrew the comment.</p>		<p>Overall, this process seems incomplete. The main concern here is lack of process on how these business rules are defined? Who approves these rules? Additionally, the NULL data fields are concerning. How will we determine the impact of a field in the tables being NULL ? Will that cause data integrity issues? 7/31/14 – Cambria OK</p>

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8.	Conversion Approach	<p>"If the target field is larger, the Xerox data analyst takes the following steps:</p> <ol style="list-style-type: none"> 1. The data analyst determines if the field is alphanumeric or numeric. For alphanumeric fields, the data will be left justified and padded with spaces to the right 2. For numeric fields, the data will be right justified and padded with zeroes to the left." <p>The SI needs to confirm that this approach has been approved by the State. Any potential impact of leading zeroes and leading spaces needs to be determined by the SI.</p> 	Cambria	<p>The field mappings along with any target field manipulations were documented in the approved Interfaces TDD.</p> <p>07/21/14 - Interfaces TDD pages 630 through 716.</p>	4/16/2014	4/21/14 - Where is this located in the TDD? 7/31/14 - Cambria - please include in the conversion plan the referenced pages, 630 through 716 of the Interfaces TDD.

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9.	Conversion Approach	<p>"If a field exists in the source system, but not the target, and it is needed in the target, the field will be added to the appropriate table in the new system."</p> <p>Clarification is needed as to whether new columns are being added to the tables. If so, the SI needs to explain the following:</p> <ul style="list-style-type: none"> Whether this action would cause changes to referential integrity within the database; Will the new column act as a foreign key to any other table; If the new column will act as a foreign key, clarify how that will be addressed in the target system. <p>Clarify when and how will these discrepancies be identified.</p>	Cambria	<p>The database, tables, and fields needed for Modernized MEDS are located in the approved Consolidation TDD. This includes referential integrity, keys, etc.</p> <p>07/21/14 - Per the Conversion Plan Discussion on 05/08/14, the Consolidation TDD and the target table section of the Conversion Plan were referenced as guides to understanding how foreign keys and referential integrity were documented. DOM was satisfied with this explanation and withdrew the comment.</p>	4/16/2014	4/21/14 - The clarifications being requested are more than just pointing to a column that says the columns is a "foreign" key and it caused changes to "referential integrity". 7/31/14 - Cambria OK
10.	Conversion Approach	<p>"If a field exists in the target that does not exist in the source, the field will be populated with a default value during the conversion process."</p> <p>Clarification is needed as to how these default values are determined. If documentation exists regarding conversion rules, it should be provided to the State and IV&V.</p>	Cambria	Default values are documented in the approved Consolidation TDD page 904.	4/16/2014	Accepted

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11.	Conversion Approach	<p>"Derived Values — When a target field is populated based on logic, from multiple input fields from the source system."</p> <p>It is recommended that the SI communicate where these conversion rules will be documented. Additionally, the SI needs to clarify how these derived values will be determined.</p>	Cambria	The Conversion Plan documents options that are available when converting data from one system to another. At this time, Modernized MEDS has no "Derived Values."	4/16/2014	Accepted	
12.	Conversion Approach	<p>"The Xerox Conversion Team tracks each of these errors and their resolutions and the Conversion Test Plan documents the data validation and verification process. Currently, there are no plans to produce before and after images of all converted data, as the volume is prohibitive. However, Appendix E – Sample Converted Data Images, provides examples of before and after images for MEDS, MEDSX, Pre-Prod, and Prod that may be provided on request."</p> <p>It is recommended the SI provide a walk-through of the conversion results.</p>	Cambria	The Full Construction Project Plan contains a task for walking through conversion results.	4/16/2014	Accepted	

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13.	Conversion Lifecycle	<p>"2. Load Conversion Data to System Test Environment</p> <p>a. Review Converted Data in System Test Environment</p> <p>b. Update Conversion Programs based on Review</p> <p>c. Walk thru Conversion System Test Results</p> <p>3. Load Converted Data to UAT Environment</p> <p>a. Review Converted Data in UAT Environment</p> <p>b. Update Conversion Programs based on Review</p> <p>c. Walk thru Conversion UAT Results</p> <p>4. Perform production table conversion and load</p> <p>a. Review Converted Data in Production Environment"</p> <p>This level of detail and planning should be included in project schedule.</p>	Cambria	<p>These tasks are taken directly from the Full Construction Project Plan.</p> <p>07/21/14 – Added additional verbiage to steps 2, 3, and 4 to document that if issues are found, then updates to the conversion programs are made, and the data is re-converted.</p>	4/16/2014	4/21/14 - Please clarify if your cleansing process described actually re-converts that data again from the original source after updates have been made to the conversion programs. 7/31/14 – Cambria OK
14.	Conversion Lifecycle	<p>Are the results documented? What statistics are used and tracked?</p> <p>The SI needs to include conversion results in the project schedule and in the reporting testing statistics.</p>	Cambria	<p>Conversion validation is not the same as other system testing activities. Conversion validation does not use pre-defined test cases that would be reported like other system testing. Conversion is validated by reviewing sample records from the source to the target system. Refer to Appendix E for examples of conversion validation results.</p>	4/16/2014	Accepted

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15.	Requirements Analysis	<p>"R310503-001 - A conversion must be performed to combine all historical cases. (i.e. All current legacy system cases should be found in the MEDS system.)</p> <p>R310503-002 - During the conversion process, the system will attempt to combine duplicate beneficiaries and households between the two legacy systems when possible.</p> <p>R310503-003 - Prior to conversion, existing identified data issues will be corrected where feasible.</p> <p>R310503-004 - During the conversion process, lookup values will be combined between the two legacy systems and data will be re-mapped.</p> <p>The client team is responsible for reviewing the document to ensure that it meets the requirements outlined in the RAD and that we have accounted for all the requirements."</p> <p>What document is being referenced for additional conversion requirements? SI to state where conversion requirements are documented.</p> <p>What document is being referenced for additional conversion requirements?</p>	Cambria	Xerox will change the Conversion Plan verbiage to include the specific approved RAD.	4/16/2014	Accepted

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16.	Automated vs. Manual Conversion of Data	<p>"The primary means of conversion for the target system is through automated conversion programs."</p> <p>It is recommended that the SI provide additional detail regarding the automated conversion tools and utilities that are being used.</p>	Cambria	Please refer to the Tool Set section of the Conversion Plan.	4/16/2014	Accepted	
17.	Automated vs. Manual Conversion of Data	<p>"Examples of manually loaded data are the SSA_OFFICE and CONSUMER_85_QUESTIONS tables. These tables are used in Parameter Maintenance and Eligibility Determination. This data does not exist in a format that can be converted from the current (source) system. Instead, Xerox will manually load these tables."</p> <p>The SI needs to provide a description of how these will be loaded manually. Clarification is needed regarding how the SI will determine which data to load and which to ignore for the target system (if the source system data format is un-readable).</p>	Cambria	<p>Parameters are loaded into the Modernized MEDS system through the UI. Please refer to the approved Consolidation TDD for Parameter Management documentation. Please refer to Appendix D for which fields will be loaded.</p> <p>07/21/14 – Added verbiage to clarify that there is no unreadable source data.</p>	4/16/2014	4/21/14 - The question was not specific to these parameter tables but in general to tables that have unreadable source data 7/31/14 – Cambria OK	

