



Proposal For

Nebraska Department of Health and Human Services

RFP # 109035 O3

Independent Verification and Validation
(IV&V) Services

berrydunn.com

BerryDunn

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Proposal Submitted On:
November 19, 2021
by 2:00 P.M. CT



Transmittal Letter

November 19, 2021

Andy Budell/Holly Glasgow
Department of Health and Human Services
301 Centennial Mall S
Lincoln, NE 68508

Submitted electronically to <https://nebraska.sharefile.com/r-r0b1b17dbb95641dfb7eafc046d233635>

Dear Andy Budell/Holly Glasgow:

BerryDunn McNeil & Parker, LLC (BerryDunn) is pleased to submit this proposal to the Nebraska (the State) Department of Health and Human Services (DHHS) in response to Request for Proposal (RFP) # 109035 O3 for Independent Verification and Validation (IV&V) services to support the Division of Medicaid & Long Term Care (MLTC) in implementing enterprise improvements.

BerryDunn is a national consulting and accounting firm with a dedicated Consulting Services team committed to supporting state agencies and the people they serve. For over 30 years, BerryDunn has supported the success of health and human services (HHS) agencies as they enhance and modernize their Medicaid programs and enterprise systems. This includes helping HHS clients in both the IV&V and project management office (PMO) project roles to meet the Centers for Medicare & Medicaid Services (CMS) system certification requirements.

Our approach to every project we support is simple: **consistently provide high-quality services and strive for unparalleled client satisfaction.** You can feel confident selecting BerryDunn and our team of experienced professionals—backed by over 650 employees. We have the expertise, proven methodologies, and experienced resources to assist DHHS and MLTC in their goal of “Helping People Live Better Lives.”

We acknowledge the receipt of Addendum One, Questions and Answers and Addendum Two, Revised RFP Sections.

We have included in our response the following files:

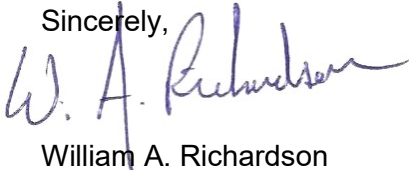
- RFP # 109035 O3 BerryDunn Technical Proposal File 1 of 3
- RFP # 109035 O3 BerryDunn Cost Proposal File 2 of 3
- RFP # 109035 O3 BerryDunn Technical Proposal Redacted File 3 of 3 – This file contains the following redactions:
 - Section 1.b – Financial Statements – BerryDunn is a privately held Certified Public Accounting and Consulting firm and our financial information is considered confidential and proprietary.

- Section 2.f.vi, Table 21, item 4 – Information in this section regarding BerryDunn's Consulting Quality Management (CQM) program is proprietary and so should be considered confidential.
- Resume References – The references for our key staff contain personal information, so should be considered confidential.
- Work Samples – Appendix E, Appendix G, Appendix H, Appendix I, and Appendix J – This information is not made available for release to the public, so it should be considered confidential.
- Templates – Appendix C, Appendix F – We maintain a template library that we will use as the basis for the Privacy and Security Plan and for the Monthly IV&V and Weekly IV&V Status Reports. We have built these templates through our 25 years of IV&V experience and consider them proprietary.
- IV&V Project Schedule (Work Plan) – Appendix D – We have developed the IV&V Project Schedule specifically for Medicaid enterprise improvement projects and consider it proprietary.

As a principal in our Consulting Services team, I am authorized to bind BerryDunn to the commitments made herein. Should you have questions, please contact me at 207.842.8023 or brichardson@berrydunn.com.

We appreciate this opportunity and thank you for your consideration. We look forward to the opportunity to develop a long and productive relationship with the State.

Sincerely,



William A. Richardson
Principal

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Executive Summary

Medicaid has gone through many changes since President Johnson signed the bill that led to the creation of Medicare and Medicaid in 1965. Changes include: the Children's Health Insurance Program (CHIP) created in 1997 to give health insurance and preventive care to nearly 11 million, or 1 in 7, uninsured American children; the Medicare Prescription Drug Improvement and Modernization Act of 2003, where private health plans approved by Medicare became known as Medicare Advantage Plans; the optional prescription drug benefit, "Part D," which went into effect in 2006; and the 2010 Affordable Care Act (ACA) brought the Health Insurance Marketplace, a single place where consumers can apply for and enroll in private health insurance plans.

States across the nation, including Nebraska, were challenged with new compliance requirements surrounding ACA, Medicaid Information Technology Architecture (MITA) 3.0, and the "Seven Standards and Conditions" set forth by CMS. States began investing in integrated eligibility solutions and new technology to achieve compliance. These integrated solutions were intended to leverage electronic data across agencies to produce efficient and coordinated eligibility outcomes. States were promised out-of-the-box systems guaranteed to reduce maintenance costs, deliver flexible, agile, and enterprise class technologies, and streamlined business processes.

Numerous states, including Nebraska, successfully modified their existing system solutions to meet the minimal requirements of ACA compliance. Once states met the basic requirements of ACA, the popular methodology was the traditional, "big-bang" approach for implementing the new Medicaid Management Information System (MMIS). However, states such as New York, California, Montana, Maryland, Maine, Nebraska, and South Dakota discovered the "big-bang" approach added levels of complexity and risk that increased expenses and pushed projects behind schedule. Because of these issues, CMS asked states to try different approaches, and modularity became the new method to reduce the risk of the traditional approach. Nebraska currently has five major projects to update and improve their Medicaid Enterprise System (MES).

1. Electronic Visit Verification (EVV). With this implementation, an EVV platform will be available for Aged and Disabled (AD) Waiver and Personal Assistance Services (PAS) providers. Providers will be able to use computers, smart phones, and tablets for billing personal care, companion, and chore AD. Following implementation, the CMS certification review will occur at a future date.
2. Interoperability and Patient Access. This project begins in March 2022, with expected implementation in August 2022.
3. Integrated Eligibility & Enrollment / Benefits Management (IE&E/BM). The public portal will go live in April 2022, and the acquirement of an IE&E/BM solution has yet to be determined.
4. Point of Sale (POS) Drug Claim Processing. The procurement process will begin in June 2022, with expected implementation by January 2023.

5. Health Information Technology for Economic and Clinical Health Act (HITECH) to MES Transition. Currently in transition, with an upcoming certification review in May 2022.

The role of the IV&V service provider is to help ensure that both the needs of the State and the requirements established by the CMS are met. Identifying an IV&V provider that is truly independent is essential for avoiding conflicts (real or perceived) with the recommendations provided during the project. In enterprise projects with the magnitude of MLTC's, IV&V will help drive project success by identifying and making recommendations for risks and issues on all aspects of the effort—from project management to software development, implementation, testing, readiness verification, training, and organizational readiness.

As you evaluate which firm is best for MLTC, please consider the following benefits and strengths that BerryDunn and our IV&V approach offer:

- **True independence and objectivity.** BerryDunn does not sell or develop hardware or software, nor do we partner with systems contractors or systems integrators (SIs). In our experience, very few consulting firms working with HHS agencies or Medicaid agencies can make this statement. With BerryDunn as your IV&V partner, DHHS and MLTC will receive objective, unbiased IV&V assessments and recommendations that are in the best interest of MLTC initiatives—and, ultimately, the Nebraska residents who benefit from the services and support you provide.
- **Over 25 years of IV&V experience with state HHS agencies.** BerryDunn provides the experience and expertise required to help ensure the success of the Medicaid enterprise improvement projects undertaken by MLTC. Through our experience performing IV&V services to HHS and Medicaid agencies in states such as Maine, Maryland, Massachusetts, Missouri, New Hampshire, and Ohio, we have developed an IV&V methodology that reflects standards such as the Institute of Electrical and Electronics Engineers (IEEE) and the Project Management Body of Knowledge® (PMBOK® Guide). We will tailor our approach to MLTC and the project, allowing our team to immediately add value and support project success. In addition, our project team will build upon the lessons learned from our current and past IV&V engagements, and consider opportunities for collaboration and reusability.
- **An IV&V approach that provides valuable findings and actionable recommendations.** HHS agencies across the United States lament their experiences with contractors that “check the box” for IV&V work and simply “go through the motions” of identifying issues. Since 2016, the Ohio Medicaid Enterprise System (OMES) program has benefited from the meaningful and actionable reporting and recommendations provided by BerryDunn’s IV&V project team. For example, by implementing our recommendations regarding incorporating Organizational Change Management (OCM) activities at the earliest possible point in the project, the OMES program is now better positioned to mitigate resistance to change as it implements a modernized modular MMIS. OMES program leadership’s ability to successfully introduce a state-managed set of OCM tools and processes is a testament to the dialog created through actionable recommendations. In selecting BerryDunn, your leadership will receive significant value from our IV&V team that will positively impact and enhance MLTC.

- **Proactivity.** With deadlines rapidly approaching on the five major projects, we can step in and efficiently analyze existing projects. We can support MLTC in maintaining schedule deadlines and federal funding. BerryDunn has an impeccable record in working with states across the nation, specifically with Medicaid Enterprise Systems and MMISs. We have witnessed both successes and challenges as states complete planned projects and begin new initiatives. Our team specializes in collaborating with State Subject Matter Experts (SMEs) in designing roadmaps for current and future projects, and recognizing and reducing risk early to provide efficient and factual milestone recommendations and scorecards when communicating with federal partners.
- **A stable and well-established firm.** BerryDunn has been in business for 47 years and has grown consistently year after year, without a change in ownership. We have successfully completed numerous multiyear, high-profile engagements and served the same clients for 5-, 10-, and 20-year durations. BerryDunn's longevity and stability provides our clients with confidence when engaging us to assist with large and complex projects.

As MLTC works on projects to improve their MES, they need a truly independent IV&V partner to help ensure projects are developed according to their vision of process re-engineering with automated solutions to support the new business model.

1 – BerryDunn Overview

1.a – Identification and Information

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



Berry Dunn McNeil & Parker, LLC (BerryDunn) is an independent consulting and certified public accounting firm formed in 1974 that serves clients nationally. We have experienced sustained growth and financial stability throughout our 47-year history. A privately held company, BerryDunn is incorporated and organized to do business in the State of Maine, and currently employs over 650 professionals.

BerryDunn is headquartered at 2211 Congress Street, Portland, Maine, 04102 and provides consulting services for clients throughout the United States from our eight office locations. Other names under which our organization has been organized and conducted business include:

- Berry, Dunn & McNeil Chartered – from 1974 to 1982
- Berry, Dunn, McNeil & Parker Chartered – from 1982 to 1999

1.b – Financial Statements

The Contractor should provide financial statements applicable to the firm. If publicly held, the Contractor should 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 contractor's financial or banking organization.

If the Contractor 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, should 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 should provide a banking reference.

The Contractor 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.

The State can have confidence that BerryDunn is a financially sound firm with the strength and integrity to successfully support the projects detailed in the DHHS's RFP 109035 O3. As a privately held certified public accounting and consulting firm, BerryDunn is not required to prepare audited or unaudited financial statements. However, the financial information and figures provided in this section exemplify the strong financial condition of our firm.

During our 47-year history, BerryDunn has sustained steady growth. Today we provide a full range of professional services, including information technology (IT) and management consulting; tax, audit, and accounting services; and wealth management. BerryDunn employs more than 650 staff members (including 200 in our Consulting Services team), and has a long and successful history of working with state, Medicaid, and local agencies across the country in support of IT and management initiatives—including providing IV&V services for the Ohio

Department of Medicaid (ODM), Missouri Department of Social Services (DSS), and Massachusetts Health Insurance Exchange and Integrated Eligibility System (HIX/IES) entities.

Should MLTC require additional information regarding BerryDunn's financial stability, we would be pleased to provide that at your request. Additionally, for more information on BerryDunn's financial stability, you may contact William Schad, Vice President, Commercial Lending at TD Bank in Portland, Maine, at 207-761-8612 or by email at william.schad@tdbanknorth.com.

Figure 1 presents BerryDunn's revenue for the previous 15 fiscal years. Figure 2 provides BerryDunn's condensed financial information for the previous three fiscal years. To further demonstrate our financial stability, we have provided a letter in Figure 3 from BerryDunn's primary financial institution demonstrating our good standing.

Figure 1: BerryDunn Yearly Revenue (in millions) Previous 15 Fiscal Years

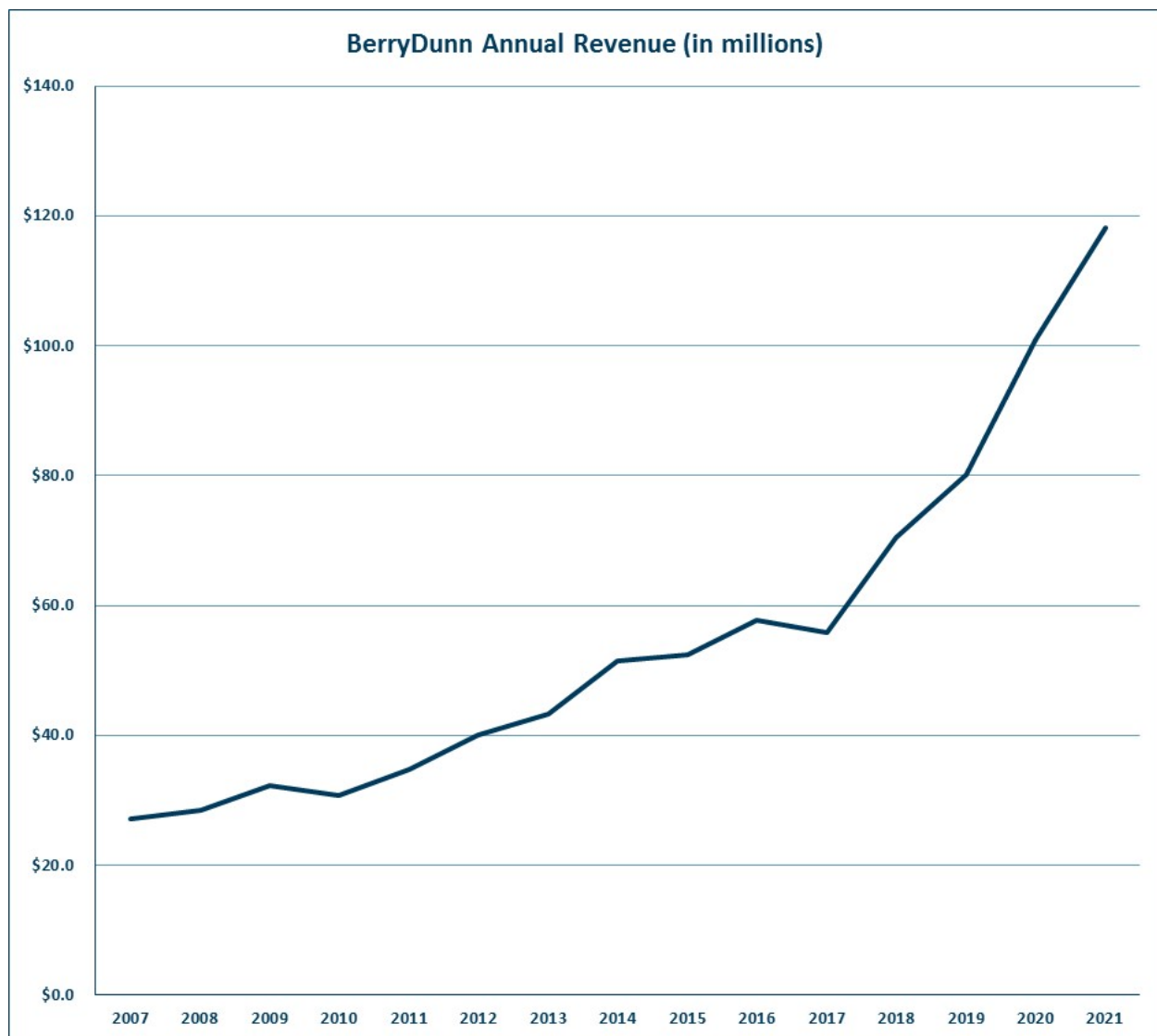


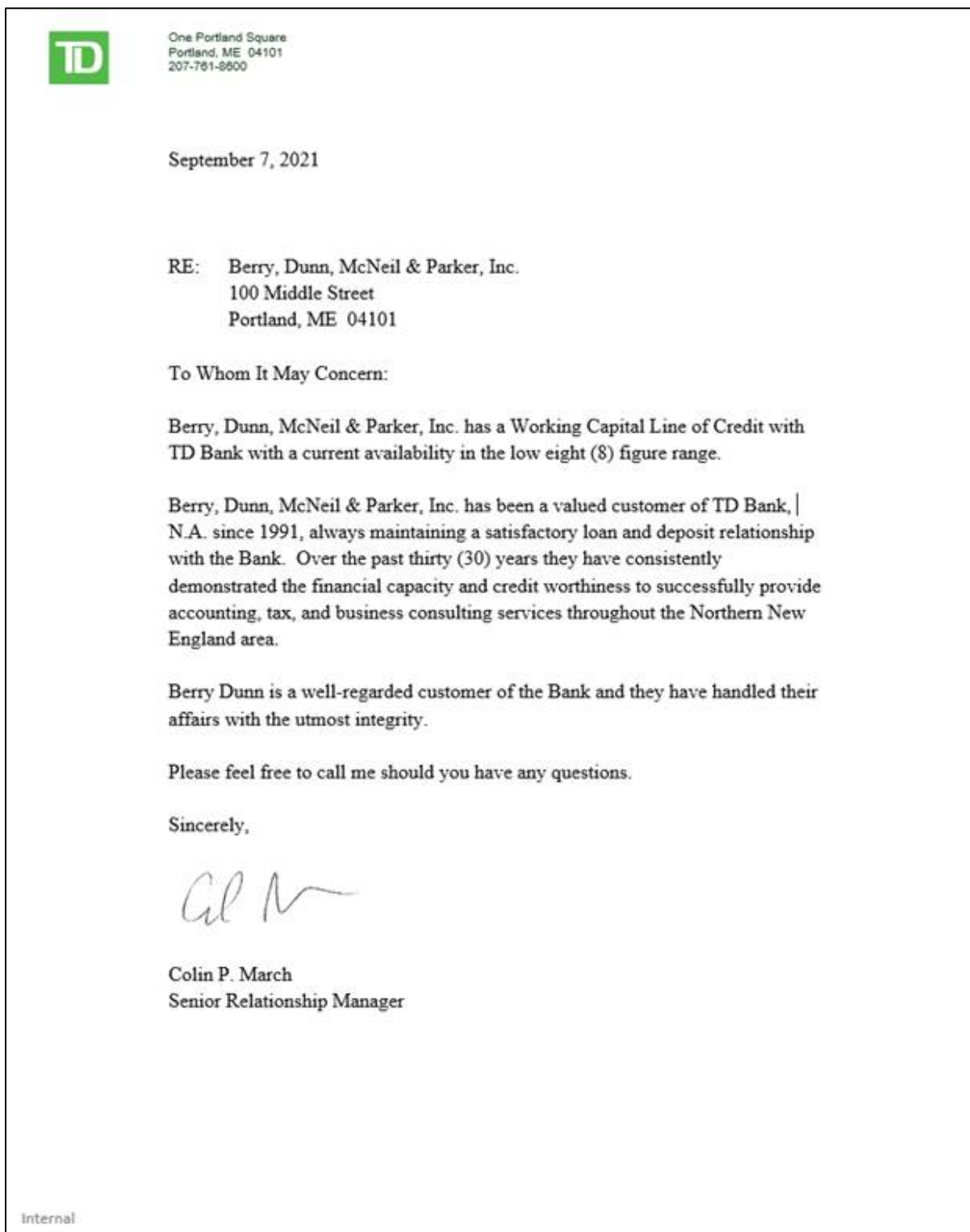
Figure 2: Condensed Financial Information for the Years Ended June 30

**Berry Dunn McNeil & Parker
Condensed Financial Information
For the Years Ended June 30**

	<u>FY19</u>	<u>FY20</u>	<u>FY21</u>
Current Assets	\$ 23,522,465	\$ 35,993,582	\$ 42,783,489
Fixed Assets, Net	3,439,420	3,294,450	6,388,402
	<u>\$ 26,961,885</u>	<u>\$ 39,288,032</u>	<u>\$ 49,171,891</u>
Current Liabilities	7,755,046	16,852,123	20,886,863
Amounts due Principals & Principals' Equity	19,206,839	22,435,909	28,285,028
	<u>\$ 26,961,885</u>	<u>\$ 39,288,032</u>	<u>\$ 49,171,891</u>
Operating Revenue	80,072,954	100,873,623	118,086,764
Salary & Benefits	(47,486,161)	(61,300,880)	(72,173,444)
Depreciation & Amortization	(767,886)	(972,118)	(1,061,243)
Interest Expense	(115,830)	(108,420)	(27,998)
All Other Operating Expenses	(18,495,582)	(21,981,966)	(23,565,673)
Net Income	<u>\$ 13,207,495</u>	<u>\$ 16,510,239</u>	<u>\$ 21,258,406</u>

The above information is confidential and proprietary to Berry, Dunn, McNeil & Parker. Any inquiries or requests for additional information should be direct to Sarah Belliveau, Managing Principal

Figure 3: BerryDunn's Letter Demonstrating Good Financial Standing



BerryDunn has no judgements, pending or expected litigation, or any other real or potential financial reversals to disclose which might materially affect the viability or stability of the organization.

1.c – 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 Contractor should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded Contractor(s) will require notification to the State.

BerryDunn does not anticipate any change in ownership or control of the company during the 12 months following the proposal due date.

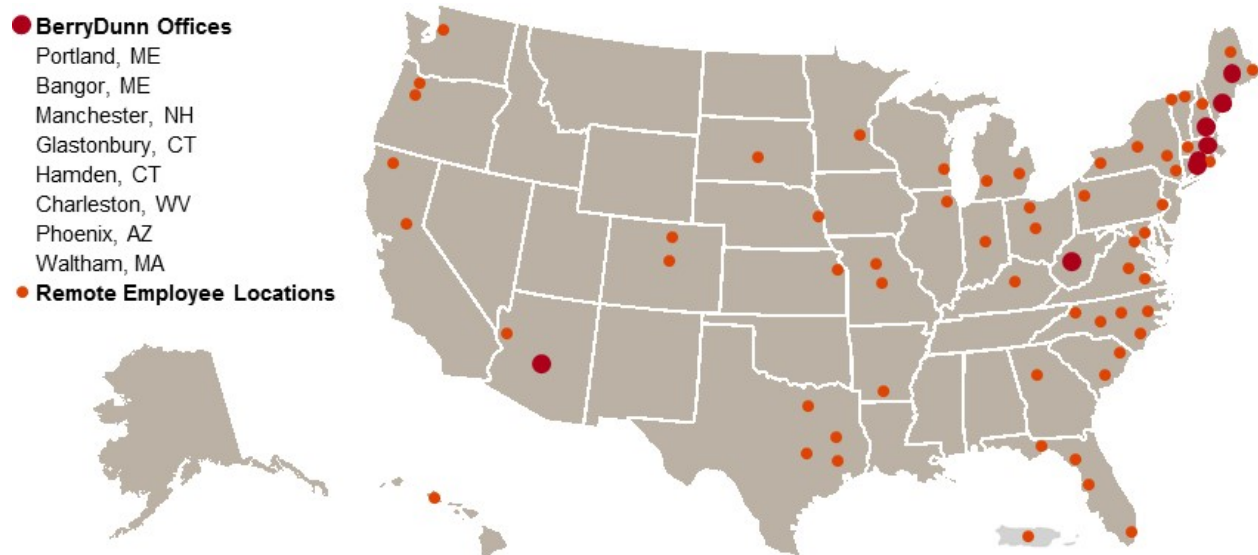
1.d – Office Location

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

BerryDunn serves clients nationally through our headquarters in Portland, ME and through our offices located in Bangor, ME; Manchester, NH; Waltham, MA; Glastonbury, CT; Hamden, CT, Charleston, WV; and Phoenix, AZ. In addition, we have employees based across the country as shown in the map in Figure 4 below.

Our strong client references and our repeated selection by past clients to perform additional work speaks to our ability and commitment to being responsive to client needs—regardless of the geographic location or time zone.

Figure 4: BerryDunn Offices and Employee Locations



BerryDunn regularly work with clients around the country and have been successful in meeting their needs. We do this by planning an appropriate level of on-site work to meet project objectives and by providing our team members with the technologies and tools they need to successfully perform their work, regardless of their location.

1.e – Relationships with the State

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

BerryDunn has not been engaged with the State during the previous two years.

1.f – Contractor's Employee Relations to State

If any Party named in the Contractor's proposal response is or was an employee of the State within the past twenty-four (24) months, Contractor shall 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, Contractor shall so declare.

If any employee of any agency of the State of Nebraska is employed by the Contractor or is a Subcontractor to the Contractor, as of the due date for proposal submission, Contractor shall identify all such persons by name, position held with the Contractor, 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 Contractor may be disqualified from further consideration in this proposal. If no such relationship exists, Contractor shall so declare.

No party named in BerryDunn's proposal is or was an employee of the State within the past 24 months and no employee of any agency of the State of Nebraska is employed by BerryDunn or a subcontractor.

1.g – Contract Performance

If the Contractor 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 Contractor's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the Contractor or litigated and such litigation determined the Contractor to be in default.

It is mandatory that the Contractor 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 Contractor's position on the matter. The State will evaluate the facts and will score the Contractor's proposal accordingly. If no such termination for default has been experienced by the Contractor in the past five (5) years, Contractor shall so declare.

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

At no time during the past five years has BerryDunn had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason.

1.h – Summary of BerryDunn's Corporate Experience

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

The Contractor should address the following:

- i. Provide narrative descriptions to highlight the similarities between the Contractor's experience and this solicitation. These descriptions should 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 should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a Contractor performed as the prime Contractor, the description should 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 should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.
- iii. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

BerryDunn has more than 25 years of IV&V experience with systems of a similar size and scope—including operational and systems readiness, and CMS and MITA compliance. During this time, we have acquired deep experience working with clients such as Missouri, Puerto Rico, Ohio, and West Virginia to help them modernize and implement their MMIS. Additionally, we have over 15 years of IV&V experience for state Medicaid agencies.

Table 1 illustrates BerryDunn's experience with IV&V, enterprise improvements, CMS and MITA compliance, operational and systems readiness, and Medicaid agencies. See Table 2 for our narrative description of BerryDunn's IV&V and MMIS experience with Ohio ODM. Table 3 provides the narrative of our firm's IV&V experience with the Missouri Eligibility Determination and Enrollment System (MEDES). Lastly, for a narrative description of BerryDunn's MMIS experience with Puerto Rico's Department of Health (PRDoH), see Table 4. BerryDunn was the prime contractor for all projects in this section.

Table 1: BerryDunn Project Experience

Client	Project	IV&V	Enterprise Improvements	CMS & MITA Compliance	Operational & Systems Readiness	Medicaid Agency
City of Bismarck, North Dakota	Land Management System IV&V (8/2013 to 1/2015)	✓				
City of Richmond, Virginia	Planning for Selection of Enterprise Resource Planning System and IV&V for Revenue and Assessment Collection System (6/2006 to 3/2008)	✓				
Kentucky Department of Revenue	IV&V Services for Integrated Tax System Implementation (5/2019 to present)	✓			✓	
Kentucky Transportation Cabinet and Commonwealth Office of Technology	IV&V for Kentucky Automated Vehicle Information System (8/2015 to 11/2015)	✓				
Maine Department of Health and Human Services	IV&V and Quality Assurance (QA) Services (4/2008 to 6/2012)	✓	✓	✓	✓	✓
Maine Office of Information Technology	Point-In-Time IV&V for Comprehensive Child Welfare Information System (7/2020 to present)	✓				
Maryland Health Benefit Exchange (HBE)	IV&V for Maryland's HBE Implementation (11/2012 to 4/2014)	✓	✓	✓		
Maryland Judiciary	Development of Comprehensive Strategy and Requirements and IV&V for an Integrated Financial Systems Solution (2/2008 to 9/2011)	✓				
Massachusetts Executive Office of Health and Human Services, Departments of Public Health, Mental Health, and Developmental Services	Next Generation Systems Planning Project and MITA State Self-Assessment (SS-A) (2011 to 2015)		✓	✓		

Client	Project	IV&V	Enterprise Improvements	CMS & MITA Compliance	Operational & Systems Readiness	Medicaid Agency
Massachusetts HIX/IES Entities	Financial Review and Cost Allocation Planning (10/2012 to 9/2019)	✓	✓			
Massachusetts HIX/IES Entities	IV&V for HIX/IES Implementation (10/2012 to 9/2019)	✓	✓		✓	
Massachusetts Human Resources Division	IV&V of PeopleSoft System Upgrade (9/2009 to 6/2010)	✓				
Missouri DSS, Family Services Division (FSD)	MEDES IV&V Services (7/2013 to present)	✓	✓	✓	✓	✓
Missouri DSS, FSD	Independent Security Assessments (6/2014 to present)		✓			
Missouri DSS, MO HealthNet Division	Business Intelligence Solution-Enterprise Data Warehouse (BIS-EDW) and Program Integrity (PI) Solutions PMO (11/2017 to present)		✓	✓	✓	✓
New Hampshire Department of Health and Human Services	IV&V for Medicaid Decisions Support System Implementation (1/2003 to 6/2005)	✓	✓	✓	✓	✓
Ohio Department of Administrative Services	IV&V Services to Support Enterprise Initiatives (8/2020 to present)	✓	✓	✓		✓
Ohio ODM	Ohio Medicaid Enterprise System IV&V Services (12/2016 to present)	✓	✓	✓		✓
Puerto Rico Department of Health	Puerto Rico Medicaid Program Enterprise Objective Monitoring and Control (EOMC) Services (10/2019 to present)		✓	✓		✓
Vermont Department of Labor	IV&V for IT Systems Contingency Plan (8/2012 to 9/2012)	✓				
Vermont Department of Labor	IV&V Report of Labor Enterprise Computing System Information (11/2017 to 3/2018)	✓				
West Virginia Bureau for Medical Services (BMS)	IV&V RFP Assistance (5/2012 to 5/2014)	✓	✓	✓		✓

Client	Project	IV&V	Enterprise Improvements	CMS & MITA Compliance	Operational & Systems Readiness	Medicaid Agency
West Virginia BMS	Medicaid Enterprise Modernization Strategy and Procurement Project (1/2021 to present)		✓	✓	✓	✓
West Virginia BMS	Project Management (PM) for MMIS Re-procurement and Implementation (4/2006 to 12/2016)		✓	✓	✓	✓
West Virginia BMS	MITA SS-A Maintenance and Annual Update Assistance (2015 to present)		✓	✓	✓	✓

1.h.i – Ohio Department of Medicaid (ODM)

Table 2: BerryDunn's IV&V and MMIS experience with the ODM

Ohio ODM IV&V Services for MMIS	
Project Time Period	12/2016 to present
Schedule & Completion Date	This project is ongoing. Scheduled to be completed 6/2022.
BerryDunn's Responsibilities	The ODM's goal is to modernize the Ohio Medicaid system, comprised of the Medicaid Information Technology System and associated systems, by relying on new custom development and commercial-off-the-shelf (COTS) solutions. This effort, managed as the OMES program, affects Ohio ODM as well as its sister state agencies. The modernized solution is guided by CMS standards for system architecture and integration to build a modular system composed of best-in-breed applications and technology. Given the importance of CMS certification in order for the State to receive 90% federal funding for the OMES project, a central part of BerryDunn's IV&V role is to review CMS certification evidence packets and provide guidance to ODM to help ensure a successful certification process. To support Ohio's certification, our team is using BerryDunn's Certification 360 Library, which contains nearly 100 artifacts, templates, and process flows that help support the certification process and make it as efficient and effective as possible. Our Ohio-based team guided ODM through its first modular certification effort, which focused on the R1, R2, and R3 Milestone Reviews for ODM's Pharmacy Benefit Management (PBM) module. In addition, we have the distinction of supporting Ohio as the first state to undergo certification for an EVV system. During this effort we worked collaboratively with ODM and CMS to clarify the

Ohio ODM IV&V Services for MMIS	
	applicability of certification criteria to EVV functionality and pilot CMS's Outcomes-Based Certification (OBC) model. Through this collaborative partnership, ODM's EVV system achieved certification under the OBC approach in 2018. BerryDunn produces a biweekly IV&V Progress, Risk, and Issue Report for CMS and ODM that documents our assessments, risks, issues, and corresponding recommendations. Through open lines of communication with ODM stakeholders, we have established reporting metrics that provide insight into progress and overall project health for the State. This has resulted in a unified partnership between IV&V and ODM, various module vendors, and consulting firms that are stakeholders in the OMES program. Our main objective is to help ensure the OMES program is successful for all involved. The scope of our IV&V services includes: • Providing oversight to ODM to help ensure compliance with CMS guidelines • Providing insight and sharing experience on the RFP development and procurement processes based on marketplace experience • Analyzing the Microsoft Project-based project schedule, including assessing resource allocation and task dependencies, as well as monitoring scope, schedule, quality, resource management, and risk and issue management • Identifying and providing recommendations to mitigate potential risks • Identifying and providing recommendations to resolve issues • Assessing the completeness and sufficiency of test planning documents and test execution using module-level OBC Intake Forms as the foundation for testing observation • Reviewing OBC Key Performance Indicators (KPIs) to validate data queries and sources, verify query results, and confirm KPI calculations • Reviewing and assessing the sufficiency and completeness of documentation (e.g., procedural documents, process flows) describing the processes and procedures for OBC KPI reporting • Ensuring program and project activities align with Medicaid Enterprise Certification Life Cycle (MECL) phases for the planning, Design, Development and Implementation (DDI), and operations OMES modules • Performing CMS certification reviews and support based on current Medicaid Enterprise Certification Toolkit (MECT) guidelines • Reviewing CMS certification-required artifacts, including concepts of operations, data and technical management strategies, privacy impact assessment, security plan, earned value and velocity management, database design, and system design • Coordinating and facilitating discussions between ODM and Medicaid agencies in other states to exchange information on EVV, CMS certification, and health plan management

Ohio ODM IV&V Services for MMIS	
	• Providing feedback to ODM on the system integrator's (SI's) use of Jira® as a Kanban productivity and risk management tool and Jama software for requirements traceability • Identifying opportunities for reusability, including developing reusable components and plans for other modules • Supporting the communication and potential collaboration between Ohio and other states to leverage reusability
Client Contact Information	Mr. John Mack, Project Manager Vendor/ Acquisition Services Ohio Department of Medicaid 50 West Town Street, Suite 400 Columbus, OH 43215 614-752-3778 John.mack@medicaid.ohio.gov
Original Schedule Completion Date & Budget	12/2016 – Present (scheduled completion date: 6/30/2022) \$13,229,980
Actual (or planned) Completion Date & Budget	No deviations in dates or budget.

1.h.ii – Missouri Eligibility Determination and Enrollment System (MEDES)

Table 3: BerryDunn's IV&V and MEDES experience with Missouri

Missouri Department of Social Services (DSS) Family Services Division (FSD) IV&V for MEDES	
Project Time Period	7/2013 to present
Schedule & Completion Date	This project is ongoing. Scheduled to be completed 12/2022.
BerryDunn's Responsibilities	Having elected to participate in the Federally-Facilitated Exchange, the Missouri DSS FSD undertook the MEDES project to comply with the ACA and take advantage of new eligibility rules. The DSS elected to replace its existing eligibility and enrollment system with a new system that uses as much automation and electronic verification as possible, allowing the department to more efficiently serve Missourians seeking health coverage and financial support. Since 2013, BerryDunn has provided IV&V services for the MEDES DDI, with the primary objective of evaluating and monitoring project risks and providing

Missouri Department of Social Services (DSS) Family Services Division (FSD) IV&V for MEDES	
	objective recommendations to promote a successful implementation. Our IV&V services include: • Monitoring system quality and compliance, including reviewing deliverables, validating testing results, assessing readiness for gate reviews, and evaluating compliance with requirements and applicable laws, regulations, and guidance • Evaluating project management practices, including monitoring the solution vendor's and the DSS' project management activities and evaluating the extent to which key milestones are being achieved • Monitoring costs, including conducting financial reviews for adherence to the approved cost allocation plan and monitoring progress against payments • Identifying opportunities for reusability, including developing reusable components and plans for their reuse in other states • Ensuring program and project activities align with Medicaid Eligibility and Enrollment Life Cycle (MEELC) phases for the planning, DDI, and operations • Communicating and reporting on opportunities to minimize risk and increase the likelihood of MEDES project success, providing objective assessment of the overall project health of the MEDES and identifying project risks and issues based on IV&V activities
Client Contact Information	Lesley Lueckenotte, Project Director Missouri Department of Social Services 1738 E Elm (Upper Level) PO Box 2320 Jefferson City, MO 65102 573-522-2571 Lesley.lueckenotte2@oa.mo.gov
Original Schedule Completion Date & Budget	First Contract 7/2013 – 5/2018 \$7,240,350 Second Contract 6/2018 – Present (scheduled completion date is 12/31/2022) \$5,572,196
Actual (or planned) Completion Date & Budget	No deviations in dates or budget.

1.h.iii – Puerto Rico Department of Health (PRDoH)

Table 4: BerryDunn's MMIS experience with PRDoH

PRDoH – Puerto Rico Medicaid Program (PRMP) Enterprise Objective Monitoring and Control (EOMC) Services – FFY 2020 MMIS Support Services	
Project Time Period	6/2019 – Present
Schedule & Completion Date	This project is ongoing.
BerryDunn's Responsibilities	In 2009, the PRDoH's PRMP began their journey to plan for the island's first MMIS. The initiative's implementation efforts officially took hold in 2015, when PRMP began their phased MMIS implementation. At the highest level, the Phase I project also allowed PRMP to obtain a certified MMIS as a foundation to build out additional functional capabilities to align with MITA requirements and PRMP business processes. The MMIS Phase II project subsequently built on the existing Puerto Rico MMIS foundation to supply PRMP with the necessary functionalities to support provider enrollment and case tracking business processes. The MMIS Phase II implementation lasted from August 2015 to March 2020. Phase II began in January 2019 and went live in April and October 2020. After receiving BerryDunn's EOMC certification support for the MMIS Phase I implementation, PRMP requested BerryDunn provide Medicaid enterprise support to enhance their current state of operations and help them obtain CMS certification for the MMIS Phase II implementation. In addition to the need for certification support, PRMP was in search of a partner who had the subject matter expertise to help: • Complete their MITA SS-A and provide them with an objective roadmap for the future of their Medicaid enterprise. PRMP had not completed a MITA SS-A since 2015 • Review, identify, and provide recommendations that minimize the risks and/or issues associated with sole-sourced MES contracts • Develop Advance Planning Documents (APDs), and facilitate APDs through federal partner reviews • Create a Medicaid Enterprise System Roadmap to assist with strategic planning for future system implementations and enhancements In support of the above, PRMP engaged BerryDunn's EOMC certification, contract management, strategic planning, and APD services. Key activities integral to BerryDunn's support include, but are not limited to: • Assistance with development of a monthly CMS status report submitted by PRMP • Development of a KPI Transition Plan describing the transition of KPI monitoring from the MMIS to assist with transitioning management of MMIS Phase I and II KPIs from DXC Technology to PRMP staff

PRDoH – Puerto Rico Medicaid Program (PRMP)	
Enterprise Objective Monitoring and Control (EOMC) Services – FFY 2020 MMIS Support Services	
	• Completion of Desk-Level Procedures (DLPs) for PRMP staff in support of both MMIS Phase I and II execution and reporting • SME support for PRMP throughout the definition of MMIS Phase II OBC criterion, the review of Phase II OBC evidence, and preparations for the Operational Readiness Review (ORR) and final Certification Review (CR) with CMS • Preparation for and the execution of the MITA SS-A (e.g. scorecards, matrices, performance measures, and business profile reports), and the production of MITA SS-A templates, the MITA SS-A report and Roadmap • Review and analysis of existing PRMP-specific contracts to identify information necessary for PRMP contract tracking, as well as to identify contract issues, risks, and/or opportunities for improvement • Development of a PRMP contract, APD tracker, and contract management plan to help with management of Medicaid enterprise contracts and APDs • Development, submission, and facilitation of Medicaid enterprise APDs (i.e., MMIS, EE, and HITECH) • Development of an APD toolkit complete with Code of Federal Regulations (CFR) and state Medicaid director guidance, best practices, tracking mechanisms, and APD templates • Support for PRMP's Plan Amendment to help PRMP strengthen its compliance standing • Support for PRMP's organization development efforts to help PRMP achieve its goal of fostering a creative, innovative, engaged and client-centric organization
Client Contact Information	Edna Y. Marin Ramos, MA, Program Manager Puerto Rico Medicaid Program Puerto Rico Department of Health 268 Avenida Luis Muñoz Rivera San Juan, Puerto Rico 00918 787-765-2929 ext.6702 Edna.marinramos@salud.pr.gov
Original Schedule Completion Date & Budget	First Contract 6/2019 – 9/2019 \$827,716 Second Contract 10/2019 – 9/2020 \$4,744,523 Third Contract 10/2020 – 9/2021 \$7,450,825

PRDoH – Puerto Rico Medicaid Program (PRMP) Enterprise Objective Monitoring and Control (EOMC) Services – FFY 2020 MMIS Support Services	
	Fourth Contract 10/2021 – Present (scheduled completion date is 2023) \$19,295,802
Actual (or planned) Completion Date & Budget	No deviations in dates or budget.

1.i – Summary of BerryDunn’s Proposed Personnel/Management Approach

The Contractor should present a detailed description of its proposed approach to the management of the project.

The Contractor should identify the key personnel whom will work on the State’s project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should 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 Contractor should provide resumes for all personnel proposed by the Contractor to work on the project. The State will consider the resumes as a key indicator of the Contractor’s understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should 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.

1.i.i – Staffing Approach

MLTC will be supported by a carefully selected BerryDunn IV&V project team with a track record of positive outcomes in helping state HHS and Medicaid agencies. Our demonstrated success in providing IV&V for Medicaid MMIS modernization projects along with supporting clients through Medicaid MMIS modernization will benefit MLTC. BerryDunn brings an experienced, balanced, and informed perspective to this project from our IV&V work in Ohio since 2016—which includes providing outcomes-based modular certification support—as well as from our IV&V work supporting the implementation of MEDES since 2013 and the Massachusetts HIX/IES from 2012 to 2019, both of which involved an SI transition.

In addition to our proposed team members, BerryDunn’s Consulting Services team includes over 200 consultants with subject matter expertise that can be leveraged to support the IV&V modernization project, as needed. When we receive a request for services, we identify team members based on several factors, including:

- Nature of the work to be performed
- Level of commitment requested (e.g., full-time, part-time)

- Consultant's other commitments
- Specific certifications and/or areas of expertise
- Timing and duration of the project

In addition, the team will be supported by SMEs that have been identified to support IV&V services. These experts are available to the team to review documents, attend meetings, and share expertise in their knowledge areas that will ultimately support MLTC. For example, the SMEs may support the team and MLTC with input or review of project deliverables.

Table 5 demonstrates our understanding of the requirements for staffing.