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18.	Destination and Use of Conversion Data	<p>"The Xerox approach to conversion for this project is to load converted data from the MEDS, MEDSX and MEDS Pre-Prod systems into the modernized MEDS system's tables."</p> <p>It is recommended that the SI provide additional details regarding how they will account for and resolve data duplicates. The SI needs to clarify their process for deciding which data source to utilize (if the same data exists in all three systems).</p>	Cambria	<p>Xerox will update the Conversion Plan to include the following verbiage: Data will first be copied directly from legacy MEDSX into the Modernized MEDS database. Finally, data will be copied directly from Modernized MEDS Pre-Prod into the Modernized MEDS database. If there is existing data already on the Modernized MEDS database from the legacy MEDSX system when loading Modernized MEDS Pre-Prod that would create duplication, then the Modernized MEDS Pre-Prod data will not be loaded.</p> <p>07/21/14 – Per the Conversion Plan Discussion on 05/08/14, only duplicate data will not be loaded. The target table section of the Conversion Plan was referenced as a guide to trace the source of the data and understanding the load strategy, including what data is kept and what data would be discarded. DOM was satisfied with this explanation and withdrew the comment.</p>	4/16/2014	4/21/14 - It is recommended that this be further elaborated to explain the impacts of not loading data from Pre Prod into Modernized MEDS. The end goal that we are trying to achieve is that if there are data issues, given that you are converting data from, MEDSX and even Pre Prod, then how would you know what data is the latest and what you need to keep vs. discard. 7/31/14 – Cambria OK

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19.	Destination and Use of Conversion Data	<p>"Converted data is used the same as new data in the system."</p> <p>The SI should provide detail regarding whether there any flags that are viewable online to distinguish between a converted record and a non-converted record.</p>	Cambria	All records will be converted records at time of "Go Live." There are no visual flags distinguishing converted records from new records. Audit fields on each table identify which records were converted versus new.	4/16/2014	Accepted	
20.	Destination and Use of Conversion Data	<p>"Xerox's main approach to loading stored totals into the target system is to convert them from the previous system."</p> <p>The SI needs to provide more details regarding their approach for calculated fields that need to be converted over.</p>	Cambria	Xerox will update the Conversion Plan to include the following verbiage: The calculated totals will be moved from the source system rather than recalculating the totals.	4/16/2014	Accepted	
21.	Conversion Issues	<p>"c) If the data is non-critical, DOM may decide not to convert the data, but keep it for historical reporting purposes."</p> <p>The approach and rules for determining what 'historical' data means is unclear.</p> <p>SI to define approach and rules for determining what 'historical' data means.</p>	Cambria	<p>As stated in the Conversion Plan, DOM will decide what data is to be kept for historical purposes.</p> <p>Verbiage will be modified to say "If the data is non-critical, DOM may decide not to convert the data, and the data will not be loaded into the Modernized MEDS database."</p> <p>07/21/14 – Added verbiage stating that there is no non-critical data.</p>	4/16/2014	4/21/14 - When will this be presented to DOM for their concurrence on what is "non-critical". Has the SI identified this yet? 7/31/14 – Cambria OK	

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22.	Validation	<p>"Validation of conversion activities includes the following methods and levels:</p> <ol style="list-style-type: none"> 1. Balancing 2. Error Review 3. Level I Data Validation 4. Level II Data Validation 5. Level III Data Validation 6. Manual Load Quality Assurance" <p>The SI should include the results of this process in testing results documentation.</p>	Cambria	Xerox plans to present these results as part of the Conversion Testing Results walkthrough.	4/16/2014	Accepted	
23.	Tool Set	<p>Besides Oracle and Linux shell scripts, what other tools are being used for data conversion? Are there utilities being written? Is a tool like Informatica being used for ETL?</p> <p>It is recommended the SI provide information on what other tools are being used for data conversion.</p>	Cambria	There are no other tools like Informatica being used.	4/16/2014	Accepted	
24.	Appendix A – Capturing Transformation Rules Procedure	<ol style="list-style-type: none"> 1. Refresh all tables in mmdevb from goldenschema. Mmdevb is not dropped first due to conversion tables stored there 2. Apply pre-conversion data fixes to mxpcopy 3. Load each group of tables - first load data from MEDSX, preserving primary keys from MEDSX; then load pre-prod data with new primary keys. Update 	Cambria	All Eligibility systems including legacy systems and Modernized MEDS use unique identifiers (Medicaid IDs and internal system only IDs) that will be used during transformation and for conversion validation.	4/16/2014	Accepted	

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		<p>MEDSX rows with pre_prod data.</p> <p>4. Apply post-conversion updates and data fixes</p> <p>5. Refresh mmprod using data link to medstest database.</p> <p>6. Mmdevb will remain in place for debugging any data conversion issues after go-live."</p> <p>Need to ensure each person is uniquely identified. Also, how will persons be tracked back to historical information? Confirm approach to uniquely identifying each person. Define how persons be tracked back to historical information.</p>				

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25.	Appendix C Conversion Issues	<p>What is the status of conversion issues? Is the State currently involved? How are issues and response from State documented?</p> <p>The SI needs to provide details regarding the status of conversion issues. Additionally, it is recommended that the State and SI jointly discuss these issues and maintain documentation regarding their responses.</p>	Cambria	<p>Foreign key constraints that will not validate after conversion due to bad data currently in production are being continuously documented and addressed. This is an ongoing issue as bad data is continually introduced into current production systems.</p> <p>Additional Issues have been tracked in Bugzilla under the following bugs:</p> <ul style="list-style-type: none"> Bug 22268 Bug 22617 Bug 22267 Bug 22269 Bug 21919 Bug 22056 Bug 21998 Bug 21351 Bug 22301 Bug 21611 		Accepted	

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Item No	Map Section/ Page	Reviewer's Comments	Reviewer Name	Contractor Resolution	Resolution Date	DOM Acceptance
26.	Appendix C Conversion Issues	<p>For example, CONSUMER_CITIZENSHIP_ID's referenced by more than 1 consumer_id. What will be the actions that will be taken to resolve this? The document states generating a new ID. That might not be the correct solution.</p> <p>It is recommended that the SI identify potential duplicates and work with the State to resolve duplicate data.</p>	Cambria	<p>CONSUMER_CITIZENSHIP_ID is an internal ID the system uses to track the record.</p> <p>07/21/14 - Per the Conversion Plan Discussion on 05/08/14, potential duplicates have been submitted in the past. However, both parties agreed that further discussion would need to be had in a separate meeting. Topics of discussion would include how to identify ways to automate the resolution and avoid manual record clean up.</p>	4/16/2014	4/21/14 - This just addressed the example given in the comment and not the actual recommendation. 7/31/14 - Cambria OK
27.	Appendix D Address Table	<p>In the example of the address table, there are multiple source systems (MEDS-X, PRE-PROD) and then 1 target system. The business rule states that if one address line is null (address line 2), then copy address line 2 into address line 1.</p> <p>The SI needs to provide a clear definition and understanding of the conversion and data reconciliation business rules. It is recommended that the State and SI confirm their mutual agreement and understanding.</p>	Cambria	<p>A clear definition and understanding of the conversion and data reconciliation business rules was discussed during the Interfaces TDD JAD sessions and are documented in the approved Interfaces TDD.</p> <p>07/21/14 - Interfaces TDD pages 630 through 716.</p>	4/16/2014	4/21/14 - Where is this located in the TDD? 7/31/14 - Cambria - please include in the conversion plan the referenced pages, 630 through 716 of the Interfaces TDD.

Document Title		Version	Date of Deliverable	Reviewer Information			
CSR_11609_ELIGMOD_Conversion_Plan_1.1		1.1	March 25, 2014	Name	Cambria & DOM		
				Telephone No.			
				Email Address			
Deliverable Review Completed:		4/21/14	FOR CONSOLIDATED COMMENTS: Names of reviewers				
Item No	Map Section/ Page		Reviewer's Comments	Reviewer Name	Contractor Resolution	Resolution Date	DOM Acceptance
28.	Conversion Plan	7	Conversion Plan sections do not match actual document, e.g. Appendix A is shown as "Target Table Inventory List" but is actually titled "Capturing Transformation Rules Procedure"	DOM	List corrected.	4/16/2014	Accepted
29.	Conversion Approach	9	"In addition DOM will be involved with the analysis and testing of the converted data. They will be instrumental in reviewing the results of conversion to confirm that the conversion process is successful." When is this done? Prior to UAT? How is the data presented to DOM? This needs to be clarified.		The Full Construction Project Plan contains tasks that identify when DOM and Cambria will be engaged in analyzing and reviewing test results prior to UAT.	4/16/2014	Accepted
30.	Conversion Approach	10	"If a field exists in the source system, but not the target, and it is needed in the target, the field will be added to the appropriate table in the new system. Please note that we will work with DOM to ensure all the data the Division needs from the source system is converted to the target system." Why would there be data needed in the target that is not already there? Would this require change to system software since it's a gap in the system?"		The approved Consolidation TDD pages 307 through 891 contain the tables and fields needed for the Modernized MEDS system. This verbiage was added to document the approach to any field needing to be added during DOM analysis and review of test results.	4/16/2014	Accepted

Document Title		Version	Date of Deliverable	Reviewer Information			
CSR_11609_ELIGMOD_Conversion_Plan_1.1		1.1	March 25, 2014	Name	Cambria & DOM		
				Telephone No.			
				Email Address			
Deliverable Review Completed:		4/21/14	FOR CONSOLIDATED COMMENTS: Names of reviewers				
Item No	Map Section/ Page	Reviewer's Comments	Reviewer Name	Contractor Resolution	Resolution Date	DOM Acceptance	
31.	Conversion Lifecycle 16	<p>"Throughout the full lifecycle described above, the Xerox Conversion Team works closely with DOM to review the Conversion Plan, including our conversion mappings, and to review the results of testing. As the Xerox Conversion Team works through any errors encountered during the conversion process, the Xerox Conversion Team will work with DOM to define acceptable solutions to any errant data that is found."</p> <p>How is this being accomplished? Regular meetings for review? Documentation? When is this being done, prior to UAT, during system or integration testing?</p>		<p>The Full Construction Project Plan contains tasks that identify when DOM and Cambria will be engaged in analyzing and reviewing test results prior to UAT. Conversion tasks will be discussed during daily and weekly status meetings. Any additional meetings will be jointly scheduled by DOM and Xerox.</p> <p>07/21/14 – Updates to the Full Construction Project Plan were made in concert with the submission of the Conversion Plan. The Full Construction Project Plan contains tasks that identify when DOM and Cambria will be engaged in analyzing and reviewing test results prior to UAT.</p>	4/16/2014	4/21/14 - This needs to be discussed with DOM 7/31/14 – Cambria OK	

Document Title		Version	Date of Deliverable	Reviewer Information			
CSR_11609_ELIGMOD_Conversion_Plan_1.1		1.1	March 25, 2014	Name	Cambria & DOM		
				Telephone No.			
				Email Address			
Deliverable Review Completed:		4/21/14	FOR CONSOLIDATED COMMENTS: Names of reviewers				
Item No	Map Section/ Page	Reviewer's Comments	Reviewer Name	Contractor Resolution	Resolution Date	DOM Acceptance	
32.	Appendix A 28	<p>"3. Load each group of tables - first load data from medsx, preserving primary keys from medsx; then load pre-prod data with new primary keys. Update Medsx rows with pre_prod data."</p> <p>What are the primary keys? Will primary keys currently be used in Meds be replaced with new primary keys? How does this affect any reporting or data within MMIS? This needs more expansion as to exactly how this will be done, error handling if any, and better explanation how this will work and fits into business processes.</p>		<p>The approved Consolidation TDD pages 307 through 891 contain the tables and fields needed for the Modernized MEDS system.</p> <p>The primary keys for all Eligibility systems are the Case Numbers and Medicaid IDs. These are unique and will not change during conversion. These IDs are also the same IDs used in the MMIS. As part of the Modernized Eligibility Project, additional keys were added for better referential integrity. Please refer to Appendix D for how data is being loaded, including keys, into Modernized MEDS.</p>	4/16/2014	Accepted	

4.14 SAMPLE ASSESSMENT OF MAGI RULES FUNCTIONALITY

4.14.1 PRELIMINARY ASSESSMENT OF MAGI RULES FUNCTIONALITY IN PRE-PRODUCTION MODERNIZED MEDS

In March of 2014, the State and the Center for Medicare and Medicaid Services (CMS) asked the independent verification and validation (IV&V) vendor to conduct a detailed assessment of account transfer and Modified Adjusted Gross Income (MAGI) functionality in advance of the Pre-Production Modernized MEDS Go-Live date scheduled for May 15, 2014. After delivering the account transfer assessment in March, the IV&V Team conducted an on-site assessment during the week of April 14-16, 2014 with the following objectives:

- Assess the maturity of the Pre-Production Modernized MEDS eligibility system;
- Determine the state of the Pre-Production Modernized MEDS environment prior to user acceptance testing (UAT) being conducted;
- Verify system testing through representative system test case execution; and
- Analyze the overall design of the system architecture and rules engine to validate the May 15, 2014 Go-Live date.

In order to provide the most value to the State and CMS, the IV&V is delivering this preliminary assessment to review our test results, reveal major findings, and provide an advance assessment of the System Integrator's readiness for UAT starting April 29, 2014. The April IV&V Assessment Report (IAR) will include a dedicated section covering a more comprehensive set of findings around the overall design and architecture.

4.14.1.1 OVERVIEW OF TEST RESULTS

The IV&V Team developed 17 new test cases to verify and validate the ability of Pre-Production Modernized MEDS to correctly process MAGI rules. Descriptions for each case and detailed test results are presented in Appendix A. Each test case was developed to stress the Pre-Production Modernized MEDS and uncover potential issues for State Eligibility staff to prepare for during UAT. Each test case's results were measured against expected results, which were validated by the IV&V's Eligibility subject matter expert (SME). Potential defects or issues, or situations where test results differed from expected results, were immediately documented and flagged for follow-up discussions with the System Integrator's testing lead to determine the cause(s).

During the two days of testing, Cambria staff performed testing on: Medicaid eligibility determinations using MAGI rules, specific categories of eligibility (COEs), reasonable compatibility and countable/uncountable income. Out of 17 cases, 14 cases passed, representing an 82 percent pass rate. Of the three failed test cases, two were the result of unexpected outcomes in reasonable compatibility. Specifically, these two cases relate to the display of an approval for an individual failing the reasonable compatibility test and requiring the State Eligibility worker to specify an end date for bi-weekly income. The other failed test case resulted from unverified relationships that caused an incorrect COE denial. Overall, rules performance was much improved over performance in December 2013.

4.14.1.2 MAJOR FINDINGS

The IV&V assessment includes several initial findings which can serve as leading indicators in advance of formal UAT. Many of the major findings reveal an inconsistency between the system design and the workflow and usability for the State Eligibility worker. During UAT, each of these findings can be substantiated or refuted through more thorough testing by the State. Exhibit 34 reflects the Major Findings from MAGI Rules Functionality Assessment.