Table 5: Organizational Staffing Requirements

	Requirement	BerryDunn Approach
1	Must provide an organizational structure which reflects coordinated activities among DHHS, IV&V, and other contractors.	Reference Figure 5 in Section 1.i.iv for our organizational chart. We will provide an organizational structure that will demonstrate the interaction and exchange between the BerryDunn suggested staff, DHHS, and any other contractors. As Figure 5 indicates, the project manager will be at the center of interactions between the executive oversight team, the key staff, the additional staff, the SMEs, and the State. BerryDunn prides itself on project team cohesiveness, and our culture fosters clear communication, an understanding of team members' responsibilities, and the expectation to support each other throughout the project.
2	Must provide criminal background investigations on all personnel and follow-up investigations every five years. Must report any individuals who have criminal activity identified to DHHS.	BerryDunn will provide criminal background investigations and follow-up investigations every five years on all personnel, as well as an initial report of any individuals who have previous instances of criminal activity. Hiring qualified individuals to fill positions contributes to the overall success of BerryDunn and our clients. Background checks serve as an important part of our hiring process. We conduct background checks on job applicants applying for sensitive positions related to security, financial responsibilities, and confidentiality with the organization, or those positions that have potential access to sensitive client information. We use a third party agency, HireImage, to conduct the background checks. The type of information that may be collected by this agency includes, but is not limited to: an individual's past employment, education, character, finances, reputation, criminal history, etc. This process is conducted to verify the accuracy of information provided by the applicant and to help ensure that the applicant is qualified for the position sought. We conduct

	Requirement	BerryDunn Approach
		background checks in compliance with applicable federal and state laws, such as the Fair Credit Reporting Act.
3	Must provide all key positions identified IV.C.1.	Reference Table 6 for a list of all key positions identified in IV.C.1 and the proposed staff that will perform those roles.
4	Must maintain an Organizational Chart and project contact list.	Reference Figure 5 for our organizational chart. We will provide and maintain a project contact list upon project start and will maintain both the contact list and organizational chart for the life of the contract.
5	Must acquire DHHS approval for key staff and key staff replacements.	BerryDunn will submit any proposed staff or staff replacements to DHHS for approval before conducting such changes. BerryDunn makes it a top priority to retain our experienced staff. Because of this focus, we consistently measure well below industry averages for turnover. In addition to continuity of staff contributing to the excellence of the team that will serve you, we also have a deep commitment to providing learning and development resources to our professionals. All of our personnel are required to complete at least 120 hours of continuing professional education every three years, which contributes to their proficiency. Our professionals meet or exceed this requirement by completing both technical and industry-specific educational programs each year.
6	Must not reassign or replace key personnel without the prior written approval of DHHS.	BerryDunn will not reassign or replace key personnel until DHHS grants written approval.
7	Must provide monthly IV&V staff as proposed.	BerryDunn will provide monthly IV&V staff as proposed in this response. BerryDunn is committed to maintaining the same members of MLTC's engagement team on a year-to-year basis, and we believe that this is an important way that we help ensure that team members have a consistently high level of relevant experience and understanding of your industry. We take steps to help ensure continuity of personnel for our clients and make every attempt possible to assign the same service team to each client on a long-term basis. This allows us to truly understand your organization and its operations, so that we may provide our services as efficiently as possible. Continuity also minimizes the time required of your personnel to introduce a new member of the engagement team to your operations.

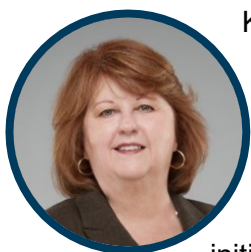
1.i.ii. – Names and Resumes of Five Key Positions

MLTC will be supported by BerryDunn's carefully selected IV&V project team. Our proposed staff has extensive experience working with state agencies on IV&V. Our IV&V team is not just interested in getting the job done; we care about how we get the job done for MLTC. The people we work with—both within our internal team and the DHHS/MLTC team—matter to us, as expressed in several of our firm's core values, such as “team first,” “respect for others,” and “ethical behavior and fair dealing in all we do.” We will invest time and efforts in building trust and credibility with MLTC's staff, and we believe this is reflected in the fact that our clients regularly invite us back to conduct more work with them. The team members supporting the IV&V project will hold themselves accountable to high standards for performance, and have a reputation for delivering high-quality work—something our clients, external stakeholders who are involved in our work, and our subcontractors repeatedly tell us.

The Executive Oversight team of Bill Richardson and Divya Arulsamy will lead the team. Our proposed project manager, Karen Jones, has more than 30 years of project management and Medicaid industry experience, including over seven years managing IV&V projects. All analysts, as well as the program coordinator and IV&V lead, will report to Karen. Our IV&V lead will liaise between the IV&V business/test analysts, the IV&V technical analyst/architect, and the CMS/MITA analyst. Our team of SMEs will combine their areas of expertise to support MLTC and project staff.

Full resumes for our suggested team can be found in Appendix A. Our key personnel members include the following:

Karen Jones, PMI-RMP®, PMP®, Prosci® CCP – Project Manager



Karen is an experienced project manager and change management specialist who has dedicated more than 30 years to working with state HHS agencies on large system planning and implementation initiatives. She has a unique blend of business, technical, and project management expertise, and has worked with HHS agencies in 20 states. She has experience in all aspects of MMIS, as well as extensive project management experience with Medicaid initiatives.

Naveen Madappa Halli, MS – IV&V Lead



Naveen is a results-oriented, energetic, hands-on professional with over seven years of experience in healthcare modernization projects implementing IBM®'s Cúram product. Naveen has worked to support eligibility and enrollment systems in multiple states. Naveen provided Cúram subject matter expertise and training during his project work for Minnesota DHS and Nebraska DHHS. Since January 2020, Naveen has been part of BerryDunn's IV&V project team that is supporting the implementation of the Missouri MEDES system.

Gayle Fowler – IV&V Business Analyst/Test Analyst



Gayle is an experienced analyst with more than 15 years of project management experience, including business/systems analysis, data flow, process mapping, business process improvement, testing, quality management, audits, and verification and validation. She has worked with various agencies to provide expertise on public assistance programs, state-specific guidelines and regulations, and IV&V services.

Todd Meyer, PMP® – IV&V Business Analyst/Test Analyst



Todd has over 30 years of experience in bringing state, federal, and private-sector partners together to collaborate on important initiatives. Over the past five years, Todd has focused on the procurement and implementation of large projects for the State of Missouri. He also has extensive experience managing information systems operations and overseeing large-scale computer system implementations to put these policies into action. Todd uses this unique combination of experiences to serve the needs of state government and the beneficiaries of these services.

Carolyn Weber, CPC –IV&V Technical Analyst/Architect



Carolyn is an accomplished senior-level professional with experience focused on providing project management, business analysis, data governance, vendor management, and deliverable oversight services in the software development industry. This includes all aspects of project management principles, including process modeling, usability testing, extensive formal documentation, and post-production support. She provides a solid knowledge base of reengineering business processes, managing conversion efforts, and human resource management. This experience includes many initiatives in both public and private industries.

Additional Personnel

BerryDunn anticipates the need for an executive oversight team and additional staff to support the work in the MLTC project and identified the following staff to assist in the success of the IV&V project.

- **Bill Richardson, MHA, ITIL (F), PMP®, Prosci® CCP** – Principal in Charge
- **Divya Arulsamy, MBA, PMP®, SMC, ITIL, LSSYB** – Engagement Manager
- **Emily McCoy, RN, BSN, PMP®** – Deputy Project Manager
- **Project Coordinator** – We have included a representative resume of the qualified staff we will bring to this position
- **Jodie Earney, PMP®, Prosci® CCP** – Additional IV&V Lead
- **Kari Bruns** – CMS/MITA Analyst
- **Subject Matter Experts (SMEs)**
 - **Kimberly Brandt, MBA, PMP®, Prosci® CCP** – IV&V

- Chris Davis, MPM, CBHP™, Prosci® CCP – IV&V
- Misha Mosher, PhD, LLM, JD/LLB – MES
- Shea Berry-Brennan, MBA, PMP, Prosci® CCP – Certification
- Buffy Cranford, MA – Nebraska Process

1.i.iii – Primary Work Assigned

Our extensive experience working with governmental and quasi-governmental agencies has repeatedly proven that a team approach provides our clients maximum value by offering the deep experience and expertise of a principal, the specialized skills and subject matter expertise of a project manager, and the technical and administrative skills of supporting staff—all in a cost-conscious manner. Using this approach allows us to provide superior service and the highest quality deliverables, leverage experience and lessons learned from similar projects in other states, and offer the right resources for the task.

MLTC will benefit from our ability to provide qualified team members to the IV&V services project. Our Resourcing Plan considers the most efficient use of our team members, State staff, and your project contractors. Our Project Management Professional® (PMP®)-led project team brings IV&V expertise gained from providing IV&V services to Medicaid agencies in states such as Missouri and Ohio. Our proposed project manager, Karen Jones, has more than 30 years of project management and Medicaid industry experience, including over seven years managing IV&V projects. We are providing additional SMEs, as needed, to our IV&V Medicaid enterprise improvement team to support MLTC's Medicaid enterprise improvement projects goals. Table 6 shows the IV&V project team's primary work.

Table 6: IV&V Team Roles and Responsibilities

Role	Primary Work
Principal in Charge Bill Richardson, MHA, ITIL (F), PMP®, Prosci® CCP	• Provide oversight for IV&V services project and maintain overall responsibility for the quality of work; help ensure the firm's commitment to this engagement • Serve as primary point of contact for activities related to contract management and dispute resolution; participate in meetings and presentations with leadership as appropriate • Maintain overall responsibility for the quality of BerryDunn's IV&V services and deliverables • Provide subject matter expertise
Engagement Manager Divya Arulsamy, MBA, PMP®, SMC, ITIL, LSSYB	• Monitor the progress of the project • Track the initiation and completion of tasks and milestones • Oversee the work of our project team • Review and approve all IV&V deliverables • Provide system implementation and HHS subject matter expertise
Project Manager	• Serve as primary point of contact with the State, DHHS, and MLTC, and the Medicaid enterprise improvement projects contractors

Role	Primary Work
Karen Jones, PMI-RMP®, PMP®, Prosci® CCP	• Develop and maintain the IV&V Management Plan; lead project initiation, execution, and project closeout activities • Plan and allocate resources; perform daily project and staff oversight • Help ensure effective communication and coordination of team members with DHHS, MLTC, and the project contractors • Provide input into Monthly IV&V and Weekly IV&V Status Reports, and other IV&V artifacts, and conduct briefing meetings with the State and the appropriate stakeholders • Oversee fact-finding efforts and the creation of the process and document reviews reports (based on deliverable/artifact review, participation in IV&V project meetings, and other interactions with MLTC and contractor staff) • Help ensure adherence to industry standards and best practices • Help proactively identify project risks and issues; propose recommended mitigation and remediation alternatives • Proactively identify risk, issues and opportunities along with recommendation for resolution • Conduct QA reviews of BerryDunn deliverables • Provide federal compliance/certification subject matter expertise • Help ensure compliance with DHHS and federal policies and regulations
Deputy Project Manager Emily McCoy, RN, BSN, PMP®	• Assist the project manager with maintaining the IV&V Management Plan • Help ensure effective communication and coordination of team members with DHHS, MLTC, and the project contractors • Provide input into the Monthly IV&V and Weekly IV&V Status Reports and other IV&V artifacts, and conduct briefing meetings with the State and the appropriate stakeholders • Assist with fact-finding and deliverable creation and review • Assist with risk identification, mitigation, and remediation • Help ensure adherence to industry standards and best practices • Conduct QA reviews of BerryDunn deliverables • Help ensure compliance with DHHS and federal policies and regulations
Project Coordinator Representative Resume	• Schedule project meetings, provide artifacts and document meeting notes • Assist with the development of assessment and status reports • Assist with the development of process and document reviews • Manage storage of project materials, including project process and document reviews and assessment and status reports
IV&V Lead	• Coordinate and prepare production of Monthly IV&V and Weekly IV&V Status Reports, along with other IV&V artifacts, and

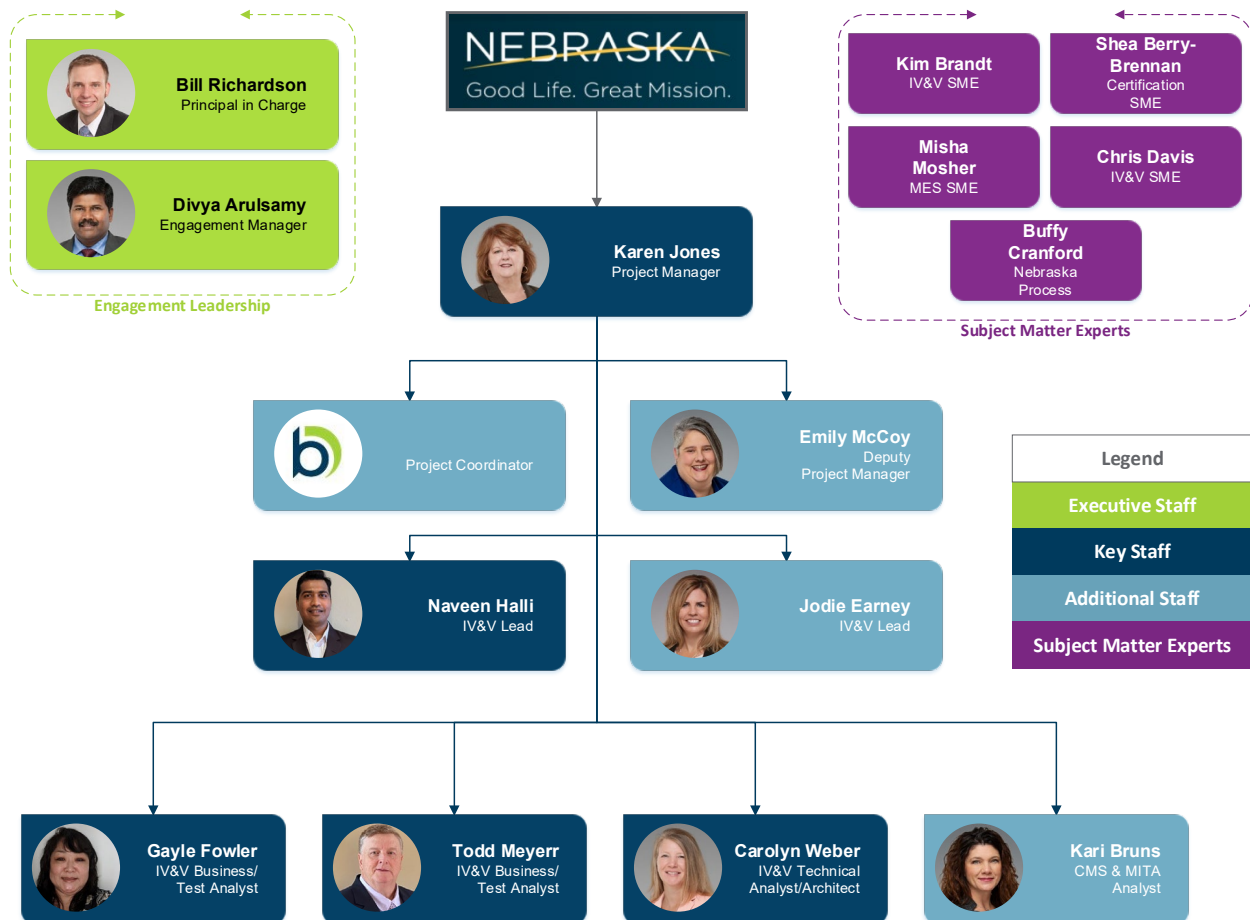
Role	Primary Work
Naveen Madappa Halli, MS Jodie Earney, PMP®, Prosci® CCP	- participate in briefing meetings with MLTC and the appropriate stakeholders - Responsible for project reviews and project evaluations - Responsible and accountable to the assigned modules for providing the identified services from this IV&V contract - Oversee fact-finding and analysis of project artifacts - Analyze project metrics, issue-tracking tickets and Risk, Actions, Issues and Decisions (RAID) Logs
IV&V Business/Test Analysts Gayle Fowler, MBA Todd Meyer, PMP®	- Perform and document independent assessment and quality assurance for project deliverables - Verify user and acceptance testing results - Proactively identify and track project risks and issues; propose recommended mitigation and remediation alternatives - Help prepare IV&V Monthly IV&V and Weekly IV&V Status Reports and other IV&V artifacts - Help ensure adherence to industry standards and best practices - Help ensure compliance with state and federal policies and regulations
IV&V Technical Analyst/Architect Carolyn Weber, CPC	- Provide IV&V technical expertise over all the assigned modules - Proactively identify project risks and issues; propose recommended mitigation and remediation alternatives - Conduct fact-finding efforts and update the process and document reviews reports (based on deliverable/artifact review, participation in Medicaid enterprise improvement project meetings, and other interactions with MLTC and project staff) - Help prepare IV&V Monthly IV&V and Weekly IV&V Status Reports and other IV&V artifacts - Help ensure adherence to industry standards and best practices - Help ensure compliance with state and federal policies and regulations
CMS/MITA Analyst Kari Bruns	- Provide knowledge of MITA—processes, system assessments, Concept of Operations, roadmaps, and strategic planning - Help prepare IV&V Monthly IV&V and Weekly IV&V Status Reports and other IV&V artifacts - Prepare Certification Progress reports and lead the interaction with the CMS teams
Subject Matter Experts Kimberly Brandt, MBA, PMP®, Prosci® CCP Shea Berry-Brennan, MBA, PMP, Prosci® CCP	- Provide subject matter expertise on claims, certification, electronic visit verification, procurement, pharmacy, provider, APD, and system integration services - Provide subject matter expertise on HHS system testing and deliverable/artifact reviews - Provide training for content development support and subject matter expertise

Role	Primary Work
Misha Mosher, PhD, LLM, JD/LLB Chris Davis, MPM, CBHP™, Prosci® CCP Buffy Cranford, MA	• Provide additional technical support as needed to the BerryDunn project manager
Editorial/Quality Assurance	• Perform quality reviews on all artifacts, including the draft deliverables, final deliverables, and assessment and status reports • Provide technical writing expertise on project deliverables • Help the IV&V team generate briefings, correspondence, and presentations, as needed

1.i.iv – Organizational Chart

The organizational chart in Figure 5 includes our proposed IV&V team members. We have provided key staff that will remain dedicated to the project, as well as executive leadership, additional staff, and SMEs to provide MLTC with an experienced IV&V team for the Medicaid enterprise improvement projects.

Figure 5: BerryDunn Organizational Chart



1.i.v – Strategy and Approach to Maintain Staff

Should the need for additional knowledge areas or resources arise, MLTC can be confident in our ability to manage and assign experienced resources based on MLTC's unique needs. BerryDunn monitors staff allocations across all of our projects and tracks staff availability to help identify qualified project resources. In addition, our management team members communicate regularly about staff workloads and commitments to help with effectively managing team members.

1.j – Subcontractors

If the Contractor intends to Subcontract any part of its performance hereunder, the Contractor should 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.

Reference Table 7 for the subcontractors that BerryDunn intends to use for the Medicaid enterprise improvement IV&V.

Table 7: Subcontractor Information and Roles

Name	Karen Jones
Address	1231 Saint Andrews Drive Marysville, OH 43040
Telephone Number	(573) 864-7248
Tasks	Project Manager tasks
Percentage of Performance Hours for each Subcontract	16%
Total Percentage of Performance Hours	13%

Name	Naveen Halli
Address	ECCO Select Corporation 1601 Iron St, North Kansas City, MO 64116
Telephone Number	(585) 213-0414
Tasks	IV&V Lead tasks
Percentage of Performance Hours for each Subcontract	21%
Total Percentage of Performance Hours	17%

Name	Gayle Fowler
Address	TEK Systems 720 Spirit 40 Park Drive Chesterfield, MO, 63005
Telephone Number	(303) 521-1707
Tasks	IV&V Business/Test Analyst tasks
Percentage of Performance Hours for each Subcontract	21%
Total Percentage of Performance Hours	17%

Name	Carolyn Weber
Address	ECCO Select Corporation 1601 Iron St, North Kansas City, MO 64116
Telephone Number	(573) 684-5779
Tasks	IV&V Technical Analyst/Architect tasks
Percentage of Performance Hours for each Subcontract	21%
Total Percentage of Performance Hours	17%

1.k – Logistics

Provide an overview and describe the bidder's facilities where contractor staff may perform work when not on-site in Lincoln.

We are headquartered in Portland, Maine, and serve clients nationally through our additional office locations in Bangor, ME; Manchester, NH; Waltham, MA; Glastonbury, CT; Hamden, CT, Charleston, WV; and Phoenix, AZ. In addition, we have employees based across the country—in over 40 states and territories, as shown in Figure 4 in Section 1.d, including Nebraska, Missouri, and South Dakota. Our strong client references and repeated reselection by past clients speaks to our ability and commitment to being responsive to client needs—regardless of the geographic location or time zone. Our staff will work in the Central Time Zone to be available to MLTC during normal working hours. Reference Table 8 for our response to the logistics requirements.

Table 8: Logistics Requirements

	Requirement	BerryDunn Approach
1	Must store all work products in DHHS designated repository and using designated folder structure.	We will work with DHHS to store all work products in the document repository that DHHS designates. Whether it is a State document repository, or our secure Microsoft SharePoint portal (BerryDunn KnowledgeLink), we have found great success working electronically with clients like MLTC. BerryDunn's KnowledgeLink features a document repository to store deliverables and maintain live open request items, along with a calendar view to capture on-site visits and major project milestones. Through KnowledgeLink, BerryDunn can manage all project deliverables, documentation, and other related materials. The site incorporates automated workflows so that the status of the deliverables and outstanding items can be tracked in real time. We will set up a BerryDunn KnowledgeLink site for the IV&V Medicaid enterprise improvement projects to allow for controlled access, and will include security and safeguards to help prevent unauthorized access. We will use this site for our internal project work and, if DHHS designates, we can use this repository for MLTC and project staff. Our team will work with MLTC to determine the level of access for each project team member for the projects, and implement those permissions accordingly. If DHHS designates a State repository, we will use that for all project work required for the entire Medicaid enterprise improvement team.
2	Must have controlled access to all contractor facilities where any	BerryDunn controls the access to any protected health information/electronic protected health information

	Requirement	BerryDunn Approach
	contract related work is performed in compliance with privacy and security requirements.	(PHI/ePHI) in all of our facilities. Our offices require an employee-issued security card to enter office space. Our Portland office (where our data center is located) has around-the-clock security guards who check on our data center as part of their rounds. Access to our data center is restricted to only employees that need access for their job functions. Data center and all door access activity is logged, and permission changes to door security must go through a change control process. We also monitor our servers for uptime, temperature, disk space, and other metrics. All employees must follow our Administrative, Technical and Physical Safeguards Policy and security training, whether working in a BerryDunn office or in their home office. This policy covers topics such as: authorized access; incidence response to a security violation; business associate agreement (BAA) contracts; physical safeguards; and technical safeguards. Each employee is required to undergo Health Insurance Portability and Accountability Act of 1996 (HIPAA) security training and a background check prior to being granted access to PHI/ePHI, and are required to participate in HIPAA compliance training at least annually. All subcontractors who have access to client PHI/ePHI must execute a subcontractor BAA with BerryDunn. When working remotely, BerryDunn employees cannot allow other individuals to use the BerryDunn workstation. Employees must keep laptops in a secure location when working remotely or from home and all remote access to ePHI is through the BerryDunn network utilizing secure protocols. Our technical and administrative controls apply to all of our workforce—including remote employees. For example, multi-factor authentication, secure virtual private network, malware, anti-virus and vulnerability scanning are completed as a matter of course, regardless of where the employee is located.

1.1 – Privacy and Security

The contractor must ensure that all contractor data use, exchange and exposure protects DHHS data and protected health information (PHI). Workforce privacy and security must be protected and State and Federal requirements must be met.

MLTC can be assured that the BerryDunn IV&V team takes the confidentiality of IV&V information seriously and will not discuss or release any IV&V review report without the explicit approval of qualified State staff. BerryDunn places significant emphasis on information security, accessibility, confidentiality, and integrity of customers' data. As a certified public accounting and consulting firm, we handle large amounts of confidential client information. Access to confidential information is controlled by the data owner, and access is granted only to the information that employees need for their job duties. Our processes will help enable us to protect DHHS data and PHI. All BerryDunn employees and subcontractors must follow our Administrative, Technical and Physical Safeguards Policy.

BerryDunn has more than 25 years of information security experience related to the implementation and/or monitoring of computer systems and/or applications, which allows us to have the expertise to protect workforce privacy and security. Since we formed our consulting practice in 1986, we have conducted over 500 IT security assessments, controls reviews, System and Organization Controls (SOC) examinations, fraud evaluations, financial analyses, HIPAA security and privacy rule assessments, compliance evaluations, Statement on Standards for Attestation Engagements 18, and Sarbanes-Oxley (SOX) 404 assessments. We regularly work with clients that demand a high level of security and availability from their information systems, including government agencies, institutes of higher education, financial institutions, third-party administrators, and state lotteries.

1.1.i – Proposed Strategy, Methodology and Capabilities for Systems, Operational and Physical Security

Description of the proposed strategy, methodology and capabilities for systems, operational and physical security

As a firm, we take significant and measured steps to secure and maintain confidential client information. We use the following strategies and methodologies for systems, operational, and physical security:

- BerryDunn uses a secure file and message transfer system called Citrix ShareFile to send confidential messages and sensitive files via the internet. ShareFile transfers sensitive data and messages to and from clients with all data encrypted in transit and at rest. ShareFile delivery is also “certified” as files are downloaded/uploaded.
- We have the capability of locking down certain files on our server, as warranted, to restrict access to those who are approved to view the data.
- In order to maintain the privacy of client profile information, all BerryDunn mobile computers are encrypted with pre-boot authentication.

- The firm uses the Advanced Encryption Standard (AES) for virtual private networking in conjunction with two-factor authentication (RSA SecurID) for all remote access by employees to our internal network.
- Our data is stored on a network utilizing physical firewalls with antivirus and intrusion detection capabilities, and all workstations have antivirus software, host-based intrusion detection, and a software firewall.
- All firm data is stored on highly redundant equipment utilizing storage area network (SAN) technology with redundant switching, and virtual technology in a redundant high-availability configuration.
- The firm's data center is protected by a battery backup system, backup cooling, and a generator.
- All data is backed up to encrypted tape and taken off site to a third-party contractor daily.
- The firm has a biannual third-party security review performed.

MLTC can have confidence that by following our standard steps, we can provide protection for DHHS data and PHI. We also understand the importance of MLTC's privacy officers. Our staff have served state agencies, including Nebraska, in complying with CMS and Minimum Acceptable Risk Standards for Exchanges (MARS-E) privacy requirements. BerryDunn brings experience in directly managing administration, direction and organization of multifunctional privacy programs, with focus on developing, monitoring, and revising privacy policies and procedures related to personal identifiable information (PII). Our Nebraska Process SME, Buffy Cranford, served as a privacy official for Nebraska. She brought DHHS into compliance with CMS and MARS-E privacy requirements and was responsible for the administration, direction, and organization of the multifunctional privacy program. Buffy focused specifically on developing, monitoring, and revising privacy policies and procedures related to PII.

1.1.ii – Privacy and Security Plan Sample and Template

Sample of a Privacy and Security Plan from a previous project

Privacy and Security Plan template with instructions and procedures for completing the template

Reference Appendix B regarding a Privacy and Security Plan Sample and Appendix C for a sample Privacy and Security Plan Template.

1.1.iii – Workforce Privacy And Security Awareness

Description of how workforce privacy and security awareness is supported.

As a certified public accounting and consulting firm, BerryDunn recognizes that information security is critically important to our clients. We maintain strict controls over access to client data, as well as comprehensive protocols for securely destroying sensitive information in accordance with contractual and regulatory requirements.

We support workforce privacy and security awareness by training all new employees during orientation, and refresher training is available periodically and by request by Practice Group Managers. We contract with Wombat Security for monthly security awareness training that

includes phishing campaigns and mandatory interactive training modules. All employees are annually tested for knowledge of the firm's security policies as part of their recertification.

In addition, our IT Department continually evaluates and updates the firm's internal controls over information security, including our:

- Annual third-party risk assessment and reports
- Cybersecurity Incident Response Plan
- Cloud security assessments
- Security Information and Event Management (SIEM) system
- Policies for data ownership and file retention and destruction
- Change management program
- Physical and host-based firewalls
- Redundant and highly available systems (e.g., servers, routers, firewalls, switches, telephony circuits)
- Microsoft Group Policy Objects
- Anti-malware, intrusion detection, and prevention systems
- Security awareness programs
- Employee privacy and security training
- Trained security response team

The firm's information sharing systems feature encryption, non-repudiation, and an automated retention policy that securely purges data after 30 days. All sensitive data stored on BerryDunn mobile devices is encrypted using software or hardware provided by our IT Department. We also enforce technical controls that help prevent placing non-encrypted data on mobile devices (e.g., smartphones, USB drives) and our offices require a security card to enter employee areas.

In addition to technical safeguards employed to protect client information, our professionals take their ethical obligations regarding client confidentiality (as outlined in federal and state statutes) seriously. These expectations are addressed in the firm's employee handbook and continuing professional education. We comply with the requirements of HIPAA and do not retain our clients' PII. We also have significant experience with regulatory requirements for financial institutions, including those concerning customer non-public personal information under the Gramm-Leach-Bliley Act.

1.1.iv – Security Violations

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

BerryDunn maintains a SIEM system and security operations center services from Secureworks. This system monitors our network and systems for security breaches. The firm also maintains an incident response retainer with Secureworks to help ensure that we have quick access to a team of incident response consultants and engineers in the event of a major security incident.

The system monitors our network traffic (egress and ingress), firewalls, wireless networking, client collaboration systems, domain controllers, and data storage systems (databases and file servers). Logs are kept securely off site for seven years.

BerryDunn can detect intrusions on our network via our firewall Intrusion Protection System, Symantec Endpoint Control and our Dell Secure Works Security Information and Event Management system. BerryDunn also maintains the WhatsUp Gold systems monitoring application to help prevent downtime and shorten response times to technical system issues.

We maintain a Cybersecurity Incident Response Plan that includes: definition, notification, containment, restoration, and lesson learned. BerryDunn conducts an annual tabletop exercise with Secureworks to practice the Plan and evolve with the changing security threat landscape. Reference our response to the privacy and security requirements in Table 9.

Table 9: Privacy and Security Requirements

	Requirement	BerryDunn Approach
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.	BerryDunn will submit our Privacy and Security Plan containing a description of how we safeguard all state information that is transmitted within our system. The Plan also contains information on: 1. Persons Responsible 2. Privacy and Security Policy Overview – including Purpose, Applicability, Definitions, IPS Program 3. Technical Safeguards – including Access Control, Audit Controls, Integrity, Authentication, Transmission Security, Risk Analysis 4. Contingency Plan – including Disaster Recovery Plan, Testing and Revision Procedures, Application and data Criticality Analysis, Evaluation, and Data Back-up 5. Administrative Safeguards – including Security Management Process, Assigned Security Responsibility, Workforce Security, Information Access Management, Security Awareness and Training, and Business Associate Contracts 6. Risk Management Plan – including Security Management Process 7. Mobile Device Safety – including Use of a Mobile Device Generally, Use of a Mobile Device in a Public Space, and Definitions 8. Physical Safeguards – including BerryDunn Facility Security Plan, Access Control and Validation Procedures, Maintenance Records, Workstation (including laptop) Use, Workstation Security, Device and Media Controls, and Media Re-Use 9. Security Incident Procedures – including Response and Reporting

	Requirement	BerryDunn Approach
		10. Handling of Portable Storage Devices – including Definitions Reference Appendix C for a sample Privacy and Security Plan Template.
2	Must comply with all security and privacy laws, regulations, and policies, including HIPAA, and related breach notification laws and directives.	All new employees are trained during orientation for security and privacy laws, regulations, and policies, including HIPAA, and related breach notification laws and directives. All employees are annually tested for knowledge of the firm's security policies as part of their recertification.
3	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.	Although all new employees attend security training during orientation and attend annual refresher courses for privacy and security and HIPAA compliance training, we will also provide a refresher course to our IV&V staff prior to project initiation.
4	Must take all reasonable industry recognized methods to secure the system from un-authorized access.	BerryDunn maintains a SIEM system and security operations center services from Secureworks. This system monitors our network and systems for security breaches. The firm also maintains an incident response retainer with Secureworks to help ensure we have quick access to a team of incident response consultants and engineers in the event of a major security incident.
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.	BerryDunn maintains strict controls over access to client data, as well as comprehensive protocols for securely destroying sensitive information in accordance with contractual and regulatory requirements. We will permanently destroy all confidential data and PHI entrusted to us as the IV&V contractor upon approval of DHHS.

2 – Technical Approach

2.a – Understanding of the Project Requirements

Viability. Stability. Transparency. These are three top descriptors our qualified IV&V teams bring to every project. BerryDunn understands the project requirements of MLTC as outlined in this RFP. The primary focus of BerryDunn's IV&V service is to understand and meet the project requirements associated with managing the numerous initiatives—which will integrate new modules within DHHS's existing systems structure to support Nebraska's Operational Vision.

Additionally, BerryDunn has conducted extensive research into the MLTC business plans and DHHS Values and Core Competencies. Our team understands the importance of achieving and maintaining project requirements, and the equal importance of integrating efficient and effective methodologies that align with the Values and Core Competencies DHHS expects from staff, partners, and contractors.

We understand MLTC will take a phased approach to enhance the portfolio of projects including:

Electronic Visit Verification (EVV): As your IV&V partner, BerryDunn will help ensure the EVV project aligns with the DHHS infrastructure and the CMS certification requirements. BerryDunn is knowledgeable of the Federal 21st Century Cures Act of 2016, which required states to implement EVV for Medicaid AD Waiver and PAS providers. We understand this project is vital to enhancing collaborative relationships with your community and partners as they serve some of Nebraska's more vulnerable residents.

Interoperability and Patient Access: CMS recently provided three frequently asked questions (FAQs) documents clarifying the requirements for implementing Application Programming Interfaces (APIs), and payer-to-payer data exchange provisions to improve the efficiency in coordinating patient care. BerryDunn maintains a continuous review cycle of proposed and final rules, helping ensure our client partners receive clarity and support when meeting CMS requirements.

Integrated Eligibility and Enrollment / Benefits Management (IE&E/BM): BerryDunn understands operating and updating the State's own eligibility and enrollment platforms while managing benefits has been a struggle for many states. As your IV&V services contractor, BerryDunn can offer a proven record of successfully partnering with states across the nation to manage and successfully implement integrated eligibility systems. We have witnessed numerous states choose contractors who delivered only a portion of a solution the State requested. BerryDunn understands a successful project requires stable project specifications, clear understanding and maintaining of the project scope, constant evaluation activities, and stakeholder participation. BerryDunn's style of practice features a constant review of requirements, project assumptions and constraints, emphasis on contractual term compliance, and risk management techniques.

Point of Sale Drug Claim Processing (POS): BerryDunn understands promoting innovation to improve the quality of care is a primary goal of a successful POS. This initiative is expected to produce hundreds of millions of dollars in yearly savings while offering real-time claim submissions. BerryDunn's IV&V team can offer insight on how to streamline the integration of electronic claims while remaining consistent with CMS requirements. Studies conducted on previous POS processes revealed the necessity of continual coordination with internal and external stakeholders and proactive processes and measurement. BerryDunn will help the State in ensuring consistency across networks, pharmacies, and intersection points to determine contractions and potential impacts.

HITECH to MES Transition: BerryDunn understands sustaining and developing a healthy IT infrastructure as the HITECH transitions to the MES requires outcomes-based certification measures outlined by CMS. The initial stimulus package for implementing health information exchange infrastructures was designed to reduce costs and increase efficiency to produce better health outcomes. With HITECH sunsetting this fall, BerryDunn recognizes additional cost-effective approaches can be used in reusing previous HITECH investments. BerryDunn offers an experienced IV&V team who have successfully guided states through this transition, using a variety of tools and methodologies to maintain Nebraska's compliance with federal regulations.

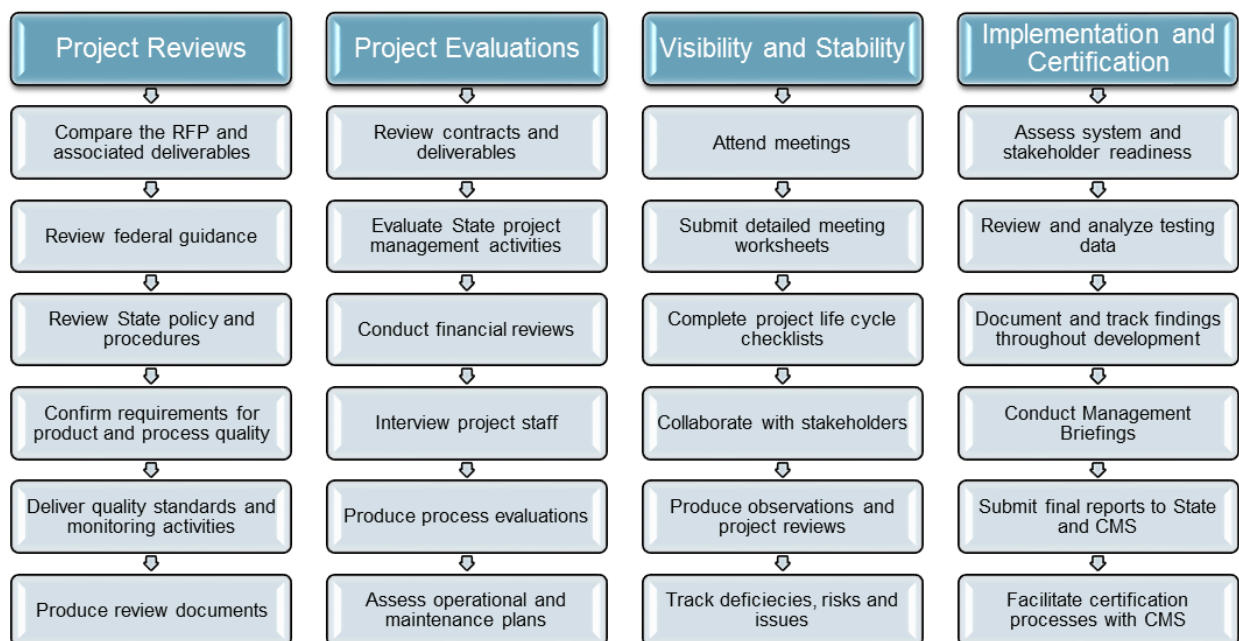
The advantages to engaging with BerryDunn for your IV&V services include:

- **Research and Preparedness** – BerryDunn brings an experienced team who fully researches your project history, strategic plan, project life cycle, and DHHS vision. We understand the regulations and strategy behind CMS initiatives as well as how to apply the complex solutions across a variety of projects.
- **Knowledge and Vision** – You can expect a professional, educated team who integrates highly ethical work habits with the core competencies preferred by MLTC. This includes adhering to the DHHS mission of “Helping People Live Better Lives,” implementing productive communication practices, building effective interpersonal relationships, and developing your staff by presenting CMS approved reporting and approaches to project development and implementation.
- **Long-term Commitment and Protection** – BerryDunn understands DHHS is investing in the future of the State by seeking a qualified IV&V company who can take lessons learned from previous IV&V experiences. BerryDunn strives to build an IV&V partnership for the future, rather than just one contractual period. BerryDunn envisions more than a one-term relationship with the State, which is why we will bring our most qualified staff to serve Nebraska during every project phase. With BerryDunn, you can be confident we adhere to all CMS regulations and guidance in protecting your investment across multiple projects.
- **Perceptive IV&V Practitioners** – Whether you are modernizing your MES or enhancing your eligibility interfaces, BerryDunn wants DHHS to use the partnership with IV&V to the advantage of the State. Our perceptive team will provide you with an objective view when identifying high-risk project areas and focusing on informed and productive dialog. Our approach helps ensure that professional collaboration will provide a positive and efficient environment for all team members, while minimizing project impacts to schedules, cost, quality, and scope.

2.b – Proposed Development Approach

BerryDunn’s IV&V partnership with MLTC will focus on compliance, analysis of each step in the project life cycle, and helping ensure implementations and certifications meet the requirements outlined by MLTC. BerryDunn has continually innovated our approach and role in providing IV&V services. Our ability to innovate during this time has enabled us to successfully support our clients' needs and project objectives. We have transformed our IV&V role and differentiated our firm from other IV&V providers by going beyond simply identifying issues and making recommendations, to being a trusted IV&V advisor to our clients and a partner committed to promoting the success of the projects. BerryDunn operates under the common understanding that the State’s success defines our success. Reference Figure 6 for our IV&V project life cycle.

Figure 6: Project Life Cycle with BerryDunn IV&V



As your IV&V partner, BerryDunn brings 25 years of experience in providing IV&V services nationwide, including Kentucky, Missouri, Ohio, Maine, and West Virginia. Our IV&V services focus on monitoring project issues and risks and providing objective recommendations to promote victorious implementations. DHHS’s mission of “Helping People Live Better Lives” resonates with the BerryDunn philosophy to guide states through challenging project certifications and implementations, while understanding the significant impacts every program has on Nebraska constituents.

With BerryDunn, you will receive these primary services:

- Monitoring system quality and compliance, including reviewing deliverables, validating test results, and evaluating compliance with contractual requirements and applicable state and federal laws, regulations, and guidance
- Evaluating State program and project management practices for alignment with industry best practices, including monitoring the SI project management activities

- Assessing project schedules to help ensure delivery of key milestones remain intact
- Monitoring costs, including conducting financial reviews for adherence to the approved Cost Allocation Plan and monitoring progress against payments
- Identifying opportunities for reusability, including developing reusable components and plans for their reuse in other states
- Evaluating requirements to help ensure alignment with State and federal guidance
- Assessing developmental processes in conjunction with conformity to federal requirements in preparation for milestone reviews
- Utilizing checklists, artifact reviews, modular certification assessments, and IV&V progress reports
- Providing experienced and qualified resources with remote and on-site support
- Appraising and monitoring issues and risks using proven and effective evaluation techniques
- Facilitating certification processes with CMS
- Collaborating with DHHS leadership and the project teams to alleviate new and existing risks
- Recommending practical and actionable tasks to help ensure project success

2.c – Technical Considerations

BerryDunn is committed to maintaining independence and objectivity in our tools and technological offerings. As a result, BerryDunn uses proven service tools that are technology agnostic, allowing our team to effectively deliver services regardless of the technical environment available. BerryDunn uses BerryDunn KnowledgeLink, its secure Microsoft SharePoint Online instance, to build and manage internal project activities. BerryDunn leverages the usability and accessibility of the Microsoft suite of applications to produce project artifacts.

The flexibility of Microsoft's applications allows BerryDunn's IV&V team to seamlessly integrate its activities and work products into existing client and contractor workspaces including State or contractor-managed instances of SharePoint or Google's Workspace. In addition to developing its service using Microsoft's applications, BerryDunn has experience using tools and environments common in the industry including Confluence, Jira®, JAMA, and IBM®'s Rational Team Concert (RTC). Experience in using these common tools allows our team to effectively incorporate them into our delivery methodology. Further, BerryDunn uses its own instances of Microsoft Teams and Zoom for teleconference and project collaboration, and is familiar with other commonly used teleconferencing services such as WebEx and GoToMeeting.

After contract award and during project planning, BerryDunn's project team will engage with the State and its contractors to discuss the current project work environment and determine the best way for BerryDunn to integrate its work into the project ecosystem.

2.d – Detailed Project Schedule (Work Plan)

Reference BerryDunn's detailed Project Schedule (Work Plan) in Appendix D.

2.e – Deliverables and Due Dates

Phase/Deliverable	Estimated Due/Submit Date
Initiation and Planning	
Disaster Recovery/Back-Up Plan	4/15/2022
IV&V Management Plan Deliverable Expectation Document (DED)	4/29/2022
Monthly IV&V Status Report DED	4/29/2022
Weekly IV&V Status Report DED	4/29/2022
System and Business Operations Readiness Review Plan DED	4/29/2022
IV&V Management Plan	5/9/2022
IV&V Project Schedule	5/9/2022
Privacy and Security Plan	4/29/2022
Execution, Monitoring, and Control	
Monthly IV&V Status Report	5/3/2022 (repeated each month for 48 months during the 4 year contract period)
Monthly IV&V Status Report Meeting	5/9/2022 (repeated each month for 48 months during the 4 year contract period)
Weekly IV&V Status Report	4/12/2022 (repeated each week for 208 weeks during the 4 year contract period)
Weekly IV&V Status Report Meeting	4/14/2022 (repeated each week for 208 weeks during the 4 year contract period)
Critical Incident Report	As needed (repeated as critical incidents are identified)
IV&V Progress Report (Report submitted to CMS for certification)	7/1/2022 (repeated quarterly for each project; requires project approval)

Phase/Deliverable	Estimated Due/Submit Date
System and Business Operations Readiness Review Plan	7/19/2022 (repeated for each project as applicable 90 days prior to the acceptance testing schedule start date)
System and Business ORR and Assessment Report	2/6/2023 (repeated for each project as applicable)
Monthly IV&V Deliverables and Work Products Package	5/9/2022 (repeated each month for 48 months during the 4 year contract period)

2.f. – Attachment A, Business Requirements Traceability Matrix

Attachment A Business Requirements Traceability Matrix Request for Proposal Number 109035 O3

Bidders are instructed to complete a Business Requirements Traceability Matrix for independent verification and validation (IV&V) services. Bidders are required to describe in detail how their proposed solution meets the conformance specification outlined within each Business Requirement.

The traceability matrix is used to document and track the business requirements from the proposal through testing to verify that the requirement has been fulfilled. The contractor will be responsible for maintaining the contract set of Baseline Requirements.

The traceability matrix should indicate how the bidder intends to comply with the requirement and the effort required to achieve that compliance. It is not sufficient for the bidder to simply state that it intends to meet the requirements of the RFP. DHHS will consider any such response to the requirements in this RFP to be non-responsive and the bid may be rejected. The narrative should provide DHHS with sufficient information to differentiate the bidder's business solution from other bidders' solutions.