Exhibit 139. Major Findings from MAGI Rules Functionality Assessment

REF. #	DESCRIPTION OF FINDING	COMMENTS
1	<p>The Business Rules Engine (BRE) includes duplication in the structure of COE determinations.</p> <ul style="list-style-type: none"> Based on discussions with the System Integrator's Business Rules Architect and a review of the Business Rules Design document, the IV&V Team found that several common eligibility factors (e.g., household composition) were repeated across multiple COEs. 	<ul style="list-style-type: none"> As jointly acknowledged by the System Integrator, this redundancy may lead to overall performance issues within the BRE.
2	<p>Denial reason codes are not optimal for many eligibility decisions.</p> <ul style="list-style-type: none"> Due to the structure of COE determinations mentioned in Finding #1, applicants are iteratively denied for individual COEs rather than for other common, non-financial eligibility factors ahead of MAGI and household composition determination. 	<ul style="list-style-type: none"> The effect of this structure yields potentially confusing and incorrect denial reason codes (e.g. failure to meet 5-year bar). At a minimum, additional interpretation is required by an eligibility worker prior to generating a notice/correspondence.
3	<p>Reasonable Compatibility determinations do not follow the COE determinations.</p> <ul style="list-style-type: none"> The process and system design of income reasonable compatibility determination is disjointed from other COE eligibility determinations. 	<ul style="list-style-type: none"> It is not clear upon the processing of eligibility whether income compatibility has passed or failed. Furthermore, significant manual resolution may be required by a supervisor to issue a request for additional verification or issue a denial.
4	<p>Change reporting will necessitate access to the BRE in the interim period prior to Full Implementation.</p> <ul style="list-style-type: none"> While most redetermination capability is slated for Full Implementation, the State will likely require access to the BRE to calculate changes reported to the household (e.g., income or family composition) in the interim. 	<ul style="list-style-type: none"> To effectively evaluate whether income or household changes materially affect eligibility, workers and supervisors may need access to invoke the MAGI rules from the Pre-Production Environment.
5	<p>Differences in design documentation and user expectations will likely cause workflow issues and need to be addressed by the State and System Integrator.</p> <ul style="list-style-type: none"> The IV&V Team consistently found areas where the documented design would have significant workflow impacts on the end user. Two examples 	<ul style="list-style-type: none"> In relation to consecutive ineligibility, the worker will have to go back in to the case and process two different time periods in order for the correct information to be in the system.

REF. #	DESCRIPTION OF FINDING	COMMENTS
	<p>include:</p> <ul style="list-style-type: none"> ➤ Three months of consecutive ineligibility will need further review especially in the instance of a child qualifying for CHIP. (See Test Case #13) ➤ Relationship verifications may need to be reviewed. If there is a case member unrelated to the primary person, the relationship verification must be shown as “not verified – adult only.” (See Test Case #6) 	<ul style="list-style-type: none"> ➤ In regard to relationships, significant explanation will be needed during worker training to prevent confusion. ➤ For these items and others, the design will need confirmation by the State and the identification of a plan of action for changes and training.

4.14.1.3 RECOMMENDATIONS FOR UAT

As a result of the on-site assessment, IV&V Team has identified a series of recommendations that the State should consider in advance of UAT. Overall, the execution of test cases revealed several outcomes that had to be investigated with the System Integrator to validate the design, configuration, and UI results. It will be important for the State and the System Integrator to have a designated process for resolving these potential issues and reaching resolution in the form of a change request, coding change, or re-training.

Exhibit 35 displays high-level recommendations, ranging from design alignment to test cases, for DOM to consider that can help ensure sufficient testing of the system and a better user experience.

Exhibit 140. High-Level Recommendations for UAT

REF. #	CATEGORY	RECOMMENDATION	COMMENTS
1	User Expectations	<ul style="list-style-type: none"> ➤ The State and System Integrator should agree on a process to resolve discrepancies between design documentation and test case outcomes (i.e., denial reasons). 	<ul style="list-style-type: none"> ➤ This will provide structure and help ensure quick resolution to questions and investigations when a test case outcome does not meet user expectations. ➤ This process could include presentation of the design documentation, a quick meeting in another room, and clear decision making.
2	User Expectations	<ul style="list-style-type: none"> ➤ The State should consider prioritizing testing the “required to file” areas of the UI in order to validate the design. 	<ul style="list-style-type: none"> ➤ There has been considerable conversation around the “required to file” field in the UI and its requirement to be clicked for rules processing. ➤ This should be considered for testing.
3	UAT Preparation	<ul style="list-style-type: none"> ➤ The State should clearly define responsibilities for State staff during UAT that can allow for test execution, design discrepancy resolution, and defect resolution. 	<ul style="list-style-type: none"> ➤ The State will be extremely strained during the UAT effort, especially investigating potential design discrepancies. Therefore, it will be important to define clear responsibilities.

REF. #	CATEGORY	RECOMMENDATION	COMMENTS
4	Test Cases	<ul style="list-style-type: none"> Execute test cases involving various budgeting groups. 	<ul style="list-style-type: none"> Ensure the inclusion of test cases with household members being claimed by an individual residing outside of the household.
5	Test Cases	<ul style="list-style-type: none"> Execute test cases with requests for retroactive coverage. 	<ul style="list-style-type: none"> Utilize both Medicaid and CHIP COEs in testing for retroactive coverage.
6	Test Cases	<ul style="list-style-type: none"> Execute multiple test cases involving three-generational families. 	<ul style="list-style-type: none"> Utilize test cases including child's father as a resident of the household, both married and unmarried to child's mother. Utilize various age testing scenarios for child's parents—both minor age and adult.
7	Test Cases	<ul style="list-style-type: none"> Execute test cases involving the receipt of SSI for an adult or child. 	<ul style="list-style-type: none"> The use of these cases must determine if SSI receipt will be processed in the correct COE. Additional clarification is needed for the following: <ul style="list-style-type: none"> Ability of the system to determine if an applicant is receiving SSI Impact on the parent whose only child is receiving SSI
8	Test Cases	<ul style="list-style-type: none"> Execute test cases involving scenarios where the household income of a newborn meets CHIP eligibility only, and is born within 30 days of the application date. 	<ul style="list-style-type: none"> Determine the correct processing of CHIP start dates.
9	Test Cases	<ul style="list-style-type: none"> Execute test cases that assess the eligibility determinations of CHIP applications processed between the first and third days of the month. 	<ul style="list-style-type: none"> Determine the correct processing of CHIP start dates.
10	Process Testing	<ul style="list-style-type: none"> Determine CMS test cases that can have pre-loaded verified TALX data for purposes of testing reasonable compatibility. 	<ul style="list-style-type: none"> The State should ensure it has an original and controlled test of reasonable compatibility.
11	Performance Testing	<ul style="list-style-type: none"> Assess the system's performance when adding members to an existing case in MEDSX, both those who are known to the system as well as new individuals. 	<ul style="list-style-type: none"> Ensure the inclusion of test cases with parents currently eligible for COE-85, as well as cases representing inactive eligibility but active cases.

REF. #	CATEGORY	RECOMMENDATION	COMMENTS
12	Process Testing	<ul style="list-style-type: none"> ➤ Determine which batch jobs will be available beginning 5/15/2014. 	<ul style="list-style-type: none"> ➤ Ensure the testing of those batch jobs that are able to be run.

4.14.2 APPENDIX A—DETAILED TEST CASE RESULTS

Exhibit 36 reflects the Test Case Results.

Exhibit 141. Test Case Results

REF. #	CASE DESCRIPTION	TEST RESULT	COMMENTS
1	Married couple filing taxes as MFS <ul style="list-style-type: none"> ➤ Mother has 2 children in the home ➤ Father has 1 child ➤ No common children ➤ Each spouse claims their own child/children as a tax dependent ➤ All household members are applying 	Pass	
2	Mother and 2 children are current Medicaid beneficiaries <ul style="list-style-type: none"> ➤ Child #1 turns 19 on 5/14/15 ➤ Current recertification date is 5/31/15 ➤ Child needs to apply for individual benefits 	Pass	
3	Individual qualifies for Medicaid <ul style="list-style-type: none"> ➤ Selects 'YES' to MS residency question <ul style="list-style-type: none"> ➤ Physical address is outside of MS 	Pass	
4	Mother, Father, and common child reside in same household <ul style="list-style-type: none"> ➤ Mother is pregnant with twins ➤ Due date is 2/5/15 ➤ Mother and children applying ➤ Family income of \$45,000 (163% FPL) 	Pass	
5	Family of 4 <ul style="list-style-type: none"> ➤ Married husband and wife ➤ Wife has 2 children ➤ Family's income higher than 133% ➤ Mother and children applying 	Pass	<ul style="list-style-type: none"> ➤ When processed, check to make sure mother is in COE-75.