The bidder must ensure that the original requirement identifier and requirement description are maintained in the traceability matrix as provided by DHHS. Failure to maintain these elements may render the bid non-responsive and result in for rejection of the bidder. How to complete the traceability matrix:

Column Description	Bidder Responsibility
Req #	The unique identifier for the requirement as assigned by DHHS, followed by the specific requirement number. This column is dictated by this RFP and must not be modified by the bidder.
Requirement	The statement of the requirement to which the bidder must respond. This column is dictated by the RFP and must not be modified by the bidder.

2.f.i – Project Management

Business Requirements	
Req #	Requirement
PM-1	Describe Bidder's proven methodology, approach, and process for Project Management (PM) of Medicaid IV&V activities
	Response: BerryDunn's proven PM methodology, approach, and process has been refined over years of IV&V engagements with Medicaid programs across the country, including in Missouri and Ohio. Karen Jones, our proposed project manager, is PMP® certified and has more than 30 years of project management and Medicaid industry experience, including over seven years managing IV&V projects. Karen and our project team will use the Project Management Institute®'s (PMI®'s) PMBOK® Guide as our primary reference for conducting project management activities. Our IV&V Management Plan, which outlines BerryDunn's project management and service delivery approach, will serve as the framework for all IV&V project activities. As we build the IV&V Management Plan to address all the major project management activities in our IV&V role, we will elicit feedback and make necessary adjustments to gain approval from MLTC. The IV&V Management Plan includes the following major components: • Communications Management Plan, including Document Repository Management with frequency, format, and delivery mechanisms • Project Schedule • Quality Management Plan • Risk and Issue Management Plan • Schedule / Milestones • Staffing Plan BerryDunn will develop drafts of each component, which will be tailored to the needs of the Medicaid enterprise improvement project. Prior to completing the development of these documents, the BerryDunn team will review the draft components with MLTC and identify any requested modifications. We will work with MLTC to deliver the IV&V Management Plan within the first 30 days of project start. We will provide updates as needed throughout the course of the projects, as determined in agreement with MLTC. To help inform the completion of our plan and orient our team to the project, we will request available background documentation and artifacts such as: • Organizational structures, roles, and responsibilities related to the Medicaid enterprise improvement projects • Planning materials, such as APDs and project management planning documents

Business Requirements	
	- Schedules and historical documents, such as agendas and meeting minutes, for recurring meetings (e.g., project management team meetings, executive leadership team meetings), if they exist - Contractor selection information and contracts - Existing project management plans to align our IV&V Management Plan to MLTC's standards (where possible) In order to facilitate the project management of our IV&V activities, we will establish a document repository in a DHHS designated repository, using their designated folder structure. We may use BerryDunn KnowledgeLink if designated by DHHS and MLTC. We will begin to populate the document repository with project information such as the IV&V project team, work in process IV&V deliverables, IV&V team calendar, and stakeholder team information, as appropriate. We will use the repository to manage and store IV&V project documentation and work products; record project issues, risks, decisions and action items; and promote team collaboration throughout the life of the project. If we use BerryDunn KnowledgeLink, we will give State team members—as requested by the IV&V contract manager—access to BerryDunn KnowledgeLink, as well as a basic orientation to navigating the site.
PM-2	Include an example of an IV&V project schedule utilized on similar projects. Response: Reference Appendix E for an IV&V Project Schedule utilized in a similar IV&V engagement.
PM-3	Describe how the IV&V bidder's project management approach adapts to varying State governance models. Response: The PMBOK® Guide is highly customizable and adaptable to different projects and governance models. As BerryDunn integrates into the Medicaid enterprise improvement projects, we will adapt our IV&V Management Plan and IV&V Project Schedule to complement MLTC's governance model and PMO approach. This helps to ensure we are adopting appropriate project management protocols that work within MLTC's and the project's governance models. BerryDunn's ability to adapt to varying State governance models and project cultures has been developed and enhanced over the years from our proficiency in delivering IV&V services in states such as Ohio, Kentucky, Maine, Maryland, Massachusetts, Missouri, and New Hampshire. We tailor our IV&V approach as needed depending on the software development life cycle (SDLC) model/method being used and the type of implementation, from custom development and COTS to major upgrade or enhancement, or a hybrid. We have conducted IV&V engagements for projects utilizing the traditional waterfall development model, agile development, and hybrid approaches. Despite these variations in IT initiatives, we maintain standard IV&V methods to guide our work.

Business Requirements	
	During project initiation, BerryDunn's IV&V project team will begin by identifying key governance stakeholders, and work with them to confirm our understanding of the governance model and protocols being used on the project. To supplement these conversations, BerryDunn will review project governance artifacts and documentation, with a focus on understanding MLTC's decision-making process. In addition, relevant organizational charts will be requested and analyzed to determine lines of communication and delegation within the project. These findings will serve as inputs to BerryDunn's own project management approach. Our project approach helps build quality throughout the project life cycle, and helps promote strong project leadership and governance, both of which are essential to project success. Following are key strategies to BerryDunn's project approach that help guide our participation in the project at the level of detail necessary to assess the project at hand: • We view ourselves as stakeholders in the success of MLTC's projects under this contract and recognize that, at times, some project stakeholders may not agree with our observations and recommendations. We have found that providing effective assessment and QA services takes more than knowledge of best practices, technical experience, and subject matter expertise. It requires us to establish credibility early, exercise tact, and model professionalism in order to build and maintain the trust of our client and contractor leadership and staff. • We will establish positive and productive working relationships with MLTC project teams and contractors early in the project by clearly defining our team's role for each project, and communicating with project partners and stakeholders that our role is about promoting a successful project. Early issue and risk identification and resolution or mitigation improves the chances of project success. Our team members assess every project situation with an open mind and work with stakeholders to focus on what is best for the project overall. We also conduct our work in a way that minimizes impact on project personnel, activities, and schedules. • We use a proactive issue, risk, and opportunity management approach that incorporates a "no surprises" policy. We will document and communicate new high-priority issues and risks to MLTC as we identify them; we will not wait until the production of the next status report to communicate high-priority issues and risks. • We use checklists to drive our assessments and deliverable reviews. Checklists contain objective assessment criteria to independently evaluate deliverables and contractor performance. They are important tools to help ensure we assess not only the quality and comprehensiveness of the content that is present, but also what is missing. Our checklists are developed based on contractual requirements, state and federal standards and requirements, and industry standards and best practices, such as the IEEE and the PMI®'s PMBOK® Guide. We adapt our IV&V approach as needed depending on the SDLC model/method being used and the type of implementation, from custom development and COTS to major upgrade or enhancement, or a hybrid. We have conducted IV&V engagements for

Business Requirements	
	projects utilizing the traditional waterfall development model, agile development, and hybrid approaches. Despite these variations in IT initiatives, we maintain several standard IV&V methods to guide our work. We offer MLTC more than 25 years of IV&V experience, helping clients to resolve a range of risks and issues that had the potential to negatively impact their respective projects. We do not anticipate any problems in accomplishing the work defined within the RFP and will come to this project with lessons learned and experience in developing effective strategies to address risks and issues and help ensure that the Medicaid enterprise improvement projects are successful. Finally, we will work to discern the culture of the project. BerryDunn recognizes that understanding project culture, which can include business process, communication and social norms that may not be formally documented, is key to understanding how MLTC's governance model works within the project. In addition, our project team will prioritize integrating into the project culture and establishing trust with stakeholders early in the engagement. Our goal is to convey that BerryDunn's IV&V team is vested in the success of the project, and focused on providing support and insight rather than simply pointing out issues or problems. These relationships will help BerryDunn gain further insight into the working governance model of the project, and in turn adapt our own project management approach accordingly.
PM-4	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.
	Response: Reference Table 10 for BerryDunn's approach to meeting each project management requirement.

Table 10: Project Management Requirements

Requirement/BerryDunn Approach	
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). BerryDunn will develop a comprehensive IV&V Management Plan which outlines how we will deliver an IV&V methodology tailored to the specific requirements, expectations, and unique organizational environment of the Medicaid enterprise improvement project. BerryDunn's IV&V Management Plan will add structure and clarity to our work by assigning an order to all important project execution activities. Within the IV&V Management Plan, BerryDunn will define the IV&V services outcome, how we achieve it, who will be involved in our IV&V services, and how our IV&V services will be measured and communicated. As with any blueprint, we must start by

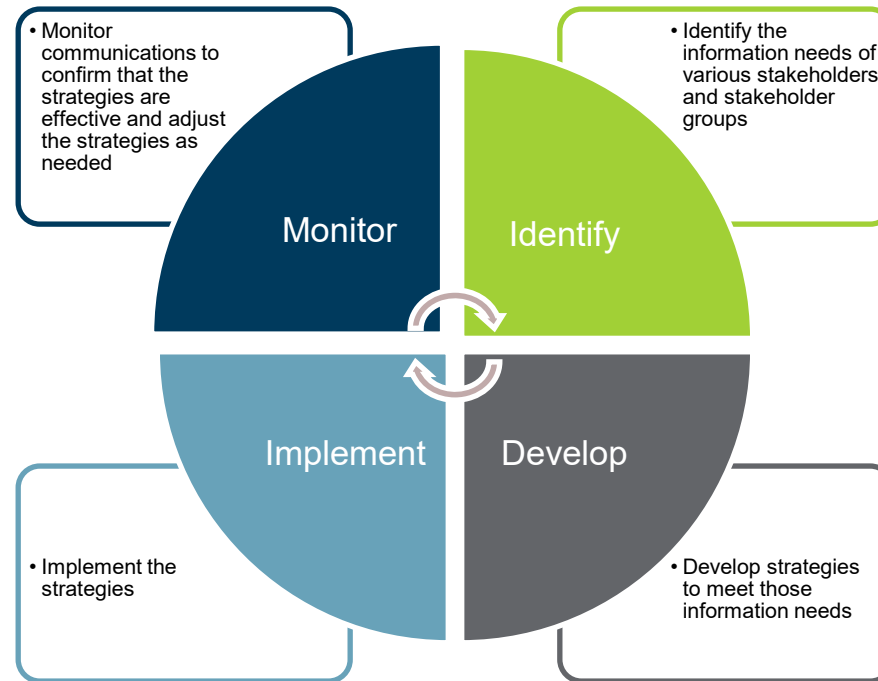
Requirement/BerryDunn Approach	
understanding what we are trying to achieve; therefore, defining goals is important to a successful project. We begin with our IV&V Management Plan prototype and refine it to align with MLTC's project goals and objectives. In addition, we will document communication protocols for effectively communicating with MLTC. Our intent is to tailor agreed-upon protocols that keep MLTC's interests in mind. For instance, we will address communicating significant risks and issues with MLTC as soon as possible allowing for those risks and issues to be addressed timely. The communication protocols will also address ways to minimize mistakes of fact in reports. These protocols increase the likelihood of project success. Once the IV&V Management Plan has been approved by MLTC, the BerryDunn project team will manage and perform our IV&V services in accordance with the IV&V Management Plan. Reference Table 12 for details on IV&V's approach to developing a comprehensive IV&V Management Plan that encompasses each project.	
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. In Appendix D of our proposal response, we have included an IV&V Project Schedule (Work Plan) as well as an example Project Schedule in Appendix E from a previous project, which include the tasks, subtasks, and associated sequencing of IV&V activities. We will develop and deliver the IV&V Project Schedule within 30 days of the projects' start date and will update the weekly IV&V schedules that coordinates IV&V activities with the IV&V Project Schedules. Throughout each project, our IV&V project team will collaborate with MLTC to adjust the approach and timing and sequencing of tasks in our IV&V Project Schedule based on MLTC's needs and project objectives. During project initiation, we will meet with MLTC to review the draft IV&V Project Schedule and refine the tasks, subtasks, and timelines to meet the Medicaid enterprise improvement project's needs and expectations, accounting for the availability and competing demands of key stakeholders. We understand, however, that the scope, schedule, and/or budget of a project might change after it is underway as a result of the dynamic project environment and/or new information discovered during project activities. BerryDunn encounters these changes regularly in our work with public agencies and builds flexibility into our work to meet changing needs. In our experience, transparency, honesty, and communication are key factors in successfully navigating these changes. At project initiation, our project manager will discuss the process to manage changes to project scope, schedule, and/or budget. If issues arise that might impact the overall project timeline or milestones, or if changes to project scope or budget are identified, we will alert MLTC of these issues as part of our regular status reporting and work together to determine an appropriate resolution. BerryDunn's IV&V approach has built-in flexibility and provides the ability to adjust the sequence of some tasks as needed, helping to ensure BerryDunn's comprehensive IV&V Project Schedule is in alignment with MLTC's needs as they evolve throughout the engagement.

Requirement/BerryDunn Approach	
3	Must develop clear lines of communication and collaborative working relationships with project teams, project leadership, and CMS. The focus of BerryDunn’s IV&V approach is on timely communications and practical, relevant, constructive, and timely feedback aimed at helping to ensure the success of the Medicaid enterprise improvement projects. We will provide MLTC with our IV&V approach that engages the State, project stakeholders, contractors, and MLTC personnel as needed to help ensure effective communication, while minimizing impact to their daily jobs. We operate under the principle that there should be no surprises. Our proactive communication technique will help ensure that all stakeholders are apprised of any findings that could impact the success of the program as early as possible so that corrective actions might be taken. State leadership should not be surprised by any content or status contained in our reporting. We will bring risks and issues to the attention of MLTC at the point of identification so that mitigation and resolution, respectively, can begin as soon as possible. Our communication approach has proven successful in promoting a collaborative, working relationship—not only across project stakeholders, but also with federal partners. For example, in working closely with CMS on the CMS Pilot MMIS certification process in West Virginia and in our recent certification activities in Ohio, we consistently provided accurate and clear messaging that resulted in successful interactions with all federal partners throughout the projects. As part of the IV&V Management Plan, BerryDunn will describe effective communication and awareness needs of each project stakeholder, and the method and frequency of communication to meet those needs. The Plan will specifically address on-site and virtual team members, norms, and collaboration expectations. We will update the Plan as needed through the project to maintain expectations of information needs and flow, work product sharing, and reporting requirements. As recommended in the PMBOK® Guide our IV&V Management Plan will document our communication approach and processes—including those to MLTC and any project contractors. Our objective is to facilitate the critical links among people, ideas, and information necessary for project success.

Requirement/BerryDunn Approach

Please see Figure 7 for a depiction of our high-level approach to supporting and providing effective project communications.

Figure 7: High-Level Approach to Project Communications



Our project manager and the BerryDunn IV&V team will develop a responsible, accountable, consulted, or informed (RACI) chart, (example shown in Table 11), to document project stakeholder communication roles and responsibilities. We will work with MLTC and project stakeholders to review and approve this chart.

Requirement/BerryDunn Approach

Table 11: Example RACI Chart

Role	Deliverables						
	IV&V Management Plan	IV&V Project Schedule	Process and Document Reviews	Monthly Update Reports	Quarterly Update Reports	Periodic IV&V Reviews / Risk Assessments	Management Briefings
R – Responsible A – Accountable C – Consulted I – Informed							
Executive Steering Committee Members	I	I	I	I	I	I	I
State Project Sponsor	I	I	I	I	I	I	I
State IV&V Contract Manager	A	A	A	A	A	A	A
State Project Team	C	C	C	C	C	C	C
Federal Partners	I	I	C	I	I	I	I
IV&V Project Principal	I	I	I	I	I	I	I
IV&V Engagement Manager	C	C	C	C	C	C	C
IV&V Project Manager	R	R	R	R	R	R	R
Senior IV&V Analyst/Technical Lead	I	I	I	I	I	R	I
IV&V Business Analyst/Project Coordinator	I	I	R	R	R	R	I
Contractor Staff	C	C	I	I	I	I	I

Use of the RACI chart will help all stakeholders stay on task and continue monitoring and completing plans and strategies contained in the IV&V Management Plan. In addition to our Plan, we will also enhance and support communication between all project team members by using the following:

Requirement/BerryDunn Approach	
	• A common program repository or process for sharing information and documentation • Emails, teleconferences, and, when available, videoconferences • Meeting notifications, agendas, and meeting notes • Contact lists and project distribution lists from the IV&V team, the State, and other project contractors • Advance copies of any meeting information that is provided in advance of IV&V meetings • Standardized risk, issue, and action item documentation and tracking By providing clear and well-timed communication, BerryDunn's IV&V team will help foster effective interaction and communication, and we will frequently engage MLTC for feedback on communication approaches and adjust our approach as necessary. As part of the initial and subsequent Monthly IV&V Reports, we will verify that any program-level and project-level Communication Plans are created and being followed, and evaluate the communication plans and strategies to verify they support communications and work product sharing between all project stakeholders. Our experience developing MMIS modernization project communication strategies will help us assess if MLTC and contractor-submitted communication plans and strategies are effective, implemented, monitored and complete.

2.f.ii – Independent Assessment and Quality Assurance

Business Requirements	
Req #	Requirement
IAQ-1	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.
	Response: Reference Table 12 for BerryDunn's approach to meeting each independent assessment and quality assurance requirement.
IAQ-2	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
	Response: IV&V is a core service for BerryDunn; we offer our clients a disciplined IV&V framework, which will integrate management and service delivery consistently across Medicaid enterprise initiatives, while also promoting the flexibility necessary for continuous

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improvement. BerryDunn's IV&V service framework is a culmination of IV&V best practices refined over 25 years of practical, hands-on application of IV&V competencies. Our project team will use this framework throughout our role as your IV&V partner, and will leverage our IV&V expertise and experience in providing IV&V services on similar projects in states such as Maine, Massachusetts, Missouri, and Ohio.

When we work in the IV&V role, we strive to integrate with project teams and contribute in a manner that promotes a successful project outcome. To facilitate our IV&V services methodology, our team will bring our proven, four-step IV&V approach detailed below. This approach helps enable us to provide the project participation at the level of detail necessary to assess the project's health. Our established IV&V services approach seamlessly integrates all relevant federal partner certification and regulatory requirements. Figure 8 shows BerryDunn's four-step IV&V services approach—Plan, Review, Assess, and Report.

- **Step 1 – Plan**

The planning step of our IV&V approach is integral to helping ensure a successful engagement. During this step, we will document MLTC's objectives, scope, and deliverables, and outline the activities necessary for project startup. We understand that the scope, schedule, and/or budget of a project might change after it is underway as a result of the dynamic project environment and/or new information discovered during project activities. BerryDunn encounters these changes regularly in our work with public agencies; we are adept at addressing them in partnership with our clients and are accustomed to the need to be flexible. In our experience, transparency, honesty, and communication are key factors in successfully navigating these changes. At project initiation, our project manager will discuss the process to manage project changes. If the need for changes arise, we will alert MLTC and work together to determine an appropriate resolution. BerryDunn's IV&V approach has built-in flexibility and provides the ability to adjust the sequence of some tasks as needed.

- **Step 2 – Review**

The BerryDunn IV&V project team can apply a consistent, independent approach to the review, critique, and enhancement of project deliverables, including project plans, work products, deliverables, business processes, and management decisions. The agility of our methodology permits our IV&V project team to perform review and critique activities across

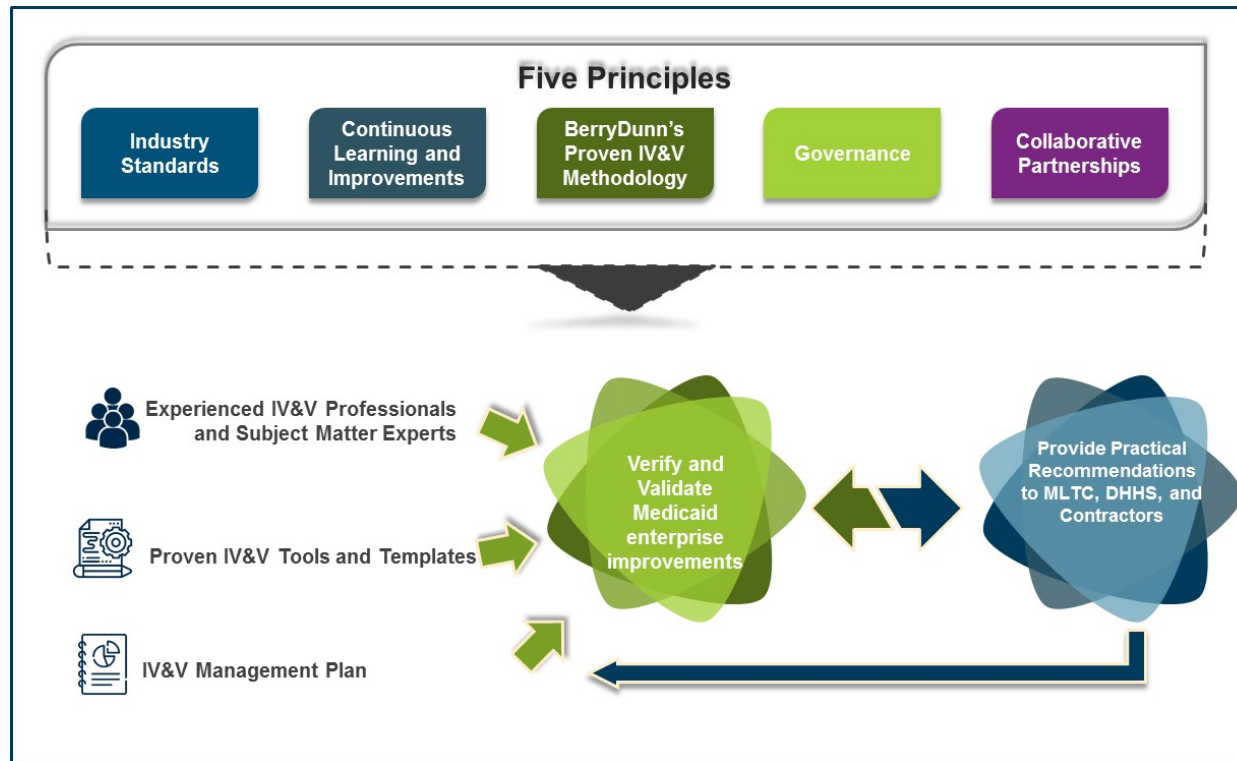
Figure 8: IV&V Services Approach



Business Requirements	
	multiple business areas and functions. Our project team will attend project meetings, review project artifacts, deliverables, documentation, processes, procedures, and practices, working to uncover potential underlying issues and obstacles. Step 3 – Assess With large and complex projects, an effective IV&V team can help drive project success by verifying and assessing project management and the organization. We believe in proactive participation in relevant project meetings and activities. We will assess that project meetings are following all documented protocols (e.g., scheduling, agendas, attendees, and minutes) to support effective communication. Proactive participation helps support our team’s understanding of the project’s progress, resources, budget, schedules, work flow, and reporting, allowing us to evaluate these areas. This understanding enables us to identify areas of focus that might require additional research and fact-finding activities. We will maintain regular engagement with team members and stakeholders to build relationships, trust, and credibility. To support our “no surprises” approach to IV&V methodology, we will validate our observations and findings with MLTC. Using the information gathered throughout our review of project meetings, processes, procedures, and deliverables, we will synthesize observations, findings, and recommendations into a clear and concise process and document review reports. Step 4 – Report The BerryDunn IV&V team is committed to supporting MLTC through independent monitoring and reporting. Our team will use our knowledge of successful project implementation to verify that reporting provides adequate oversight of the project. We are accustomed to producing a range of client deliverables—from IV&V checklists, status reports, and risk assessments, to certification progress reports and executive briefings, as well as reporting deliverable findings. We understand that for this engagement, MLTC requires Monthly IV&V and Weekly IV&V Status Reports. Our IV&V approach is a cornerstone component of BerryDunn’s IV&V framework. In Figure 9, we have illustrated the BerryDunn IV&V framework and its five principals—a shared understanding of industry standards; continuous learning and application of process improvements; BerryDunn’s proven IV&V methodology; a disciplined execution of governance guidelines; and healthy, collaborative partnerships with MLTC, DHHS and other project stakeholders. BerryDunn’s IV&V service framework is a culmination of IV&V best practices supported by years of practical, hands-on application of IV&V competencies. Our proposed IV&V project team is supported by this framework and expert resources with the goal of attaining and sustaining a high level of IV&V performance to help ensure success of the MLTC.

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Figure 9: BerryDunn's IV&V Framework Five Principles



Our team's utilization of BerryDunn's IV&V framework:

- ***Drives our IV&V activities*** by providing an independent, objective assessment of project processes and products throughout the Medicaid enterprise improvement life cycle. The focus of our IV&V team will be to provide timely communications and practical, relevant, constructive, and rapid feedback aimed at helping to ensure the success of the improvements, thereby making certain there are no surprises.
- ***Validates the appropriate levels of assessment*** around technology and system development. This helps to ensure quality is built into the solution requirements development, resulting in a system that exceeds MLTC's stakeholder

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	expectations. IV&V activities are designed to offer timely insights into the status of the Medicaid enterprise improvements and are integrated and conducted throughout all phases of the SDLC. • Emphasizes project success and partnership. All IV&V concerns are respectfully presented in such a way that adds https://nebraska.sharefile.com/r-r0b1b17dbb95641dfb7eafc046d233635 value to the improvements. • Provides a proactive risk, issue, and opportunity management approach that incorporates a “no surprises” policy. We will document and communicate new high-priority risks, issues, and opportunities to MLTC as we identify them; we will not wait until the production of the next status report to communicate high-priority issues and risks. • Performs reviews of project deliverables and work products. Our IV&V team will review project deliverables and work products based on the agreed-upon acceptance criteria, including requirements, federal regulations, practice guides, existing checklists, and contractor proposal commitments. When agreed-upon acceptance criteria have not been previously identified, we will leverage criteria such as industry standards and federal and state regulations, along with our knowledge obtained from meetings—such as requirements design sessions—in our review. Competitive advantages of BerryDunn’s IV&V framework include: • Integrated processes, templates, checklists, tools, and best-in-class documents. These are integrated into our IV&V framework with discipline and built on solid governance, industry standards, and a set of core values, which help ensure the delivery of high-quality IV&V services. • A standard, repeatable IV&V framework used by BerryDunn IV&V professionals to thoroughly evaluate and analyze project products and services. We provide constructive feedback and practical, actionable recommendations that improve the implementation of the Medicaid enterprise improvements. • Collaborative partnerships built on mutual respect. BerryDunn and our IV&V professionals prioritize the cultivation of strong, healthy relationships with all stakeholders within our client engagements. As our project references can attest, we believe that mutual respect improves communication between project stakeholders and helps drive project success. BerryDunn professionals will bring respect, honesty, and humility to the Medicaid enterprise improvements.



BerryDunn’s collaborative approach has helped to build a strong working relationship among the State and vendor project teams. They bring industry expertise and objective recommendations that we trust. When I have sought their consultation and support on related items, they have been responsive—going above and beyond to meet my needs.

**Mr. Matthew Barlow, OMES
Program Manager, Ohio
ODM**

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	• Comprehensive governance. Governance is the management framework within which project decisions are made. Therefore, the role of project governance within the IV&V framework is to provide a decision-making framework that is logical, robust, and repeatable to govern the Medicaid enterprise improvements. • Integration of industry standards and federal requirements. Our IV&V framework is rooted in and focused on industry standards to help ensure compliance of requirements, project artifacts, gate reviews, and applicable federal and state regulations. Our IV&V framework considers standards including: the PMBOK® Guide, MECT, MECL, Streamlined Modular Certification (SMC), and CMS Enterprise Life Cycle (ELC). We adapt our IV&V approach as needed depending on the SDLC model/method being used and the type of implementation, from custom development and COTS to major upgrade or enhancement, or a hybrid. We have conducted IV&V engagements for projects utilizing the traditional waterfall development model, agile development, and hybrid approaches. Despite these variations in IT initiatives, we maintain several standard IV&V methods to guide our work.
IAQ-3	Explain past challenges and common issues along with the recommendations provided to address the issues.
	Response: Below please find a few examples of past challenges uncovered during our team's IV&V efforts and what we recommended to resolve the challenges: • For one IV&V project, the SI's regression testing efforts were being constrained and negatively impacting project success due to a reliance on manual execution of the regression test cases. In our role as the IV&V provider, we identified the opportunity for the SI to automate regression test cases to reduce the overall testing schedules (e.g., system integration testing (SIT) and user acceptance testing (UAT)), reduce costs, improve code quality, and increase testing accuracy. Following implementation of this recommendation, our client saw measurable increases in the accuracy of the regression testing results and a reduction in the regression testing timelines. • For a second IV&V project, we recommended the implementation of several tactical work breakdown structure (WBS) improvements (i.e., level of task details, resources assignments, and task dependencies). Additionally, due to schedule constraints, the IV&V team recommended more frequent communication and distribution of testing progress. As a result of these recommendations, the client's project team was better equipped to evaluate the day-to-day execution of the project. The client's project team successfully implemented the project, in part, due to the result of the schedule management improvements that were made. • For a third IV&V project, our IV&V team began reviewing the activities of the client's project in February 2017. In 2016, the State's legislature had established a requirement that a new Provider Network Management (Provider) module must have been in place and functioning for all providers by December 31, 2018. The client's plans to meet this deadline introduced

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	significant risks to the project in terms of quality, cost, and functionality. BerryDunn's IV&V team documented the risks and recommended escalating them for mitigation. Although this risk began as a negative, the result was positive for the client. All parties ultimately agreed that the date was not feasible, and a new project schedule was developed that allowed time for thorough requirements definition, deliverable reviews, and coordination between the SI and provider contractors. For a fourth IV&V project, it is a best-case scenario when IV&V is brought into a project prior to the execution of a contract between a client and a software contractor. Our client's \$100 million tax system project was one of the largest projects undertaken by the client in 2019. BerryDunn reviewed the RFPs for the tax project, and the resulting RFP responses from contractors. As a result of our review, we determined that the State's focus on service level agreements (SLAs) during the implementation, as well as what was planned for Operation and Maintenance expectations, could be improved significantly. We shared examples of SLAs from other similar projects and discussed the importance of spending extra time in this critical area of procurement. This allowed the State to set appropriate expectations for the contractor as the State continued to navigate the procurement process and contract negotiation. In the end, this work also helped ensure that the department and its contractors appropriately identified the scope of work needed, planned for necessary resources, developed a realistic project schedule, and accurately estimated project costs prior to executing the contract. We understand that projects of this magnitude can be overwhelming; it can be challenging to know where to start when addressing project risks and issues. We will collaborate with MLTC to prioritize the actions that arise from our recommendations so that you are able to focus attention and resources on those risks and issues that are most likely to promote the success of the project.
IAQ-4	Provide examples of opportunities or positive risk reporting in past projects where the customer was able to capitalize.
	Response: Below find examples of opportunities or positive risk reporting where customers were able to capitalize: For example one, as a part of our IV&V services on a project that was critical in nature and on a very condensed timeline, project testing progress was being reported on a weekly basis. Our team made a recommendation to review and report project testing progress on a more frequent basis, i.e. biweekly. The client team capitalized by implementing more frequent project testing progress processes which allowed the project to communicate testing roadblocks and progress sooner and increase transparency, minimizing risk to the project schedule. The recommendation was adopted to help increase the likelihood of project success. The increased visibility made certain testing challenges were addressed timely and helped ensure the project was implemented on-time. For example two, as part of our IV&V services, BerryDunn's reports include program and project-level observations and recommendations. Some IV&V recommendation-based opportunities where our client has been able to capitalize has been

Business Requirements	
	through the on-going development of standardized program-level documentation governance, processes, and plans. The following bullets are examples of recommendations our team has made that led to program growth: • Organizational Change Management (OCM). Our IV&V team suggested the development of a framework for managing the effect of new business processes, changes in organizational structure, and other transformations to the Medicaid enterprise. Since this recommendation, IV&V learned of a dedicated resource to address lead OCM activities. A well-developed OCM process that is in place before changes occur will help support the health of OMES and associated module projects. OCM processes help facilitate the transition from current state to future state and provide a common vision for change across the enterprise. • Contract and Vendor Management. Our IV&V team considers both contract management and vendor management processes to be an integral part of risk mitigation for any growing Medicaid enterprise. The IV&V team recommended the development of a program-level contract and vendor management plan to help ensure streamlined enforcement of contracts and vendor relations. IV&V has learned that OMES completed the development of options for schedule enforcement, including processes for changing baseline project schedules and contractor incentives to meet approved schedules. • Change Control Management. Our IV&V team suggested the adoption of a program-level change request guide and Change Control Management Plan to include policies, procedures, processes, roles, and responsibilities. By utilizing change control, gaps will be closed between expected outcomes and actual outcomes. Our client has been actively working on a program-level change request process by introducing a change request automated application. Training and operating procedures which include a Change Control Management Plan have been rolled out.
IAQ-5	Provide examples of the bidder's deliverable review findings and issue assessments utilized on previous projects.
	Response: Below are some examples of deliverable review findings resulting from our IV&V teams review of deliverables from previous projects: • IV&V suggests adding more clarity surrounding the minimum standards or guidelines on how many test cases are sufficient to test said module. • IV&V suggests adding clarity as to which types of testing are considered "in scope" of this document, i.e. Unit, System, Integration, UAT, Performance, Security, Load Testing, Smoke Testing, Regression Testing, etc. IV&V recommends providing a definition of each type of testing. • IV&V suggests adding language to directly address requirement [Project]-220.050.100: The contractor must participate in the development and execution of ORR Corrective Action Plans (CAP) within [Project]-defined timeframes.

Business Requirements					

Business Requirements				
ID	Title	Client Owner	Status	Ranking
<i>Recommendation</i>		IV&V recommends that [Contractor] work with [Client] to identify specific deficiencies in the existing project work plan, perceived challenges in the development of the project work plan, and explicit needs for the project schedule critical path. Additionally, IV&V recommends [Contractor] work toward producing a project work plan and project schedule critical path at the earliest possible point to support the target implementation of [Date].		
ID	Title	Client Owner	Status	Ranking
[ID]	Reconcile Legacy [Project] Functionality to [Project]	[Name]	Open	High
<i>Description:</i>		The lack of reconciliation between the [Project] functionality and the [Project] modules increases the opportunity for future change orders or for [Client] to miss functionality needed in the [Project].		
<i>Recommendation:</i>		[Client] should complete a detailed analysis of the functionality and processing in the legacy [Project]. [Client] should reconcile the information to the [Project] modules in order to indicate the future approach for that functionality/process when [Project] replaces the legacy system. IV&V recommends [Client] document the reconciliation outcome and incorporate it into [Project] planning.		

Business Requirements						
	ID		Title	Client Owner	Status	Ranking
	[ID]		Jira® Ticket Content	[Name]	Open	Medium
	Description:		The [Project] project does not appear to be maintaining Jira® ticket content—such as Status, Affects Version, Fix Version, Type, Labels, Assignee, and Attachments—in accordance with the [Project] Jira® User Guide v1.4, [Project] Requirements Management Guide v5.0, and [Project] Master Test Plan v8.0. For example, the [Project] Requirements Management Guide v5.0 calls for “maintaining a library of design document deliverables in the appropriate library on the [Project] SharePoint site”. However, the final version of the [Project] Annual Renewals – Functional Design v14.1 was not attached to the [Project] -22019 – Annual Renewals Work Package ticket as of [Date]. Annual Renewals functionality was deployed with Release 2.2 on [Date]. Out-of-date and inaccurate Jira® ticket content is potentially compromising the integrity of project artifacts, such as Jira® dashboards, release notes, requirements traceability, and status reports. Inaccurate [Project] project artifacts potentially impede [Project] project stakeholders’ ability to track contract requirements’ status and dispositions.			
	Recommendation:		IV&V encourages [Project] State leadership to evaluate the practices defined by the above documents, revising practices and corresponding management plans to help ensure Jira® ticket accuracy. For example, the [Project] Jira® User Guide v1.4 describes how Jira® tickets are to be prepared during each phase of the development life cycle but omits discussion on the timing for conducting each task and who is responsible for performing each task. Correspondingly, IV&V recommends the [Project] Jira® User Guide be updated to specify who is to perform individual Jira® ticket updates and when those updates are to be performed. IV&V also recommends that State [Project] project leadership ensure Jira® guidelines be understood and enforced by [Project] project team members.			

Business Requirements					
	ID	Title	Client Owner	Status	Ranking
	[ID]	[Project] Production Data Quality	[Name]	Open	Moderate
	Description:	As reported in the [Date], Biweekly IV&V Report of Project Risks and Issues, six production [Project] Data Remediation initiatives are in progress—Data Cleanup Part II, Data Fixes, DCN Unblocking, DCNs With Multiple SSN Evidence Records, Missing and Extraneous Mandatory In-Edit Evidence, and SDUP Batch File Cleanup. IV&V suggests these production [Project] Data Remediation initiatives are required to improve production [Project] data quality, helping reduce complications due to inaccurate production [Project] data. State project leadership has indicated that the completion of these production [Project] Data Remediation initiatives is essential prior to deployment of Release 2.2. However, information provided by [Contractor] during the [Date], Unblocking meeting; the [Date], [Project] Management meeting; and the [Date], Data Cleanup Touchpoint meetings indicated that the corresponding production [Project] Data Remediation initiatives would not be completed prior to the planned [Date], Release 2.2 go-live. IV&V suggests that deploying Release 2.2 without completing the six production [Project] Data Remediation initiatives increases the need for [Client] staff to perform manual workarounds to accommodate inaccurate, non-remediated production [Project] data. Manual workarounds increase the possibility of incorrect [Project] eligibility determinations and the potential loss of healthcare benefits for vulnerable State residents.			
		Recommendation:	To aid production [Project] Data Remediation activities, IV&V recommends [Contractor] develop a consolidated plan (WBS) that includes subtasks required for completing each production [Project] Data Remediation initiative. In addition, IV&V recommends the consolidated WBS include defining the dependencies between planned production [Project] Data Remediation initiatives. Note: Although [Contractor] has developed a consolidated remediation plan, it does not completely satisfy the recommendations listed above.		

Table 12: Independent Assessment and Quality Requirements

Requirement/BerryDunn Approach	
1	Must submit an IV&V Management Plan for each project assigned, which includes specific information on what the contractor will do, periodic reviews, timelines, anticipated resources, estimated hours, and estimated/actual budget information. BerryDunn will develop one comprehensive IV&V Management Plan which outlines how we will deliver an IV&V methodology tailored to the specific requirements, expectations, and unique organizational environment of each of the five Medicaid enterprise improvement projects. BerryDunn's IV&V Management Plan will add structure and clarity to our work by assigning an order to all important project execution activities. Within the IV&V Management Plan, BerryDunn will define the IV&V services outcome, how we achieve it, who will be involved in our IV&V services, and how our IV&V services will be measured and communicated. As with any blueprint, we collectively must know what we are trying to achieve; therefore, defining goals is important to a successful project. We begin with our IV&V Management Plan prototype and revise it to align with the project requirements. At a minimum the IV&V Management Plan will address the following components: • Management approach and governance, including periodic reviews • Change, communications, quality, risk, and issue management methodologies • Scope of project • Schedule management, along with the schedule's critical path and milestones, including timelines, anticipated resources, estimated hours, and estimated/actual budget information • All project life cycle IV&V checklists to be used • Resumes of all key IV&V team members and an organization chart reflecting our IV&V team structure, along with individual team member roles and responsibilities The IV&V Management Plan will also include draft templates for the key ongoing IV&V deliverables. The IV&V Management Plan will be delivered within the first 30 days from the date of project start. In addition, we will document communication protocols for effectively communicating with the State. Our intent is to agree to protocols that keep CMS' interests in mind. For instance, we will address communicating significant risks and issues with the State as soon as possible allowing for those risks and issues to be addressed timely. The communication protocols will also address ways to minimize mistakes of fact in reports. These protocols increase the likelihood of project success. As discussed in section 2.f.i, Project Management, we will establish a project site on a DHHS designated repository that will be used to manage and store IV&V project documentation and work products; record project issues, risks, decisions and action items.

Requirement/BerryDunn Approach	
2	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. We believe in proactive participation in relevant project meetings and activities to help support our team's understanding of the project's project progress, resources, budget, schedules, work flow, and reporting, allowing us to evaluate these areas. We understand that a risk or issue can cause an unexpected cost, slip in the schedule, or reduction to the quality or technical performance. It is also important to assess and document opportunities that are identified. Our team will perform ongoing reviews of project artifacts and leverage our IV&V toolkit and experience to perform assessments and proactively identify risks, issues, and opportunities. BerryDunn's risk, issue, and opportunity management approach begins at project initiation and is integrated into every phase of the project life cycle. Our approach is rooted in industry standards and best practices, including the PMI®'s PMBOK® Guide and Standard for Risk Management in Portfolios, Programs, and Projects. This helps ensure the project team is equipped with a proven, repeatable approach to identifying, prioritizing, mitigating, and tracking program and project risks that might threaten successful implementations, maintenance, and operations activities. Figure 10 depicts BerryDunn's standard risk management framework as employed in IV&V service engagements. Figure 10: Key Elements of the Risk Management Approach The diagram illustrates the Risk Management Approach as a continuous cycle of five interconnected gears. Each gear represents a key element of the process: Plan: The risk management plan explicitly defines the process for handling risks at the outset of the project. Prioritize: Risks will be analyzed and prioritized for future action, including their probability, impact, and urgency. Track: Because risks are uncertain and likely to happen in the future, they should be continually monitored and controlled. Identify: In a detailed risk statement, project risks are identified and listed, including characteristics, root causes, and impact on project objectives. Respond: Planning to deal with each risk includes determining a risk response to lessen its impact. The gears are arranged in a horizontal line, with curved arrows indicating a clockwise flow from Plan to Prioritize, Prioritize to Track, Track to Respond, Respond to Identify, and Identify back to Plan, forming a continuous loop.

Requirement/BerryDunn Approach
Plan. BerryDunn will document our risk management approach in the IV&V Management Plan. This approach will guide the IV&V team with the identification of program and project risks, issues, and opportunities, estimating impacts, and defining potential risk mitigation strategies. The following components of our risk management approach will be documented in the IV&V Management Plan: • Risk, Issue, and Opportunity management approach: including processes, assessment, identification and corrective actions, and reporting mechanisms • Procedures, tools and reports for documenting and tracking program and project risks, issues, and opportunities • Guidelines for quantification and evaluation of risks in terms of probability and impact • Escalating risks and issues • Definition of roles and responsibilities for managing, monitoring, and addressing risk, and issue management activities • Assumptions and constraints • Inputs/outputs to risk management BerryDunn's IV&V Toolkit contains checklists used to verify that the Management, Assessment, and Response plans are created and being followed for the risks, issues and opportunities identified for the project. Identify. When a risk, issue, or opportunity is identified, our team will provide a detailed statement which includes characteristics, such as category, probability, severity, and impact to project. Our team will offer recommendations for all IV&V identified program and project-related risks, issues, and opportunities. Prioritize. Should a risk, issue, or opportunity be detected, we will have the methodology and tools in place to help evaluate the source, impact, and probability for prioritization. Our team will perform assessments and determine appropriate responses or future actions for the identified risk, issue, or opportunity. Respond. As part of our standard practice and approach, we also make a point of discussing findings and recommendations as issues arise rather than requiring MLTC to wait for submission of a formal report, and we will work with MLTC to identify and document escalation processes to handle such issues and risks. The earlier we can identify and communicate risks, the greater the opportunity MLTC will have to address potential problems before they occur. The documented risk, issues, and opportunities will also be reported to MLTC in the Monthly IV&V Report, which includes important project status summary and assessment information. Track. BerryDunn tracks IV&V project risks, issues, and opportunities using the customized Risk, Issue, and Opportunity Tracking Log from BerryDunn's IV&V Toolkit. This log includes all risks, issues, and opportunities that pose threat or present opportunity to the project. This log allows our IV&V team to prioritize and maintain findings as seen in Figure 11.

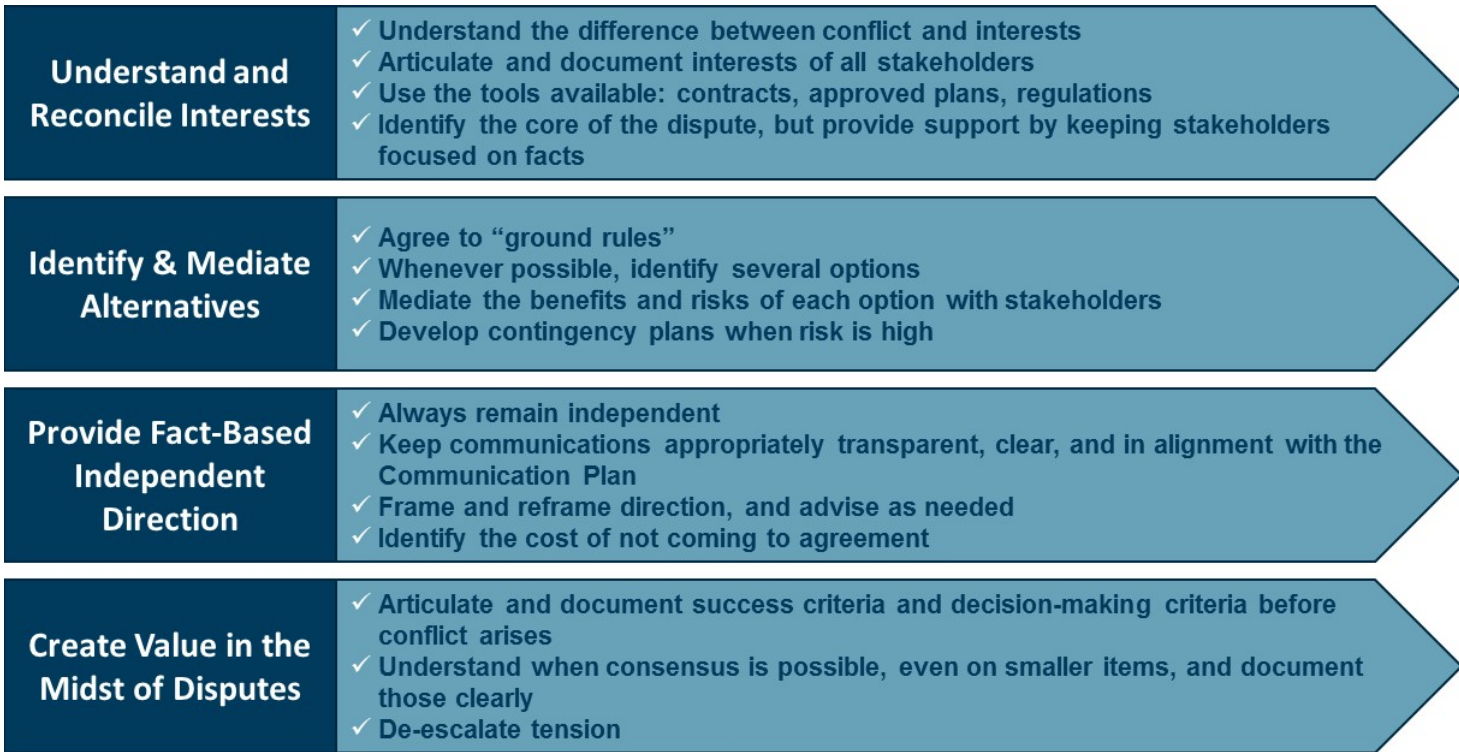
Figure 11: BerryDunn Risk, Issue, and Opportunity Tracking Log

+ New Edit in grid view Share Export Automate Integrate ... All Items							
Risk and Issues Log							
	ID	Title	Primary Impact	Description	Status	Category	State Response
	3	Communication of Decisions	Quality Management	Due to the short timeframe of [REDACTED] decisions are being made rapidly and often with a limited number [REDACTED]	Closed		1-Agree, miti needed/creat
	4	Project Plan for Business/Operation Activiti...	Schedule Management	A project schedule for the business/operations activities needs to be created to identify the specific tasks, timeline, [REDACTED]	Closed		0-TBD
	5	Population of data on [REDACTED]	Quality Management	The [REDACTED] site has been set up and made available; however, many of the folders are empty. The PMO team has been working to populate the site with documents. Until this is complete, access to documents is limited.	Closed		0-TBD
	6	Project Risk and Issue Management	Risk and Issue	Project risks and issues [REDACTED]	Closed		0-TBD

BerryDunn will put the appropriate risk, issue, and opportunity management processes in place so that MLTC's project has an IV&V partner focused on early risk identification and communication. These principles will allow us to add value to MLTC's risk management approach as we evaluate the project's risk management, assessment and response plans and procedures to verify that risks are identified and quantified and that mitigation plans are developed, communicated, implemented, monitored, and complete.

Requirement/BerryDunn Approach	
Our team is careful to control to whom we report risks and issues. Reporting of IV&V deliverables must follow a deliberate distribution plan. It is important that only authorized leads receive our recommendations and advice, and then those leads decide on how or if to act upon them. If too many or unauthorized project participants receive IV&V feedback, they might make decisions to respond to them in a way that contradicts other activities in the project. The BerryDunn IV&V team will include a communication approach within our overall IV&V Management Plan that guides how IV&V output is controlled.	
3	Must assess the progress of the projects against the planned schedules, budgets, and resource utilizations. This will include periodic assessment of the project plan/schedule on a monthly or quarterly basis (schedule will be determined based on what is appropriate for the project timeline) BerryDunn's project estimating and schedule management process keeps the triple constraint of scope, cost, and schedule at the forefront of each project we support. With these factors serving as the foundation of our approach, our IV&V team applies their wealth of experience working with MMIS program project schedules to assess the progress of the projects against planned schedules, budgets, and resource utilizations to help ensure that the project budget and resources are adequate for the work-breakdown structure and schedule. We analyze project estimating and scheduling artifacts with the end in mind—i.e., timely completion of the projects. To achieve this objective, we follow the approach outlined by PMI®'s PMBOK® Guide when evaluating project schedules for specific projects. The steps we take are the same whether we are developing a schedule for MLTC or evaluating an existing schedule, such as one produced by a contractor. Our IV&V team starts by examining the WBS for all the Medicaid enterprise improvement projects being undertaken by MLTC. This breakdown involves defining the activities needed to complete the project, and then moves to sequencing these activities in their logical order. We then identify and address dependencies between activities, as well as estimate resources, resource dependencies, and the durations for these activities. In doing so, we will verify MLTC has a project schedule that includes adequate time and resources assigned for planning, development, review, testing and rework activities. Effective WBS coordination will bring MLTC's and contractor's tasks into alignment and will advance the effectiveness of our collective efforts. BerryDunn will document our approach and best practices described above in the IV&V Management Plan. Evaluating project estimating and scheduling helps ensure that the project budget and resources are adequate for the work-breakdown structure and schedule. This includes examining historical data to determine if the project/department has been able to accurately estimate the time, labor, and cost of software development efforts. Our team will review the project schedule critical path and dependencies, and evaluate how possible delays could impact project deadlines. We will perform periodic assessments of the project plans/schedules on monthly or quarterly bases.

Requirement/BerryDunn Approach	
We will evaluate each phase of the project and communicate our evaluation of each project phase to help ensure that it is compatible with information architecture standards and policies, that the goal of the phase can be accomplished with the appropriated funds, and that the project (phase) supports the enterprise IT strategy.	
4	Must assess the projects' resources, managerial responsibilities, and governance structure to identify gaps and provide recommendations. Resources, managerial responsibilities, and the governance structure are key to any project. Our experience partnering with states pursuing MMIS modernization projects—including the Missouri MEDES project, and the Ohio ODM modular Medicaid Enterprise Systems project—gives us the experience to evaluate MLTC's staffing, including resources, managerial responsibilities, and governance structure to identify gaps and provide recommendations. Aligned with the PMBOK® Guide processes, plan staffing management defines how to estimate, acquire, manage, and maintain staff in the project. Resource planning is essential to determine and help ensure that the sufficient type and number of resources are available for successful completion of the project as defined by each deliverable and procurement. In order to provide MLTC with observations, guidance, and recommendations on staffing management, BerryDunn will assess project resources, levels of authority, managerial responsibilities, and the amount of effort needed to manage projects based on the complexity. In a large, complex project, staffing management planning occurs during the initiation phase, and then adjustments occur on an ongoing basis at specified intervals in the project. Documenting assumptions, constraints, and dependencies in a project to estimate staffing resources is crucial, as these could materially translate into risks or issues in the project environment if not understood correctly. BerryDunn will analyze the State's and contractors' organization charts, staffing plans, job descriptions, job assignments, skills, training, and experience to map specific project resource demands to actual State resource capacity. We will verify that lines of reporting and responsibility provide adequate technical and managerial oversight of the project. We will report any assessment gaps that are identified as a result of assessments of the governance structures and provide recommendations to MLTC.
5	Must participate in all project meetings unless otherwise directed by DHHS. With large and complex projects, an effective IV&V team can help drive project success. We understand the importance of proactive participation in relevant project meetings and activities, which helps our team assess the project's project overall health. Our team knows that project meetings are vital for communicating important information to the project team. A successful project depends upon clear communication. As MLTC's IV&V partner, we will assess that project meetings are following all documented protocols (e.g., scheduling, agendas, attendees, and minutes) to support effective communication. We will assess the lines of communication and coordination, and management to verify agencies, departments, and contractors are not working independently of one another and are following the Communication Plan. IV&V assessment responsibilities are not a one-time initiative; we believe that ongoing participation in project meetings is a key assessment activity that will be carried out by the BerryDunn IV&V team.

Requirement/BerryDunn Approach									
6	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. Disagreement among stakeholders is an inevitability in complex, large scale projects. In our conflict resolution approach, we seek to find common ground, to mediate situations, and resolve issues in the best interest of the project, MLTC, and the Medicaid members. Our team understands the dynamics of projects, but we also know every State environment is unique. This is why our proposed approach is built on the foundation of independence, transparency, and patience. When conflict arises, our team will jump in to provide calm and collected mediation, focused on seeking consensus. Because projects can become contentious, we will stay focused and routed in the facts. Reference Figure 12: for a depiction of our conflict approach. Figure 12: Conflict Approach  <table border="1"> <tbody> <tr> <td>Understand and Reconcile Interests</td><td> ✓ Understand the difference between conflict and interests ✓ Articulate and document interests of all stakeholders ✓ Use the tools available: contracts, approved plans, regulations ✓ Identify the core of the dispute, but provide support by keeping stakeholders focused on facts </td></tr> <tr> <td>Identify & Mediate Alternatives</td><td> ✓ Agree to “ground rules” ✓ Whenever possible, identify several options ✓ Mediate the benefits and risks of each option with stakeholders ✓ Develop contingency plans when risk is high </td></tr> <tr> <td>Provide Fact-Based Independent Direction</td><td> ✓ Always remain independent ✓ Keep communications appropriately transparent, clear, and in alignment with the Communication Plan ✓ Frame and reframe direction, and advise as needed ✓ Identify the cost of not coming to agreement </td></tr> <tr> <td>Create Value in the Midst of Disputes</td><td> ✓ Articulate and document success criteria and decision-making criteria before conflict arises ✓ Understand when consensus is possible, even on smaller items, and document those clearly ✓ De-escalate tension </td></tr> </tbody> </table>	Understand and Reconcile Interests	✓ Understand the difference between conflict and interests ✓ Articulate and document interests of all stakeholders ✓ Use the tools available: contracts, approved plans, regulations ✓ Identify the core of the dispute, but provide support by keeping stakeholders focused on facts	Identify & Mediate Alternatives	✓ Agree to “ground rules” ✓ Whenever possible, identify several options ✓ Mediate the benefits and risks of each option with stakeholders ✓ Develop contingency plans when risk is high	Provide Fact-Based Independent Direction	✓ Always remain independent ✓ Keep communications appropriately transparent, clear, and in alignment with the Communication Plan ✓ Frame and reframe direction, and advise as needed ✓ Identify the cost of not coming to agreement	Create Value in the Midst of Disputes	✓ Articulate and document success criteria and decision-making criteria before conflict arises ✓ Understand when consensus is possible, even on smaller items, and document those clearly ✓ De-escalate tension
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Requirement/BerryDunn Approach								
BerryDunn's IV&V team understands the role of the IV&V provider is to help ensure that both the needs of the State and the requirements established by the CMS are satisfied. A truly independent IV&V provider like BerryDunn is essential for avoiding conflicts (real or perceived) during the project. When performing assessments of issues, our team will provide objective assessment results and recommendations to MLTC leadership. In enterprise projects the magnitude of MLTC's, IV&V will help drive project success by identifying and making recommendations for risks and issues on all aspects of the effort – from project management to software development, implementation, testing, readiness verification, training, and organizational readiness. With BerryDunn as your IV&V partner, DHHS and MLTC will receive objective, unbiased IV&V assessments and recommendations that are in the best interest of MLTC initiatives—and, ultimately, the Nebraska residents who benefit from the services and support you provide.								
7	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: • Traceability and adherence to requirements • Clarity • Completeness • Consistency • Quality • Adherence to applicable laws, rules, and guidelines							
BerryDunn will use our internally developed deliverable review checklists to help MLTC's project team, project leadership, and solution contractors understand the criteria against which specific deliverables and work products will be reviewed. The deliverable review checklists will be reviewed prior to the commencement of each deliverable review cycle to verify that they align with the most recent contract, state and federal regulations and guidance, and industry standards and best practices. In Figure 13, we illustrate an example section of a BerryDunn deliverable review checklist.								
Figure 13: Sample Deliverable Review Checklist <table border="1"> <thead> <tr> <th>ID</th><th>Review Criteria</th><th>Result</th></tr> </thead> <tbody> <tr> <td>Q1.1</td><td>Traceability and adherence to requirements – For each project deliverable, are all applicable requirements traceable through each phase of the software development life cycle and align with MITA Roadmap and MITA Goals?</td><td></td></tr> </tbody> </table>			ID	Review Criteria	Result	Q1.1	Traceability and adherence to requirements – For each project deliverable, are all applicable requirements traceable through each phase of the software development life cycle and align with MITA Roadmap and MITA Goals?	
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Requirement/BerryDunn Approach		
ID	Review Criteria	Result
Q1.2	Clarity – Does the MLTC Project Deliverable clearly state its meaning and minimize the possibility of misinterpretation?	
Q1.2	Completeness - Based on the project status, SDLC phase, and/or project milestone, does the MLTC project deliverable fulfill applicable deliverable requirements as specified in the approved deliverable outline or CMS template(s), with no tasks or sections missing or incomplete, including appendices? - If any sections are determined that they do not apply, has a brief explanation been entered in the appropriate section? (Per the approved deliverable guidelines, “Not applicable” and “N/A” are not valid responses.) - Is the document written to the appropriate level of detail given the version and project phase/milestone? - Does the document address service level agreements (SLAs)? - Does the document align with the CMS critical success factors?	
Q1.3	Consistency – Is the content contained in the MLTC Project Deliverable consistent within the document, with previously submitted versions of the same deliverable, with predecessor documents, and across all MLTC Project Deliverables?	

Requirement/BerryDunn Approach		
ID	Review Criteria	Result
Q1.4	Quality – Does the content mean the standard quality criteria, clarity, completeness, consistency, traceability, and timelines? Does the deliverable comply with the requirements and standards and are the project objectives complete, accurate, and meet the customer’s expectations and specifications. Does the project output do what was intended and is it in alignment with the specified standards, requirements, specifications, and regulations?	
Q1.5	Adherence to applicable laws, rules, and regulations – Do the document or work products follow all federal and state laws, rules and regulations. Do they follow standards such as the PMBOK® Guide, MECT, MECL, SMC, and CMS ELC? Does the work project follow requirements established by federal organizations—such as the Administration for Children and Families (ACF), CMS, the Environmental Protection Agency, the Federal Emergency Management Agency, the Federal Highway Administration, Food and Nutrition Service (FNS), the Office of Child Support Enforcement, and the United States Department of Agriculture—are satisfied? Hiring an IV&V contractor that is both technically and managerially independent, as well as independent from the agency, is essential to help ensure there are no conflicts (real or perceived) with the recommendations provided during the project.	

As project deliverables are being developed, our IV&V team will track them throughout their development and review cycle in preparation for the review process. When development is completed, our IV&V team will review them based on the agreed-upon acceptance criteria, including requirements, federal regulations, practice guides, existing checklists, and contractor proposal commitments. When agreed-

Requirement/BerryDunn Approach

upon acceptance criteria have not been previously identified, we will leverage criteria such as industry standards and federal and state regulations, along with our knowledge obtained from meetings—such as requirements design sessions—in our review.

BerryDunn's IV&V team will use our custom-developed Deliverable Review Comment Log, which is the final section of the quality checklist, to document observations, defects, and comments related to client and contractor deliverables. The log includes acceptance criteria and links the comments to the acceptance criteria, and allows for an interactive process by providing space for MLTC or the solution contractor to respond to each comment. Figure 14 shows an excerpt from a sample Deliverable Review Comment Log

Figure 14: Deliverable Review Comment Log Example

ID	Checklist Reference	Section Reference	Page	IV&V Detailed Comment	IV&V Priority	Submitter Comment	IV&V Comment After Revision	Comment Status
1.	Q1.1	1.3 Roles and Responsibilities	6-7	Recommend stating the role that is responsible for UAT testers' orientation.	Major	Specifics regarding UAT is included within the UAT Plan. Section 9 of the UAT Plan describes the Roles and Responsibilities of participants including training.	Recommend adding info on at a high level to the chart and then the UAT Plan can have greater detail. I am unable to access UAT Plan from link in document, so unable to check/verify information.	Open
2.	Q1.1	Global	Global	Recommend adding a section on plans for orienting/training UAT testers that might not have used the tools outlined in section 3 before.	Major	Specifics regarding UAT is included within the UAT Plan. None of the tools listed in Section 3 are relevant to UAT testing	Unable to access UAT Plan form link in document, so unable to check/verify information.	Open

Requirement/BerryDunn Approach								
ID	Checklist Reference	Section Reference	Page	IV&V Detailed Comment	IV&V Priority	Submitter Comment	IV&V Comment After Revision	Comment Status
3.	Q1.1	Global	Global	Recommend adding sections outlining the plans for testing. Also recommend including the tools that are leveraged.	Major	Section 3 describes the tools used in testing and the function/purpose of the tools. Functional areas are included for testing.	Comment resolved.	Resolved
4.	Q1.4	Global	6	Requirement is ambiguous. Recommend clarifying to allow for traceability to test cases.	Major	Section 4 describes the requirements for requirements definition.	Pending feedback from subject matter expert.	Open

Our deliverable reviews will provide the MLTC project team and leadership with clear, concise, and—most importantly—actionable comments. The purpose of each comment is to provide MLTC and its contractors with a clear explanation of the deficiency and a defined measure for accepting the correction. In addition, each comment is ranked as “critical,” “major,” or “minor.” Critical comments are material deficiencies that must be addressed in order for the deliverable to be approved. Minor comments are typically cosmetic in nature and should be fixed prior to finalizing the document. Left unaddressed, minor comments will not likely increase project risk or impact system performance.

Our review will result in a recommendation to accept or reject a deliverable or work product (as shown in Table 13), supported by the findings contained in the Deliverable Review Comment Log. The presence of one or more critical comments may result in a recommended deliverable rejection. In the event that the deliverable review team recommends returning a deliverable, the content in the Deliverable Review Comment Log will allow the review team to report on the specific expectations that were not met. Furthermore, the Deliverable Review Comment Log will allow the review team to display each individual comment tied to the expectation in question. Significant deliverable deficiencies are reported as project issues or risks and escalated according to agreed-upon project management processes.

Requirement/BerryDunn Approach

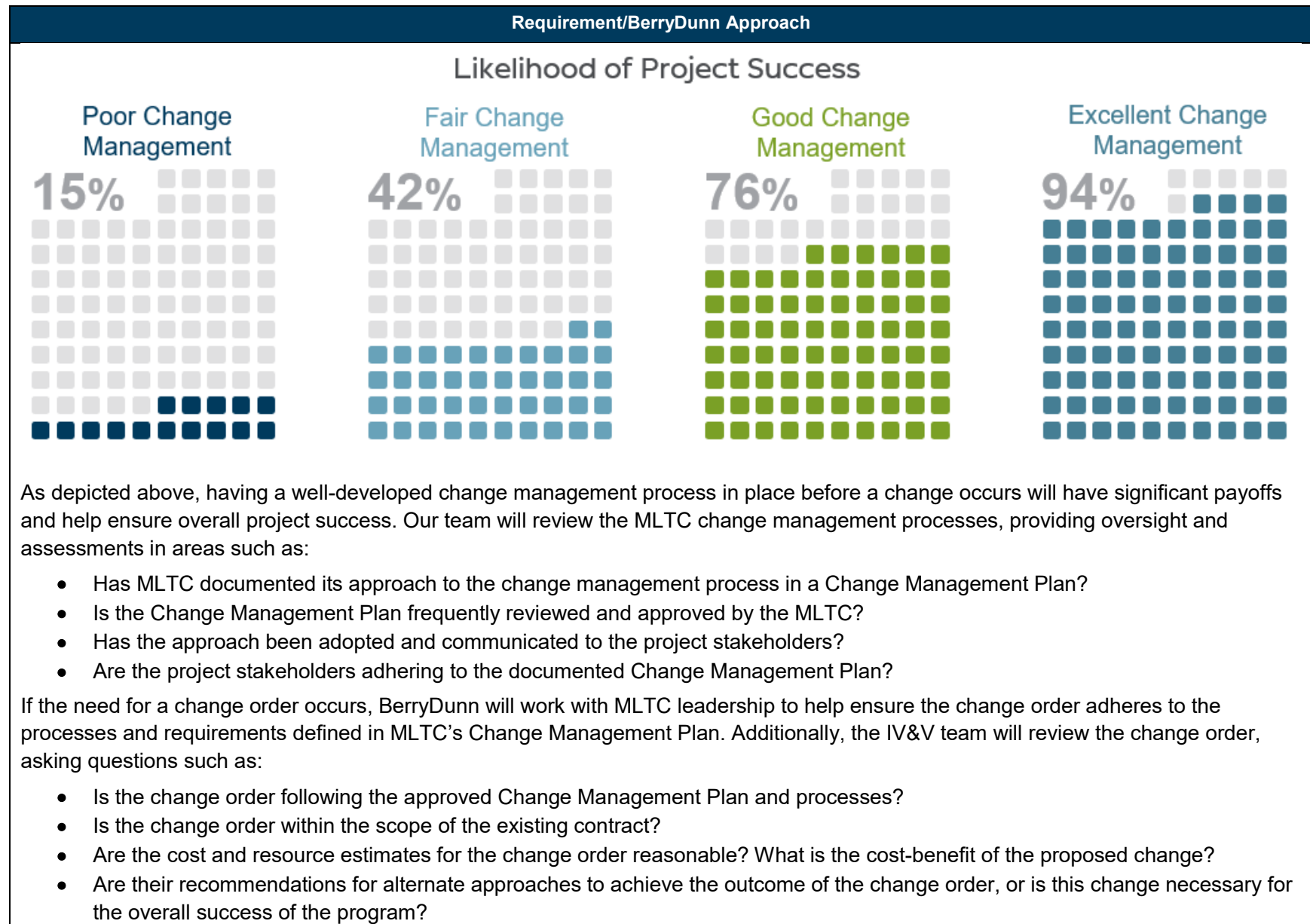
Table 13: Deliverable Acceptance Recommendation Categories

BerryDunn Recommendation	Comment
Accept “as-is” We recommend that the client project team accept this deliverable/work product without any changes required.	
Accept “with requested modifications” We recommend that the client project team accept the deliverable/work product with a requirement that the contractor address the issues identified and resubmit a revised final deliverable to BerryDunn’s project manager. The issues identified are not critical, and should not impact project quality or scope.	
Reject “with requested modifications” We do not recommend that the client project team accept this deliverable/work product at this time. The issues identified should be addressed, and the deliverable modified accordingly and resubmitted for approval. The resubmitted deliverable/work product should be reviewed by the BerryDunn IV&V team, prior to the client project team’s review, and the Project Schedule should be modified to reflect the additional review tasks.	

When the submitter has completed the updates to a deliverable or work product the IV&V team recommended rejecting, we will validate that all comments have been resolved and provide a recommendation to MLTC’s project team to accept the deliverable “as is.”

When the BerryDunn IV&V team returns a deliverable to the submitter for rework, we will make our review team available to meet with deliverable stakeholders to discuss the results of our review. On previous engagements, we have found that these walkthroughs can significantly reduce the amount of back-and-forth that takes place during the review process, and expedite the completion of the review process.

Requirement/BerryDunn Approach	
If there are significant gaps between the work product delivered by the solution contractor and the expectations of the client, the BerryDunn IV&V team may recommend a real-time collaborative issue-resolution approach. Using this approach, our team will schedule live review sessions (via projection of the document) and walk through findings with the entity that submitted the deliverable while the entity makes the necessary updates.	
8	Must assess project plans, processes and procedures to identify improvements and whether they are being followed. During our IV&V project engagements, we continually leverage our exclusive BerryDunn IV&V Toolkit. This toolkit was developed to provide consistency throughout our IV&V engagements for performing thorough assessment evaluations. It is modeled after industry standards and best practices including the PMI®'s Standards of Program Management Fourth Edition and PMBOK® Guide Seventh Edition and federal guidelines included in MECT Version 2.3. It provides interactive checklists and scoring criteria for all standard assessment areas evaluated by our IV&V team. Our team will review the MLTC and contractor project plans, processes, procedures and associated requirements, planning documents, and updates to these documents as the project progresses. We will perform assessments against our BerryDunn IV&V Toolkit checklists to identify improvements and verify that the processes and procedures are being followed. We will make recommendations for improvements based on findings. We will provide guidance that will serve the purposes of validating that the solution satisfies the needs of MLTC and to identify improvements and whether they are being followed.
9	Must assess project change orders for the following: • 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. Change is inevitable in any organization and project. We approach project changes with care in that if changes are made to avoid accountability to performance, they may adversely impact the outcome of the project goals. Assuming the need for change is valid, being flexible to adapt to and accommodate changes as they arise throughout the life cycle of the project is necessary for success. Therefore, to help respond quickly as changes arise, BerryDunn's IV&V team will leverage our deep understanding of change management best practices to help ensure that the program's change management processes provide a foundation for success.



Requirement/BerryDunn Approach	
• Does this change add to or alter the business requirements? • Will this delay the program schedule? Will the delay end up costing MLTC more money in the end? • Does the timing of the change make sense? • Have all the affected stakeholders been considered, and do they approve of the change? • Are there contractual ramifications to consider? As your trusted partner, BerryDunn's IV&V team provide observations and recommendations regarding change management best practices and in some cases, alternative approaches to help MLTC potentially avoid some change requests. We will help MLTC achieve business outcomes throughout the life of the project, and will support MLTC to achieve program completion on time and on budget.	
10	Must comply with IV&V regulatory requirements detailed in 45 CFR 95.626. Title 45, part 95, section 626 establishes the requirements for IV&V services in MMIS projects. As such, BerryDunn's IV&V approach keeps these federal regulatory requirements—including sub-regulatory guidance produced by HHS and CMS—at the forefront of our day-to-day activities. Additionally, as CMS' partner on the project, we are required to keep CMS informed and identify areas for improvement. However, we will provide MLTC with that same content. Throughout our experience in Ohio, West Virginia, Puerto Rico, and Missouri, we have established close working relationships with our federal partners, allowing us to seamlessly incorporate CMS guidance into day-to-day activities of the IV&V project.
11	Must identify areas of unnecessary duplication and overlap between roles on the projects. Having team members who have previously worked on several multi-contractor engagements—as the IV&V contractor, solution contractor, and as the PMO—we understand the challenges that can occur if roles and responsibilities of each party are not clearly delineated. Starting with agreed and defined roles and responsibilities, our IV&V project manager will work with the other project leadership and contractors to confirm and minimize the risk for the duplication of duties and overlap between roles. Communication between project leadership guided by our Communication Plan and reporting structure will contribute to controlling and monitoring project work. If we identify unnecessary overlap of duties, we will follow the change management processes to revise and adjust our roles and responsibilities. If we identify areas of unnecessary duplication between other project team members' roles, we will document our observations and make recommendations on how to eliminate or reduce the unnecessary duplication.
12	Must assess and verify requirement traceability throughout the project and system development lifecycle of the projects. Assessment and verification will occur periodically as appropriate for the project timeline The approach to gathering requirements is dependent upon the SDLC methodology approach selected by MLTC. BerryDunn has evaluated requirements management and implementations for a variety of development methodologies (i.e. waterfall and agile variations). As your independent partner, our team will assure adherence to the methodology that MLTC chooses for the project.

Requirement/BerryDunn Approach	
We recommend that when gathering requirements to break them down into purpose-oriented categories such as business, solution, implementation, and operations, then further subdivide these categories based on subject matter area (e.g., quality management, member services, provider services) for the individual project. System requirements are allocated to either a software or hardware subsystem. In addition, the requirements should be differentiated between general and specific program requirements in order to ask for feedback from the right reviewers at the right time, using MLTC's time efficiently. To further define high-level requirements, IV&V will monitor information-gathering sessions with stakeholders, to determine additional technical and business needs, to analyze the desired to-be environment and to identify requirements that will support that environment. IV&V may attend the information-gathering sessions to observe requirements gathering activities. Upon validation and identification of requirement scope and structure, requirements can be drafted and placed in a Requirements Traceability Matrix (RTM). The RTM should retain a record of MLTC comments (from review sessions, plus any written feedback) to maintain a history of each requirement and provide insights into requirement intent and scope. Our team is experienced with using requirement management tools such Atlassian Confluence® and/or Jira® to document and manage requirements. These tools help ensure real-time collaboration and can reveal interdependencies, manage change, provide traceability, track relationships, and produce documentation. The BerryDunn IV&V team will support MLTC, to verify that the project is adhering to the Requirements Management Plan. It is critical to the project that system requirements are well-defined, understood, and documented. We will also verify that software requirements can be traced through design, code and test phases to verify that the system performs as intended and contains no unnecessary software elements and that the requirements are under formal configuration control. IV&V will evaluate the requirements to measure that the needed outcomes are achieved, and —per the PMBOK® Guide—should be unambiguous (measurable and testable), traceable, complete, consistent, and acceptable to key stakeholders. Through BerryDunn's consistent application of the PMBOK® Guide framework, industry best standards for requirements management, and customization of our standard processes that have been developed for past clients, we will help the State reach goals both for the project—such as CMS certification—and the product, achieving better outcomes for MLTC.	
13	Must develop and monitor project performance metrics which allow tracking project completion against milestones.
No single set of performance measures universally applies to projects. The appropriate set of performance measures depends on the agency's organizational structure, program, strategy, and technology. As your trusted IV&V partner, our IV&V project team will work with MLTC, program, and project teams to identify and document KPIs to allow tracking project completion against milestones to help ensure the success of the program. Typical performance metrics include earned value management (EVM), schedule performance, and requirements performance.	

Requirement/BerryDunn Approach	
As a part of our IV&V review and assessment activities, BerryDunn’s IV&V team will track and report MLTC’s progress against the defined and documented performance metrics for the program. Our assessment and recommendations against program performance metrics is informed by more than 25 years providing PMO and IV&V services to HHS clients across the country. MLTC can be confident that our IV&V team will provide timely assessments and recommendations to program leadership and stakeholders to help ensure the success of the program.	
14	Must submit criteria for approval for defining a Critical Incident which could adversely affect the outcome of the projects. Per the RFP, BerryDunn understands that a critical incident is a high-level issue or event that presents such a significant threat to project success that it typically requires immediate, intensive action to resolve. We suggest a critical incident may come about in one of two ways—a previously identified risk is realized, escalating to the level of a high issue, or an issue presents itself at the time of identification. A critical incident must be immediately resolved or mitigated before related project work continues (reference an issue level of high in Table 14). Regardless of the origin of the critical incident or issue, effective issue management is critical for a project to remain on scope, on budget, and on time. If left unresolved, critical incidents can affect the project team’s ability to deliver the agreed-upon products on-time, on-budget completion, and within scope and quality parameters. During development of the IV&V PM Plan, which includes documenting issue management processes, MLTC can expect BerryDunn’s IV&V project team to submit, for MLTC’s approval, the criteria for defining a critical incident. Our IV&V project team engages early and often in issue management activities, including assisting in the development of actionable strategies to minimize the impact of any critical incident to the project. MLTC and project contractors will benefit from BerryDunn’s industry-recognized experience and approach to identifying, analyzing, evaluating, monitoring, and reviewing program and/or project issues or incidents that may threaten the successful implementation of the projects. As depicted in Figure 15: the issue management process will outline the processes for managing issues and critical incidents for the project. Figure 15: Issue Management Process <pre> graph LR A[Identify Issue] --> B[Assign Issue] B --> C[Resolve Issue] C --> D[Close Issue] </pre>

Requirement/BerryDunn Approach
BerryDunn will describe our issue and critical incident management approach in our IV&V Management Plan and it includes the following elements: • BerryDunn’s approach to program and project issue management, including early issue identification, evaluation methodology, prioritization, resolution, monitoring, and the ongoing evaluation and improvement of the issue management process • Detail regarding the necessity for integrated issue management strategies across the entire program • An arbitration process to help disputes and disagreements that arise throughout the project and/or program, either between separate contractors, MLTC, or between policy makers be resolved with minimal impact to scope, time, cost, and quality of the program • Procedures and tools for documenting and tracking program and project issues and incidents • Guidelines for determining the severity of issues that can impact the project or program • Procedures for review of the Risk and Issue Tracking Tool and escalating issues where required • Procedures for resolving issues that include responsible parties for decision-making based upon severity and impact • Criteria for defining a critical incident • Escalation paths for critical incidents identified for each project. BerryDunn recognizes that projects are dynamic and that issues can occur for a number of reasons, including for external reasons. Our IV&V project team will identify, communicate, validate, and open issues at their earliest possible point by helping the project team ensure it has a safe and reliable method for all project team members to raise issues. After an issue is confirmed, the IV&V project team will document the issue in MLTC’s document tracking system, if desired, and in BerryDunn’s Risk and Issue Tracking Log shown in Figure 11 above. When opening each issue, our IV&V project team will apply BerryDunn’s issue rating methodology, as shown in Table 14. This methodology sets the issue rating on the program or project impact if the issue is not resolved and the urgency of taking corrective action. The issue rating might be updated by the IV&V project team if the criticality of the issue changes.

Requirement/BerryDunn Approach

Table 14: Issue Rating Values

Issue Level	Description
High	The issue is preventing, or might prevent, mission-critical project activities from on-time, on-budget completion, within scope and quality parameters. The issue must be immediately resolved or mitigated before related project work continues. This is defined as a critical incident. As an alternative, BerryDunn is happy to define a “very high” issue rating to accommodate critical incidents.
Medium	The issue is not currently preventing mission-critical project work from proceeding as planned. To prevent impact, the client should address or mitigate the issue on a timely basis. Resolution must occur, but work can continue.
Low	The issue is cosmetic in nature and should be resolved, but does not have to be resolved prior to go-live.
Watch	The item has not escalated to a true risk or issue; IV&V is monitoring to determine if it should be elevated to a risk or issue.

The BerryDunn IV&V project manager assigns the issue to a member of the BerryDunn IV&V project team to analyze and develop a recommendation approach to controlling and resolving the issue. Because our issue management approach is inherently collaborative, the IV&V project manager will request a client owner—whether that be from MLTC, the project contractor, or a member of the project—be identified to serve as the point of contact for issue resolution. The client owner should be someone with sufficient authority to make decisions and commit resources to resolving the identified issue. This collaborative approach will allow for effective and efficient issue management, including processes for critical incident definition, approval, and escalation.

15 Must notify the Department immediately when the IV&V Contractor discovers any Critical Incident. Provide a 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.

BerryDunn understands that a critical incident is an issue or event that presents such a significant threat to project success that it typically requires immediate, intensive action to resolve. As stated above, we suggest a critical incident may come about in one of two ways—a previously identified risk is realized, escalating to the level of a high issue, or an issue presents itself at the time of identification. As part of our standard practice and approach, we will immediately notify MLTC when we discover any critical incidents. BerryDunn will document our issue management approach in our IV&V Management Plan, which will include our Critical Incident Report processes. We will provide a Critical Incident Report for each critical incident that summarizes the incident and how it may affect the project, notes any discrepancies found by BerryDunn, and provides a proposed action plan to resolve the incident and mitigate its impact. We believe that reporting and making recommendations as any critical issues or incidents arise is important to project success—rather than requiring

Requirement/BerryDunn Approach	
MLTC to wait for submission of a formal report. We will work with MLTC to identify and document escalation processes to handle such issues. The earlier we can identify and communicate issues, the greater the opportunity MLTC will have to mitigate the impact of the issue.	
16	Must interview and observe project management staff and developer staff and observe project meetings and activities to understand the process, procedures, and tools used. BerryDunn will interview and observe project management staff and developer staff, as well as observe project meeting and activities to understand the process, procedures, and tools used. BerryDunn's IV&V services inherently include observation of day-to-day activities, conducting interviews, and participation in key meetings. In our experience, routine on-site visits at MLTC and contractor local office sites are critical to provide context for findings and to gain an understanding of project constraints that can inform the development of practical recommendations. Our Consulting team has routinely and successfully served clients throughout the contiguous states, as well as in Alaska and Hawaii. The timing and logistics of on-site work will be coordinated to achieve program objectives and minimize disruption to the project. Throughout our experience, for example, in Missouri, we have established close working relationships by scheduling and conducting one-on-one touchpoint meetings with both State and contractor teams, including developer staff. These touchpoint meetings enable our IV&V team to gather a deeper level of understanding of project status, activities, processes, procedures, and tools. The touchpoint meetings have been conducted both in-person, and virtually when required due to COVID-19 restrictions. Some tasks will be conducted offsite to maximize productivity and minimize impact to MLTC and the project team's day-to-day operations. In collaboration with MLTC, our IV&V project manager will review project tasks and determine appropriate off site activities to help ensure that offsite work will not negatively impact the project. We will document our on-site schedule and provide this to MLTC on a monthly basis. Examples of potential work that might be conducted offsite include reviewing selected contractor deliverables and developing/reviewing BerryDunn project deliverables.
17	Must review and analyze all applicable and available documentation for adherence to accepted, contractually-defined industry standards. BerryDunn will prepare plans for documentation management approach within the IV&V Management Plan, and submit for MLTC approval. Our IV&V Management Plan will detail our process for efficiently developing, maintaining, and performing quality reviews on applicable and available documentation for adherence to accepted, contractually-defined industry standards. The defined documentation management approach will: • Define the standards for document preparation and review • Define the methods for document change control and version control • Define the approach to document storage, backup, and retention

Requirement/BerryDunn Approach
BerryDunn defines a document as any electronic or hard-copy media designed to convey information on behalf of or about a project, including memos, letters, spreadsheets, reports, presentations, organizational charts, electronic mail, pictures, specifications, drawings, project binders, and books. Documentation developed by BerryDunn's core team is delivered in electronic format as mutually agreed upon with MLTC. Whenever changes or updates occur in previously reviewed deliverables, we will make an entry in the Revision History table contained within the document specifying the date of and reason for the changes. When major changes to a document are made, we will reissue and deliver a complete version of the document, in accordance with the original deliverable expectation document for the deliverable.

2.f.iii – IV&V Status Meetings and Reporting

Business Requirements	
Req #	Requirement
IVV-1	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.
	Response: Reference Table 17 for BerryDunn's approach to fulfilling all IV&V status meetings and reporting requirements.
IVV-2	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.
	Response: BerryDunn is accustomed to providing written project status reporting as part of our core deliverables for each of our IV&V engagements. Regular status reports enable key project stakeholders and decision-makers to receive a detailed, independent perspective on the health of all project activities. BerryDunn will work collaboratively with MLTC to define the format and audience of each IV&V status report, and what information is needed based upon the reporting audience. BerryDunn's approach to creation of IV&V reporting, as show in Figure 16, includes: • Fact-Finding and Analysis – The IV&V project team will attend and observe key project meetings to build our understanding of the trends, opportunities, and challenges affecting the project's progress. As needed, we will schedule and facilitate meetings or interviews to clarify and gather additional information from State project managers and

Business Requirements	
	stakeholders (e.g., to gather or clarify information related to a potential concern). We will examine applicable documentation across the project life cycle—from procurement through final certification—for adherence to accepted, contractually-defined industry standards. In addition, we will review project artifacts for alignment with contractual requirements, project governance processes, and applicable federal and state regulations. Project metrics, issue-tracking tickets, and RAID Log items will be analyzed. Through these fact-finding activities, our project team will develop a holistic view of the project that informs our status reporting and recommendations. • Internal Team Meetings – To support the development of our status reporting, we conduct regular internal team meetings to share the results of our fact-finding and analysis activities across the team. We discuss and detect trends, formulate new issues and risks, and update existing issues and risks. As a part of BerryDunn’s IV&V approach, we have developed a comprehensive list of assessment categories and questions modeled after industry standards and best practices including the PMI®’s Standards of Program Management Fourth Edition and PMBOK® Guide Seventh Edition and federal guidelines included in MECT Version 2.3. Our team uses these tools to guide us in asking the right questions that help us to assess project health. • Report Production and Delivery – Leveraging the information gathered throughout our review of project meetings, processes and procedures, and deliverables, our IV&V team will synthesize its observations, findings, and recommendations into a clear and concise IV&V status reports. Our team coordinates all materials and creates the status reports for delivery to State leadership. Our team will post all IV&V status reports to a shared project management site, either BerryDunn KnowledgeLink or the State document repository, whichever DHHS designates. We will deliver all status reports to MLTC and CMS simultaneously. • Discuss Findings with State Team – In accordance with our documented communication protocols, the BerryDunn IV&V project team will communicate and report on opportunities to minimize risk and increase the likelihood of project success. BerryDunn’s IV&V team will communicate often with MLTC and State leadership, including facilitating IV&V status meetings on a weekly and monthly basis.

Business Requirements	
	Figure 16: IV&V Report Production Cycle  The Monthly IV&V and Weekly IV&V Status Reports serve as a method to communicate IV&V's activities and findings to the client on a consistent, ongoing basis. The reports can be used by project leadership to support calls to action for improvements. In addition, they memorialize the status of the project through the eyes of an independent observer and offer a point of origination for project measurement.
IVV-3	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) Response: Program assessment dashboards and status indicators play an integral role in our ongoing reporting to provide a visual snapshot of project health to MLTC leadership. The assessment dashboards provide the current and previous month(s) assessments to easily identify any trends and highlight areas that have the opportunity to improve. BerryDunn's IV&V project team will leverage more than 19 existing IV&V assessment checklists based on industry standards, including PMI®'s Standard for Program Management, Standard for Risk Management, and PMBOK® Guide. These checklists cover all aspects of the project, including project management, project execution, and CMS certification and compliance. Our checklists include embedded formulas that generate objective assessment area checklist ratings that can be paired alongside our expert

Business Requirements			
	judgement into IV&V's assessment of each area. In consultation with MLTC, our project team will identify relevant metrics associated with each assessment area that may help inform our analysis. By combining quantitative and qualitative measures into a single, cohesive set of checklists, MLTC can be confident that it will receive a well-rounded, objective assessment of business processes, project management processes and procedures, functional and technical compliance, and OCM processes and procedures. While we recommend that assessment areas trace back to industry standards and best practices (e.g., PMI® Standard for Program Management, PMBOK® Guide), we have worked with our clients on similar projects to define additional assessment areas most important to the project's success such as cost performance index, schedule performance index, complete performance index, and OCM. We will work with MLTC to define consistent and clear criteria for our dashboard status assessments that fit MLTC's Medicaid enterprise objectives. Table 15 and Table 16 illustrate a sample IV&V Dashboard and IV&V Dashboard Status Definitions.		
	Table 15: Sample IV&V Dashboard		
	Knowledge Area	Current Assessment	Previous Assessment
	Integration Management	✓	✓
	Scope Management	✓	✓
	Schedule Management	!	!
	Cost Management	✓	✓
	Quality Management	✓	✓
	Resource Management	✓	✓
Observations and Recommendations			
<Narrative>			
<Narrative>			
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Business Requirements																					
	<table><tr><th>Knowledge Area</th><th>Current Assessment</th><th>Previous Assessment</th><th>Observations and Recommendations</th></tr><tr><td>Communications Management</td><td></td><td></td><td><Narrative></td></tr><tr><td>Risk and Issue Management</td><td></td><td></td><td><Narrative></td></tr><tr><td>Procurement Management</td><td></td><td></td><td><Narrative></td></tr><tr><td>Stakeholder Management</td><td></td><td></td><td><Narrative></td></tr></table>	Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations	Communications Management			<Narrative>	Risk and Issue Management			<Narrative>	Procurement Management			<Narrative>	Stakeholder Management			<Narrative>
	Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations																	
	Communications Management			<Narrative>																	
	Risk and Issue Management			<Narrative>																	
	Procurement Management			<Narrative>																	
Stakeholder Management			<Narrative>																		
Table 16: IV&V Dashboard Status Definitions <table><tr><th>Health Assessment</th><th>Description</th></tr><tr><td></td><td>Observations in the assessment area do not pose a material risk or issue to the program.</td></tr><tr><td></td><td>Observations in the assessment area represent challenges that, if not addressed, are likely to cause a negative impact to the program.</td></tr><tr><td></td><td>Observations in the assessment area represent significant challenges that, if not addressed, are likely to cause significant negative impact to the program.</td></tr></table>				Health Assessment	Description		Observations in the assessment area do not pose a material risk or issue to the program.		Observations in the assessment area represent challenges that, if not addressed, are likely to cause a negative impact to the program.		Observations in the assessment area represent significant challenges that, if not addressed, are likely to cause significant negative impact to the program.										
Health Assessment	Description																				
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	Observations in the assessment area represent significant challenges that, if not addressed, are likely to cause significant negative impact to the program.																				
IVV-4	Provide the bidder’s status report templates, including instructions and procedures for completing the templates.																				
	Response: Reference Appendix F for BerryDunn’s Monthly and Weekly Status Report templates.																				