REF. #	CASE DESCRIPTION	TEST RESULT	COMMENTS
6	Household includes child, child's mother, child's father, and child's grandmother <ul style="list-style-type: none"> ➤ Child's mother and father, both 17, are not married ➤ Grandmother and mother are related ➤ All household members are applying 	Fail	Relationship Screen: <ul style="list-style-type: none"> ➤ When coding relationship of child's father to child's mother and child's grandmother, if the verification is coded as 'Verified' (as is required in current MEDSX), the system incorrectly denies eligibility for child's grandmother for COE-75. ➤ If user indicates that the non-related family member is 'Not Verified—Adult Only,' the system correctly processes eligibility for grandmother.
7	Family of 4 <ul style="list-style-type: none"> ➤ Mother and 3 children ➤ 2 children are currently in Medicaid ➤ 1 child is in CHIP ➤ Mother changes job and now has health insurance for all 4 family members 	Pass	
8	Family of 5 <ul style="list-style-type: none"> ➤ Husband & wife ➤ Their child ➤ Wife's child ➤ Husband's child ➤ Husband and wife are not applying 	Pass	
9	Grandmother is applying for daughter, grandchild, and nephew <ul style="list-style-type: none"> ➤ Grandmother claims daughter and child ➤ Nephew is claimed by his father (does not reside in household). 	Pass	
10	Father and 2 children are applying <ul style="list-style-type: none"> ➤ Child #1 works and chooses to file as single 	Pass	
11	Aunt and her niece and nephew are applying <ul style="list-style-type: none"> ➤ Aunt is 'needy caretaker' of the children, whose parents are deceased 	Pass	

REF. #	CASE DESCRIPTION	TEST RESULT	COMMENTS
12	Family of 4 > Husband & wife > Husband's child > Wife's child > Only applying for children > Yearly household income of \$30,000	Pass	
13	Family of 4 > Husband & wife > Husband's child > Wife's child > All family members are applying > Yearly household income of \$30,000	Pass	> Issues related to 3 months of consecutive ineligibility; problems related to dates and timing.
Reasonable Compatibility Testing			
14	Family of 2 > Parent and child > Income is not verified initially > Household MAGI income and TALX MAGI income are both below FPL limit	Pass	
15	Family of 2 > Parent and child > Income is not verified initially > Household MAGI income is below FPL limit > TALX MAGI income is above FPL limit within \$50 threshold	Fail	> Case passed only when end-date is placed on bi-weekly income. > Confirmation needed as to whether this is according to original design.
16	Family of 2 > Parent and child > Income is not verified initially > Household MAGI income is above FPL limit > TALX MAGI income is below FPL limit	Fail	> Displayed correct Reasonable Compatibility code; however, produced incorrect eligibility decision. > Requires wrong process flow that prevents supervisory approval.
17	Family of 2 > Parent and child > Income is not verified initially > Household MAGI income is below FPL limit > TALX MAGI income is above FPL limit	Pass	

4.15 SAMPLE SECURITY PLAN

Prepared by:

DOCUMENT OWNER(S)	PROJECT/ORGANIZATION ROLE

Project Charter Version Control

VERSION	DATE	AUTHOR	CHANGE DESCRIPTION
0.1	04/05/2016	Richard Cefola	Baseline template

4.15.1 INTRODUCTION

This plan governs the integrity, privacy, security, and confidentiality of [Department Name], especially highly sensitive information, and the responsibilities of departments and individuals for such information. IT security measures are intended to protect information assets and preserve the privacy of the department’s employees, sponsors, suppliers, and other associated entities. Inappropriate use exposes the department to risks including virus attacks, compromise of network systems and services, and legal issues.

This Security Plan is based on the ISO/IEC 27001 security checkpoints and is intended as a guide and verification of project and solution controls.

4.15.2 PURPOSE AND SCOPE

The purpose of this plan is to describe how the confidentiality, integrity, and availability of information will be ensured through the implementation of IT security measures. The department’s information security policies and procedures represent the foundation for [Department Name] information security plan. Information security policies serve as overarching guidelines for the use, management, and implementation of information security throughout the project. The information security policies adopted by the project can be found here [Link to Security Policy].

Internal controls provide a system of checks and balances intended to identify irregularities, prevent waste, fraud and abuse from occurring, and assist in resolving discrepancies that are accidentally introduced in the operations of the business. When consistently applied throughout the University, these policies and procedures assure that information technology resources are protected from a range of threats in order to ensure business continuity and maximize the return on investments of business interests.

This plan reflects project team’s commitment to stewardship of sensitive personal information and critical business information, in acknowledgement of the many threats to information security and the importance of protecting the privacy of University constituents, safeguarding vital business information, and fulfilling legal obligations. This plan will be reviewed and updated at least once a year or when the environment changes.

This plan applies to the entire project, including vendors, their employees and temporary employees, contractors, Staff and guests who have access to department’s information technology resources. Such assets include data, images, text, or software, stored on hardware, paper or other storage media.

4.15.3 SYSTEM IDENTIFICATION

System Name/Title	
Enter the Unique Identifier & Name given to the system	<ul style="list-style-type: none"> > {system name / acronym} > {unique ID} > System of Records (SOR) #: <ul style="list-style-type: none"> > {SOR ID}

Responsible Component	
List the component or entity responsible for the system	
Shared Accountability Partner(s)	

System Owner	
Enter name, title, component or entity, address and telephone number of person(s) identified as the owner of the system.	
Additional Comments:	

Information Contacts	
Enter name, title, component or entity, address and telephone number of person(s) designated to be the primary point(s) of contact for the system	
Additional Comments:	
Enter name, title, component or entity, address and telephone number of person(s) designated as a point(s) of contact for system information	
Additional Comments:	

Assignment of Security Responsibility	
Enter the name, title, address and telephone number of the person who has been assigned responsibility for the security of the system	
Additional Comments:	

Assignment of Certification & Accreditation Responsibility

Enter the name, title, address and telephone number of the person who is responsible for preparing the C&A package for the system	
Additional Comments:	

Authorizing Official	
Enter the name, title, address and telephone number of the person who has been assigned responsibility to authorize operation of the information system and to explicitly accept the risk to agency operations, agency assets, or individuals based on the implementation of an agreed-upon set of security controls	
Additional Comments:	

Operational Status
<p>Select one:</p> <p><input type="checkbox"/> Operational (System is operating)</p> <p><input type="checkbox"/> Under Development (The System is being designed, developed, or implemented)</p> <p><input type="checkbox"/> Undergoing a major modification (The System is undergoing a major conversion or transition)</p>
Current operational version is Version X , released [{date} [or proposed for release {date}]]. Version X+1 is scheduled for production release in [date].

General Description/Purpose	
Type of System (select one):	
<input type="checkbox"/> General Support System (GSS) <input type="checkbox"/> Application <input type="checkbox"/> Major Application	<input type="checkbox"/> Sub-System (list parent GSS or Application) <hr/>
Present a brief description (one-three paragraphs) of the function and purpose of the System.	
Include Description here:	
List all applications supported by the system. Also, specify if each application is, or is not, a major	

application.
Include Description here:
Describe each application's function and the type of information and processing it performs.
Include Description here:
Describe the processing flow of the application from system input to system output.
Include Description here:
List user organizations (internal & external) and type of data and processing provided.
Include Description here:

System Environment
Provide a general description of the technical system.
Include Description here:
Describe any environmental or technical factors that raise special security concerns.
Include Description here:

4.15.3.1 SYSTEM DIAGRAMS

[Include graphics that provide a visual explanation of the system operations. Diagrams should include a logical and/or physical representation of the system, as well as the network layout, the data-flow and the database schema.]

Describe the primary computing platform(s) used.
Include Description here:
Describe the principal system components (include hardware, software, and communications resources).
Include Description here:
Describe the type of communications included (e.g. Dedicated circuits, dial circuits, Internet, public data/voice networks)
Include Description here:
Describe the measures taken to protect communication lines.

Include Description here:
Include any security software protecting the system and information.
Include Description here:
Describe the type of security protection provided
Include Description here:

4.15.3.2 SYSTEM INTERCONNECTION/INFORMATION SHARING

List all systems or applications that connect to the subject System (to provide input or receive output). Include the System Name and Unique System Identifiers of other systems or applications that connect to the subject system. Specify the Organizations/Departments owning the other systems, the sensitivity level of each connecting system, and describe the type of Interconnection.	
Include Description here:	
Give an overview of interaction among systems	
Include Description here:	
Does the system provide connectivity to an external system or network (e.g., the Internet)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Include Description here:	
It is required that written authorization (MOUs, MOAs) be obtained prior to connection with other systems and/or sharing sensitive data/information. It should detail the Rules of Behavior that must be maintained by the interconnecting systems. Describe these rules in this section, or attach the rules with this SSP.	
Include Description here:	

4.15.4 SENSITIVITY OF INFORMATION

Applicable Laws, Regulations, or Directives Affecting the System	
List any laws, regulations, or directives (Federal or State) that establish specific requirements for confidentiality, integrity, or availability of data or information in the system.	<ul style="list-style-type: none"> ➤ {Freedom of Information Act (FOIA) ➤ Federal Information Security Management Act (FISMA) of 2002 ➤ Federal Managers' Financial Integrity Act (FMFIA) ➤ FIPS 199, Standards for Security Categorization of

	<p>Federal Information and Information Systems, February 2004</p> <ul style="list-style-type: none"> ➤ FIPS 200, Minimum Security Requirements for Federal Information and Information Systems, March 2006 ➤ Homeland Security Presidential Directive (HSPD)-7, Critical Infrastructure Identification, Prioritization, and Protection ➤ Homeland Security Presidential Directive/HSPD-20, National Continuity Policy ➤ National Archives & Records Administration (NARA) ➤ NIST SP 800-18, Revision 1, February 2006 ➤ NIST SP 800-53, Revision 3, August 2009 ➤ NIST SP 800-53A, July 2008 ➤ OMB Circular A-123 Management Accountability and Control, 1995 ➤ OMB Circular A-127 Financial Management Systems, 1993 ➤ OMB Circular A-130 Management of Federal Information Resources, 2000 ➤ Privacy Act of 1974, as amended ➤ Social Security Act}
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General Description of Sensitivity
Describe, in general terms, the information handled by the system.
Include Description here:
Describe the estimated risk and magnitude of harm resulting from the loss, misuse, or unauthorized access to or modification of information in the system. To the extent possible describe this impact in terms of cost, timeliness, inability to carry out mandated functions etc.
Include Description here:
<p>Relate the information handled to each of three basic protection requirements below. For each of the three categories indicate if the protection requirement is high, medium or low and why. Also indicate the need for the category based on the information handled.</p> <p>High (H): a critical concern</p> <p>Medium (M): an important concern, but not necessarily paramount in the organization's priorities</p> <p>Low (L): some minimal level or security is required, but not to the same degree as the previous two categories</p>

CATEGORY	NEED	PROTECT ON LEVEL	WHY LEVEL OF PROTECTION
Confidentiality	Protect the data contained within the [name of systems] from disclosure at all times; <ul style="list-style-type: none"> ▶ Allow only authorized individuals access to data on an “as-needed” basis. 	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	<ul style="list-style-type: none"> ▶ Loss of confidentiality of information could be expected to have a limited adverse effect on operations and assets. ▶ Security requirements for assuring information confidentiality are therefore an important concern.
Integrity	Protect data contained within the [name of systems] from unauthorized changes; The system must: <ul style="list-style-type: none"> ▶ Allow only authorized individuals the ability to alter records, and ▶ Track to the specific individual who made and/or authorized each change to system records. 	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	<ul style="list-style-type: none"> ▶ The unauthorized modification or destruction of information could be expected to have a limited adverse effect on operations and assets. ▶ Assurance of information integrity is required to the extent that destruction of information would require a minor investment of time and effort to restore to an operational state once it was determined that the integrity of the information was compromised.
Availability	The [name of system] is expected to be available during work hours.	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	<ul style="list-style-type: none"> ▶ The disruption of access to or use of information or information systems could be expected to have a limited adverse effect on operations, assets, or employees.
Additional Comments:			
Overall System Categorization			
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Based on the protection requirements for confidentiality, integrity and availability, the overall system sensitivity is [category]. The effect of the loss, misuse or unauthorized access to [name of system] data could have a [define effect] on operations and assets.			

4.15.5 MINIMUM SECURITY CONTROLS

Each control includes a description and may have supplemental guidance.

Access Control (AC)	TECHNICAL CONTROLS
----------------------------	---------------------------

Access Control Policy and Procedures (AC-1): The organization develops, disseminates, and reviews/updates [Enter: entity defined frequency]:

- A formal, documented access control policy that address purpose, scope, rolls, responsibilities, management commitment, coordination among organizational entities, and compliance
- Formal, documented access control procedures to facilitate the implementation of access control policy and associated access controls

- In Place
- Planned
- Not In Place
- Not Applicable

System-Specific Control
 Hybrid Control
 Common Control
 Individual / Organization Responsible _____

Include control implementation description here:

Account Management (AC-2): The organization manages information system accounts, including:

- Identifying account types (i.e., individual, group, system, application, guest/anonymous, and temporary)
- Establishing conditions for group membership
- Identifying authorized users of the information system and specifying access privileges
- Requiring appropriate approvals for requests to establish accounts
- Establishing, activating, modifying, disabling, and removing accounts
- Specifically authorizing and monitoring the use of guest/anonymous and temporary accounts
- Notifying account managers when temporary accounts are no longer required and when information system users are terminated, transferred, or information system usage or need-to-know/need-to-share changes
- Deactivating:
 - temporary accounts that are no longer required
 - accounts of terminated or transferred users
- Granting access to the system based on:
 - Valid access authorization
 - Intended system usage
 - Other attributes as required by the organization or associated missions/business functions
- Reviewing accounts [Assignment: organization-defined frequency]

- In Place
- Planned
- Not In Place
- Not Applicable

System-Specific Control
 Hybrid Control
 Common Control
 Individual / Organization Responsible _____

Include control implementation description here:

<p>Use of External Information Systems (AC-20): The organization establishes terms and conditions, consistent with any trust relationships established with other organizations owning, operating, and/or maintaining external information systems, allowing authorized individuals to:</p> <ul style="list-style-type: none"> ➤ Access the information system from the external information systems ➤ Process, store, and/or transmit organization-controlled information using the external information systems 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
Audit and Accountability (AU)	TECHNICAL CONTROLS
<p>Auditable Events (AU-2): The organization:</p> <ul style="list-style-type: none"> ➤ Determines, based on a risk assessment and mission/business needs, that the information system must be capable of auditing the following events: [Assignment: organization-defined list of auditable events] ➤ Coordinates the security audit function with other organizational entities requiring audit-related information to enhance mutual support and to help guide the selection of auditable events ➤ Provides a rationale for why the list of auditable events are deemed to be adequate to support after-the-fact investigations of security incidents ➤ Determines, based on current threat information and ongoing assessment of risk, that the following events are to be audited within the information system: [Assignment: organization-defined subset of the auditable events defined in AU-2 a. to be audited along with the frequency of (or situation requiring) auditing for each identified event]. 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>Content of Audit Records (AU-3): The information system produces audit records that contain sufficient information to, at a minimum, establish what type of event occurred, when (date and time) the event occurred, where the event occurred, the source of the event, the outcome (success or failure) of the event, and the identity of any user/subject associated with the event.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	