Business Requirements	
IVV-5	Provide examples of similar weekly status reports used in previous projects.
	Response: Reference Appendix G for examples of similar Weekly IV&V Status Reports used in previous projects.
IVV-6	Provide examples of the IV&V's previous monthly status reports from other projects.
	Response: Reference Appendix H for examples of previous Monthly IV&V Status Reports from other projects.

Table 17: IV&V Status Meetings and Reporting Requirements

Requirement/BerryDunn Approach	
1	Must prepare and submit a weekly status report including activities for the previous week and upcoming activities for the next week that includes the following information: • 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 DHHS. BerryDunn's Weekly IV&V Status Reports will serve as our method to communicate to MLTC regarding IV&V activities for the previous week and upcoming activities for the subsequent week. Project leadership can use the reports to support calls to action for process improvements for both MLTC and contractor teams. In addition, these reports will memorialize the periodic status of the project through the eyes of an independent observer and offer a point of origination for project measurement. Reference Appendix G for examples provided in response to the Weekly IV&V Status Report requirement. We will begin with an IV&V Status Report Template, such as the Weekly IV&V Status Report template shown in Appendix F, and will collaborate with MLTC to help ensure our Weekly IV&V Status Report includes the required information in the format that is easy for MLTC and other stakeholders to consume. Each Weekly IV&V Status Report will include an executive summary, key project focus areas, open findings, and closed findings, as well as the required information including: • Project meeting participation including an assessment of completed meetings and any recommendations for improvement

Requirement/BerryDunn Approach	
	- 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 DHHS. Reference Appendix F for the BerryDunn's Weekly IV&V Status Report Template and Appendix G for examples provided in response to the Weekly IV&V Status Report requirement.
2	Must submit each weekly status report by the DHHS established day and time. DHHS will allow a minimum of one business day from the end of the weekly reporting period for submission. By following our IV&V report production cycle explained in requirement IVV-2, we will submit each Weekly IV&V Status Report by the established day and time agreed upon with DHHS and MLTC leadership. We will submit a minimum of one business day from the end of the weekly reporting period.
3	Must facilitate a weekly IV&V status meeting with DHHS identified project leadership. In addition to the Weekly IV&V Status Reports, we will conducting weekly meetings with DHHS identified project leadership, including the MLTC project manager, to review the status of IV&V findings, discuss "watch list" items or emerging project trends, and discuss issues or risks associated with our IV&V engagement.
4	Must prepare and submit a maximum of five business days after month end a monthly IV&V report that includes the following: - 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 DHHS. BerryDunn will work collaboratively with MLTC to define the format, content, and audience of our monthly reports. Our IV&V project team offers an existing report template, as seen in Appendix F, currently being used for other IV&V client engagements, as a baseline. The Monthly IV&V Reports will contain a summary of the status information on the project contract, including the following information: - Summary of IV&V activities for the past month - Summary of IV&V activities planned for the next month

Requirement/BerryDunn Approach	
• 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 • Opportunities to gain visibility into State functionality and project scope, including stakeholder relationships and workflow • Other IV&V activities as defined by MLTC As MLTC's IV&V partner, we have one focus—to contribute our knowledge and expertise to help ensure a successful project outcome for the State. Every finding, insight, and recommendation in our IV&V reports is intended to: • Help ensure compliance with federal guidelines and project standards • Promote stakeholder satisfaction and process efficiency • Support schedule adherence, cost effectiveness, and accurate and useful documentation We will submit the Monthly IV&V Status Reports a maximum of five business days after month end. In addition, we will provide a monthly dashboard as shown in requirement IVV-3.	
5	Must facilitate a monthly IV&V report meeting with DHHS identified leadership.
We have found that it is important for IV&V to provide formal monthly briefings to sponsors and executive leadership, and to be available to answer questions they might have. We will work with MLTC to identify the DHHS leadership for these meetings. Consistent touchpoint sessions help enable project leadership to view the project through an independent set of eyes, and build awareness of the IV&V project team as a resource to use for project status updates and insights.	
6	Must create the agenda and take the minutes for any IV&V meetings.
Our IV&V team will conduct weekly and monthly status meetings with identified leadership and stakeholders to review the status of project findings, discuss "watch list" items or emerging project trends, and discuss issues or risks. Holding regular and effective status meetings throughout the life cycle of the project is critical, because they provide prompt task updates, as well as serve as a forum to recognize milestone achievements, sharing updates, and discussing challenges/issues with the appropriate individuals. Additionally, these meetings will serve as a method to gain further visibility into the project. Typically during the monthly status meetings, we present findings at an executive-level. This venue can be important for senior decision-makers to receive an independent perspective on project status. Our team regularly presents to diverse groups of stakeholders—including management, staff, legislators, business leaders, citizens, and executive government leadership—to educate and promote collaboration, develop buy-in, and achieve consensus.	

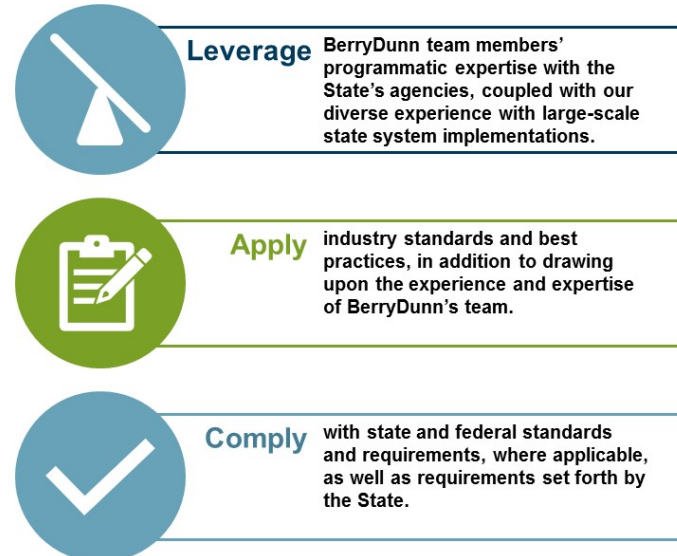
Requirement/BerryDunn Approach
Typically, two BerryDunn team members will be included in each meeting with MLTC and external stakeholders—one to facilitate, and the other to provide support such as taking notes. To orient all individuals to each of the meetings, and make best use of everyone's time, BerryDunn will prepare and share an agenda, following a schedule agreed upon with MLTC. To run efficient project status meetings, project managers will employ the following best practices: • Meetings will begin and end on time • Meeting participants will be given the schedule of the recurring meeting at the beginning of the project, as well as reasonable notice of meeting time/date changes and cancellation when they occur • Key meeting participants who cannot attend will send a designee to attend in their stead • Clearly defined meeting purpose or objectives will be included in the meeting invitation, along with the agenda • Meeting participants will review the status report prior to the meeting Productive meeting management does not end when the meeting ends. Once the meeting is over, it is critical to log decisions and action items to document the meeting decisions and next steps. The outcomes of the meetings will be communicated to the project team in a minutes format. Without this follow-up, the value of the well-facilitated meeting can be lost. In addition to logging the decisions and action items, our team works with agencies to follow up on these action items and bring them to completion. During initial project planning, we will review these general meeting management guidelines with MLTC's identified project leadership, and determine whether modifications are needed to comply with MLTC's established standards and guidelines. The following are BerryDunn's general guidelines for IV&V meetings: • Meeting Agenda – Meeting agendas will be distributed in advance of the meeting, as agreed upon with MLTC. The agenda should identify the presenter for each topic, along with a time limit for that topic. The first item in the agenda should be a review of action items from the previous meeting. • Meeting Minutes – Meeting minutes will be distributed in an agreed-upon timeframe following the meeting. Meeting minutes will include the status of all items from the agenda, along with new action items and the Parking Lot list. • Action Items – Action items are recorded in both the meeting agenda and meeting minutes. Action items will include both the action item and the owner of the action item. Meetings will start with a review of the status of all action items from previous meetings and end with a review of all new action items resulting from the meeting. The review of the new action items will include identifying the owner for each action item. • Meeting Facilitator – The meeting facilitator is responsible for distributing the meeting agenda, facilitating the meeting, and distributing the meeting minutes. The meeting facilitator will help ensure that the meeting starts and ends on time, and that all presenters adhere to their allocated time frames.

Requirement/BerryDunn Approach	
	• Note Taker – The note taker is responsible for documenting the status of all meeting items, maintaining a Parking Lot item list, and taking notes of anything else of importance during the meeting. The note taker will give a copy of their notes to the meeting facilitator at the end of the meeting, as the meeting facilitator will use the notes to create the meeting minutes. • Timekeeper – The timekeeper is responsible for helping the facilitator adhere to the time limits set in the meeting agenda. The timekeeper will let the presenter know when they are approaching the end of their allocated time. Typically, a quick hand signal to the presenter indicating how many minutes remain for the topic is sufficient. The timekeeper may also be the note taker. • Parking Lot – The Parking Lot is a tool used by the facilitator to record and defer items that are not on the meeting agenda; however, they merit further discussion later or through another forum. A Parking Lot record should identify an owner for the item, as that person will be responsible for ensuring follow-up. The Parking Lot list is to be included in the meeting minutes.

2.f.iv – CMS and MITA Compliance

Business Requirements	
Req #	Requirement
CMC-1	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.
	Response: Reference Table 18 for BerryDunn's approach to meeting each CMS and MITA compliance requirement.
CMC-2	Describe the bidder's understanding of CMS' expectations for an IV&V contractor and approach to compliance with CMS expectations.
	Response: BerryDunn follows the guidelines prescribed by CMS for every IV&V engagement, including MECL and MEELC guidance. In addition, BerryDunn has been engaged with CMS and states transitioning their systems certification process to those that evaluate how well Medicaid IT systems support desired business outcomes while reducing the burden on states through OBC (also known as Streamlined Modular Certification (SMC)). This outcomes-based approach many states are beginning to pilot helps to ensure that systems receiving federal financial participation are meeting the business needs of the State and CMS. BerryDunn is on the forefront of CMS' efforts to transform the MMIS certification process, and we are uniquely positioned to support MLTC through any certification approach using MECL, MEELC, and OBC. For example, to move away from the "all or

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	nothing” approach to MMIS certification, CMS developed a new MECL. West Virginia was selected to pilot the new certification process, and as West Virginia’s PMO contractor, BerryDunn helped West Virginia successfully complete all three gate reviews and achieve a certified system on time and on budget—while also working in partnership with CMS to fine tune the process. This effort helped CMS set the standard for certification going forward, which indicates the dedication BerryDunn brings to every project in fostering a productive and collaborative relationship with CMS. In addition, BerryDunn has been assisting West Virginia with piloting an outcomes-based procurement which focuses on identifying results-driven KPI rather than traditional requirements. Additionally, BerryDunn’s IV&V team in Missouri provided PMO certification services to the DSS for its modular implementation of two new MMIS modules—the Program Integrity (PI) and BIS-EDW solutions. Our team is providing leadership and project management for each module, from the planning stage through system implementation and certification, in accordance with the MECT and CMS guidance for PMO services. BerryDunn’s certification expertise has continued with our Ohio IV&V services contract. Ohio is in the process of procuring and implementing a modular OMES. As previously mentioned, our team is supporting the certification reviews of multiple modules for Ohio’s modular MMIS re-procurement using MECL and OBC/SMC. Our team has supported ODM through an iterative review of all CMS-required artifacts (Appendix B of MECT) and Certification Checklists. We participated in weekly meetings, where we provided recommendations on findings specific to the certification review. With BerryDunn’s support, Ohio is one of the first states in the country to go through the EVV certification process. We have worked closely with CMS and ODM to clarify guidelines and expectations, offer expert guidance on the certification evidence approach, provide recommendations, and document lessons learned throughout the review. Currently, Ohio has moved away from the MECL certification approach and is piloting an OBC approach (or SMC) for three module implementations: Provider Network Management, Fiscal Intermediary, and Single Pharmacy Benefits Manager. Our team will work closely with CMS and Ohio to assess the completeness and sufficiency of test planning documents and test execution using module level OBC Intake Forms as the foundation for testing observations. We review OBC KPIs to validate data queries and sources, verify query results, and confirm KPI calculations. Finally, our team reviews and assesses the sufficiency and completeness documentation (e.g., procedural documents, process flows) describing processes and procedures for OBC KPI reporting. Our intent is to leverage the experience and knowledge gained through the certification efforts in Ohio, Missouri, and West Virginia, and provide MLTC with applicable familiarity and experience. Through this work, we have created an extensive knowledge library that includes comprehensive process flows, artifacts, and templates for the certification review process. The BerryDunn IV&V team will leverage this repository in our work with MLTC to support your team in navigating any certification approach any compliance with CMS expectations. In some cases, IV&V may be perceived as a compliance exercise when it is required by a funding source or as unnecessary overhead by project managers and contractors who resist third-party oversight. However, our people, knowledge, and reputation

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	allow us to show the value of engaging an IV&V provider beyond just “checking a box” for compliance. To support this effort, BerryDunn is committed to partner with MLTC to implement a relationship-centric model for maintaining productive relationships with our federal partners. As your IV&V provider, BerryDunn will serve as an independent third party to the State’s and contractor’s project teams to provide an objective assessment of risks and issues. A core focus of our methodology involves monitoring issues (i.e., current challenges that are being faced in the implementation process) and risks (i.e., potential problems that have not yet occurred, but that require attention and mitigation strategies to minimize the likelihood of them developing into issues). In working with project stakeholders, we communicate the message that our role is about promoting a successful project. As shown in Figure 17, our IV&V methodology follows three primary principles in meeting the needs of MLTC: leverage, apply, and comply. Figure 17: IV&V Principles  Leverage BerryDunn team members’ programmatic expertise with the State’s agencies, coupled with our diverse experience with large-scale state system implementations. Apply industry standards and best practices, in addition to drawing upon the experience and expertise of BerryDunn’s team. Comply with state and federal standards and requirements, where applicable, as well as requirements set forth by the State. BerryDunn’s vision for the future of IV&V is to facilitate collaborative and cooperative project environments where the full value of IV&V is realized because customers and system contractors clearly understand the role and value of IV&V services, and welcome IV&V providers due to their reputation for positively impacting project outcomes. BerryDunn’s IV&V project team contributes to this vision by:

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	• Providing practical recommendations grounded in hands-on experience • Escalating issues and risks, and assigning severity levels appropriately • Applying life cycle assessment tools to proactively identify issues and risks • Helping to ensure our resources stay current with IV&V and software development industry standards and best practices • Balancing conformance to best practices with the realities of the project environment A core tenet of our IV&V methodology is that many software defects and project challenges can be avoided through the use of industry best practices and conscious third-party assistance to independently verify and validate project decisions; in other words, prevention versus detection. This concept builds on the fact that it is typically more cost- and time-effective to prevent problems than it is to correct them once they have been adopted into the processes of the project or implemented as part of the software product. Several studies have proven that the cost to find and fix defects increases exponentially as the SDLC moves closer to production. Some studies have found that it can be 100 times more costly to correct software defects after production than to correct software defects during the project planning phase. We aim to provide recommendations that prevent problems before it becomes necessary to correct them. Our methods and work products are grounded in various industry standards, frameworks, and sources, including: • The Institute of Electrical and Electronics Engineers (IEEE STD 1012-1998) • The International Organization for Standardization (ISO) • PMBOK® Guide Seventh Edition • Industry Sources of Software Development Best Practices • Medicaid Enterprise Certification Toolkit (MECT) Additionally, BerryDunn is dedicated to supporting on-going training for staff to maintain industry standards, such as enhancing their PMP® certifications with the updated PMBOK® Guide Seventh Edition.
CMC-3	Describe the bidder's approach to assessing the impacts of a project on MITA maturity levels.

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	Response: Since 2006, when the MITA initiative was first introduced, and through the iterations of MITA, BerryDunn has been supporting clients across the country with Medicaid enterprise projects that need to align with or are impacted by MITA. BerryDunn approach promotes a culture of innovation, especially when planning for increased MITA maturity. Although CMS has published MITA guidelines, our experience has shown that states explore innovative approaches to their MITA activities and to their planning for increased maturity. CMS encourages states to use the components of MITA that are most useful and allow states the flexibility to customize the MITA Framework and SS-A tools to meet their needs. BerryDunn is prepared to share ideas with MLTC on how some deviation from the MITA guidance might benefit MLTC's goals for achieving its strategic outcomes. Assessing the impacts of a project on MITA maturity levels, BerryDunn will offer a proactive and strategic approach, including: • Providing extensive, knowledge-based research of MITA iterations • Analyzing MLTC's previous and current approaches to MITA activities to verify the State is meeting all requirements set forth by CMS • Recommending new strategies as CMS releases MITA updates • Continually revisit the MITA activity approach with MLTC during project life cycles. As CMS continuously seeks ways to improve its processes and guidelines, BerryDunn anticipates the possibility of CMS releasing new MITA guidance during the life cycle of the Medicaid enterprise improvement projects. MLTC will have a trusted partner in BerryDunn should this occur. We are prepared to work with MLTC to pivot and follow new CMS guidance—we are accustomed to shifting our approach to projects to help ensure all CMS requirements are met based on their new directives. MLTC can trust BerryDunn to thoroughly and efficiently analyze new guidelines and provide a recommended path forward that both leverages work completed on the project, and implements changes to accommodate a new direction. With the right perspective, new guidance can be opportunities for our client's projects and programs rather than hindrances.
CMC-4	Describe the bidder's approach to monitoring for documentation, guidance, and regulations from CMS
	Response: Because the legal and regulatory landscape continually evolve, it is important for the IV&V to monitor CMS for regulations relating to documentation, guidance, and regulations. Certification standards and processes have changed significantly over recent years. This includes changes in subregulatory guidance issued by the U.S. Department of HHS and CMS, such as guidance provided through a State Medicaid director's letter, Center for Medicaid and CHIP Services Information Bulletin (CIB), or the release of a new version of the MECT and Medicaid Eligibility and Enrollment Toolkit (MEET). It is likely that during these projects, MLTC will experience changes in subregulatory guidance that may impact IV&V and/or project activities.

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	When considering adapting to changes in the legal, regulatory, and subregulatory guidance, it is important to understand what the impacts are—both in the short term and the long term—to not only the services provided by IV&V, but also the project’s goals and vision. With BerryDunn as your IV&V contractor on this project, MLTC will benefit from BerryDunn’s regular communication with federal partners and the experience and expertise of BerryDunn’s internal policy and regulatory experts that have former CMS experience. Our IV&V project team will remain current on federal and state law, rules, and regulations that affect IV&V services through the following: • Working with BerryDunn’s internal IV&V Certification Workgroup that assesses every CMS certification release, and updating our IV&V approach on this project as needed. For example, if a new version of the MECT is released, we will work with our IV&V Certification Workgroup to complete an assessment immediately. Once we have reviewed the new release, we will compile a list of changes that will impact our current IV&V approach on this project, and then review and discuss any changes with MLTC. • Collaborating with CMS on understanding, developing, and piloting new certification approaches. For example, at the 2019 State Healthcare IT Connect Summit, where CMS representatives spoke about how they were “experimenting to develop outcomes-based end-to-end oversight” for certification, BerryDunn’s Ohio IV&V team began working closely with CMS and ODM to clarify guidelines and expectations regarding Ohio’s EVV module, offered expert guidance on the certification evidence approach, provided recommendations, and then documented lessons learned throughout the review. • Providing leadership and participating in industry events. Involvement in organizations or events, such as the National Association of State Medicaid Directors (NAMd) and the Medicaid Enterprise System Conference (MESc), provides opportunity for our IV&V team to interact with other contractors, state agencies, and CMS and participate in discussions and presentations regarding federal laws, regulations, and rules that may impact our IV&V services. • Monitoring changes to State laws, regulations, and rules. BerryDunn’s IV&V team will use websites such as https://nebraskalegislature.gov/ to track and receive updates on State legislation that may impact our IV&V work. In addition, our IV&V team will meet regularly with BerryDunn’s internal policy and regulatory experts to discuss recent and/or upcoming State and federal policies that may impact our IV&V work. Through our regular meetings with MLTC, we will work with MLTC to discuss how changes in State laws, rules, and regulations may impact our IV&V work. Through the above actions taken by our IV&V project team, we believe that MLTC, BerryDunn’s IV&V team, and other project contractors will be more aware of any changes in federal and State law, rules, and regulations that may affect the IV&V services provided by BerryDunn as well as the overall project.

Table 18: CMS and MITA Compliance Requirements

Requirement/BerryDunn Approach	
1	Must provide IV&V services for CMS in support of the MECL in accordance with guidance released in the MECT and guidance from CMS regarding OBC. BerryDunn has been at the forefront of the CMS certification and compliance processes—including piloting the new outcomes-based certification process in Ohio and Puerto Rico. We understand the rigor, proactivity, and adaptability required for success. We also understand that compliance is not only about ticking boxes on a checklist but also about verifying and measuring that the solution meets federal and state expectations to support improved outcomes. Our team understands this might require additional project data submission and, as required by CMS, we will periodically submit project progress data to CMS and the State. Our IV&V team has been key in updating our IV&V Service Framework to incorporate support for CMS certification and compliance processes, and has hands-on, practical experience using this approach to complete certification and compliance efforts in Missouri and Ohio. MLTC will have the support needed to help achieve a timely CMS compliance, including enhanced federal financial participation (FFP). We will leverage our experience and knowledge gained through the certification and compliance efforts in Ohio, Missouri, West Virginia, and Puerto Rico and provide MLTC with applicable familiarity and experience. Through this work, we have created an extensive knowledge library that includes comprehensive process flows, artifacts, and templates for the certification review process. The BerryDunn IV&V team will leverage this repository in our work with MLTC to support your team in navigating the CMS-required certification. Our approach to providing IV&V support for MLTC includes the following activities to support CMS certification and compliance: • Facilitating Recurring Meetings with CMS • Review Applicable Project Documentation in accordance with CMS guidance • Support the completion of the CMS-required Intake Form • Develop recurring CMS-required project reporting • Support Applicable CMS Milestone Reviews Further, BerryDunn understands that federal requirements continue to evolve, including with the development and socialization of the CMS Certification Repository. BerryDunn’s internal certification workgroups continuously monitor the evolution of federal certification guidance to help ensure that our project teams are able to adapt our certification processes and procedures in near real time. As a result, MLTC can be assured that BerryDunn’s IV&V team will be able to support its certification needs on an ongoing basis.

Requirement/BerryDunn Approach	
2	Must periodically, as needed, produce exception based Certification Progress Reports in the format required by CMS. The report must utilize the MECT 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. BerryDunn understands the importance of aligning project work with the MECT, and we make it a priority to thoroughly familiarize our staff with new certification guidance releases—including any reporting requirements. As your IV&V partner, we will provide professional guidance and accountability to the detailed process of certifying a MMIS. We will work with MLTC and CMS Central Office (CO) through IV&V certification milestone reports, and MMIS certification decisions. As we work together through the certification life cycle, our productive relationships with CMS Regional Offices will be advantageous in producing the MMIS IV&V Progress Report and milestone reviews. In preparation for CMS Milestone Reviews, our team will evaluate State documents and evidence, along with any working modules/code applicable to the system being certified to complete our assessment. Our team will provide early feedback of our assessments to support MLTC in preparation for the CMS Milestone Reviews. No less than quarterly, BerryDunn will produce an exception-based IV&V Progress Report that objectively illustrates the strengths and weaknesses of the Medicaid enterprise improvement projects, and provides recommendations for correcting any identified weaknesses. To complete an accurate IV&V Progress Report, BerryDunn will interview and observe project management staff, project support staff, change management staff, and project development contractor staff (including any subcontractors). Our team will also observe project meetings and activities to understand the processes, procedures, and tools used in the project environments. Additionally, BerryDunn will review and analyze all applicable and available documentation for adherence to accepted, contractually-defined industry standards. For the completion of each report, BerryDunn can provide the following elements: • General Information – Our team will capture basic project information, including the module under review, points of contact, submission dates, etc. • Summary of Project Progress and Status – BerryDunn will summarize MLTC’s status on the each project’s implementation and its progress. • Budget and Schedule Metrics – Our team will interview the appropriate project stakeholders to provide budgetary and schedule measurements in this section, through EVM calculations or other industry-accepted metrics. Variances will be calculated against the budget and schedule approved in the APD. • Life Cycle Status and Schedule – BerryDunn will provide the life cycle status and target dates for APD approval and Certification Milestone Reviews. • Risks – BerryDunn’s IV&V team will provide a list of important project risks that IV&V is tracking, which will include any applicable programmatic or technical risks arising from our review of the project, including deliverables, certification outcomes, and

Requirement/BerryDunn Approach	
	applicable evidence. Our team will provide a unique risk ID, title, and description. We will also provide probability and impact, which will automatically calculate the risk score in the report. • Recommendations – Our team will provide a list of any recommendations for MLTC, including any programmatic or technical recommendations arising from our review of the project, including deliverables, certification outcomes, and applicable evidence. • Programmatic Checklist – BerryDunn’s IV&V team will provide an assessment of all applicable programmatic CSFs, based on project documentation and stakeholder interviews. In advance of CMS Milestone Reviews, BerryDunn will communicate any risks or issues identified during the preparation, development, and/or review in the MMIS IV&V Progress Report, consistently providing industry and experience-based mitigation recommendations. This proactive approach will provide MLTC with early identification of possible concerns and the information necessary to correct the project ahead of the formal CMS Milestone Reviews (desk review or on-site, as applicable). BerryDunn is familiar with federal requirements related to federally funded Medicaid Enterprise Systems—including the MITA Framework, CMS’ Conditions and Standards, and certification guidance, among others. We understand the importance of adhering to federal regulations receiving enhanced federal finance participation. In the event that the State and CMS agree to adopt the SMC approach, BerryDunn can adapt its certification activities to help ensure a successful transition and final certification. The SMC Intake Form is the central tool for integrating the CMS-defined outcome statements, Conditions for Enhanced Funding (CEF), and performance metrics with State-defined outcomes. BerryDunn can support MLTC and its contractor partners in incorporating SMC-specific concepts and components into its certification and larger business activities to help ensure a successful transition to SMC and ultimately final certification.
3	Must submit the monthly IV&V report to CMS. BerryDunn’s Monthly IV&V Reports will be important tools for providing the information that key project stakeholders and decision-makers need to support the success of the Medicaid enterprise improvement projects. The reports contains the information required by MLTC (i.e., a summary of IV&V activities for the past month and planned for the next month, the IV&V assessment of the overall project, updates to executive level risks, issues, and opportunities, and a summary assessment of project deliverables and work products reviewed in the last reporting period). We will work with MLTC for the exact format of the Monthly IV&V Report. We will send the Monthly IV&V Reports to identified stakeholders as well submit them to CMS.
4	Must participate in meetings with CMS as directed by CMS or DHHS. We are respected by CMS as a trusted partner to our state clients. We work in collaboration with CMS and the State and are accustomed to attending meetings with CMS, and will meet with them as MLTC’s IV&V partner as directed by CMS or DHHS. CMS is familiar with our experienced team at BerryDunn, and MLTC will benefit from our years-long participation in regular CMS meetings. For example, Ohio is one of the first states in the country to work through the certification process for a modular MMIS replacement. Because certification of

Requirement/BerryDunn Approach	
modular MMIS systems is new to the industry, we have helped facilitate open and frequent communication between CMS and the Ohio ODM—capturing action items, developing a tailored certification approach, helping to set state and federal expectations, providing recommendations, and documenting lessons learned throughout the review. Our state clients often invite CMS to be in some or all of the formal briefing sessions IV&V provides to leadership. Additionally, our senior management team meets quarterly with CMS key leadership for an “Agile Coffee.” They discuss current topics of interest such as the public health emergency (PHE) and the American Rescue Plan Act (ARPA), interoperability, MES transition, and other topics.	
5	As directed by DHHS, must coordinate and participate in the planning, preparation, and performance of CMS project reviews (readiness reviews, certification reviews, etc.). The BerryDunn team supports the success of MLTC by telling your story to CMS in a way that maintains BerryDunn's independence and demonstrates your commitment to CMS guidelines. This approach also enables BerryDunn to help MLTC maintain your sovereignty as a state with a local vision for improving the State's enterprise through effective technology. Through our current ODM and MO IV&V services engagements, we maintain relationships with the CMS Regional Offices and Central Office in Baltimore. We know CMS is engaged in project reviews to help ensure the MLTC Enterprise aligns with CMS guidelines and other Conditions and Standards. Our team works with MLTC to assist with discussions with CMS. At the request of the MLTC, our team can support MLTC in setting up meetings between the appropriate State stakeholders, regional office, and the central office to facilitate bidirectional communication. Our approach includes support for early discussions with CMS, and we recommend periodic checkpoints during all SDLC phases to help ensure overall compliance with CMS requirements and that the program operates in a manner as to secure federal funding through CMS requirement compliance. This effort will support the continued alignment between MLTC and CMS.
6	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. BerryDunn understands that MLTC has collaborated with CMS to pursue the OBC/SMC for its module projects. Though CMS has not published official guidance, BerryDunn has worked with state partners and CMS in Ohio, Puerto Rico, Missouri, and West Virginia to understand CMS' intent and to support the definition of roles—including for the IV&V contractor. The redesigned CMS Intake Form no longer incorporates an IV&V-specific reviewer section; however, BerryDunn has worked to incorporate its independent review and assessment of certification-related state evidence and supporting documentation into its ongoing activities. Through these activities, BerryDunn's IV&V team can support MLTC in identifying in-scope outcomes, track progress against those outcomes, and report on corresponding metrics.

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Additionally, BerryDunn has worked with CMS to develop project-specific federal reporting that focus on the value points identified by CMS and the State. Through these project-specific reports, BerryDunn's IV&V teams report on the health and certification progress for each module project leading up to the ORR and Final CRs.	
7	Must periodically submit project progress data to the CMS dashboard on a schedule required by CMS. As described throughout our response, BerryDunn's IV&V teams have extensive experience reporting on the health and progress of projects to CMS and other federal partners over the course of the life a project. Through this experience, we have developed an understanding as to the information pertinent to each stakeholder and are able to tailor our reporting functions accordingly. Additionally, BerryDunn has worked with CMS to gain access to its instance of Box—a cloud-based content management, collaboration, and file sharing tool to help ensure timely and accurate delivery of our reporting. BerryDunn will work with CMS and MLTC to determine the specific reporting mechanisms CMS wishes to access and at what cadence they should be provided.
8	Must assess impacts of projects to MITA business, informational, and technical architecture maturity. BerryDunn will conduct continuous assessments throughout the life of the project, providing impact analysis of past project performance, recommendations for improvement, and capacity planning. BerryDunn will confer with MLTC in reviewing the MITA state self-assessment, and assisting with the development of conceptual documents such as an MMIS ConOps in order to define MLTC's desired future state. As projects are analyzed, BerryDunn will help identify issues with high-level operational design before and after the CMS regional office reviews. As your IV&V, BerryDunn will assist MLTC on the MITA roadmap in defining goals, architecture, business and data requirements, and State regulations surrounding privacy and security. As the project progress, BerryDunn will continually identify business impacts and closely advise when updating reports, risks, and artifacts to guide our team. Examples of recent relevant projects from the past five years that were impacted by, or that reflect, the MITA framework includes: • IV&V in support of ODM's Ohio Medicaid Enterprise project from 2016 to present • IV&V for the Missouri Eligibility Determination and Enrollment System (MEDES) implementation from 2013 to present • MITA SS-A support for the Puerto Rico Medicaid Program, including visioning to understand how the MITA SS-A Report and the MITA Roadmap can help provide guidance in meeting program goals and objectives from 2019 to the present • Project support for the West Virginia/New Jersey Medicaid Leverage and Reuse Replacement-MMIS project from 2016 to 2017 Recognizing the value that the MITA Framework brings to state Medicaid enterprises, BerryDunn has worked with our clients to implement a MITA life cycle management approach to their Medicaid system planning, procurement, and implementation projects. <i>BerryDunn and our project team bring extensive MITA experience, helping states to operate successfully within the required CMS MITA guidelines and framework.</i>

Requirement/BerryDunn Approach																	
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.																
BerryDunn's IV&V project team will collaborate with MLTC and the solution contractors to independently validate that the solution meets defined business and technical requirements by employing a proven, repeatable methodology to requirements traceability and validation. We understand that establishing a solid requirements traceability approach is fundamental to successful technical change management, product delivery, and federal certification. As a result, we will work collaboratively with all partners to help ensure that we have a comprehensive understanding of the requirements traceability methodology in use today in order to provide targeted feedback as to whether the solution is achieving its goals throughout the project's life cycle. Table 19 provides a sample requirement validation matrix used to report on IV&V's requirements validation assessment. Table 19: Multidirectional Requirements Validation Matrix <table><tr><th>Ref. Id.</th><th>Business Req. Ref.</th><th>Technical Req. Ref.</th><th>Test Case Ref.</th><th>Fed. Ref.</th><th>Assessment</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Comprehensive requirements validation is achieved by examining evidence throughout the SDLC phases and through final certification as applicable. From RFP requirements and through design, development, and final implementation, our IV&V project team validates that the contractor's methods, tools, and processes are developed and implemented to allow for backward (to the contract) and forward (to test results) requirements traceability. This bilateral traceability minimizes the risk to the project's timeline by allowing requirements traceability and subsequent validation is considered and performed from the onset of the project. BerryDunn's IV&V services teams have provided independent requirements validation for multiple highly visible, large-scale projects, including the OMES program and Missouri's MEDES project. Through these projects, our IV&V services teams have validated requirements iteratively from procurement, to DDI, and through final certification. MLTC can trust that through this extensive requirements validation experience, BerryDunn's IV&V project team will help ensure that the module solutions successfully meet all stated requirements.						Ref. Id.	Business Req. Ref.	Technical Req. Ref.	Test Case Ref.	Fed. Ref.	Assessment						
Ref. Id.	Business Req. Ref.	Technical Req. Ref.	Test Case Ref.	Fed. Ref.	Assessment												
10	Must perform all functions required by CMS for all CMS reviews.																
The evolution of the certification process has necessitated an evolution in the role IV&V plays in that process. BerryDunn has worked with CMS to tailor its IV&V responsibilities to the needs of CMS and the respective state to help ensure that all stakeholders are able to attain adequate insight into the specific project. An interactive IV&V team who closely examines design documents and all plans, from procurement to post implementation, meets the basic requirements of CMS reviews. BerryDunn is committed to meeting the functions required by CMS—but our IV&V teams deliver more than a checklist of basic functions. BerryDunn IV&V services can also help ensure MLTC that we will use a constant stream of analysis and assessments to identify gaps in requirements, design, and rollout early in the																	

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project, and long before UAT. By collaborating with the MLTC regarding requirements, design, decisions, risks, and issues, BerryDunn will deliver a thorough CMS review every time, while providing an accompanying report of strategic recommendations to reduce the project risk to MLTC.	
11	Must coordinate certification activities for the project. Must evaluate and make recommendations about the state artifacts that are required for MMIS certification milestone reviews. Through our experience on the CMS certification and compliance in multiple other states, we have added to our previous understanding of what is needed to successfully pass through each CMS Milestone Review of the new certification and compliance processes, and we recommend applying the following lessons learned to this project: • Start certification and compliance planning in the procurement phase of the project • Use CMS certification and compliance requirements as the backbone of the requirements developed in the Medicaid system's RFP • Focus on certification and compliance planning throughout the project • Become familiar with CMS' shift in its approach to certification and compliance • Maintain an effective partnership and working relationship with CMS Our team will review the State and contractor project plans and associated requirements, planning documents, and updates to these documents as the project progresses. We will provide guidance that will serve the dual purposes of validating that the solution satisfies the needs of MLTC and the documentation needs of the certification and compliance processes. BerryDunn will coordinate in submitting all information for CMS Milestone Reviews. We have found collaborative working sessions with State appointees, the enterprise project management office (EPMO), and the contractor as needed, produce a thorough evaluation from various angles of the project. This team approach allows IV&V to collect valuable input need to make recommendations for required artifacts. The BerryDunn IV&V team will participate in the State's CMS Milestone Reviews and inform CMS of significant risks or issues as the modules are planned, developed, and deployed. Our team will be present, as requested by the State and CMS, to answer questions and provide any additional guidance needed, based on findings reported by our team. We will be available and prepared to speak to any of our team's findings. It is BerryDunn's experience that CMS often has questions for the IV&V provider during CMS Milestone Reviews, and our team is committed to providing any additional information needed to successfully and efficiently complete the reviews. Our assessments, reporting, and recommendations against performance measurements are informed by more than 25 years of IV&V service delivery to HHS clients. Our IV&V project team will provide timely assessments and actionable recommendations to State leadership and stakeholders to help ensure the success of the MMIS modernization project.

Requirement/BerryDunn Approach	
12	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. Response: The legal and regulatory landscape continually evolve, and as a result, IV&V and certification standards and processes have changed significantly over recent years. This includes changes in subregulatory guidance issued by the U.S. Department of HHS and CMS, such as guidance provided through a State Medicaid director’s letter, CIB, or the release of a new certification guidance. When considering adapting to changes in the legal, regulatory, and subregulatory guidance, it is important to understand what the impacts are—both in the short term and the long term—to not only the services provided by IV&V, but also the project’s goals and vision. With BerryDunn as your IV&V contractor on this project, MLTC will benefit from BerryDunn’s regular communication with federal partners and the experience and expertise of BerryDunn’s internal policy and regulatory experts that have former CMS experience. Our IV&V project team will remain current on Federal and Oklahoma State law, rules, and regulations that affect IV&V services through the following: • Working with BerryDunn’s internal IV&V Certification Workgroup that assesses every CMS certification release, and updating our IV&V approach on this project as needed. For example, if a new version of the MECT is released, we will work with our IV&V Certification Workgroup to complete an assessment immediately. Once we have reviewed the new release, we will compile a list of changes that will impact our current IV&V approach on this project, and then review and discuss any changes with MLTC. • Collaborating with CMS on understanding, developing, and piloting new certification approaches. For example, at the 2019 State Healthcare IT Connect Summit, where CMS representatives spoke about how they were “experimenting to develop outcomes-based end-to-end oversight” for certification, BerryDunn’s Ohio IV&V team began working closely with CMS and ODM to clarify guidelines and expectations regarding Ohio’s EVV module, offered expert guidance on the certification evidence approach, provided recommendations, and then documented lessons learned throughout the review. • Providing leadership and participating in industry events. Involvement in organizations or events, such as the NAMD and the MESCC, provides opportunity for our IV&V team to interact with other contractors, state agencies, and CMS and participate in discussions and presentations regarding federal laws, regulations, and rules that may impact our IV&V services. Through the above actions taken by our IV&V project team, we believe that MLTC, BerryDunn’s IV&V team, and other project contractors will be more aware of any changes in federal law, rules, and regulations that may affect the IV&V services provided by BerryDunn as well as the overall project.

Requirement/BerryDunn Approach	
13	Must perform any IV&V services and roles required by CMS or DHHS necessary to secure the enhanced funding. One of the keys to funding approval is our understanding of not only the “letter of the law” but also the current vision and “intent of the law.” One without the other is ineffective, and we understand the importance of a balanced perspective to support you in securing FFP. As discussed previously, our team has a positive, collaborative working relationship with CMS; this allows our team to support MLTC in telling your story in a way that demonstrates your commitment to CMS guidelines. A key to securing federal funding is early and frequent engagement with CMS staff. CMS leaders meet regularly with states that request time to discuss their vision and intent in advance of APD submission. Our team is happy to facilitate these meetings and is well prepared to stand side-by-side with you in these discussions. We also respect your autonomy and can support behind the scenes if you prefer direct communication with CMS to be constrained to MLTC staff. Either way, we have expertise in what is required for a funding agreement in this new era, and our team will provide you with information needed to fully support your APD approvals.

2.f.v – Operations and System Readiness

Business Requirements	
Req #	Requirement
OSR-1	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.
	Response: Reference Table 20 for BerryDunn’s approach to meeting each operations and system readiness requirement.
OSR-2	Describe the bidder’s approach to operational and systems readiness.
	Response: BerryDunn’s operational and system readiness assessments help agencies and departments to identify findings and recommendations related to their readiness to perform critical business operations and system functions during the planned system go-live. This takes into account the project requirements, as well as local, state, and federal compliance requirements. The purpose of an operational and system readiness assessment is to share observations and offer recommended corrective actions related to the client and its critical business operations and system functions prior to go-live. BerryDunn’s evaluation is based on the project gate review and phase entrance and exit criteria established for the project.

Business Requirements	
	Our readiness assessment methodology covers all aspects of project implementation. Depending on the project phases involved, the assessment may include readiness review of software, integration and interfaces, infrastructure, environments, security, data conversion, performance testing, release management, training, contingency planning, and operations. There may be dozens of project components evaluated across project areas, depending on the size and complexity of the project. Assessment areas are shown in Figure 18: Assessment Areas. Figure 18: Assessment Areas Our readiness assessment process consists of the following key steps: • Define methodology - review areas and assessment criteria • Collect and analyze data - interviews, direct observation, and document review • Document and report - findings and recommendations

Business Requirements	
	This evaluation will determine how many of the project components are “at risk” or “at significant risk” and not ready for go-live, and how many components are “on track” but may be dependent upon on-time submission and approval of key project deliverable updates, such as the Implementation Plan, Operations & Maintenance and Stabilization Manuals, and SLAs/Memorandum of Understanding documents. For our fact-finding activities, BerryDunn will review MLTC and contractor deliverables, project artifacts, and status reports. In addition, the team will conduct focused interviews with project team members, as well as several informal discussions with MLTC and contractor staff, and attend several meetings to collect additional information and verify observations from document reviews. During our assessment, our team will document critical findings identified in the assessment. Some examples of critical findings include: • Critical Finding: Critical “Day One” functionality has not been designed, and workarounds/contingencies have not been developed. • Critical Finding: Component testing, end-to-end (E2E) testing, and UAT may encounter numerous defects. • Critical Finding: The number of defects encountered in component testing and the current pace of defect resolution may lead to further testing delays and/or software that lacks adequate quality or reliability. • Critical Finding: Availability of software for 10 functional areas for component testing is late, leading to a backlog of test scripts. • Critical Finding: Defect management processes outlined in the Test Plan are not being followed; defects may not be prioritized accurately. • Critical Finding: Interface development is behind schedule, contributing to the delayed delivery of functionality and a backlog of test scripts. Our assessment will identify findings and recommendations to improve readiness of required operational preparation activities. Many of our observations and comments are critical by nature because our primary objective is to identify areas of improvement. Our findings could reflect strengths noted during our assessment work. Figure 19 shows a sample of our readiness assessment work.

Business Requirements

Figure 19: Sample Readiness Assessment Artifacts

Readiness Designation Indicators and Definitions

Indicator	Readiness Designation Definitions
	At Significant Risk: Activities are late based on the project schedule, have risks that are not mitigated, and may not be able to be completed on a schedule that indicates they will be ready for Day One.
	At Risk: Activities are late based on the project schedule and have risks that are not well controlled and will likely cause the area to continue to track late. However, with appropriate risk mitigation and issue resolution strategies, it may be possible to bring activities back on track schedule so that activi
	At Minimal Risk: Activities are on or ahead of project schedule. Mitigation activities have been applied and indicates they will be ready to promptly identify new i

ORR Group Tasks

Readiness Groups	Task Topic
Infrastructure	- Desktops/workstations - Network connectivity to State data centers from the site - Access to shared folder and scanners - Access to local printers
Operations	- Assignment of BerryDunn site support staff - Assignment of State site support staff - Identification of individuals non-piloted counties who require training - Changes to work processes communicated to State staff - Work process training provided to State staff
Implementation	- Creation of pre-implementation checklists and post-implementation checklists per site by State - Creation of facilities checklist per site by State - List of staff per site along with State user IDs - Identification of System roles for site staff per site by State

Provide an example of a readiness plan utilized for other projects.

OSR-3

Response:

Reference Appendix I regarding the request for a Readiness Review Plan example used on other projects.

Business Requirements	
OSR-4	Provide examples of operation and system readiness review reports used on previous projects.
	Response: Reference Appendix J for an example of an Operation and System Readiness Review Report used on previous projects.

Table 20: Operations and System Readiness Requirements

Requirement/BerryDunn Approach	
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. BerryDunn’s project team has extensive experience in reviewing testing plans, supporting testing activities, and helping clients make more informed deployment decisions. BerryDunn will draw on our experience as the IV&V provider for the implementation of eligibility and enrollment (E&E) systems in Massachusetts and Missouri, and as the PMO utilizing an agile methodology for the modernization of West Virginia’s E&E system. Our proposed IV&V team will review the Medicaid enterprise improvement project test plans created by the MLTC and those created by other project contractors to validate that the testing activities planned are adequate to support a successful implementation of the project. The IV&V team will review and assess test plans for, at a minimum, the following critical elements: • Testing approach and planned testing tasks related to accessibility, data conversion, interfaces, security, performance, restoration, regression, and operational platform testing • Roles and responsibilities of MLTC and other project contractor staff (including the State staff who will sign-off on testing activities) • Planned training for staff related to support testing activities • Features, functionality, use cases, and requirements that will be tested and those that will not be tested • Criteria that will be used to determine if a test case will be considered passed or failed • Criteria that will be used to define and classify defects • Other testing deliverables (e.g., test summary and defect tracking reports) • Testing schedule • Hardware, software, and any other tools State and contractor staff will need to test • Testing related risks and issues, along with recommended mitigation and resolution strategies

Requirement/BerryDunn Approach

Our proposed IV&V team's review approach will focus on determining if the documentation sufficiently describes the testing activities and covers the testing. After each Test Plan review, we will provide our feedback to MLTC and document our feedback prior to a deployment decision.

In addition to our Test Plan reviews, our proposed IV&V team will provide oversight in reviewing and observing test planning meetings, test execution, test results, and related testing artifacts, such as testing and defect tracking reports, throughout the MMIS modernization project. Our reviews will focus on helping validate:

- The correct tests are being conducted (unit testing, SIT, pilot testing, interface testing, and UAT)
 - There is sufficient test coverage for each testable requirement
 - The documentation required by the federal partners is readily available (e.g., CMS, ACF, FNS, Social Security Administration, etc.)
- The tests were conducted correctly
 - There is sufficient evidence to validate test cases marked as passed
 - There is adequate triage and tracking of defects
 - The overall testing related activities align with the applicable approved Test Plan or Test Plans
 - If those supporting testing activities are following reliable and repeatable testing practices
 - Test results are effectively documented such that test scenarios and corresponding results can be traced to requirements (using a Requirement Traceability Matrix) and used as evidence for readiness assessments and certification reviews

We will provide our testing related feedback, including any recommended improvements, to MLTC. Additionally, we will use the information gained from reviewing testing activities and artifacts to make recommendations to MLTC about deployment decisions.

In addition to the approach outlined above, we will use our experience we gained from supporting testing activities for similar projects, for example:

- **IV&V for the Massachusetts HIX/IES Implementation**, where BerryDunn provided validation of CMS and blueprint testing and attestations and coordination and execution of user acceptance. For Massachusetts's HIX/IES project, the SI's regression testing efforts were being constrained and negatively impacting project success due to a reliance on manual execution of the regression test cases. In our role as the IV&V provider, we identified the opportunity for the SI to automate some regression test cases to reduce the overall testing schedules (e.g., SIT and UAT), reduce costs, improve code quality, and increase testing accuracy. *Following implementation of this recommendation, Massachusetts saw measurable increases in the accuracy of the regression testing results and a reduction in the regression testing timelines.*

Requirement/BerryDunn Approach	
• IV&V for the Missouri DSS MEDES, where BerryDunn's IV&V team facilitated CMS attestation for testing objectives, processes, verification methodologies, artifacts, and observations of Verify Lawful Presence, Remote Identity Proofing, and Fraud Archive Reporting Service initiatives. In addition, BerryDunn's IV&V team evaluated the use of "time-travel technology" used by the MEDES project to advance the system date on applicable servers during the system and/or UAT phases to help ensure all actions, validations, downstream system validations, and notices occur in sequence and at the appropriate time. Our IV&V team assessed the use of automated test tools, specifically IBM® Rationale Functional Tester, in creating automated regression test cases for use during regression testing of the MEDES application. • IV&V for the Ohio ODM OMES, where BerryDunn's team is currently providing IV&V services to support the implementation of five system modules or service components including the Provider Network Management (PNM), Fiscal Intermediary, State Pharmacy Benefits Manager, Advanced Data Analytics Tool, and Electronic Data Interchange (EDI). In order to support outcome-based certification and ORR activities, the IV&V team is assessing the State's Medicaid program and module contractors completeness and sufficiency of test planning documents and test execution using module-level SMC Intake Forms as the foundation for testing observation. BerryDunn's practical expertise will help ensure that the testing conducted during this project is relevant, effective, and efficient in helping deliver a quality product for MLTC.	
2	Must assess defect resolution and retesting activities to validate defect was appropriately resolved Through the day-to-day review and assessment activities, BerryDunn will seek to validate the solution product and corresponding processes throughout the project phases. BerryDunn's IV&V project team will report prospective unit test validation activities as a part of its reports for the project. We will follow the PMBOK® Guide principles of project management to offer expertise and risk analysis throughout testing. From a project management perspective, our team offers a strong background in defect management across a variety of testing disciplines. BerryDunn will work with MLTC and system contractors to help ensure that each module's defect resolution and retesting activities are appropriately resolved. Our team will be able to pull and review any defect resolution reporting from any defect tracking tool (i.e. Jira®, JAMA, IBM® RTC, etc.) to verify resolution, retesting (regression), closure of all critical/fatal, major, and minor severity defects. In addition, our IV&V project team will help MLTC ensure that the solution's technical and functional processes are validated through a review of the solution contractor's test management documentation, test cases, and test results. BerryDunn's IV&V project team will review test documentation for sufficiency, completeness, and accuracy to help ensure the solution and corresponding processes worked as expected based on the expectations set through conceptualization, requirements, and design. The review will include evaluation of test plans, requirements, testing environments, testing tools, and testing methodologies that will be leveraged to successfully test system modules.

Requirement/BerryDunn Approach

BerryDunn will monitor the testing results. For each phase, BerryDunn will assess testing via review of a sample of test results and defect or bug logging. This also includes review of a sample of test cases, data, and expected results for comprehensiveness and ability to test the required functionality. Validation and verification that the testing was complete and accurate will include a(n):

- Evaluation of the plans, requirements, environment, tools, and procedures used to test the system and help ensure that they work according to specifications, are efficient, and satisfy all requirements
- Verification that test results are effectively documented such that test scenarios and corresponding results can be traced to requirements and used as evidence for readiness assessments and certification reviews
- Verification that there is adequate triage and tracking of defects
- Verification that the overall testing related activities align with the applicable approved Test Plan or Test Plans
- Verification that the testing activities are following reliable and repeatable testing practice

On an ongoing basis, BerryDunn's IV&V team will analyze and assess testing and testing results, working to help ensure that all of the correct tests are being conducted. BerryDunn will use our IV&V Quality Management Assessment Checklist, (our SIT Checklist is shown in Figure 20), which includes various questions to assess and score various SIT components. BerryDunn's checklist allows our team to approach testing and release management activities with an objective and consistent methodology for dependable results throughout the Medicaid enterprise improvement projects.

Figure 20: IV&V SIT Quality Management Assessment Checklist

Category	Task	Confirmation (Yes/No)	Assessment Comment (if "No", indicate why)
SIT Results	System Integration Testing Results		
	• (SV) Were the SIT Test Plan/Test Cases Produced by SV		
	• Were a SIT Test Plan / Test Cases Reviewed by the State?		
	• Are SIT test cases posted to Jira and linked to corresponding Work Package/Requirement ticket?		
	• Are SIT test results posted to the corresponding Jira SIT test case?		
	• What is percentage of SIT bug subtasks versus the number of test cases?		
	• How many SIT bug subtasks were taken into UAT? ○ Severity 1, Severity 2, Severity 3, Severity 4		

Requirement/BerryDunn Approach	
BerryDunn's IV&V experience and expertise will allow our team to complete an in-depth review of the testing documentation to verify that it entails the necessary information and procedures to perform testing and evaluate the testing results.	
3	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. Using our deliverable process as explained in Section 2.f.vi, BerryDunn will develop and submit a comprehensive System and Business Operations Readiness Review Plan work product for each project for MLTC approval a minimum of 90 days prior to the acceptance testing schedule date in the Project Schedule. The System and Business Operations Readiness Review Plan contains the following sections: Introduction, Operational Readiness Methodology, Operational Readiness Assessment Areas and Approach, Risk and Issue Rating Methodology, Risk and Issue Category Values, Time Frames Category, Risk and Issue State Response, Assumptions and Constraints, Standards and Best Practices and Deliverable Specifications, Final Operational Readiness Checklist, IV&V Observations and Recommended Corrective Actions by Assessment Area. There are 11 readiness assessment areas based on fact-finding activities completed. The project activities include Project Participants Understand Activities Remaining Prior to Go-Live, Organizational Readiness, Training, Client Support Structure, and Deliverables from Contractors, System Development, Interfaces, Reporting, System Testing, System Security, and Manual Work Around.
4	Must conduct a system and business operational readiness review and assessment and provide the results to DHHS. Using our System and Business Operations Readiness Review Plan, we will work with MLTC to conduct a system and business operations readiness review. The review is to identify issues and risks related to MLTC's and the system contractor's readiness to perform critical business operations and system functions on the project by the go-live date and to provide recommended corrective actions to improve readiness and the likelihood of a successful project implementation. The review will contain our approach, operational readiness assessment areas, fact-finding methods, assumptions and constraints, assessment results, documents reviewed, and individuals interviewed and meeting attended.

2.f.vi – IV&V Deliverables and Work Products

Business Requirements	
Req #	Requirement
IDW-1	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.
	Response: Reference Table 21 for BerryDunn's approach to meeting each IV&V deliverables and work products requirement.

Table 21: IV&V Deliverables and Work Products Requirements

Requirement/BerryDunn Approach	
1	For each project, must fulfil all IV&V contractor responsibilities and submit a monthly deliverable including activities and work products completed within the month: • 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 MLTC can be assured that our current IV&V experience in Ohio and Missouri provide us the knowledge and expertise necessary to produce the project deliverables required. We have experience with the IV&V activities and deliverables outlined in the RFP, which are derived from, and are in alignment with, 45 CFR § 95.626. During contract start-up, our team will establish expectations and an agreement on the format and content of the required deliverables of the IV&V services contract. Starting from IV&V report and project management templates from BerryDunn's tools repository, we will develop initial outlines of each deliverable through a DED. Prior to delivering a DED for MLTC review and approval, we will present and review our templates with MLTC and make adjustments to meet MLTC's specific reporting and information needs. We have found that this helps to ensure the deliverables are in line with objectives and reduce rework.

Requirement/BerryDunn Approach

We use a DHHS designated repository—either BerryDunn KnowledgeLink or other repository—to manage our documentation and work products to help ensure accessibility of project documentation is available to all approved MLTC and BerryDunn team members. Table 22 describes the BerryDunn IV&V deliverables that will be prepared during the MLTC project.

Table 22: BerryDunn IV&V Deliverables

Deliverable	Description
Deliverable Expectation Documents	Establishes expectations and agreement on the format of each deliverable.
IV&V Management Plan	Outlines how we will deliver an IV&V methodology tailored to the specific requirements, expectations, and unique organizational environment of the Medicaid enterprise improvement project. At a minimum, the IV&V Management Plan includes: • Communications Management Plan • Project Schedule • Quality Management Plan • Risk and Issue Management Plan • Schedule / Milestones & Burn Down Charts • Staffing Plan
Monthly IV&V Report	Summarizes IV&V activities for the past month. • Summary of IV&V activities planned for the next month • IV&V assessment of the overall status of program, project, schedule, budget, scope, quality, etc. in comparison to the project teams' reported status, identifying any differences along with the reasoning • Additions or updates to executive level risks, issues, and opportunities along with recommended actions • Summary assessment of project deliverables and work products reviewed in the last reporting period • Opportunities to gain visibility into State functionality and project scope, including stakeholder relationships and workflow • Other IV&V activities as defined by MLTC

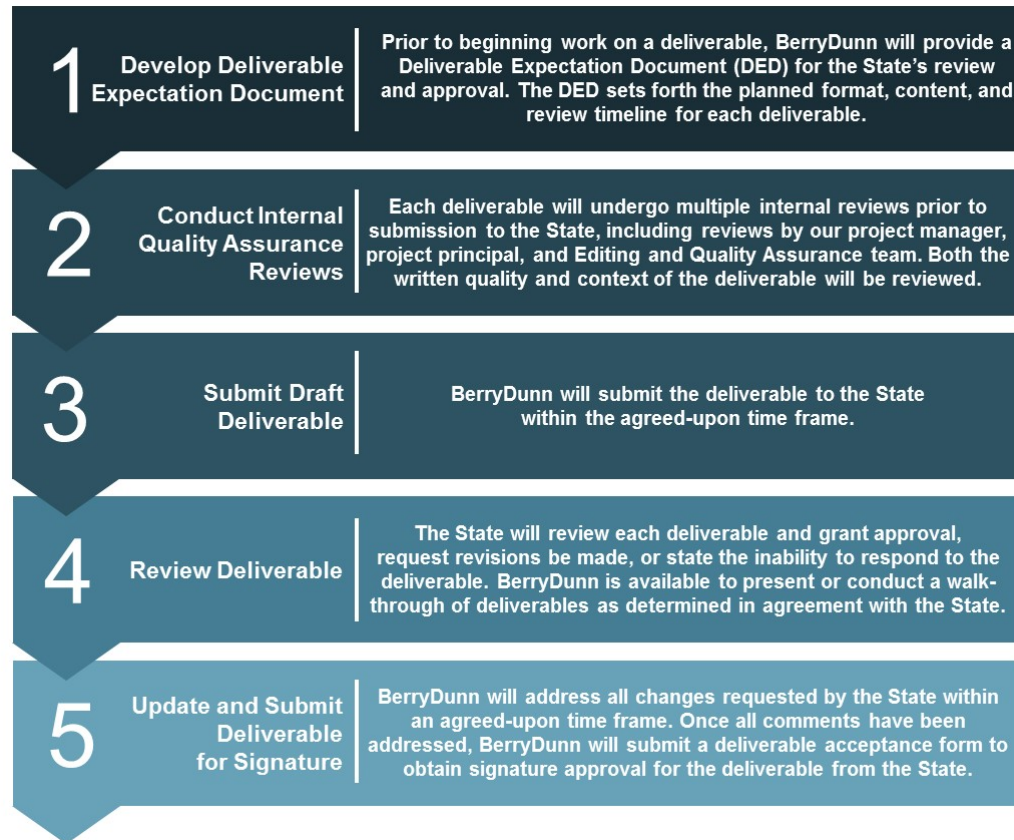
Requirement/BerryDunn Approach	
Deliverable	Description
Monthly IV&V Report Meeting	Monthly briefings with sponsors and executive leadership allowing opportunities to discuss questions, findings and recommendations related to Monthly IV&V Reports.
Weekly IV&V Status Report	Communicates to MLTC the IV&V activities; used to support calls to action for process improvements for both the State and contractor teams.
Weekly IV&V Status Meeting	Meetings with DHHS identified project leadership, including the MLTC project manager, to review the status of IV&V findings, discuss “watch list” items or emerging project trends, and discuss issues or risks associated with our IV&V engagement.
Critical Incident Reports	Reports of critical issues IV&V identifies that may adversely impact MLTC projects.
CMS and MITA Compliance	An exception-based IV&V Progress Report that objectively illustrates the strengths and weaknesses of the Medicaid enterprise improvement projects, and provides recommendations for correcting any identified weaknesses.
Operational and System Readiness	Shares observations and offers recommended corrective actions related to the client and its critical business operations and system functions prior to go-live. BerryDunn’s evaluation is based on the project gate review and phase entrance and exit criteria established for the project.
IV&V deliverables and work products	A monthly deliverable for approval representing all IV&V artifacts delivered for the month for each project. Artifacts include the Monthly IV&V and Weekly IV&V Status Reports 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 Project Schedule updates and other IV&V work products.
2	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.
A project with several team members, varied tasks, and a limited time frame can fall below expectations if not kept in check. To keep our tasks and deliverables on schedule with quality measures to meet or exceed MLTC’s expectations, BerryDunn has established quality	

Requirement/BerryDunn Approach

control guidelines that are shared among our team members and revisited often. Our Project Schedule builds in time for quality checks so that the deliverables we produce are carefully reviewed prior to delivery to the MLTC project manager.

The guidelines in Figure 21 apply to the preparation, submission, review, and approval of BerryDunn’s IV&V project deliverables:

Figure 21: BerryDunn Deliverable Development Process



Our five-step deliverable development process supports BerryDunn’s stringent quality standards required of certified public accounting and consulting firms. We are dedicated to quality and integrity in the IV&V services we provide.

3	Must provide a tracking capability for tracking of work product and deliverable submission and review status.

Requirement/BerryDunn Approach	
Our team will track IV&V work products, deliverable submissions, and review status using our Internal Deliverable Tracker, which is a tool developed by BerryDunn and is accessible to the IV&V project team. This Internal Deliverable Tracker is designed to monitor and track the delivery and disposition of IV&V work products.	
4	Must submit any changes to previously approved deliverables for approval through the review process. MLTC will benefit from BerryDunn’s significant emphasis on quality. BerryDunn believes in providing high-quality services to our clients. Throughout our IV&V role on various projects, we have taken the quality of our work seriously and worked to exceed MLTC’s expectations for the quality and timeliness of our communications, service delivery, and final work products. Although we do our best to deliver the highest of quality deliverables, there may be times when changes are required to be made to previously approved deliverables. BerryDunn leverages the process shown above in Figure 21 for submitting changes to previously approved deliverables and include the following steps: • BerryDunn makes required changes to deliverable. • BerryDunn conducts internal quality assurance reviews. • BerryDunn submits deliverable to MLTC for review. • MLTC reviews deliverable, and either grants approval, request further revisions, or states the inability to respond to the deliverable. BerryDunn will conduct a walk-through as needed. • BerryDunn updates deliverable based upon MLTC review changes, and submit to MLTC for approval. In addition, BerryDunn has a firm-wide Consulting Quality Management (CQM) program. BerryDunn believes that providing high-quality services to clients is necessary for carrying out the firm’s mission, achieving its goals, and striving toward its vision of the future. BerryDunn defines quality by the following criteria: • The level to which our work conforms to the agreement with clients and best meets their needs • The clarity and presentation of our engagement deliverables • Confirmation from our clients regarding the value of our services To help maintain and continuously improve the quality of consulting services BerryDunn provides its clients and to promote consistency of services and deliverables across all engagements, BerryDunn utilizes and follows our CQM Program. The CQM Program is led and managed by a CQM Committee, and all consulting team members apply the CQM Program policies in their daily work. BerryDunn is committed to providing high-quality deliverables and services, and will work cohesively with MLTC to help ensure that deliverables meet all client expectations.

Appendix A – Resumes



Bill Richardson, MHA, ITIL (F), PMP®, Prosci® CCP Principal in Charge

Bill is a principal in BerryDunn's Consulting Services team with nearly 20 years of experience providing project management for the human services enterprise, including both IES and MMIS. His project management experience includes both technical experience as a programmer, as well as business and policy experience, including managing eligibility policy projects, Medicaid

waivers, and State Plan Amendments.

Key Qualifications

- ✓ Active modular MMIS experience in multiple states
- ✓ Direct experience with the MECT and CMS certification process
- ✓ Experience with IES projects in five states and territories
- ✓ Nearly 20 years of human services project experience, including nearly 10 years of IES experience

Relevant Experience

BerryDunn (04/2011 to present)

Missouri DSS

- ✓ *Missouri Medicaid Enterprise (MME) PMO Engagement (11/2017 to present).*
Bill is serving as the project principal for the MME PMO project spanning multiple Missouri DSS divisions. Key activities include partnering with the MME to support the implementation of PMO Engagement (11/2017 to present).
Bill is serving as the project principal for the MME PMO project spanning multiple Missouri DSS divisions. Key activities include partnering with the MME to support the implementation of a PI solution along with BIS-EDW solution along with supporting certification.
- ✓ *MEDES IV&V Services (07/2013 to present)*
Bill currently serves as the project principal for the MEDES IV&V engagement. As part of this project, BerryDunn is serving as an independent partner as Missouri implements a new integrated eligibility system. This work has included an initial implementation, transition to a new systems vendor, and transition to a third vendor for maintenance and operations. BerryDunn is providing proactive risk and issue identification and management.

Bill has worked on additional projects with Missouri, including serving as project principal for Missouri's EVV procurement assistance project where BerryDunn helped Missouri's Medicaid agency develop and EVV RFP, along with the Missouri Medicaid IT governance assessment that seeks to help Missouri determine a governance model that will help the State transform their Medicaid enterprise.

Ohio ODM –OMES IV&V Services (12/2016 to present).

Bill currently serves as the project principal for the OMES IV&V engagement. BerryDunn is helping ODM ensure a modular approach and implementation along with governance that will work for Ohioans and support Ohio ODM's modular certification process, including applying to OBC approach.

Puerto Rico PRMP – EOMC Services (07/2019 to present).

Bill serves as the engagement principal in BerryDunn's partnership with PRMP as they transform their Medicaid enterprise. BerryDunn's EOMC services include helping Puerto Rico establish a Program

Management Office, complete strategic planning for their enterprise while documenting it in an MITA SS-A update, improve the management of their contracts and APDs, complete certification of multiple modules such as their IES, and transition aspects of operations from system vendor staff to the PRMP staff.

West Virginia CHIP –ACA Compliance and Transition PM Support (10/2013 to 08/2015).

Bill served as engagement manager overseeing the BerryDunn team evaluating needs associated with CHIP to help bring it into compliance with ACA requirements. This project included transitioning CHIP from its previous Third-Party Administrator to an MMIS.

West Virginia BMS

- ✓ *International Classification of Diseases, Tenth Revision (ICD-10) Transition Planning and Implementation (03/2013 to 06/2015).*
Bill helped in the initiation of the BMS' ICD-10 compliance project, drafting the implementation advance planning document and developing the project schedule. Bill served as the project manager at the start of the project and continued to act as a project SME.
- ✓ *Data Warehouse/Decision Storage System (DW/DSS) PM (02/2012 to 12/2014).*
Bill provided project management for the evaluation of proposals in response to BMS' DW/DSS RFP. This included developing evaluation packets for the evaluation committee.
- ✓ *Patient Protection and Affordable Care Act (PPACA) Planning, Analysis, and Implementation Support (04/2011 to 12/2013).*
Bill served as the project manager for the PPACA Planning Project, which gave shape to the ambiguous requirements of the ACA and provided project management of projects that needed to come into compliance with the ACA, such as enhanced payments for primary care providers and hospital-based presumptive eligibility.

Education and Certifications

BS, Business, University of Minnesota, Carlson School of Management (Major: Management Information Systems, Minor: Political Science)

Masters of Healthcare Administration, University of Minnesota, School of Public Health

Information Technology Infrastructure Library (ITIL) Foundation Certification in IT Service Management
Certified PMP®, PMI®

Prosci® Certified Change Practitioner

Publications and Presentations

How to Create a Work Breakdown Structure, Presentation for Minnesota Government IT Symposium, 12/10/2014



Divya Arulsamy, MBA, PMP®, SMC, ITIL, LSSYB Engagement Manager

Divya is an IT, program delivery and change management leader with 25+ years of experience managing large complex transformation programs for State Medicaid Agencies (SMAs) and fortune clients. He possesses excellent understanding of state Medicaid modules, namely claims system; provider; pharmacy; decision support systems; financial management; system integration services; fraud, waste, and abuse; and business operations. He has successfully assisted multiple SMAs with large complex programs involving DDI, program and portfolio management, operations management and CMS Certification.

Key Qualifications

- ✓ 12+ years of HHS project and program management experience
- ✓ Re-engineered a legacy MMIS to a multi-tier architecture and MITA compliant system
- ✓ Working experience on multiple MMIS platforms in collaboration with multiple SMAs
- ✓ 20+ years of system integration and consulting experience across multiple technology
- ✓ 25+ years of Project, Program and Portfolio management experience across multiple industries

Relevant Experience

BerryDunn (09/2017 to present)

Missouri Department of Social Services –MME PMO Engagement (11/2017 to present).

Divya is the engagement and project manager for the MME PMO assisting the State in implementation of PI and EDW modules. Divya established the PMO processes, templates and coached and mentored the state staff to oversee solution vendor DDI work. Additionally, Divya managed, Schedule, Risk and Issues, Change, Gate reviews, Status review and Quality. In addition to DDI work, Divya also assisted in traceability, testing and certification.

During this time Divya also led a procurement assistance project for EVV. As part of this project Divya lead a team to gather requirements, document business process and draft an RFP. Additionally, assisted in the Planning APD and budget projection for the RFP. Based on the team work, MME reached out to us to assist in the actual procurement of EVV vendor.

Divya worked on another key engagement with DSS which included Department of Health and Senior Services, Department of Mental Health, and DSS on Medicaid IT Assessment. As part of this project, Divya lead a team to assess the current state of Medicaid and performed a survey with the key stakeholders to understand the issues, challenges and compare with other similar Medicaid agencies to recommend a solution for DSS.

Vermont Agency of Human Services (AHS) (10/2016 to 08/2017)

Divya worked as Senior IT project manager with multiple responsibilities and reporting within the PMO organization at AHS Vermont. He was responsible for program planning and development of an APD for the Integrated Eligibility & Enrollment (IE&E) program. Divya performed an assessment of the existing solution landscape and recommended a transformation approach to modernize the legacy eligibility system to a SoA-based IE&E system. Divya also established the groundwork for a Data Governance Council to implement Master Data Management for the AHS. Additionally, Divya provided project management for PBM through DDI and CMS Certification supporting R3 review, and was instrumental in successful certification of the PBM module within the MMIS.

Xerox Business Services, LLC

NY Department of Health 05/2015 to 09/2016

Divya oversaw the NY Medicaid DDI work as the PMO Director for Xerox/Conduent engagement. The scope of the implementation covered overseeing the implementing of an open architecture MMIS on an aggressive schedule. Conduent brought the base system from NH MMIS to customize and configure for NY Medicaid using a Hybrid (Agile-Waterfall) methodology. Divya managed the development process, risk and issues, tools, staff onboarding, client management and also ran the steering committee meeting.

Infocrossing, a Wipro Company

MME Modernization of Legacy MMIS (08/2006 to 04/2015)

Divya was the program leader with Infocrossing and was responsible for all the DDI work for the legacy system modernization contract with Missouri Medicaid System. As part of the modernization Divya implemented over fifteen modules including claims, financial, enterprise service bus, fraud waste abuse, VSAM to DB2 conversion, rules engine implementation and other allied enhancement. In addition to this Divya also implemented 5010/D.0, ICD-10 and CAQH Core administrative updates. During this tenure, Divya closely worked with business operations unit and addressed the system needs to support the multiple call centers for the Medicaid business. Legacy modernization of the MMIS was carried out through multiple steps spanning multiple years. This project successfully used a modified waterfall, agile, and iterative methodology, based on the PMBOK® Guide and Software Engineering Institute CMM standards for program delivery, and established Center of Excellence in PMO, testing, and development functions to successfully delivery the program on time and budget.

Realsoft, Inc. (04/2004 to 07/2006)

Divya worked as a program manager for application development with this IT consulting company, he led delivery teams of 100+ resources to work with fortune clients in the US and successful delivered mission critical solution. Additionally, he co-owned “DevConnect Partner” program for multiple Telco platforms (AVAYA, Nortel, Lucent) for joint development, customization, and deployment.

Nuntius Systems, Inc. (04/2001 to 03/2004)

Divya worked as an application manager for this internet protocol (IP) core company based out of Silicon Valley, wherein he managed a team of staff for design, development, and optimization of software products. Additionally, he was responsible to managed client relationship with multiple clients in the Silicon Valley. Divya worked on the state of the art platforms to delivery embedded solution to chip companies.

Lucent Technologies (04/2000 to 03/2001)

Divya worked as a senior project manager with Lucent wherein he was responsible for design, development, testing, and deployment of various software solutions for the lucent wireless product suite. This included managing over 80+ staff from offshore location in solution design and development work. Additionally, Divya support the go-to market team with the pursuits and also pilot and product launches.

Ericsson Limited (08/1996 to 03/2000)

Divya worked as a technical project manager handling design, development, testing, and deployment of products for Wireline and Wireless platform. Additionally, in this role, he analyzed field errors and created improvement plans for better problem management, undertook and successfully completed an extremely challenging GSM System (CPU AP221220), overhauling, and replacing on a live network at five different customer locations. This was performed meticulously that won customer appreciation.

C-DoT Telecom System Integrator (02/1990 to 07/1996)

As a senior engineer for design services, Divya was responsible for the design, development, integration, testing, and implementation of a telco digital switching system; and for system customization and re-configuration for unique numbering design based on customer requirements. He assisted in transfer of technology for design services, working on system design, production, testing, and integration. In addition, he participated in vendor training and wrote ISO 9001 Quality System for Design Services Unit and obtained accreditation in 1994.

Education and Certifications

MBA, Marketing, Symbiosis Institute of Management

BS, Engineering – Electronics & Communication, University of Madras, India

Certified PMP®, PMI®

Scrum Master Certified from Scrum Alliance

ITIL Foundation Certification

Lean Six Sigma Yellow Belt

Publications and Presentations

PMO for modular implementation – presented in MESC 2019



Karen Jones, PMI-RMP®, PMP®, Prosci® CCP Project Manager

Karen is an experienced project manager and change management specialist who has dedicated more than 30 years to working with state HHS agencies on large system planning and implementation initiatives. She has a unique blend of business, technical, and project management expertise, and has worked with HHS agencies in 20 states. She has experience in all aspects of MMIS, as well as extensive project management experience with Medicaid initiatives.

Key Qualifications

- ✓ More than 30 years of project management experience
- ✓ More than 30 years of Medicaid industry experience
- ✓ Certified Project Management Professional®
- ✓ Prosci® Certified Change Practitioner

Relevant Experience

BerryDunn (06/2013 to 6/2020)

Ohio ODM –OMES IV&V Services (12/2016 to 6/2020).

Ohio ODM is implementing its vision for a modular MMIS in the OMES project, and BerryDunn is providing IV&V support. Karen serves as the project manager, leading BerryDunn's team in supporting Ohio ODM through the project.

Missouri Department of Social Services – MEDES IV&V Services (07/2013 to 11/2016).

Karen served as the project manager for BerryDunn's IV&V of the MEDES. She led a team that assessed project health, identified potential risks and issues, and offered recommendations for mitigation.

K Jones & Associates (06/1991 to 05/2013)

Nebraska Medicaid and Long-Term Care

Karen worked with the State of Nebraska to complete the State's MITA SS-A, including training, MITA session facilitation, and business process modeling. She served as project lead for the MMIS Replacement Alternatives Analysis and provided support for the State's ACA Project.

Ohio Department of Jobs and Family Services

Karen served as the project manager for Ohio's contract with First Data to provide business process reengineering and organizational change management to support the department's MMIS replacement project. The activities included interviewing department staff to determine as-is process, producing corresponding business process models, working with HP to understand replacement MMIS, and recommending process improvements and organization modifications.

Massachusetts Executive Office of Health and Human Services

Karen served as the Commonwealth's new MMIS functional manager for HP (formerly EDS), with responsibility for the operations side of the MMIS implementation. In this role, she managed staff tasked with RFP requirements validation, system and operational design, gap analysis, and deliverable production, and oversaw a team of instructional design developers and trainers developing eLearning application training and online user documentation.

North Carolina Division of Medical Assistance

Karen provided business process development services as part of Computer Sciences Corporation's team for DHHS mailroom and claims resolution operations in support of the implementation of the State's MMIS.

Mississippi Division of Medicaid

Karen led the planning of the Joint Application Requirements effort for the RFP development for Mississippi's replacement MMIS. She facilitated the sessions, oversaw the requirements tracking, and participated in the RFP development.

Florida Agency for Health Care Administration

Karen led the Joint Application Requirements effort for facilitated requirements definition work sessions and assisted in the development of Florida's MMIS RFP and proposal evaluation criteria. Responsibilities included project planning, facilitation, and requirements tracking. She participated to preparing the final RFP.

Other MMIS-Related Projects

Karen assisted several MMIS vendors in preparing MMIS RFP responses for MMIS, data warehouse, and decision support systems. Her participation included requirements analysis, joint application design facilitation, requirements tracking, change management, solutions development, project schedule development, and response development. She has developed training modules and procedure manual and conducted training.

Kansas Department of Social and Rehabilitation Services

Karen served as technical project manager for Verizon's (formerly GTE Data Services) MMIS implementation contract. In this role, she oversaw all system design, coding, testing, implementation, and documentation activities to help ensure adherence to the project schedule.

Missouri Division of Family Services

As a senior systems analyst for GTE Data Services' MMIS contract with Missouri, Karen was responsible for implementation of State task requests and enhancements for the State's claims subsystem and other supporting systems, as contracted by the Division of Family Services.

FourThought Group (01/1998 to 11/2003)**Washington Department of Social and Health Services**

Karen managed the requirements definition, gap analysis, and process reengineering activities and oversaw the development of an RFP for Washington's MMIS replacement.

Missouri Department of Social Services

Karen worked with Missouri DSS and Medstat in the development of fraud and abuse detection algorithms using Medstat's Advantage Suite software.

Tennessee Bureau of TennCare

Karen managed FourThought's contract with EDS for the implementation of EDS' interchange system. In this role, she was responsible for management of requirements validation, pilot demonstrations, training needs assessment, training curriculum development, and integrated system testing activities.

Delaware Department of Social Services

Karen managed requirements definition, system design, documentation, and system testing tasks during the implementation of the EDS interchange system. In addition, she developed and conducted training for EDS business analysts on the art of system testing.

Utah Department of Health Care Financing

Karen managed FourThought's contract with Maximus to implement Utah's Medicaid Managed Care System. In this role, she oversaw requirements analysis, system design, and documentation.

CMS

Karen served as project director working with CMS on its MITA initiative. In this role, she facilitated MITA visioning sessions for state and industry participants at the 2003 MMIS conference and participated in a presentation to industry stakeholders to introduce the initiative.

Alabama Medicaid Agency

Karen managed user acceptance testing activities for the State of Alabama during EDS' MMIS implementation. She developed the user acceptance testing plan and methodology to track the status of testing activities, documented problems identified during testing, worked with EDS to resolve the issues, and coordinated the UAT results documentation to be used in the CMS certification process.

RFP Response Development

As a consultant for FourThought Group, Karen participated in the response for several large-scale MMIS procurements, analyzing requirements, developing solutions, and writing responses.

Education and Memberships

Certified Risk Management Professional®, PMI®

Certified PMP®, PMI®

Prosci® Certified Change Practitioner

Publications and Presentations

Procurements in Today's Marketplace: Procurement and Evaluation Strategies for Creative Solutions that Encourage Competition, Presentation for MESC 2014, 8/20/2014

Required Key Staff References

Reference Name	Reference Agency	Contact Information
Luz Cruz Romero, Director of Operations/Policy and Procedures Medicaid Program	Puerto Rico Department of Health	(787) 765-2929 ext. 6732 luz.cruz@salud.pr.gov
Paula Peters, Deputy Chief Information Officer	Missouri Information Technology Services Division	(537) 526-5214 paula.peters@oa.mo.gov
Don Spaulding, Manager	Flatrock Consulting, LLC	(402) 440-3058 dspauld@gmail.com



Emily McCoy, RN, BSN, PMP®

Deputy Project Manager

Emily is an experienced project manager and registered nurse with deep expertise in healthcare consulting including long-term care (LTC) and MMIS. Her clinical experience includes direct care for individuals requiring skilled and LTC services, inpatient behavioral health services, and neurological care. Emily also has over 20 years of combined program management, project management, and leadership experience for both private and public sectors, including hospitals and state HHS West Virginia Department of Health and Human Resources (DHHR).

Key Qualifications

- ✓ More than 13 years supporting and leading Medicaid projects within the West Virginia MMIS, with the last two and a half years as the West Virginia Director of MMIS Operations
- ✓ More than four years supporting and leading Medicaid policy for LTC, Pre-Admission Screening and Resident Review (PASRR), hospice, and home health programs as an employee of West Virginia BMS
- ✓ Over two years of experience leading the Transformed Medicaid Statistical Information System (T-MSIS) efforts as the West Virginia state representative, working in collaboration with CMS, various technical assistance groups, and the MMIS vendor.
- ✓ DDI experience with four large-scale MMIS implementations, in various roles, such as LTC SME, UAT lead, and project manager (West Virginia and New Jersey)
- ✓ Nearly three years of project management experience with a large-scale integrated eligibility system in West Virginia, known as People's Access To Help (PATH)
- ✓ More than 17 years of experience interacting and collaborating with federal agencies, such as CMS
- ✓ Over 15 years of experience with Minimum Data Set (MDS) coordination, including the use of MDS assessments and Resource Utilization Groups (RUGs) in Medicaid rate setting and claims processing.
- ✓ Experience leading enterprise-wide portfolio management
- ✓ Serve on the Outcomes-Based SS-A Workgroup through the Private Sector Technology Group
- ✓ Certified Project Management Professional® PMP®
- ✓ Registered Nurse, with a Bachelor's of Science in Nursing

Relevant Experience

BerryDunn (07/2016 to present)

West Virginia DHHR

- ✓ *Portfolio Coordination and Management (PCM) (11/2020 to 10/31/2021).*
Emily currently serves as the project manager for the PCM project, leading a team providing project management and support services to assist with the continued establishment of PCM processes and templates to help DHHR align and manage its projects across the enterprise. Emily's State government employment experience, coupled with her knowledge of project and portfolio management, provides a valuable perspective and ability to help the State obtain its desired outcomes.
- ✓ *Eligibility and Enrollment Implementation Assistance (01/2018 to present).*

Emily is currently a project manager within the State PMO, leading and providing oversight to various teams within the project, including requirements and design, deliverables, testing, organizational change management, and certification and compliance. Emily is able to combine her experience and knowledge of State policy, system implementations, and engaging multiple stakeholders with the unique opportunity to integrate three separate systems with the System Integrator, Optum, to improve service delivery to State citizens.

✓ ***EPMO Project (11/2019 to 10/2020).***

Emily served as the project manager for the West Virginia DHHR EPMO project, leading and providing oversight to a team of individuals assisting the State in the establishment of its own PMO. This project focused on leveraging and developing tools, templates, processes, and plans for the State to utilize as they begin to establish the PMO and focus on gaining adoption within the organization. Beginning in March 2020, the EPMO project began identifying projects across West Virginia DHHR that were impacted by the COVID-19 outbreak and started utilizing some of the project artifacts to navigate through project and program management during a PHE. This work included building upon existing vendor relationships with Optum and DXC to apply system modifications to accommodate necessary PHE actions.

New Jersey Division of Medical Assistance and Health Services – MMIS Implementation and Certification Leverage and Reuse Project (04/2017 to 01/2018).

Emily managed the BerryDunn Medicaid testing team, in collaboration with the New Jersey Implementation Team Organization (ITO), for the Replacement MMIS (R-MMIS) through the system vendor, Molina Medicaid Solutions. She applied her five years of testing experience with the West Virginia MMIS to the implementation of the New Jersey R-MMIS. Emily assisted the New Jersey ITO with activities, such as end-to-end testing management plans, test case scenario development, test case and test result review processes, and UAT planning and execution.

Henrico County, VA – Henrico Area Mental Health and Development Services (HAMHDS) Electronic Health Records (EHR) System Consulting (08/2016 to 04/2017).

Emily was a key resource on BerryDunn's team to provide HAMHDS with planning and procurement support for its EHR system, which incorporated behavioral and mental health, and substance abuse services. The work included requirements development, RFP development, and system selection.

West Virginia DHHR Office of Management Information Services (11/2013 to 06/2016)

Emily served as the director of the MMIS for West Virginia with overall duties involving the oversight and management of the MMIS and the contracted fiscal agent. In this role, she was responsible for managing several projects that were integrated into the MMIS. Specific duties as the director of MMIS included:

- ✓ Interpreting regulatory policy to determine possible impacts to the MMIS and other systems
- ✓ Monitoring system performance against Medicaid policies and federal regulations for compliance and reimbursement
- ✓ Overseeing and managing multiple federal regulations within the MMIS, such as 5010/D.0 Transaction Standards, ICD-10, MITA, and T-MSIS
- ✓ Participating in CMS Pilot Certification gate-level reviews with CMS representatives, including presenting system evidence to meet MITA 3.0 requirements
- ✓ Participating in the development and review of the MMIS RFP
- ✓ Participating in the development and updates of various APDs, as well as seeing these documents through to approved status with CMS
- ✓ Overseeing and managing the Adult Medicaid Quality Grant
- ✓ Managing and participating in an MMIS implementation from RFP development through

implementation, as well as post-implementation monitoring and defect resolution

West Virginia BMS (01/2003 to 10/2013)

- ✓ *Program Manager I, MMIS (01/2007 to 10/2013)*
Emily served as the manager of operations with the MMIS for West Virginia, and the liaison with the MMIS vendor, Molina Medicaid Solutions. Overall duties involved multiple areas of the system, including claims processing, member management, provider management, and change management. She also acted as a SME in various areas of Medicaid systems, including LTC, hospice, home health, and Payment Error Rate Measurement audits.
- ✓ *Program Manager II, Office of Behavioral and Alternative Health Care (01/2005 to 12/31/2006)*
Emily served as the manager of the State Medicaid LTC Program with overall duties involving the development, implementation, and supervision of the following programs: nursing facilities, hospice, hospice in nursing facilities, home health, PASRR Level II, and Nurse Aide Training and Competency Evaluation. Specific duties involved with the above-mentioned programs included interpreting regulatory policy for reimbursement, monitoring provider compliance with Medicaid policies for reimbursement, and providing formal and informal education to providers regarding State Medicaid policies and reimbursement.
- ✓ *Health & Human Resource Specialist, Office of Behavioral and Alternative Health Care (01/2003 to 12/2004)*
Emily served in the State Medicaid Long-Term Care Program as the LTC Unit Lead with overall duties involving the supervision and oversight of claims processing for nursing facility reimbursement. Her duties included providing direct communication with the nursing facility provider network regarding reimbursement issues related to the MDS, billing, and medical eligibility.

Charleston Area Medical Center (07/1996 to 12/2002).

Transitional Care Unit (05/1999 to 12/2002)

- ✓ *Clinical Management Coordinator*
Emily served in a hospital-based skilled nursing unit with overall duties involving the management of nursing and ancillary staff, as well as assisting in program administration to maintain compliance with federal LTC regulations.
- ✓ *MDS Coordinator*
Emily served in a hospital-based skilled nursing unit with overall duties involving the coordination of the federally mandated Resident Assessment Instrument process.
- ✓ *Clinical Nurse II*
Emily served in a 19-bed skilled nursing unit with overall duties involving the advocacy of residents while providing direct resident care. The focus was to provide quality, holistic skilled care to residents while complying with federal LTC certification requirements.

Neuroscience Unit (01/1998 to 05/1999)

As a Clinical Nurse II, Emily served on a neuroscience unit with overall duties involving the advocacy of patients while providing direct patient care to individuals with neurological conditions. Specific duties included:

- ✓ Performing various nursing duties including, preventing and/or managing altered skin integrity with patients experiencing compromised mobility as well as providing tracheostomy, gastric tube, central line, and ventilator care
- ✓ Performing duties of the temporary charge nurse, including the supervision of staff providing direct patient care, and monitoring staffing patterns based on the Medicus system

recommendations

- ✓ Serving as a representative on the Standards and Practice Council and Procedures sub-committee
- ✓ Providing formal and informal education as the unit continuous analgesia device pump instructor and RN preceptor
- ✓ Serving as the study coordinator for Nursing Process Quality Improvement with an additional focus placed on the study of pain management in neurological patients

Behavioral Health Unit (07/1996 to 01/1998)

Emily began her nursing career on the Behavioral Health Unit, with overall duties involving the advocacy of patients while providing direct patient care to individuals with mental illness.

Education and Certifications

BS, Nursing, Marshall University

Registered Nurse

Certified PMP®, PMI®

Publications and Presentations

Blog: "The 1, 2, 3's of establishing your Project Management Office priorities." (published September 21, 2020)

Representative Resume: Project Coordinator

We are including a representative resume of the program coordinator that will be assigned to the Medicaid enterprise improvement projects.

The Program Coordinator focuses on providing project coordination and project management support, research, and facilitation. They bring more than 25 years of senior-level office management experience, and over 6 years of project management and analysis services to Medicaid clients, including over 2 years in a large Missouri MMIS healthcare application and 4 years in a MEDES healthcare application.