<p>Enhancement 1 (AU-3): The information system provides the capability to include additional, more detailed information in the audit records for audit events identified by type, location, or subject.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>Audit Monitoring, Analysis, and Reporting (AU-6): The organization:</p> <ul style="list-style-type: none"> ➤ Reviews and analyzes information system audit records [Assignment: organization-defined frequency] for indications of inappropriate or unusual activity, and reports findings to designated organizational officials ➤ Adjusts the level of audit review, analysis, and reporting within the information system when there is a change in risk to organizational operations, organizational assets, individuals, other organizations, or the Nation based on law enforcement information, intelligence information, or other credible sources of information. 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>Time Stamps (AU-8): The information system uses internal system clocks to generate time stamps for audit records.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	

<p>Audit Generation (AU-12): The information system:</p> <ul style="list-style-type: none"> ➤ Provides audit record generation capability for the list of auditable events defined in AU-2 at [Assignment: organization-defined information system components] ➤ Allows designated organizational personnel to select which auditable events are to be audited by specific components of the system ➤ Generates audit records for the list of audited events defined in AU-2 with the content as defined in AU-3 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	

Certification, Accreditation, and Security Assessments (CA)	MANAGEMENT CONTROLS
<p>Security Assessments (CA-2): The organization:</p> <ul style="list-style-type: none"> ➤ Develops a security assessment plan that describes the scope of the assessment including: ➤ Security controls and control enhancements under assessment ➤ Assessment procedures to be used to determine security control effectiveness ➤ Assessment environment, assessment team, and assessment roles and responsibilities ➤ Assesses the security controls in the information system [Assignment: organization-defined frequency] to determine the extent to which the controls are implemented correctly, operating as intended, and producing the desired outcome with respect to meeting the security requirements for the system ➤ Produces a security assessment report that documents the results of the assessment ➤ Provides the results of the security control assessment, in writing, to the authorizing official or authorizing official designated representative. 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>Information System Connections (CA-3): The organization:</p> <ul style="list-style-type: none"> ➤ Authorizes connections from the information system to other information systems outside of the authorization boundary through the use of Interconnection Security Agreements ➤ Documents, for each connection, the interface characteristics, security requirements, and the nature of the information communicated 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable

> Monitors the information system connections on an ongoing basis verifying enforcement of security requirements	
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here	
Plan of Action and Milestones (CA-5): The organization: <ul style="list-style-type: none"> > Develops a plan of action and milestones for the information system to document the organization's planned remedial actions to correct weaknesses or deficiencies noted during the assessment of the security controls and to reduce or eliminate known vulnerabilities in the system > Updates existing plan of action and milestones [Assignment: organization-defined frequency] based on the findings from security controls assessments, security impact analyses, and continuous monitoring activities 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here	
Security Authorization (CA-6): The organization: <ul style="list-style-type: none"> > Assigns a senior-level executive or manager to the role of authorizing official for the information system > Ensures that the authorizing official authorizes the information system for processing before commencing operations > Updates the security authorization [Assignment: organization-defined frequency]. 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here :	
Continuous Monitoring (CA-7): The organization establishes a continuous monitoring strategy and implements a continuous monitoring program that includes: <ul style="list-style-type: none"> > Configuration management process for the information system and its constituent components > B.A determination of the security impact of changes to the information system and environment of operation > Ongoing security control assessments in accordance with the organizational continuous monitoring strategy > Reporting the security state of the information system to appropriate 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable

organizational officials [Assignment: organization-defined frequency]
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control
Individual / Organization Responsible
Include control implementation description here:

Contingency Planning (CP)	OPERATIONAL CONTROLS
<p>Contingency Plan (CP-2): The organization:</p> <ul style="list-style-type: none"> ➤ Develops a contingency plan for the information system that: <ul style="list-style-type: none"> ➤ Identifies essential missions and business functions and associated contingency requirements ➤ Provides recovery objectives, restoration priorities, and metrics ➤ Addresses contingency roles, responsibilities, assigned individuals with contact information ➤ Addresses maintaining essential missions and business functions despite an information system disruption, compromise, or failure ➤ Addresses eventual, full information system restoration without deterioration of the security measures originally planned and implemented ➤ Is reviewed and approved by designated officials within the organization ➤ Distributes copies of the contingency plan to [Assignment: organization-defined list of key contingency personnel (identified by name and/or by role) and organizational elements] <ul style="list-style-type: none"> ➤ Coordinates contingency planning activities with incident handling activities ➤ Reviews the contingency plan for the information system [Assignment: organization-defined frequency] ➤ Revises the contingency plan to address changes to the organization, information system, or environment of operation and problems encountered during contingency plan implementation, execution, or testing ➤ Communicates contingency plan changes to [Assignment: organization-defined list of key contingency personnel (identified by name and/or by role) and organizational elements] 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control	
Individual / Organization Responsible	
Include control implementation description here:	

Incident Response (IR)	OPERATIONAL CONTROLS
<p>Incident Handling (IR-4): The organization:</p> <ul style="list-style-type: none"> ➤ Implements an incident handling capability for security incidents that includes preparation, detection and analysis, containment, eradication, and recovery ➤ Coordinates incident handling activities with contingency planning activities ➤ Incorporates lessons learned from ongoing incident handling activities into incident response procedures, training, and testing/exercises, and implements the resulting changes accordingly 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	

Maintenance (MA)	OPERATIONAL CONTROLS
<p>Controlled Maintenance (MA-2): The organization:</p> <ul style="list-style-type: none"> ➤ Schedules, performs, documents, and reviews records of maintenance and repairs on information system components in accordance with manufacturer or vendor specifications and/or organizational requirements ➤ Controls all maintenance activities, whether performed on site or remotely and whether the equipment is serviced on site or removed to another location ➤ Requires that a designated official explicitly approve the removal of the information system or system components from organizational facilities for off-site maintenance or repairs ➤ Sanitizes equipment to remove all information from associated media prior to removal from organizational facilities for off-site maintenance or repairs ➤ Checks all potentially impacted security controls to verify that the controls are still functioning properly following maintenance or repair actions 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	

Planning (PL)	MANAGEMENT CONTROLS
---------------	---------------------

<p>System Security Plan (PL-2): The organization:</p> <ul style="list-style-type: none"> ➤ Develops a security plan for the information system that: <ul style="list-style-type: none"> ➤ Is consistent with the organization’s enterprise architecture ➤ Explicitly defines the authorization boundary for the system ➤ Describes the operational context of the information system in terms of missions and business processes ➤ Provides the security category and impact level of the information system including supporting rationale ➤ Describes the operational environment for the information system ➤ Describes relationships with or connections to other information systems ➤ Provides an overview of the security requirements for the system ➤ Describes the security controls in place or planned for meeting those requirements including a rationale for the tailoring and supplementation decisions ➤ Is reviewed and approved by the authorizing official or designated representative prior to plan implementation ➤ Reviews the security plan for the information system [Assignment: organization-defined frequency] ➤ Updates the plan to address changes to the information system/environment of operation or problems identified during plan implementation or security control assessments 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>Privacy Impact Assessment (PL-5): The organization conducts a privacy impact assessment on the information system in accordance with department policy.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>Security-Related Activity Planning (PL-6): The organization plans and coordinates security-related activities affecting the information system before conducting such activities in order to reduce the impact on organizational operations (i.e., mission, functions, image, and reputation), organizational assets, and individuals.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable

<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____
Include control implementation description here:

Risk Assessment (RA)	MANAGEMENT CONTROLS
Security Categorization (RA-2): The organization: <ul style="list-style-type: none"> ➤ Categorizes information and the information system in accordance with applicable federal laws, Executive Orders, directives, policies, regulations, standards, and guidance ➤ Documents the security categorization results (including supporting rationale) in the security plan for the information system ➤ Ensures the security categorization decision is reviewed and approved by the authorizing official or authorizing official designated representative. 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
Risk Assessment (RA-3): The organization: <ul style="list-style-type: none"> ➤ Conducts an assessment of risk, including the likelihood and magnitude of harm, from the unauthorized access, use, disclosure, disruption, modification, or destruction of the information system and the information it processes, stores, or transmits ➤ Documents risk assessment results in [Selection: security plan; risk assessment report; {Assignment: organization-defined document}] ➤ Reviews risk assessment results [Assignment: organization-defined frequency] ➤ Updates the risk assessment [Assignment: organization-defined frequency] or whenever there are significant changes to the information system or environment of operation (including the identification of new threats and vulnerabilities), or other conditions that may impact the security state of the system 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	

System and Services Acquisition (SA)	MANAGEMENT CONTROLS
<p>Information System Documentation (SA-5): The organization:</p> <ul style="list-style-type: none"> ➤ Obtains, protects as required, and makes available to authorized personnel, administrator documentation for the information system that describes: <ul style="list-style-type: none"> ➤ Secure configuration, installation, and operation of the information system ➤ Effective use and maintenance of security features/functions ➤ Known vulnerabilities regarding configuration and use of administrative (i.e., privileged) functions ➤ Obtains, protects as required, and makes available to authorized personnel, user documentation for the information system that describes: <ul style="list-style-type: none"> ➤ User-accessible security features/functions and how to effectively use those security features/functions ➤ Methods for user interaction with the information system, which enables individuals to use the system in a more secure manner ➤ User responsibilities in maintaining the security of the information and information system ➤ Documents attempts to obtain information system documentation when such documentation is either unavailable or nonexistent 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>External Information System Services (SA-9): The organization:</p> <ul style="list-style-type: none"> ➤ Requires that providers of external information system services comply with organizational information security requirements and employ appropriate security controls in accordance with applicable federal laws, Executive Orders, directives, policies, regulations, standards, and guidance ➤ Defines and documents government oversight and user roles and responsibilities with regard to external information system services ➤ Monitors security control compliance by external service providers 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
System and Information Integrity (SI)	OPERATIONAL CONTROLS

<p>Flaw Remediation (SI- 2): The organization:</p> <ul style="list-style-type: none"> ➤ Identifies, reports, and corrects information system flaws: <ul style="list-style-type: none"> ➤ Tests software updates related to flaw remediation for effectiveness and potential side effects on organizational information systems before installation ➤ Incorporates flaw remediation into the organizational configuration management process ➤ Incorporates flaw remediation into the organizational configuration 	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	
<p>Information Output Handling and Retention (SI-12): The organization handles and retains output from the information system in accordance with applicable laws, Executive Orders, directives, policies, regulations, standards, and operational requirements.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Planned <input type="checkbox"/> Not In Place <input type="checkbox"/> Not Applicable
<input type="checkbox"/> System-Specific Control <input type="checkbox"/> Hybrid Control <input type="checkbox"/> Common Control Individual / Organization Responsible _____	
Include control implementation description here:	

4.15.6 SECURITY FINDINGS

Source _____

Control	
Finding	
Risk	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Recommendation	

Control	
---------	--

Finding			
Risk	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Recommendation			

Control			
Finding			
Risk	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Recommendation			

Control			
Finding			
Risk	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Recommendation			

4.15.7 DOCUMENTATION

List the documentation maintained for the system (e.g., vendor documentation of hardware/software, functional requirements, system security plans, system program manuals, test results documents, standard operating procedures, emergency procedures, contingency plans, user rules/procedures, risk assessment, certification/accreditation statements/documents, verification reviews and site inspections.

4.15.8 APPROVALS

4.15.8.1 SIGN-OFF SHEET

I have read the above Security Management Plan and pledge my full commitment and support for the Plan.

Project Manager: _____

Date: _____

ORIGIN ID:BLUA (916) 326-4446
ROBERT RODRIGUEZ
CAMBRIA SOLUTIONS
1050 20TH STREET
SUITE 275
SACRAMENTO, CA 95811
UNITED STATES US

SHIP DATE: 16MAY16
ACTWGT:
CAD: 3506459/INET3730

BILL SENDER

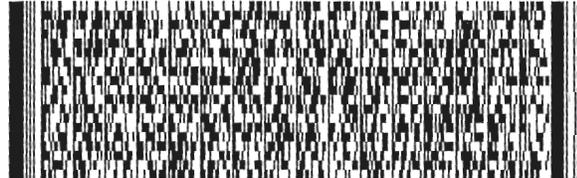
TO JENNIFER CROUSE - ROBERT THOMPSON
NEBRASKA-STATE PURCHASING BUREAU
1526 K STREET
SUITE 130
LINCOLN NE 68508

540.116323/727F

(402) 471-6500
INV:
PO:

REF: RFP 5252 Z1

DEPT:



FedEx
Express



J1611082859/ur

TUE - 17 MAY 10:30A

PRIORITY OVERNIGHT

TRK# 7763 1004 1687
0201

DSR

68508

NE-US OMA

XX LNKA



2016 MAY 17 AM 8 51



* * * Communication Result Report (May. 16. 2016 6:33AM) * * *

1) CSINFO
2)

Date/Time: May. 16. 2016 6:32AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
0558	Memory TX	14024712089	P. 4	OK	

Reason for error

- E. 1) Hang up or line fail
- E. 2) Busy
- E. 3) No answer
- E. 4) No facsimile connection
- E. 5) Exceeded max. E-mail size
- E. 6) Destination does not support IP-Fax



TO Jennifer Crouse & Robert Thompson FROM Cambria Solutions, Inc. (RFP 5252 Z1)
 COMPANY Administrative Services, Nebraska DATE May 16, 2016
 FAX NO. 1-402-471-2089 TOTAL PAGES, INCLUDING COVER 4 total
 pg. 1 of 4

PLEASE REVIEW PLEASE APPROVE PLEASE REPLY URGENT

COMMENTS Insurance Certificates in response to RFP 5252 Z1
 State of Nebraska, State Purchasing Bureau
 Administrative Services

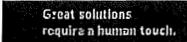
Dear Ms. Crouse and Mr. Thompson,

Please accept the attached Certificates of Liability Insurances for RFP 5252 Z1 for General Liability and for Workers' Compensation, including a Waiver of subrogation in favor of the State of Nebraska.

Thank you.
Cambria Solutions, Inc.

If any of these four (4) pages are missing or illegible, please contact Lynda Marenich at marketing@cambrasolutions.com.

1. Certificate of Liability Insurance: Commercial General Liability & Automobile Liability
2. Certificate of Liability Insurance: Workers' Compensation & Employers' Liability
3. Waiver of subrogation in favor of the State of Nebraska





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER License # 0B50501 Armstrong & Associates 239 W Court St, Bldg A Woodland, CA 95695
CONTACT NAME: Ben Stultz
PHONE: (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS: bstultz@armstrongprofessional.com
INSURER(S) AFFORDING COVERAGE
INSURER A: Oak River Insurance Company NAIC # 34630
INSURED Cambria Solutions, Inc. 1050 20th Street, Suite 275 Sacramento, CA 95811

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RFP number for project: RFP 5252 Z1 "Waiver of subrogation in favor of the State of Nebraska applies"

pg. 3 of 4

CERTIFICATE HOLDER CANCELLATION

Administrative Services State Purchasing Bureau 1526 K Street, Suite 130 Lincoln, NE 68508
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE Martin Armstrong

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

State of Nebraska

RFP 5252 Z1

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective 4/19/2016

Policy No. CAWC708236

Endorsement No. WC040306

Insured Cambria Solutions, Inc.

Insurance Company Oak River Insurance Comany

Countersigned by _____

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