Key Qualifications

- ✓ 25+ years of senior-level office management experience in education, insurance, and health and human services
- ✓ 4 years in a large MEDES Integrated Eligibility (Cúram) solution
- ✓ 2 years in a large Missouri MMIS healthcare application setting

Relevant Experience

ECCO Select (12/2017 to present)

MO HealthNet Division – Missouri Medicaid Enterprise PMO (12/2017 to present)

They serve as the project coordinator for the Missouri Medicaid Enterprise PMO and the BIS-EDW project. They assist the project manager on a team that assesses project health, reviews project deliverables, evaluates and edits vendor management plans, reviews IV&V progress reports, assists in identifying potential risks and issues, manages the document repository, records meeting minutes, and writes the project's MME PMO Weekly Status Report.

Briljent, LLC – (05/2016 to 12/2017)

Division of Family Services – MEDES PMO

They served as the project management analyst on the MEDES project for the PMO, where they were accountable for schedule management, recording meeting minutes, decisions, action items, and risks and issues for the project. They provided oversight and management of the project's document repository. Prior to this position, they served as the project coordinator responsible for assisting the project manager in all phases of the project oversight.

ENTAP, Inc. (12/2015 to 05/2016)

Division of Family Services – MEDES PMO

They worked as a project coordinator on the MEDES project.

EngagePoint, Inc. (07/2013 to 07/2015)

Division of Family Services – MEDES PMO

They held multiple positions with EngagePoint. As a senior project specialist, they provided leadership and guidance in the project's implementation and maintenance to include recruiting and resource onboarding, facilities management, security setup, vendor maintenance, and timesheet reporting. They controlled, managed, and approved all resource onboarding for the MEDES project.

Missouri Employers Mutual (MEM) (06/2008 to 01/2013)

They provided high-level support for two senior-level executives during their five years at MEM, along with managing committee assignments and organizational goals and objectives.

University of Missouri – Columbia (01/2007 to 06/2008)

They provided high-level support for the Art Department chairman in managing schedules, the department's budget, and staff timekeeping. They assisted in developing the department's classes and scheduling teaching assistants, and they supervised three staff.

US House of Representatives – MO Congressman Kenny Hulshof (11/2004 to 06/2006)

They managed the Washington, D.C., office of Congressman Kenny Hulshof, where they coordinated all schedules for the congressional representative and the D.C. office legislative staff. They managed the office correspondence, budget allocation, travel arrangements, and staff payroll.

Boone Hospital Center – Boone Hospital Foundation (06/2002 to 11/2004)

They provided high-level support for the Boone Hospital Foundation director to manage the organization's goals and objectives. They provided accountant maintenance, organized and managed direct mail campaigns, fundraising objectives, and managed the Boone Hospital Foundation Board meetings and assignments.

University of Missouri – Columbia**School of Medicine (12/1999 to 04/2002)**

They provided high-level support for the dean of the School of Medicine and assisted in managing the office, travel arrangements and expense reports, and hospital committee assignments.

College of Arts and Science (04/1992 to 06/1999)

They provided high-level support for the Executive Director of Advancement and managed the college's fundraising goals and objectives. They provided account management, direct mail campaigns, special event's planning, management, and event wrap-up for the 31 departments within the organization.

Education and Memberships

BGS, University of Missouri – Columbia

Registered Work Comp Specialist



Naveen Madappa Halli, MS

IV&V Lead

Naveen is a results-oriented, energetic, hands-on professional with over seven years of experience in healthcare modernization projects implementing IBM®'s Cúram product. His work has included supporting eligibility and enrollment systems in multiple states. Naveen provided Cúram with subject matter expertise and training during his project work for

Minnesota DHS and Nebraska DHHS. Since January 2020, Naveen has been part of BerryDunn's IV&V project team that is supporting the implementation of the Missouri MEDES system.

Key Qualifications

- ✓ Certified Cúram Business Process Analyst
- ✓ 7 years of experience with HHS agencies
- ✓ 7 years of experience working with Cúram

Relevant Experience

Missouri Department of Social Services – MEDES IV&V Services (01/2020 to present)

Naveen serves as an IV&V analyst for this critical DSS modernization project. In this role, he assesses project health, reviews project deliverables, evaluates system name progress against CMS' MEET requirements, produces IV&V progress reports, identifies potential risks and issues, and offers recommendations for mitigation. Naveen is currently leading the Supplemental Nutrition Assistance Program (SNAP) efforts.

Minnesota DHS – (06/2018 to 12/2019)

Naveen served as the business analyst for Defect Management and Operation and Maintenance of Minnesota's modern eligibility and enrollment system implementation that used Cúram. In this role, he also led the efforts for creating "as-is" documents of the current system. Naveen was also part of EDI 834 for enrollment implementations to standardize the data files that were sent to different carriers. In addition, he provided much-needed Cúram expertise to the team and helped to train his colleagues in using Cúram's functionalities.

P.F. Chang's – (04/2017 to 05/2018)

Naveen worked as a data analyst for P.F. Chang's configuration of NCR's back-office tool for recipes and vendor management. He was part of integrating with multiple vendors for ordering products. In addition, Naveen was responsible for establishing and monitoring service level agreements, communication protocols with data suppliers, and data quality assurance policies.

D2Sol, State of Nebraska DHHS – (09/2014 to 02/2018)

Naveen served as a business analyst for the modernization of Nebraska's Eligibility and Enrollment known as NTRAC (Nebraska's Timely, Responsive, Accurate, Customer service) implementing IBM® Cúram product for the government social benefits programs. He worked on Application Intake, Evidence Management, Change in Circumstances, Case Management, Eligibility Determination, etc. He has experience gathering requirements and writing functional documents and using case documents. Naveen worked with Nebraska to understand the business processes and aligned those with the Cúram Software business. He also conducted a fit-gap for some of the business process when compared to the Cúram software. In addition, Naveen was part of demonstrating various Cúram functionalities to the Nebraska state personnel and training state employees in Cúram.

Education and Memberships

MS in IT Management, Campbellsville University, KY

MS, Oklahoma State University, United States

BS, Electronics and Computer Engineering, VTU, India

IBM® Certified Associate Business Process Analyst

Required Key Staff References

Reference Name	Reference Agency	Contact Information
Shweta Gavai, Business Analyst	Nebraska Department of Health and Human Services, NTRAC	(405) 443-5646 shwetagavai@gmail.com
Don Ortega, Lead	Minnesota Department of Human Services	(651) 214-4371 don.ortega86@gmail.com
Elisa Claire, Business Analyst	Nebraska Department of Health and Human Services, NTRAC	(402) 730-0882 claire_sahar@yahoo.com



Jodie Earney, PMP®, Prosci® CCP Additional IV&V Lead

Jodie is a project management professional with experience in the agile, waterfall, scrum, and ICONIX methodologies. She has 20 years of hands-on experience and is proficient in assisting with systems analysis, implementation oversight, and federal standards compliance. Her experience includes several years working with the State of Missouri – including providing IV&V services to support the success of Missouri’s MEDES implementation.

Key Qualifications

- ✓ Over 20 years of HHS project experience
- ✓ Experience providing IV&V services to support the implementation of an IES
- ✓ Certified PMP®
- ✓ Experience utilizing the MEET to support project objectives

Relevant Experience

BerryDunn (08/2017 to present)

Missouri Department of Social Services –MEDES IV&V Services (08/2017 to present).

Jodie is a certified PMP® for BerryDunn’s IV&V team for Missouri MEDES. She serves as the project manager, leading the team in assessment of the MEDES project health, evaluating MEDES progress against CMS’ MEET requirements, reviewing project artifacts, producing IV&V progress reports, identifying potential risks and issues, and offering recommendations for mitigation.

RKV Technologies (07/2008 to 08/2017)

As a senior business analyst, Jodie has extensive analyst experience throughout the SDLC. She worked to facilitate user requirements meetings with SMEs, perform gap analysis and create domain modeling, and develop and document business requirements, use cases, and process workflow diagrams. Her experience also included collaborating with development teams to design solutions, creating user interface design specifications, reviewing database mapping/documentation, performing system testing to validate that functionality meets requirement criteria, and providing client training sessions during the entire development life cycle.

Projects Jodie worked on while with RKV Technologies include:

Missouri Department of Health and Senior Services

As a senior business analyst, Jodie performed business process analysis for Human Immunodeficiency Virus Surveillance business processes. She created process diagrams for the current business process and identified efficiency gaps and areas for improvement.

Missouri Department of Corrections

Jodie performed business analysis, executed agile project development, and implemented the following projects within the web-based application Missouri Corrections Integrated Systems (MOCIS): offender finance, housing, discipline, classification, release/discharge/probation, and parole board, intake and intake II, and assessments.

Alaska Department of Corrections

In the lead analyst role, Jodie performed business analysis for Senate Bill 91 implementing Pre-Trial and Earned Credit Compliance processing of offender time calculations. The full development life cycle was executed using agile project methodology.

Infocrossing, a Wipro company (12/1994 to 07/2008)

Jodie was a business information analyst for the Fiscal Agent for MO HealthNet. Her major responsibilities included working with the business customer to gather, interpret, and clarify business requirements to enhance the MMIS mainframe and open systems products. She also researched existing production and claims processing issues, assisted technical staff in developing solutions to make a more efficient application for claims processing to increase customer satisfaction, documented all changes made to the MMIS mainframe and open systems as a result of state task requests or enhancements, and tracked requirements using IBM® Rational RequisitePro. In assisting PM with defining project release scope, she was responsible for communicating between the development teams and the customer, participating in the planning and execution of unit and integration testing, facilitating system testing, coordinating defect resolution processes and user acceptance testing, managing the movement of code through quality assurance and pre-production environments, and assisting the quality assurance teams with regression test definition, updates, and development.

Projects included:

- ✓ MO HealthNet Integration of Web-Based Systems – upgrade the existing web applications and consolidate access via one centralized web portal
- ✓ MO HealthNet Medicare Part C Implementation – implement the acceptance, payment, and denial of Medicare Part C claims
- ✓ Managed Care Liaison – coordinate encounter claims submission and eligibility verification process
- ✓ ANSI X-12 Conversion Process – convert from proprietary to HIPAA-compliant electronic transmission formats
- ✓ National Provider Identifier Conversion – convert Missouri Medicaid providers from proprietary to standardized National Provider Identifiers

Prior to serving as a business information analyst, she also served as a technical administrative support analyst and drug rebate specialist. Her duties in those positions included providing operational and technical support for Missouri Medicaid providers for electronic claims processing and working to help ensure that the Missouri Medicaid providers developed software transactions that followed proprietary and HIPAA-compliant standards and guidelines, which included NCPDP and ASCI X12 Version 4010A1 997, 837, 835, 270/271, and 276/277 transactions. She served as a liaison for Managed Care between providers and Missouri Medicaid, investigating encounter claim processing and claim rejection issues directly with the Managed Care Health Plans, and validated Missouri Medicaid pharmacy claims pending drug rebate reimbursement by contacting participating pharmacy providers.

St. Mary's Health Center (08/1990 to 12/1994)

As an inpatient pharmacy IV technician, Jodie was responsible for preparing medications as ordered by physicians for in-house patients, including all intravenous medications. In addition, she processed charges, adjustments, and billing for medications dispensed.

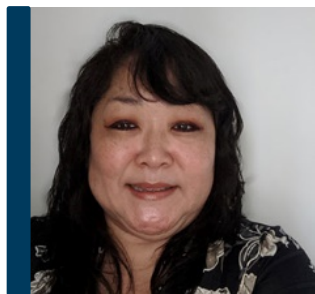
Education and Memberships

BBA, Columbia College

Medicaid Learning Center Certified Medicaid Professional

Certified PMP®, PMI®

Prosci® Certified Change Practitioner



Gayle Fowler, MBA

IV&V Business/Test Analyst

Gayle is an experienced analyst with more than 15 years of project management experience, including business/systems analysis, data flow, process mapping, business process improvement, testing, quality management, audits, and verification and validation. She has worked with various agencies to provide expertise on public assistance programs, state-specific guidelines and regulations, and IV&V services.

Key Qualifications

- ✓ 11+ years of state government program administration and system administration including MMIS and eligibility and enrollment Systems
- ✓ Conducted IV&V, including QA, UAT, and defect analysis
- ✓ Performed IV&V for eligibility and enrollment Systems and MMIS for the States of Colorado and Wyoming
- ✓ Participated in MITA SS-A for various states

Relevant Experience

S2Tech (04/2021 to present)

As IV&V QA Manager, Gayle provides IV&V support through a subcontract for the Virginia Department of Medical Assistance Services (DMAS) MMIS system upgrade project. She utilizes her experience with Medicaid eligibility and enrollment, claims and appeals processes, in-depth Medicaid and state Children's Health Insurance Program policy knowledge, and IV&V/MITA/audit experience at the state and federal levels. She manages the issue tracker, client relations, and shares CMS expectations from prior engagements. She also assists DMAS in defining what is needed to meet the assessment review criteria to help ensure a streamlined review process and approval by CMS.

Independent Contractor (09/2015 to 04/2021)

Gayle worked as an independent consultant for public assistance programs (Medicaid, SHIP, SNAP, Temporary Assistance for Needy Families (TANF), etc.) in numerous states. She also acted as a SME in system implementations such as eligibility and enrollment, MMIS and enrollment broker projects, and in State government processes, policies, and client interaction for Colorado and Wyoming.

Cognosante, Health Data, and Communications (07/2015 to 09/2015)

Gayle acted as a temporary manager for consumer services to assist with building relationships in Colorado, identify potential opportunities, and respond to RFPs. She provided Colorado-specific Medicaid and Child Health Plan Plus program knowledge, in addition to federal regulations, and participated in public meetings to broaden the Colorado-specific knowledge of the health insurance enrollment and outreach process

Public Knowledge (07/2013 to 09/2014)

As a management consultant, Gayle:

- ✓ Performed IV&V, including Quality Assurance, UAT, and defect analysis
- ✓ Worked on projects for MMIS IV&V for eligibility and enrollment systems and MMIS
- ✓ Participated in MITA SS-A
- ✓ Conducted Medicaid rule revisions, business, and data analysis, and participated in proposal

submissions and evaluations

MAXIMUS (01/2011 to 05/2013)

Gayle was an account manager and project director/business manager in charge of managing the internal application tracking system's change request process, initiating system change, and generating reports that included conducting data analysis and validation using Cognos. She identified trends, implemented business/operations process improvements, and coordinated staff performance plans, reviews, and personnel actions for the management team.

State of Colorado, Department of Health Care Policy and Financing (01/2004 to 01/2011)

Gayle worked in the department as a project manager, CBS management liaison, eligibility operations section manager, eligibility section manager, and Medicaid eligibility specialist. She was the department representative on systems-related business requirements sessions and compliance monitoring and was the point of contact for the State Attorney General's Office and Governor's Office regarding the Colorado Benefits Management System (CBMS) and MMIS claims issues for Medicaid and State Health Insurance Assistance Programs (SHIP). She acted as a lead analyst on proposed legislation and its effect on the eligibility and enrollment determination process and compliance of Medicaid state and federal rules and regulations and initiated State Plan Amendment changes and state statute rule changes/additions.

State of Colorado, Department of Human Services (06/2002 to 01/2004)

As UAT tester for a CBMS project, Gayle managed the data advanced testing schedule and testers, created and maintained testing forecasts, tracked results, and an internal production schedule, and trained new workers, policy personnel, and subject matter experts on the use of the CBMS application as well as county workers on reading scenarios, scripts, and test execution. She also researched, reported, and monitored application, business process, and eligibility rules defects.

Education and Certifications

Bachelor of Business Administration, University of Hawaii

Master of Business Administration, Regis University

Required Key Staff References

Reference Name	Reference Agency	Contact Information
Liz Wenzel, Senior Production Designer	Voyager Sopris Learning	(720) 224-9967 liz.wenzel@voyagersopris.com
Donna Kellow, Audit Division Director	Colorado Department of Health Care Policy and Financing	(303) 866-3676 donna.kellow@state.co.us
Lisa Douglas, former Deputy Director	Colorado Department of Health Care Policy and Financing	(303) 246-8561 lisamemsn@gmail.com



Todd Meyer, PMP®
IV&V Business/Test Analyst

Todd has over 30 years of experience in bringing state, federal, and private-sector partners together to collaborate on important initiatives. Over the past five years, Todd has focused on the procurement and implementation of large projects for the State of Missouri. He also has extensive experience managing information systems operations and overseeing large-scale computer system implementations to put these policies into action. Todd uses this unique combination of experiences to serve the needs of state governments and the beneficiaries of these services.

Key Qualifications

- ✓ Over 30 years of project experience in health and human services
- ✓ Over 5 years of procurement and implementation projects for the State of Missouri
- ✓ Extensive experience providing management of information systems operations and overseeing large scale computer system implementations
- ✓ Certified Project Management Professional®

Relevant Experience

BerryDunn (anticipated start date 10/2021)

Todd has accepted a contingent offer and will be a senior consultant in BerryDunn's Consulting Teams' Medicaid Practice Group.

Missouri DSS (07/2019 to 11/2020)

Todd served as the lead project manager for the DSS' PI Solution Implementation project. He provided clear direction and oversight to the team, which included State subject matter experts, PMO staff, implementation vendor staff, and the IV&V vendor. He was accountable for the development of the project deliverables and the identification and management of the project's risks and issues. His leadership guided the team to a successful implementation of the project, while his communication skills with the stakeholders helped ensure that the team received the support needed to maintain the schedule and adhered to budget constraints.

Missouri Office of Administration (06/2017 to 06/2019)

Todd served as the MMIS project oversight director for the Missouri Office of Administration, where he was responsible for the oversight, monitoring, and management of all major projects for the State's Medicaid Enterprise. He provided strategic direction to the State agencies seeking to improve their programs through technology. Todd provided guidance to project teams throughout each project, including assessing the needs of the program, budget development, contracting, and implementation activities. He was responsible for establishing data governance and change management processes for the projects and the approval of all Change Requests, schedule base lines, and risks and issues.

Missouri DSS (08/2013 to 05/2017)

Todd worked as a project manager for MMIS procurements and project implementations for the Missouri HealthNet Division. He expanded his knowledge during his time in this position, researching new health information technology, MMIS requirements, and CMS rules and regulations, along with new guidance issued related to healthcare initiatives to provide direction to project teams in the development of solutions.

Todd led procurement strategy discussions with executive staff and delivered presentations during the Executive Steering Committee meetings to determine the direction and priorities of the State's Medicaid Enterprise. He was responsible for facilitating information-gathering meetings with SMEs to capture business processes and document contract requirements for the MMIS modules. During his time in this position, he drafted RFP/contract, project assessment quotation, and APD language related to these procurements. He was also responsible for the oversight and management of all activities related to the MITA SS-As performed in Missouri and served as the CMS MITA contact person for the department.

Missouri DSS (10/1989 to 07/2013)

Todd held multiple positions within the State Medicaid Enterprise. As the deputy director of Information Systems, he provided leadership and oversight of the MMIS and the fiscal agent vendors contracted to operate these systems. He was responsible for the direct supervision of the MMIS Unit to help ensure system functionality remained aligned with changing business needs. He provided decisions to technical staff on operational issues and guidance on allocation of resources across the projects and monitored contractor compliance with SLAs across the full spectrum of the vendor contracts, along with the review and approval of invoices to determine that all requirements had been met before authorizing payment. He was also responsible for developing the annual spending plans.

Todd managed several reengineering and large-scale implementations of the MMIS. He worked with the Office of Administration (Purchasing) through the procurement process of RFP release, bid conference, proposal reviews, BAFO's and awards. He also directly managed the Project life cycle, covering the processes to initiate, plan, execute, monitor, control, and close the projects. Todd worked on the department task force to develop the policies concerning HIPAA Privacy and Security plans, along with supervision of the security and privacy officer.

Education and Memberships

BS, Accounting, Lincoln University of Missouri

Certified PMP®, PMI®

Former chair of the National Medicaid Enterprise Hub (NMEHub)

Former president of the Missouri Strategic National Implementation Process, an affiliate/regional entity of the Workgroup EDI

Publications and Presentations

Using the NMEHub for Collaborative Information Sharing, presentation for MESC conference in 2017; co-presenters Susan Goldsmith (CSG), Klaus Gross-Galindo (CSG) 4/10/2014

Required Key Staff References

Reference Name	Reference Agency	Contact Information
Dale Carr, Medicaid Audit and Compliance Director	Missouri Department of Social Services	(573) 751-5296 Dale.Carr@dss.mo.gov
Darin Hackmann, Chief Information Officer	Missouri Department of Social Services	(573) 751-7996 Darin.M.Hackann@dss.mo.gov
Tisha McGowan, PM Officer	Missouri Department of Social Services	(573) 522-4294 Tisha.A.McGowan@dss.mo.gov



Carolyn Weber, CPC

IV&V Technical Analyst/Architect

Carolyn is an accomplished senior-level professional with experience focused on providing project management, business analysis, data governance, vendor management and deliverable oversight services in the software development industry. This includes all aspects of project management principles, including process modeling, usability testing, extensive formal documentation, and post-production support. She provides a solid knowledge base of reengineering business processes, managing conversion efforts, and human resource management. This experience includes many initiatives in both public and private industries

Key Qualifications

- ✓ Familiar with PM methodologies such as PMI®/ PMBOK® Guide, Agile-Waterfall hybrid, Business Process Reengineering – using Michael Hammer, Prosci® Change Management, Human Factor Usability Studies
- ✓ Over 20 years' experience with systems development, IT, and project management
- ✓ Demonstrated experience in business application and analysis, systems design and development, attestation/regulatory compliance, information management, data security, BPR, strategic planning, and state government consulting

Relevant Experience

BerryDunn (07/2020 to present)

Missouri Department of Social Services – MoHealthNet PM Services for Data Warehouse and CMS Certification Initiatives (07/2020 to present)

Carolyn serves as a business consultant on formal test plan and certification management plan development. She provides oversight for testing execution and defect management as well as vendor oversight for the Data Warehouse with emphasis on managing contract requirements and CMS attestation planning, and tracking

Tenet HealthCare (06/2019 to present)

Carolyn works as an IT regulatory specialist to provide regulatory and quality services for corporate healthcare system with 65 acute and specialty hospitals to include HL7 interface monitoring, management of EHR platform upgrades, impact assessment of federal and state regulations, leading Security Risk Assessment group, and managing annual CMS Attestation effort for acute care hospitals in nine states.

BerryDunn (06/2017 to 05/2019)

MoHealthNet –PM services for DW and PI CMS Certification Initiative

Carolyn served as a business consultant on the project involving startup of a DSS PMO to include development of policies and formal plans for use by DSS and vendors. She provided vendor oversight for the DW and PI projects with emphasis on managing contract requirements and CMS attestation planning, and tracking.

Missouri DSS, FSD – Eligibility CMS Certification Initiative

Carolyn provided management and analysis services to support achieving successful CMS Certification for the new MEDES application. Primary activities included identifying applicable CMS certification criteria and developing potential evidence to support CMS Milestone reviews.

Semco (03/2016 to 06/2017)

Carolyn worked as a senior systems analyst on OCM using Business Process Improvement (BPI) and development of automated workflows and management dashboards for multiple processes supporting quote to manufacturing to accounts receivable for heating and cooling systems and custom ductwork. She also worked with payroll system conversion and implementation which required management of team and vendor throughout full SDLC, conversion, and process redesign.

Rose International (08/2003 to 03/2016)

Carolyn served as project manager and/or business analyst on numerous projects for the State of Missouri, including:

- ✓ MEDES Modernization (01/2014 to 06/2014)
- ✓ Missouri ISS Interoperability Project (06/2013 to 01/2014)
- ✓ Missouri Child Care Delphi Rewrite Project (08/2012 to 06/2013)
- ✓ Missouri Electronic Health Information Exchange Project (11/2010 to 07/2012)
- ✓ Missouri Electronic Document Management System (09/2007 to 11/2008)
- ✓ Missouri.NET Web Development (07/2007 to 10/2007)
- ✓ Missouri Internet and Intranet Web Development Project (02/2007 to 05/2007)
- ✓ Missouri System Selection for the Department of Senior Services (11/2004 to 10/2005)
- ✓ Missouri Business Process Reengineering for the Women, Infants and Children Program (08/2003 to 03/2004)

Other Relevant Experience (01/1996 to 08/2003)

From 1996 to 2003, Carolyn served as a business analyst and implementation consultant for several systems development projects for private sector companies in Missouri, which contributes to her knowledge of IT project management and implementation support services.

Education and Memberships

Associate's Degree, Computer Information System

Required Key Staff References

Reference Name	Reference Agency	Contact Information
Tisha McGowan, PM Officer	Missouri Department of Social Services	(573) 522-4294 Tisha.A.McGowan@dss.mo.gov
Paula Peters, Deputy Chief Information Officer	Missouri Department of Social Services, Family Support Division	(573) 526-5214 paula.peters@oa.mo.gov
Jo Ann Harbison, Client Services Manager	Missouri Department of Health and Senior Services	(573) 526-2706 joann.harbison@oa.mo.gov



Kari Bruns

CMS/MITA Analyst

Kari is an accomplished business analyst in BerryDunn's Consulting Services team's Medicaid Practice Group. She has 15 years of Missouri Medicaid experience. She is currently the lead Business Analyst on the Missouri Medicaid EVV implementation project. Kari is leading multiple work streams including CMS OBC Certification efforts. She has comprehensive knowledge in all phases of SDLC and she adheres to industry best standards in all areas of her work. Kari has exceptional interpersonal skills that gain the confidence and respect of the client and the team.

Key Qualifications

- ✓ Thirteen years of business analyst experience working in Agile, Waterfall, Scrum, and other hybrid SDLC methodologies
- ✓ Extensive MECT and OBC experience from assisting Missouri Medicaid Agencies
- ✓ Extensive experience in gathering, managing and documenting business and functional requirements
- ✓ Excellent facilitation skills in conducting status meetings, work groups, interviews and requirement facilitation
- ✓ Proven ability to conduct SIT and UAT as well as proficiently document test cases
- ✓ Well versed in a variety of management scenarios: Change Control, QA and Risk Management
- ✓ Strong analytical ability to understand, visualize and analyze problems to assist in decision making

Relevant Experience

BerryDunn (11/2019 to present)

Missouri DSS

- ✓ *MME PMO Engagement (11/2019 to present)*
- ✓ *EVV Implementation (06/2021-present)*

Kari is the lead business analyst assisting DSS with the implementation of their overall EVV solution. She is currently leading five work streams, including the CMS OBC certification efforts.
- ✓ *Missouri Medicaid Audit and Compliance Unit (MMAC) PI Solution Implementation (11/2019 to 06/2021)*

As certification lead, Kari assisted MMAC on process, strategies, and required artifacts in order to achieve federal certification through CMS for enhanced federal matching funds for the State's PI operations. Other responsibilities included providing alignment analysis to help ensure requirements align with the Medicaid Enterprise Certification Toolkit Checklist criteria, and managing the process leading to certification for each release. Prior to the R2 certification milestone review, CMS asked MMAC to pilot a new SMC approach. Kari was able to quickly adapt to this change and successfully lead the team through its operational readiness review and certification review.

RKV Technologies, Inc. (11/2009 to 11/2019)

From November 2013 to November 2019, Kari served as a Proposal and Technical Writer.

- ✓ Responsible for discussing and collaborating recommendations with the proposal management team

- ✓ Summarized the nature of the opportunity and the business issues the potential client would be facing
- ✓ Assisted with writing proposals and related documents with a focus on mitigating risk and ensuring accuracy, quality, clarity, and consistency
- ✓ Maintained frequent and consistent communication with the Proposal Management Team, and interested parties as needed, to comply with and respond to RFP requirements

During her tenure with RKV Technologies, from November 2009 to November 2019, Kari served as a Senior Business Analyst leading multiple projects.

- ✓ Facilitated user requirements meetings, interviews and joint application development (JAD) sessions with subject matter experts and other key stakeholders
- ✓ Performed gap analysis and creating 'as is' and 'to be' process flows
- ✓ Developed business requirements and use cases
- ✓ Collaborated with development team to design solutions
- ✓ Created user interface design specifications
- ✓ Performed system testing
- ✓ Supported user's through user acceptance testing
- ✓ Managed system and user acceptance testing defects
- ✓ Created training documentation for the end users and facilitated training sessions
- ✓ Reported weekly project status to executive staff
- ✓ Shared and maintained knowledge of the industry's best practices
- ✓ Established strong relationships with all project team members and customer stakeholders

RKV In-House Development Project – *Convaye Transport Management Application (2018 to 2019).*

In the fall of 2017, RKV was presented with a business need for sheriff's departments in the State of Missouri to be able to collaborate in the scheduling of detainee transports from county to county. To satisfy this business need, RKV developed Convaye. This application provides participating counties the ability to schedule and manage detainee transports. Convaye also allows participating counties the ability to participate in ride sharing of detainees from county to county to eliminate costly expenses such as overtime, gas, mileage and wear and tear of transport vehicles. Convaye is a cloud-based web application which uses HERE maps for its route generation/tracking capabilities.

Alaska Department of Corrections – *SB91 Crime Bill (2016 to 2018).*

The purpose of the project was to identify and implement necessary system enhancements to Alaska's offender management system so the State could comply with SB91 laws which are effective January 1, 2017. A few of the major system enhancements included the creation of the Earned Compliance Credit Calculation (ECC) Listing/Details; Earned Compliance Credit Override, a monthly batch job to calculate ECC credits, Parole Time Listing, Restitution/Fines/ Payments, Community Work Service, Sanctions as well as enhancements to the current CTAR system used to calculate the offenders sentences. In addition to the above-mentioned system enhancements, a new Pretrial module was created and implemented to support the addition of the Pretrial Enforcement Division.

Missouri Department of Corrections (MODOC) – (2009 to 2016)

- ✓ *MODOC Interfaces with Missouri State Highway Patrol (MSHP)*
The purpose of the project was to modernize two of the existing interfaces between MODOC and MSHP. These interfaces will be developed to use MOCIS data instead of legacy OPII data and written using java-based logic instead of RPG. The interfaces include the Criminal History Interface to MSHP and the interface between MSHP MULES and MODOC P&P Health

Information Technology System.

✓ *Oversight Management Plans*

MOCIS will replace the department's existing OPII system. The development of MOCIS involves several smaller projects, including Transition Accountability Plan (TAP), a nationwide initiative adopted by Missouri to allow offenders to work on problems identified by assessment scores and other relevant MOCIS data. The scope of the project was to create an application that would allow authorized users to manage all aspects of an offender's TAP including the plan, goals, activities and the ability to schedule reviews.

✓ *MOCIS Enhancements*

Implement enhancements to current MOCIS applications that were identified during or after prior MOCIS projects, such as Site Map, Main Menu, Institutional, Probation and Parole Offender Profiles and creating the frame work for the Reports Tab.

✓ *FTrack*

FTrack is a module designed to track and manage offenders, while allowing staff to access detailed information about offenders. The scope of FTrack includes developing Staff Desktops, Violation Reports, DOC Warrants, Case Notes, Staff Alerts, Investigations, Criminal History, Toxicology, Offender Summary and various reports vital to the successful management of the offenders.

✓ *Offender Finance Roadmap and Recommendation*

An analysis was completed of the MODOC Inmate Banking system and a cost estimate and roadmap document was provided which captured information gathered during JAD sessions regarding the processes and functionalities of the current Inmate Banking system. Based on the information gathered regarding the current system and inefficiencies, recommendations were provided in an effort to modernize, upgrade, and integrate the existing Inmate Banking system into the MOCIS application.

✓ *Offender Finance Chart of Accounts*

Chart of Accounts was the first step in an effort to modernize and integrate the existing Inmate Banking system into the MOCIS application. The scope of the project was to create an application that would conform to current accounting practices as well as providing the ability to create Accounts, define the Chart of Account structure, Account Search, Account Summary, create Transaction Types, Fund Types, and Account Categories.

✓ *Offender Finance Deposit Processing*

The Deposit Processing module was designed to accept and process incoming deposit transactions while processing against user defined processing rules. Additional functionality included the ability to create Restrictions on transactions.

✓ *Offender Finance Payroll*

The Payroll module was designed to allow Institutional staff the ability to create a timesheet for reporting and processing an offender's time worked. Payroll Timesheets are systemically generated based on the offender's work assignments. Payroll Timesheets are grouped in a batch and run once a month on a scheduler. During the batch process, a payroll deposit is made to the offenders account as well as systematically deducting mandatory savings requirements and processing debt rules.

✓ *Offender Finance Interfaces (OFS)*

The purpose of the Interfaces module was to allow the exchange of data between the offender finance system and other internal and external computer systems which are is critical to the operation and productivity of OFS. Some interfaces are real-time data exchanges, but most consist of batch files that are processed during nightly processing. Most of the batch file

interfaces are performed via File Transfer Protocol. The data exchange is initiated by OFS due to security requirements

✓ ***Offender Finance Intervention Fees***

The purpose of the Intervention Fees module was to allow the integration of Offender Finance and the existing MOCIS Intervention Fees into one comprehensive Intervention Fee management system for Probation and Parole staff as well as Offender Finance staff. A monthly fee is charged to offenders who are being supervised on Probation and/or Parole. Probation and Parole staffs are responsible for the management of these fees, while offender finance staff is responsible for the collection of the fee payments. The scope of the project was to provide staff the ability to bill the monthly fee, collect payments, and perform adjustments and refunds when necessary. A bankruptcy tracking system was also implemented with this module which allows Offender Finance staff the ability to track and adjust offender debt accordingly.

✓ ***Offender Finance Implementation***

The purpose of this project was to migrate the newly developed offender finance application to production. The scope of the implementation project included changes to Canteen Point of Service and Kiosk applications to use new Web Services from MOCIS Offender Finance; Training for end users; Regression Testing of the entire application; complete end-to-end conversion testing; Interface testing with all external vendors and internal applications and Post Implementation support

Wipro (Infocrossing Healthcare Services) (03/1994 to 11/2009)

As a business analyst, Kari

- ✓ Responsible for implementation, conversion, upgrading, or updating in following projects:
 - *Missouri Medicaid Integration of Web Based Systems* – Upgraded the existing web application (eMOMED) and consolidated access via one centralized web portal
 - *National Provider Identifier Conversion* – Converted Missouri Medicaid Providers from proprietary to standardized National
- ✓ Served as a data entry resolutions specialist and a prior authorization specialist for Third Party Liability Unit Recipient Services Unit

Education and Certifications

Coursework, Columbia College

Lean Six Sigma White Belt



Kimberly Brandt, MBA, PMP®, Prosci® CCP IV&V Subject Matter Expert

Kim is a project and change management professional with more than 32 years of experience successfully leading projects in large-scale Medicaid and integrated eligibility healthcare applications. Offering a broad range of technical and leadership proficiencies, Kim is focused on providing process improvement, certification, strategic planning, operational assessment, and independent verification and validation (IV&V) services to help clients with IT planning, implementation, and operations. Kim has helped Medicaid agencies in states such as Missouri, Ohio, and North Dakota be successful on large Medicaid IT projects by providing her extensive experience and deep understanding of the ever changing healthcare landscape.

Key Qualifications

- ✓ More than 32 years of business analysis, change management, process improvement, project management, risk and issue management, and strategic planning experience in HHS programs such as Medicaid, Medicare, TANF, and SNAP
- ✓ Over 6 years of government HHS consulting experience
- ✓ Over 5 years providing project management of IV&V services for MEDES implementation built on the IBM® Cúram Social Program Management platform
- ✓ Experience providing project management services for an operational assessment of North Dakota's integrated eligibility system
- ✓ Over 20 years of experience in utilizing PMBOK® Guide project management best practices
- ✓ More than 32 years of involvement with federally funded projects
- ✓ Knowledge of CMS Seven Standards and Conditions, including MITA
- ✓ Over 6 years of experience with CMS' OBC process, including CMS' ELC Gate Review Process, MEET, and MECT
- ✓ Adept with industry-standard and best practices regarding quality, and quality control principles and techniques such as Six Sigma, Capability Maturity Model (CMM), Control Objectives for Information and Related Technology (CobiT), and/or ITIL
- ✓ Proficient in SDLC methodologies, including Waterfall, Agile, and DevOps
- ✓ Experience with organizational change management and business process reengineering
- ✓ Certified Project Management Professional®
- ✓ Prosci® Certified Change Practitioner

Relevant Experience

BerryDunn (05/2014 to present)

Ohio Department of Administrative Services (DAS) – Ohio Benefits Program IV&V Services (04/2021 to present).

Kim is providing engagement management support to BerryDunn's IV&V team that is supporting Ohio's integrated eligibility application—Ohio Benefits. BerryDunn is supporting Ohio in implementing an eligibility application that is consumer-centric and easy to navigate, promotes care coordination, improves administrative efficiencies, and enhances the delivery of healthcare services that are specific to an individual's needs. Kim is responsible for managing client expectations and advises on delivery and execution of the engagement.

Ohio ODM –OMES IV&V Services Engagement (10/2019 to present).

Ohio ODM is implementing a modular MMIS through the OMES project. Through BerryDunn's IV&V services, Kim is providing engagement management support to the BerryDunn IV&V team, helping Ohio ODM's OMES complete the implementation for the following modules: Advanced Data Analytics Tool, EDI, Fiscal Intermediary, PNM, and Single Pharmacy Benefits Manager (SPBM). In addition, Kim is providing guidance and supporting Ohio ODM's OBC approach for the PNM and SPBM modules and has been instrumental in recommending revisions to the Ohio ODM program governance model, which has resulted in improvement of Ohio ODM's decision-making processes.

Missouri Department of Social Services – MEDES IV&V Services (05/2014 to present).

Since March 2020, Kim has been serving as engagement manager for the MEDES IV&V project, performing oversight of BerryDunn's project team, reinforcing the highest quality of services, and collaborating with MEDES leadership to help ensure it is fully satisfied with BerryDunn's services and deliverables. Prior to March 2020, Kim served as the project manager, leading a team that assessed MEDES project health, reviewed over 50 project deliverables, evaluated MEDES progress against CMS' MEET requirements, produced over 145 IV&V progress reports, identified potential risks and issues, and offered recommendations for mitigation. Between 2016 and 2019, Kim collaborated with the MEDES PMO and systems vendors to help facilitate more than 250 production deployments to MEDES, providing improved functionality and a large number of improvements and efficiencies for both State workers and Missouri citizens. Finally, Kim contributed to the Post-Operational (R3) Milestone Review of MEDES conducted by CMS on March 14 – 15, 2019, resulting in Missouri successfully meeting the requirements for R3.

North Dakota Information Technology and Department of Human Services (NDDHS) – SPACES Integrated Eligibility System Operational Assessment (08/2020 to 01/31/2021)

NDDHS has implemented an integrated eligibility system for economic assistance programs that include the ACA Medicaid, Child Care Assistance, SNAP, TANF, and non-ACA Medicaid. As project manager, Kim led a team of BerryDunn professionals who performed an operational assessment to help ensure that the SPACES services are performed in an optimum manner that is consistent with best practices in the industry, and to create a baseline against which NDDHS will measure future performance. The project culminated with the creation of an operational assessment report that provided findings, recommendations, and a high-level strategy outlining tactical steps and actions to help North Dakota achieve its future vision and goals for SPACES.

Infocrossing, a Wipro Company (2006 to 2014)

Kim served as the director of business development for Infocrossing, where she was accountable for developing the first strategic account plan for Infocrossing's Missouri business unit. This resulted in the delivery of more than three value-add offerings for Infocrossing's Missouri client. In addition, Kim provided tactical direction to two strategic consultants and one lobbyist firm, resulting in legislative support for Infocrossing's new business opportunities. Kim also led the development of more than 10 proposals, which resulted in awards that included the Missouri Health Information Technology RFP resulting in new revenue exceeding \$500,000, and the Nebraska Integrated Eligibility System RFP resulting in new revenue exceeding \$2.5 million.

Prior to this position, she served as the director of information technology, managing a technical and non-technical IT Department of over 100 resources, including both full-time employees and contractor staff. She was responsible for IT budget and financial results, and for the successful delivery of over 100 SLAs of all systems, PMO, and network components of the Missouri Medicaid Fiscal Agent Account. She implemented practices to develop people, improve IT business processes, enact technology standards, and she developed winning strategies that resulted in a \$400 million Missouri MMIS Fiscal Agent contract win in 2007.

Verizon/Infocrossing (2002 to 2006)

Kim worked as a systems manager for the Verizon Health Care Division before it was acquired by Infocrossing in 2004. She managed a technical and non-technical IT Department of 50, responsible for managing the departmental budget and performance objectives. She also managed multi-million dollar organization projects, contributing to business effectiveness and efficiency. These projects included enhancements to the claims processing system, such as the automation of third-party liability leads and drug and behavior health prior authorizations; data entry using imaged claims; and a new claims imaging system. These enhancements led to faster claims processing time, fewer errors, and a reduction in cost to the State Medicaid program.

In addition, Kim led SDLC process improvements by introducing project management proficiencies; implemented resource, project, and finance forecasting models; led and participated in strategic planning efforts of the Fiscal Agent contract; and successfully managed budget reductions within the IT Department.

GTE Data Services (1988 to 2002)

Kim held multiple positions during her years with GTE Data Services. As a project manager, she provided leadership, direction, and guidance in the delivery of a comprehensive disaster recovery capability for the Missouri MMIS. She managed a large project team responsible for Y2K remediation efforts of the Missouri MMIS system, and developed and documented project management methodologies for use by the IT Department. The project team that she led successfully established technical solutions for business as usual enhancement requirements during the Missouri Medicaid RFP process.

While serving as a systems supervisor, Kim generated revenues in excess of \$5.1 million for successfully managing a 30+-member project team during a critical phase of the Missouri managed care enhancement. She controlled, managed, and approved the development and maintenance activities of the Missouri MMIS through the supervision of systems personnel; assisted in the development of a Year 2000 testing tool (waY2Kool) estimated to save hundreds of man-hours in the Missouri Medicaid Y2K project; and stimulated a 5- to 12-person technical team in delivering quality modifications to the Missouri MMIS.

Kim also served as a project lead / interim systems supervisor for GTE, where she led and supervised a technical team of 5 – 10 people. She developed time lines and detailed work plans in conjunction with team members and supervised many full development life cycle projects, which included delivery and production support.

As a systems analyst, Kim was responsible for system development life cycle on maintenance and modification activities to the Missouri MMIS. She participated as a lead project team member in a major enhancement rewrite of claim adjudication processing, and assisted in the 1993 Missouri Medicaid RFP process.

Kim began as a programmer analyst for GTE Data Services, responsible for system development life cycle on maintenance and modification activities to the Missouri MMIS. She was also responsible for various take-over activities of the Missouri MMIS from incumbent Fiscal Agent, and performed programming functions using COBOL, CICS, VSAM, TOS/ISPF, FILE-AID, Syncsort, IDCAMS, ABEND-AID, JCL, and SAS.

Kansas City Power & Light (1986 to 1988)

As a programmer analyst, Kim performed programming functions using COBOL, CICS, VSAM, TOS/ISPF, FILE-AID, and SYNCSORT.

Education and Certifications

MBA, William Woods University

BS, Computer Information Systems, Central Missouri State University

Certified PMP®, PMI®

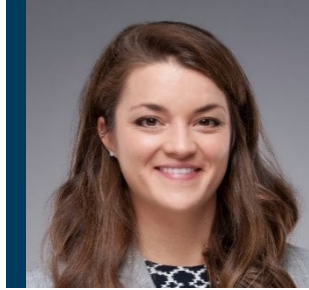
Prosci® Certified Change Practitioner

Publications and Presentations

Six things you may not know about the Medicaid Learning Center, a BerryDunn blog, National Association of Medicaid Directors 2020 Fall Conference, 10/2020

Leveraging IV&V to achieve quality outcomes, a BerryDunn blog, MESC 2019, 06/2019

MMIS Testing, Without Getting Testy, Presentation for MESC 2016, Co-presented with Paula Peters (State of Missouri), Diane Delisle (State of New Hampshire), Steven J. Esposito (SLI Global Solutions), Laura Hall (Cognosante), Mark Joyce (SLI Global Solutions), and Stephen Oshinsky (State of Mississippi), 8/18/2016



Shea Berry-Brennan, MBA, PMP, Prosci® CCP Certification Subject Matter Expert

Shea is a senior manager in BerryDunn's Consulting Services team, focused on providing project management support, research, and analysis services. Shea has over eight years of project management experience, including experience working with State agencies on IV&V, project management, strategic planning, organizational development, and procurement assistance projects. Shea has particular Medicaid experience developing her subject matter expertise in the following areas: organizational development and training, CMS certification, modular procurements, Medicaid Enterprise Systems modernization, provider management, care management, security management, and utilization management.

Key Qualifications

- ✓ Provide organizational development and training for HHS agencies
- ✓ Organizational redesign
- ✓ Strategic leadership development programs
- ✓ Member of BerryDunn's Organizational Development Community of Practice
- ✓ Extensive IT project management experience

Relevant Experience

BerryDunn (05/2013 to present)

Hawai'i DHS Med-QUEST Division (MQD) – Organizational and Business Process Redesign (10/2019 to present).

Shea is currently serving in the role of project manager for a business process redesign effort for the customer-facing sections of Hawai'i's eligibility department, MQD. Her work includes identifying opportunities for Hawai'i to leverage their new Medicaid eligibility determination system to improve efficiency and the customer experience. Shea supports the continued MQD organizational redesign efforts by focusing on the development and implementation of a leadership development program and providing organizational support and guidance, focused on process efficiency, where she recently lead a review of the current system business process and provided recommendations for lean improvements.

Before becoming project manager, Shea also served as an IT Project Strategist, where she provided assessments and support in strategic planning of the current business models, providing recommendations for possible IT improvements. Shea also supports the development of training materials for the eligibility staff, which are being created by BerryDunn's team, most recently including an extensive asset verification solution (AVS) training.

Finally, Shea leads BerryDunn's project management support services. For this portion of the project, Shea focuses on:

- ✓ Vendor management support, including contractual compliance monitoring and escalation
- ✓ Extensive policy and procedure review and updates
- ✓ Overseeing implementation activities, such as developing an implementation plan, assisting with pilot activities, establishing KPIs and monitoring mechanisms, and rewriting job descriptions
- ✓ Planning for release cycles, including design, testing, and operational readiness
- ✓ Supporting the development of an effective leadership team prepared to guide their teams through change, including offering strategic change management services

- ✓ Redesigning processes to improve the quality, accuracy, timeliness, and efficiency of the services provided
- ✓ Managing the implementation of a new client service delivery model that will positively transform the organization for MQD's staff and the clients they serve
- ✓ PM of Hawai'i's AVS system implementation, including vendor management and conflict resolution between multiple service vendors (for AVS and the eligibility system)

Alaska Division of Health Care Services (HCS) – MMIS Fiscal Agent Solicitation Consultant Services (09/2020 to 02/2021).

The BerryDunn team is assisting HCS with visioning, researching, and developing a future MMIS solicitation, including vendor transition support. This included an extensive current state assessment, including staff assessments, web-based research, options analysis, competitive analysis, and cost research; and a final MMIS Modernization Recommendations Report was provided. Shea was the lead reviewer of this report, which ultimately provided multiple future strategic MES modernization options.

Missouri Office of Administration Information Technology Services Division – State Medicaid IT Assessment Project (07/2019 to present).

Shea serves as the consulting manager for the Missouri State Medicaid IT Assessment Project. For this project, Shea is leading the assessment of the State's current IT governance approaches and the development of short- and long-term recommendations. Ultimately, BerryDunn will develop a recommended future IT Governance Model. Shea is also responsible for managing all resources, the budget, all deliverables, service level agreements, and risks and issues.

Massachusetts HIX/IES Entities – IV&V Services (10/2018 to 09/2019).

BerryDunn provided IV&V services for implementation of the Massachusetts Health Insurance Exchange and Integrated Eligibility System. Shea served as the temporary project manager for BerryDunn's IV&V engagement, overseeing project work and activities. Services included deliverable reviews; verification and validation of automated code review and continuous integration results; cost allocation and financial status reports; review of expected and delivered reusability; independent assessment of implementation readiness; and issue and risk management.

West Virginia BMS

- ✓ *Provider Management Program (06/2018 to 06/2019).*

Shea served as the program manager for the Provider Management Program for the West Virginia, overseeing multiple projects that interact with the Provider Management MITA business area in the West Virginia Medicaid Enterprise. As the program manager, Shea lead multiple individual projects, each with its own project manager and dedicated team. Shea was responsible for managing all resources, budgets, deliverables, service level agreements, and risks and issues for all projects in the Provider Management Program. Shea oversaw the following projects:

 - Provider Enrollment (PEA) Year 2 Project
 - Access to Care Monitoring
 - Provider Incentive Payment Audit Year 7 Project
- ✓ *PEA Project (08/2014 to 12/2016).*

Shea was the project manager on the PEA Project and responsible for maintaining and monitoring the project risks and issues log, project issue escalation process, and prove overall health status.
- ✓ *PM of MMIS Procurement, DDI, and Certification (08/2013 to 12/2015).*

Shea served as the project management lead on the Bureau's MMIS implementation. She maintained the project risk and issue log and oversaw the process by which they were escalated to the client. She was also a liaison between the State and the Vendor to address and remediate

issues. This required that she facilitate executive level stakeholder meetings with the State, the MMIS vendor, and CMS. Shea also served as a design track lead for the utilization management, care management, provider management, and general/technical tracks. For each track, she was responsible for managing the repository of action items, organizing resources, and tracking decisions. She is also responsible for analyzing vendor deliverables aligned with her tracks to help ensure the correct project documentation has been provided and is available for future use.

New Hampshire DHHS – MMIS and Fiscal Agent Services Assessment and Strategy Project (03/2018 to 09/2018).

Shea served as the lead senior consultant on the MMIS and Fiscal Agent Services Assessment and Strategy Project. For this project, she lead a team that assessed the performance and capabilities of the State's MMIS and fiscal agent services relative to current industry systems and standards, and developed potential MMIS re-procurement options. Additionally, Shea led the deliverable's development for this project, including the final assessment and options report, which included a Strengths, Weaknesses, Opportunities, and Threats analysis and a strategic assessment of the current Medicaid landscape, focusing on significant advancements in new Medicaid enterprise systems and the move to updated approaches and strategies for MMIS procurement.

Ohio ODM –OMES IV&V Services (12/2016 to 02/2018).

Shea served as the CMS certification lead on the BerryDunn team providing IV&V services to ODM on their new modular MMIS procurement project. She managed CMS communications, focused on client relations, and led the IV&V team's certification process. Additionally, Shea helped provide ODM with crucial project health analysis; budget, schedule, and scope analysis; and risk and issue tracking for the Ohio Medicaid program as a whole.

West Virginia DHHR

- ✓ *Recipient Automated Payment and Information Data System (West Virginia) (Eligibility System) Transition Facilitation Project (02/2016 to 05/2016).*

Shea served as the project lead for the DHHR Office of Management and Information Services' (MIS') eligibility and enrollment Vendor transition project. West Virginia had a condensed time frame to transition the maintenance and operations of its existing eligibility system from one vendor to another. Shea led and facilitated key knowledge transfer and the resolution of critical project issues. Additionally, she managed a team of five in supporting MIS in deliverable review, risk and issue tracking and mitigation, and executive status reporting.

- ✓ *Eligibility and Enrollment RFP Development Assistance (10/2015 to 01/2016).*

Shea served as the requirements manager for this project. As a member of the project management team, Shea supported the development of the approach to gather requirements from the State agencies that are targeted for inclusion in the RFP, including the Child Care system, the Statewide Automated Child Welfare Information System, the Child Support System, and the core eligibility and enrollment solution that services a variety of assistance programs including Medicaid, CHIP, SNAP, TANF, Low Income Energy Assistance Program, and other West Virginia specific assistance programs. Shea led the requirements development process, facilitated Joint Requirements Planning sessions, and escalated risks and issues to impacted stakeholders. Shea developed responses to vendor questions, and created the final question and answers procurement document for the engagement. She also led the development of the evaluation materials and scoring methodology for the procurement, and led and facilitated the evaluation committee during scoring sessions. Finally, Shea led the team in supporting the State with the development of the final procurement packages, including providing consulting services to both the State and the Federal Partners during the review of the final selection.

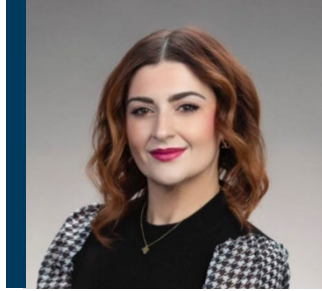
Education and Certifications

MBA, University of Charleston

BS, English, The Ohio State University

Certified PMP®, PMI®

Prosci® Certified Change Practitioner



Misha Mosher, PhD, LLM, JD/LLB

MES Subject Matter Expert

Misha is a manager in BerryDunn's Consulting Services team and an experienced legal professional with proven project management, research, and analysis skills. She brings knowledge of the legal industry, trade publications, government regulations, procurement, intellectual property, technology licensing, privacy and security, and risk management.

Key Qualifications

- ✓ Experience supporting HHS agencies in states such as Iowa, Ohio, Vermont, Puerto Rico, and West Virginia
- ✓ Experience in developing effective procurement and contract management processes for state HHS agencies
- ✓ Supported, developed, and managed over ten state procurements in support of the modernization of the MMIS IES
- ✓ Extensive IT project management experience

Relevant Experience

BerryDunn (11/2018 to present)

Ohio ODM –OMES IV&V Services (01/2021 to present).

ODM is implementing its vision for a modular MMIS in the Ohio Medicaid Enterprise System project and BerryDunn is providing IV&V support. Misha serves as a manager on the project, helping to provide ODM with crucial project health analysis; budget, schedule, and scope analysis; and risk and issue tracking for the Ohio Medicaid program as a whole.

Puerto Rico PRMP – EOMC Services (11/2019 to 01/2021).

As contract management lead, Misha previously supported PRMP with independent observations and analysis of existing contract management processes and Medicaid IT project vendor contracts. Misha reviewed PRMP's existing contracts to analyze vendor performance standards, evaluate staffing provisions, identify risks and issues, and provide mitigation strategies for identified risks. Additionally, Misha supported PRMP's efforts to define, document, and enhance existing policies, roles, and responsibilities involved in PRMP's contract management.

West Virginia BMS – Data Visioning and Warehouse Development and Procurement Assistance Project (11/2018 to 11/2019).

Misha supports the Data Visioning and Warehouse Development and Procurement Assistance Project, a project focused on supplying project management services to the State in an effort to assist with the integration of data sources, systems, and databases within BMS.

CSG Government Solutions (11/2016 to 10/2018)

Ohio ODM

As certification lead, Misha assisted ODM on process, strategies, and required artifacts in order to achieve federal certification through CMS for enhanced federal matching funds for the State's operations. She also provided legal consultation and analysis to the General Counsel's Office at ODM to help ensure they remain in compliance with procurements and contractual obligations. Other responsibilities included providing contract negotiations and development subject matter expertise, conducting alignment analysis

to help ensure requirements align with the Medicaid Enterprise Certification Toolkit Checklist criteria, and managing the process leading to certification for each release.

Iowa Medicaid Enterprise

Misha served as a procurement and contract analyst, assisting the State in procuring a new MMIS. In this role, she conducted research and drafted analytical strategy documents in support of MMIS and Integrated Eligibility/ Enterprise Data Warehouse strategy.

Vermont Agency of Human Services

As part of the Integrated Eligibility IV&V project, Misha investigated the final federal rule for enhanced funding for Mechanized Claims Processing and assisted in develop a client strategy for incorporating changes.

Vermont Agency of Human Services (01/2014 to 12/2016)

Misha served first as a procurement manager for the Department of Vermont Health Access and later as the vendor manager and IT procurement director. She supported the Health and Human Service Enterprise procurement objectives for IT services, products, and capabilities by advising and facilitating project teams during the vendor selection process.

ipCapital Group, LLC (04/2013 to 05/2015)

As an independent technical analyst, Misha created detailed technical documentation for invention disclosure projects, including IP disclosure documentation. This included reading and analyzing a variety of background documents, including patents, publications, manuals, white papers, and research documents.

Kent Law Practice, PLLC (09/2013 to 05/2014)

As a law clerk, Misha researched and drafted motions in preparation for litigation, as well as technology and trademark licensing agreements. She responded to United States Patent and Trademark Office actions on behalf of clients, filed detailed documentation for trademark and copyright registration, attended client depositions and hearings, and supported clients in commercial, trademark, patent, antitrust, and copyright litigation in conjunction with transactional work.

Handal & Morofsky, LLC (01/2012 to 10/2012)

Misha assisted partners with a myriad of litigation and transactional work primarily relating to privacy agreements, terms of use in digital media rights, e-commerce, privacy, free speech, and domain name dispute resolution. She researched and drafted legal documents and contracts related to IP licensing, communication law, and commercial litigation; drafted motions and co-facilitated client depositions and hearings; and supported clients in commercial, trademark, patent, antitrust, and copyright litigation in conjunction with transactional work.

Greenberg Traurig, LLP (11/2010 to 12/2011)

As a junior associate, Misha assisted solicitors in several departments while focusing on commercial and civil litigation: intellectual property, mergers and acquisitions, and human rights. She conducted initial legal research and writing on pro bono human rights brief for which the European Court of Human Rights reviewed and granted relief for their client.

Reed Smith, LLP (05/2010 to 09/2010)

Misha researched policy implications of proposed IP and antitrust legislation, reviewed pleadings, and researched and drafted motions, legal briefs, and memorandums.

UK QMUL Legal Advice Centre (Legal Aid) (11/2009 to 05/2011)

As a legal advisor, Misha served as the chief liaison between law students and attorney solicitors from various UK and international firms volunteering for pro bono work.

Education and Memberships

Doctor of Philosophy (PhD), Law in Cultural Heritage, Queen Mary University of London, School of Law

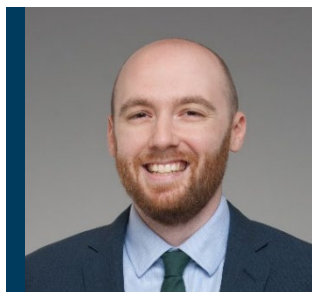
Master of Law (LLM), Intellectual Property Law, Benjamin N. Cardozo, School of Law

Juris Doctorate (JD/LLB), Common Law, Queen Mary University of London, School of Law

BS, Legal Studies, New York University

BA, Democracy and Governance, Georgetown University

United States Freedom Corps Scholarship Program, Political Science, Georgetown University



Chris Davis, MPM, CBHP™, Prosci® CCP IV&V Subject Matter Expert

Chris is a highly-skilled manager with BerryDunn's Medicaid Practice Group, with a focus on policy, IV&V, and CMS certification. Chris currently serves as a project manager providing IV&V services for a modular MMIS modernization. He has provided federal regulatory and certification subject matter expertise for four state Medicaid agencies—New Hampshire, Missouri, Puerto Rico, and Ohio. Additionally, he has led MECT and OBC pilot efforts for multiple modules including Claims Processing, EVV, EDW, Encounters Processing, Financial Management, Pharmacy Benefits Manager, PI, and Provider Management.

Key Qualifications

- ✓ More than three years of government HHS consulting experience
- ✓ More than three years of OBC experience
- ✓ More than four years of IV&V experience
- ✓ More than five years of public policy experience
- ✓ More than eight years of project management and implementation experience

Relevant Experience

BerryDunn (08/2017 to present)

Ohio DAS – Ohio Benefits Program IV&V Services (04/2021 to present).

As project manager, Chris leads BerryDunn's IV&V team that is supporting Ohio's integrated eligibility application—Ohio Benefits. BerryDunn's team supports Ohio in implementing an eligibility application that is consumer-centric and easy to navigate, promotes care coordination, improves administrative efficiencies, and enhances the delivery of healthcare services that are specific to an individual's needs. Chris provides an independent observations and actionable recommendations on program management and decision-making processes and procedures, business, functional, and technical problem management, system integration, and key challenges, risks, and issues to Ohio Benefits Program leadership and stakeholders.

Ohio ODM –OMES IV&V Services (08/2017 to present).

ODM is implementing its vision for a modular MMIS in the Ohio Medicaid Enterprise System project and BerryDunn is providing IV&V support. Chris serves as a senior consultant on the project, helping to provide ODM with crucial project health analysis; budget, schedule, and scope analysis; and risk and issue tracking for the Ohio Medicaid program as a whole.

Puerto Rico PRMP –EOMC Services (07/2019 to 08/2019).

PRMP requested that BerryDunn provide EOMC services in support of the certification and maintenance and operations for the Puerto Rico Medicaid Management Information System. Chris provides certification subject matter expertise, including OBC efforts. For this project, Chris served as part of the team that is supporting the MMIS Certification Final Review (R3) for four modules, including Data Warehouse, Encounter Processing, Enterprise, and PI.

Missouri Department of Social Services –MME PMO Engagement (05/2018 to 06/2018).

Chris provided federal certification and IV&V services subject matter expertise on the MMIS Procurement and Replacement Program PM Services project. For this project, Chris served as part of the team that is providing project management services for the MO HealthNet Division BIS-EDW Solution and PI Solution implementations.

New Hampshire DHHS – MMIS and Fiscal Agent Services Assessment and Strategy Project (05/2018 to 06/2018).

Chris provided federal regulatory and certification subject matter expertise on the MMIS and Fiscal Agent Services Assessment and Strategy Project. For this project, Chris served as part of the team that assessed the performance and capabilities of the State's MMIS and fiscal agent services relative to current industry systems and standards, and developing potential MMIS re-procurement options for the State to consider for the future.

Ohio House of Representatives (12/2016 to 07/2017)

As a congressional intern, Chris assisted in the research for and drafting of position papers of policy initiatives for a democratic member of the Ohio House of Representatives. He drafted speeches, questions, and policy talking points for committee meetings and public events; created coordinated constituent outreach plans by identifying policy areas and interested parties; drafted press releases for issuance through relevant media outlets including both traditional and social media platforms; and tracked legislation in key policy areas and identifies House members for bipartisan legislative efforts.

Progressive Corporation (05/2008 to 12/2016)

Chris served as a member of the contact center leadership for Progressive, ensuring the efficient operation of the contact center and team environments. This included implementing new department and company policies and procedures, implementing new technology, identifying trends in customer relations for the purposes of providing feedback to company leadership to better overall customer experience, identifying areas of opportunity for contact center representatives and providing real time feedback, and providing technical expertise and assistance to contact center representatives to help ensure consistency and accuracy in a highly regulated environment. In addition, he served as a technical and situation expert for team members and peers within the direct reporting department.

Education and Memberships

MA, Public Management, Johns Hopkins University

BA, Political Science, The Ohio State University

AA, General Studies, Lakeland Community College

Certified Blockchain and Healthcare Professional™ (CBHP™), Blockchain Council

Prosci® Certified Change Practitioner

Publications and Presentations

"Organization Development: Preparing for MES Modernization," Medicaid Insights (podcast), 06/2021

"Medicaid Enterprise Systems Certification: Outcomes and APD Considerations," Medicaid Insights (podcast), 03/2021

"Outcomes-Based Certification Scalability and Project Outcomes," Medicaid Insights (podcast), 01/2021

"Medicaid Certification Considerations: A Discussion About Outcomes-Based Certification," Medicaid Insights (podcast), 09/2020

"Outcomes and Organization Development," BerryDunn Insights (article), 06/2021

"Outcomes and APD Considerations," BerryDunn Insights (article), 03/2021

"Scaling Project Outcomes," BerryDunn Insights (article), 01/2021

"Considerations for outcomes-based certification," BerryDunn Insights (article), 09/2020

"Three steps to outcomes-based certification," BerryDunn Insights (article), 12/2019

"Three steps to measure Medicaid Enterprise Systems outcomes," BerryDunn Insights (article), 08/2019



Buffy Cranford, MA

Nebraska Process Subject Matter Expert

Buffy brings more than 20 years of experience in designing specifications, testing, and implementing software solutions on a variety of projects and platforms, including IBM® Cúram. She specializes in organizational change management (OCM), knowledge management, communications, training, and documentation design and implementation. Her experience includes serving

in dual roles as the State of Nebraska, Department of Labor Employment Service Manager for the Virtual Service Unit, and as the Wagner-Peyser Program Coordinator. Previously, she has also served in private industries specializing in human resources, client services, technical documentation writing and editing, training, billing, and contracts. Competencies include federal Medicaid and labor programs, stakeholder assessment, quality assurance, project management, program management, RFP writing, communications, credibility building, and client management.

Key Qualifications

- ✓ Budgeting and contract management
- ✓ Operational readiness
- ✓ OCM
- ✓ Organizational development
- ✓ Materials management
- ✓ Communication and public relations
- ✓ Technical support
- ✓ Program and project management

Relevant Experience

BerryDunn (11/2019 to present)

West Virginia DHHR –PATH DDI PM (11/2020 to present).

As a senior consultant, Buffy serves as the OCM Lead on the West Virginia PATH project. Buffy entered the project as a contractor with TEKsystems and was quickly recruited permanently to the BerryDunn team. She manages the identification, development, and implementation of OCM and operational readiness activities. This includes updating and expanding the OCM project plan in alignment with the RFP, tracking and producing OCM deliverables, providing status reports for OCM and training responsibilities and tasks, and working in collaboration with the state of West Virginia to streamline communications.

West Virginia Bureau for Medical Services (BMS) – COVID-19 Contact Tracing and Testing Initiative (04/2020 to 09/2020).

She has also led the COVID-19 task tracking team and built strong relationships with state bureaus by coordinating communications, escalating tasks, and monitoring the progress of tasks and adherence to federal governance.

Cognosante (08/2018 to 11/2019)

As a senior associate and organizational change manager, Buffy has served as the OCM Lead on numerous projects, primarily Medicaid and economic assistance eligibility and their associated programs, and the Arkansas juvenile programs. She managed all aspects of OCM for Medicaid eligibility, based on all requirements outlined in the RFP. This included collaborating with state and System Integrator teams

in creating goals, timelines, deliverable expectation documents, and project status reports; serving as a track expert in design and JAD sessions of the new eligibility systems for Medicaid and Economic Assistance; and reviewing resolutions in finalizing OCM, training, communications, change impact, knowledge transfer, and roll-out plans.

State of Nebraska (04/2016 to 08/2018)

As the administrator of the Eligibility and Enrollment Solution project team, Buffy managed multiple projects including the new Medicaid eligibility system, asset verification system, procurements, and contract management. She led all facets of organizational change management, communication, training, and documentation design and implementation, which included the following responsibilities:

- ✓ Write and update Communications, Training, and OCM plans, and align with contractual requirements.
- ✓ Guide and manage creation and approval of training approach, the design of process and training manuals, virtual training, and ongoing support materials.
- ✓ Analyze RFPs and contractual requirements to help ensure vendors deliver accurate design and functionality.
- ✓ Develop detailed project plans for each component of organizational changes, training, documentation development, and communication approaches by identifying sequential activities.

She also served as the Information Systems and Technology Privacy Officer, overseeing the security of Medicaid software and hardware. This included creating and updating the Privacy Office Policy and Program Manual to create a prescriptive set of processes and procedures aligning with federal and State of Nebraska Information Technology security policy and standards.

ACCESS Nebraska Lincoln Customer Service Center (06/2013 to 04/2016)

Buffy collaborated on the direction and organization of the Medicaid and Long-Term Care services. She performed organizational change management analysis, reorganized the Lincoln Customer Service Center, assigned workers into skill sets, minimized phone queues, and reduced call wait times from forty-five minutes to five minutes or under for over two years. Buffy accomplished the following:

- ✓ Created and implemented yearly strategic plans for both customer service centers by examining resources, goals, and objectives of the agency
- ✓ Updated and monitored performance metrics and developed dashboard monitoring strategies to help ensure clients received efficient and accurate customer service
- ✓ Collected and analyzed data and trends for the Medicaid and Long-Term Care call centers
- ✓ Implemented strategies to increase service levels
- ✓ Directed multifunctional programs, improved efficiency
- ✓ Increased the monthly quality assurance accuracy percentage from an average of 97.5 to 98%
- ✓ Reviewed interactive voice response systems to reduce phone queues and improve customer service
- ✓ Served on a workgroup reviewing upgrades to the interactive voice response systems.

Nebraska Department of Labor (10/2011 to 06/2013)

Buffy designed and implemented the Virtual Services Unit call center for improving the federally funded labor exchange by retaining and marketing to new and existing employers and adding and attracting skilled labor to the NEworks system. She designed an intense training program, including quality assurance guidelines and scripts, for new Workforce Coordinators, and conducted follow-up training.

Buffy also served as the program coordinator for the Wagner-Peyser Act, assisting in creating and communicating policy initiatives, procedures, and goals for Wagner-Peyser employees. She developed

federal grant applications and corrective action plans; designed an online training program and conducted weekly training for the NEworks online labor exchange system to assist in learning new technology; and assisted in designing the yearly federal incentive for enhancing the administrative delivery of employment and training activities in the Nebraska career centers, Workforce Regions, and surrounding communities.

TerraScan Inc. (03/2007 to 01/2011)

Buffy managed the Human Resources department, including overseeing employment, job postings, resume review, interviewing, hiring, maintaining sensitive documentation, and training of new and existing staff on policies and procedures.

Education and Certifications

MA, Management, Doane University

BA, English, Theatre English, University of Nebraska

Certified Project Management Professional® (*in progress*)

Prosci® Certified Change Practitioner

Publications and Presentations

"Integrated design and development for state agencies: Building for the family," BerryDunn Insights (article), 11/2021

Appendix B – Privacy and Security Plan Sample

We are unable to share a Privacy and Security Plan Sample from a previous project as it constitutes internal proprietary information for BerryDunn and could violate a confidentiality agreement with a client. We do not share our privacy and security plans during the RFP stage, but are willing to share a project-specific plan during the award stage. Reference Section 1.I for our proposed approach to Privacy and Security.

Appendix C – Privacy and Security Plan Template

We are unable to share a BerryDunn Privacy and Security Plan Template as it would provide confidential information related to our security infrastructure. We do not share our privacy and security policies and procedures during the RFP stage, but are willing to share a project-specific template with instructions and procedures for completing it during the award stage. We have included a sample template that is similar to what we would develop with MLTC to protect workforce privacy and security and meet State and federal requirements.

Sample Privacy and Security Plan Template

[XX/XX/XXXX]

[V. X]

Submitted by:

[Title]

[Contractor]

[Address]

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Table i: Version History

[Insert version number and date]

Version	Date	Description
V.X	XX/XX/XXXX	Draft prepared for internal review
V.X	XX/XX/XXXX	Draft prepared for delivery to client
V.X	XX/XX/XXXX	Submitted to client

Executive Summary

Purpose

[Contractor] is committed to protecting the privacy and security, confidentiality, integrity, and availability of protected health information (PHI). All [Contractor] workforce members share in the responsibility for safeguarding the PHI/ePHI to which they have access. Workforce members are expected to comply with the Information Privacy and Security (IPS) Policies and Procedure that comprise the IPS Program.

Person(s) Responsible

All [Contractor] workforce members.

1. Privacy and Security Policy Overview

Purpose

To serve our clients, [Contractor] must access, receive, maintain, transmit, and use protected health information (“Business Associate” activities) which triggers [Contractor]’s obligation to comply with the HIPAA (Health Insurance Portability and Accountability Act) provisions applicable to business associates. This document provides an overview of the [Contractor] IPS Program, as well as definitions that are used throughout IPS Policies and Procedures

Applicability

The following must be adhered to by all [Contractor] workforce members and system support contractors.

Definitions

Definitions of terms used throughout the IPS Policies and Procedures that comprise the [Contractor] IPS Program are included below.

1. **Breach** – The unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information.
2. **Business Associate** – A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity. ([Contractor] is a “Business Associate” of other entities that pass PHI to [Contractor]. Subcontractors of [Contractor] are also treated as “Business Associates” under HIPAA.)
3. **Co-location** – A data center (contracted by [Contractor]) or by a Systems Support Contractor) that holds [Contractor] data, including potentially [Contractor] PHI/ePHI, and provides storage and physical security of servers and networking equipment.

4. **Covered Entities** – A Covered Entity is an individual, organization, or agency that must comply with HIPAA rules to protect the privacy and security of health information and must provide individuals with certain rights with respect to their health information. A Covered Entity is one of the following:
 - a. A health care provider;
 - b. A health plan; or
 - c. A health care clearinghouse.
5. **[Contractor] facility** – Physical facilities owned or leased by [Contractor] for use by [Contractor] employees, including [specific office address]
6. **[Contractor] PHI/ePHI** – PHI (see definition below), for the security of which [Contractor] is responsible, including PHI entrusted to it under a Business Associate Agreement (BAA).
7. **[Contractor] Information Privacy and Security (IPS) Program** - The [Contractor] Information Privacy and Security Program is comprised of [Contractor] Privacy and Security Policies and Procedures that have been adopted to ensure the privacy, security, confidentiality, integrity, and availability of protected health information.
[List policies and procedures below]
 - a. **[Policy or procedure name here]**
 - b. **[Policy or procedure name here]**
 - c. **[Policy or procedure name here]**
8. **Health Insurance Portability and Accountability Act (HIPAA)** – The Administrative Simplification Section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-9, and the requirements of any applicable regulations promulgated thereunder, and Title XIII of the American Recovery & Reinvestment Act of 2009 (the “HITECH Act”), as well as all pertinent current and future regulations issued by the Department of Health and Human Services thereunder.
9. **Minimum Necessary Standard** – Only the minimum necessary protected health information should be used or disclosed to accomplish the intended purpose.
10. **Privacy Rule** – The Privacy rule establishes national standards to protect individuals’ medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. It requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made. The Privacy Rule is located at 45 CFR part 160 and Subparts A and E of Part 164.
11. **Protected Health Information (PHI)** – Protected health information is individually identifiable information, held or transmitted by a covered entity or its business associate, relating to:
 - a. an individual's past, present, or future physical or mental health or condition,
 - a. the provision of health care to the individual, or
 - b. the past, present, or future payment for the provision of health care to the individual, and

- c. that for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, social security number, etc.) when they can be associated with the health information listed above.
12. **ePHI** – Protected Health Information that is in an electronic format.
13. **Secure [Contractor] network** – Computing and data-storage resources used by [Contractor], whether located within [Contractor] facilities, at facilities controlled by a Systems Support Contractor, or at facilities controlled by other firms providing secure services to [Contractor], accessible only by authorized members of the [Contractor] workforce and designated [Contractor] IT staff, and not including workstation disk space.
14. **Secure means** – A process that prevents anyone other than authorized individuals from viewing or copying data, including protecting electronic data by restricting access and by encryption and protecting physical media from unauthorized access, and restricting access by individuals without authorization to printed/paper copies of PHI by physically preventing them from viewing the copies.
15. **Security Rule** – The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule is located at 45 CFR Part 160 and Subparts A and C of Part 164.
16. **Security incident** – The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information, or interference with system operations, in an information system that contains [Contractor] PHI.
17. **Systems Support Contractor (SSC)** – An entity providing systems management, including computer hardware, software, connectivity, and security to [Contractor]. The SSC may subcontract with other firms, such as a co-location firm, to provide services for [Contractor]'s benefit.
18. **Unsuccessful Security Incidents** – For purposes of [Contractor]'s IPS Program, unsuccessful security incidents include [\[list of unsuccessful security incidents\]](#). [Contractor] has technical safeguards in place to thwart these types of threats, and they do not need to be treated as other security incidents unless there is a potential for unauthorized access to PHI.
19. **Workforce members** – [Contractor] employees who have access to the dedicated [Contractor] secure environment and individuals with whom [Contractor] has executed a contract under which the person is to perform transmission, processing, or analysis of data on behalf of [Contractor].
20. **Workstation** – The computer or other device through which [Contractor] ePHI is accessible, including but not limited to desktop and mobile computers, including laptops, tablet computers, and phones.

IPS Program

1. The [Contractor] IPS Program is made up of the policies and procedures listed in the definition above.

2. In addition to the policies and procedures that make up the [Contractor] IPS Program, various Business Associate Agreements may impose more stringent privacy and security requirements. Workforce members will be notified of any such provisions and are required to comply.
3. The following basic privacy procedures must be followed by all [Contractor] workforce members:
 - a. [Privacy procedure]
 - b. [Privacy procedure]
 - c. [Privacy procedure]

2. Technical Safeguards

[List [Contractor]'s policies and procedures for each safeguard category below]

Access Control

Audit Controls

Integrity

Authentication

Transmission Security

Risk Analysis

3. Contingency Plan

[List [Contractor]'s policies and procedures for each plan category below]

Disaster Recovery Plan

Testing and Revision Procedures

Application and Data Criticality Analysis

Evaluation

Data Back Up

4. Administrative Safeguards

[List [Contractor]'s policies and procedures for each administrative safeguard category below]

Security Management Process

1. Sanction Policy
2. Information System Activity Review

Assigned Security Responsibility

Workforce Security

1. Authorization and/or Supervision
2. Workforce clearance procedure
3. Termination procedures

Information Access Management

1. Access Authorization
2. Access establishment and modification

Security Awareness and Training

1. Security Reminders
2. Protection from Malicious Software
3. Log-In Monitoring
4. Password Management

Business Associate Contracts

5. Risk Management Plan

[Insert [Contractor]'s Risk Analysis and Risk Management Plan that will be used to prevent, detect, contain and correct security violations]

[Insert important definitions such as vulnerability, threat, and risk]

6. Mobile Device Safety

[Insert [Contractor]'s Mobile Device Safety policies and procedures along with definitions of mobile and portable storage devices and sensitive information]

7. Physical Safeguards

[Contractor] Facility Security Plan

[Insert [Contractor]'s facility security plan]

Access Control and Validation Procedures

[Insert [Contractor]'s access control and validation procedures]

Maintenance Records

[Insert [Contractor]'s maintenance records plan]

Workstation (including laptop) Use

[Insert [Contractor]'s workstation and laptop use policy]

Workstation Security

[Insert [Contractor]'s workstation security policy]

Device and Media Controls

[List [Contractor]'s device and media controls]

Media Re-Use

[Insert [Contractor]'s media re-use policy]

8. Security Incident Procedures

Response and Reporting

Identification of Security Incidents. Workforce members will be aware of potential security incidents. A security incident is an attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. These may also be discovered by [Contractor]'s Systems Support Contractor.

[Insert [Contractor]'s response and reporting plan]

9. Handling of Portable Storage Devices

[Insert [Contractor]'s portable storage device policy and definitions of portable storage devices and electronic protected health information.]

Appendix D – Project Schedule (Work Plan)

We have included a Project Schedule (Work Plan) for Medicaid enterprise improvement IV&V tasks. We used the contract award and start date from the RFP to determine the project start and finish dates in the Project Schedule.

Outline Number	Task Name	Duration	Start	Finish
1	NE DHHS IV&V Services	1077 days	Mon 2/14/22	Tue 3/31/26
1.1	Initiation and Planning	67 days	Mon 2/14/22	Tue 5/17/22
1.1.1	Notification of Award	35 days	Mon 2/14/22	Fri 4/1/22
1.1.1.1	NE DHHS IV&V Services Notification of Award	1 day	Mon 2/14/22	Mon 2/14/22
1.1.1.2	Contract Finalization	22 days	Tue 2/15/22	Wed 3/16/22
1.1.1.3	Internal project startup	1 day	Thu 3/17/22	Thu 3/17/22
1.1.1.4	Establish Internal SharePoint Project Site	1 day	Fri 3/18/22	Fri 3/18/22
1.1.1.5	Contract Start	1 day	Fri 4/1/22	Fri 4/1/22
1.1.2	Conduct Kickoff Meetings and Onboarding	25 days	Thu 3/17/22	Wed 4/20/22
1.1.2.1	Conduct Introductory Call	2 days	Mon 4/4/22	Tue 4/5/22
1.1.2.1.1	Conduct IV&V Services Introductory Call	1 day	Mon 4/4/22	Mon 4/4/22
1.1.2.1.2	Schedule State and IV&V Kickoff Meeting	1 day	Mon 4/4/22	Mon 4/4/22
1.1.2.1.3	Develop and submit information request for background materials	2 days	Mon 4/4/22	Tue 4/5/22
1.1.2.2	Onboarding of IV&V Staff	25 days	Thu 3/17/22	Wed 4/20/22
1.1.2.2.1	Onboard, orient, and train IV&V team	15 days	Thu 3/17/22	Wed 4/6/22
1.1.2.2.2	Review available background materials	25 days	Thu 3/17/22	Wed 4/20/22
1.1.2.3	Conduct IV&V Services Kickoff Meeting w/ State	3 days	Tue 4/5/22	Thu 4/7/22
1.1.2.3.1	Prepare for State and IV&V Kickoff meeting	2 days	Tue 4/5/22	Wed 4/6/22
1.1.2.3.2	Prepare Presentation for State and IV&V Kickoff meeting	2 days	Tue 4/5/22	Wed 4/6/22

Outline Number	Task Name	Duration	Start	Finish
1.1.2.3.3	Conduct State and IV&V Kickoff meeting	1 day	Thu 4/7/22	Thu 4/7/22
1.1.3	Disaster Recovery/Back-Up Plan	10 days	Mon 4/4/22	Fri 4/15/22
1.1.3.1	Submit Disaster Recovery/Back-Up Plan to State (and perform walkthrough as needed)	10 days	Mon 4/4/22	Fri 4/15/22
1.1.4	Deliverable Expectation Documents	22 days	Fri 4/8/22	Mon 5/9/22
1.1.4.1	IV&V Management Plan DED	22 days	Fri 4/8/22	Mon 5/9/22
1.1.4.1.1	Develop IV&V Management Plan DED	15 days	Fri 4/8/22	Thu 4/28/22
1.1.4.1.1.1	Develop draft IV&V Management Plan DED	5 days	Fri 4/8/22	Thu 4/14/22
1.1.4.1.1.2	Internal review of draft IV&V Management Plan DED	1 day	Fri 4/15/22	Fri 4/15/22
1.1.4.1.1.3	Apply internal updates	1 day	Mon 4/18/22	Mon 4/18/22
1.1.4.1.1.4	Submit draft IV&V Management Plan DED to State	1 day	Tue 4/19/22	Tue 4/19/22
1.1.4.1.1.5	Walkthrough draft IV&V Management Plan DED with State	1 day	Wed 4/20/22	Wed 4/20/22
1.1.4.1.1.6	State review draft IV&V Management Plan DED	5 days	Thu 4/21/22	Wed 4/27/22
1.1.4.1.1.7	IV&V update draft IV&V Management Plan DED	1 day	Thu 4/28/22	Thu 4/28/22
1.1.4.1.2	Deliver IV&V Management Plan DED	7 days	Fri 4/29/22	Mon 5/9/22
1.1.4.1.2.1	Submit IV&V Management Plan DED to State	1 day	Fri 4/29/22	Fri 4/29/22
1.1.4.1.2.2	State review of IV&V Management Plan DED	5 days	Mon 5/2/22	Fri 5/6/22
1.1.4.1.2.3	State approval of IV&V Management Plan DED	1 day	Mon 5/9/22	Mon 5/9/22
1.1.4.2	Monthly IV&V Status Report DED	22 days	Fri 4/8/22	Mon 5/9/22
1.1.4.2.1	Develop Monthly IV&V Status Report DED	15 days	Fri 4/8/22	Thu 4/28/22
1.1.4.2.1.1	Develop draft Monthly IV&V Status Report DED	5 days	Fri 4/8/22	Thu 4/14/22
1.1.4.2.1.2	Internal review of draft Monthly IV&V Status Report DED	1 day	Fri 4/15/22	Fri 4/15/22
1.1.4.2.1.3	Apply internal updates	1 day	Mon 4/18/22	Mon 4/18/22
1.1.4.2.1.4	Submit draft Monthly IV&V Status Report DED to State	1 day	Tue 4/19/22	Tue 4/19/22

Outline Number	Task Name	Duration	Start	Finish
1.1.4.2.1.5	Walkthrough draft Monthly IV&V Status Report DED with State	1 day	Wed 4/20/22	Wed 4/20/22
1.1.4.2.1.6	State review draft Monthly IV&V Status Report DED	5 days	Thu 4/21/22	Wed 4/27/22
1.1.4.2.1.7	IV&V update draft Monthly IV&V Status Report DED	1 day	Thu 4/28/22	Thu 4/28/22
1.1.4.2.2	Deliver Monthly IV&V Status Report DED	7 days	Fri 4/29/22	Mon 5/9/22
1.1.4.2.2.1	Submit Monthly IV&V Status Report DED to State	1 day	Fri 4/29/22	Fri 4/29/22
1.1.4.2.2.2	State review of Monthly IV&V Status Report DED	5 days	Mon 5/2/22	Fri 5/6/22
1.1.4.2.2.3	State approval of Monthly IV&V Status Report DED	1 day	Mon 5/9/22	Mon 5/9/22
1.1.4.3	Weekly IV&V Status Report DED	22 days	Fri 4/8/22	Mon 5/9/22
1.1.4.3.1	Develop Weekly IV&V Status Report DED	15 days	Fri 4/8/22	Thu 4/28/22
1.1.4.3.1.1	Develop draft Weekly IV&V Status Report DED	5 days	Fri 4/8/22	Thu 4/14/22
1.1.4.3.1.2	Internal review of draft Weekly IV&V Status Report DED	1 day	Fri 4/15/22	Fri 4/15/22
1.1.4.3.1.3	Apply internal updates	1 day	Mon 4/18/22	Mon 4/18/22
1.1.4.3.1.4	Submit draft Weekly IV&V Status Report DED to State	1 day	Tue 4/19/22	Tue 4/19/22
1.1.4.3.1.5	Walkthrough draft Weekly IV&V Status Report DED with State	1 day	Wed 4/20/22	Wed 4/20/22
1.1.4.3.1.6	State review draft Weekly IV&V Status Report DED	5 days	Thu 4/21/22	Wed 4/27/22
1.1.4.3.1.7	IV&V update draft Weekly IV&V Status Report DED	1 day	Thu 4/28/22	Thu 4/28/22
1.1.4.3.2	Deliver Weekly IV&V Status Report DED	7 days	Fri 4/29/22	Mon 5/9/22
1.1.4.3.2.1	Submit Weekly IV&V Status Report DED to State	1 day	Fri 4/29/22	Fri 4/29/22
1.1.4.3.2.2	State review of Weekly IV&V Status Report DED	5 days	Mon 5/2/22	Fri 5/6/22
1.1.4.3.2.3	State approval of Weekly IV&V Status Report DED	1 day	Mon 5/9/22	Mon 5/9/22
1.1.4.4	System and Business Operations Readiness Review Plan DED	22 days	Fri 4/8/22	Mon 5/9/22
1.1.4.4.1	Develop System and Business Operations Readiness Review Plan DED	15 days	Fri 4/8/22	Thu 4/28/22

Outline Number	Task Name	Duration	Start	Finish
1.1.4.4.1.1	Develop draft System and Business Operations Readiness Review Plan DED	5 days	Fri 4/8/22	Thu 4/14/22
1.1.4.4.1.2	Internal review of draft System and Business Operations Readiness Review Plan DED	1 day	Fri 4/15/22	Fri 4/15/22
1.1.4.4.1.3	Apply internal updates	1 day	Mon 4/18/22	Mon 4/18/22
1.1.4.4.1.4	Submit draft System and Business Operations Readiness Review Plan DED to State	1 day	Tue 4/19/22	Tue 4/19/22
1.1.4.4.1.5	Walkthrough draft System and Business Operations Readiness Review Plan DED with State	1 day	Wed 4/20/22	Wed 4/20/22
1.1.4.4.1.6	State review draft System and Business Operations Readiness Review Plan DED	5 days	Thu 4/21/22	Wed 4/27/22
1.1.4.4.1.7	IV&V update draft System and Business Operations Readiness Review Plan DED	1 day	Thu 4/28/22	Thu 4/28/22
1.1.4.4.2	Deliver System and Business Operations Readiness Review Plan DED	7 days	Fri 4/29/22	Mon 5/9/22
1.1.4.4.2.1	Submit System and Business Operations Readiness Review Plan DED to State	1 day	Fri 4/29/22	Fri 4/29/22
1.1.4.4.2.2	State review of System and Business Operations Readiness Review Plan DED	5 days	Mon 5/2/22	Fri 5/6/22
1.1.4.4.2.3	State approval of System and Business Operations Readiness Review Plan DED	1 day	Mon 5/9/22	Mon 5/9/22
1.1.5	IV&V Management Plan (projects included: EVV, Interoperability and Patient Access, IE&E/BM, POS, HITECH to MES transition)	28 days	Fri 4/8/22	Tue 5/17/22
1.1.5.1	Develop IV&V Management Plan (projects included: EVV, Interoperability and Patient Access, IE&E/BM, POS, HITECH to MES transition)	28 days	Fri 4/8/22	Tue 5/17/22
1.1.5.1.1	Develop IV&V Management Plan	11 days	Fri 4/8/22	Fri 4/22/22
1.1.5.1.1.1	Communications Management Plan	1 day	Fri 4/8/22	Fri 4/8/22

Outline Number	Task Name	Duration	Start	Finish
1.1.5.1.1.2	Project Schedule	1 day	Mon 4/11/22	Mon 4/11/22
1.1.5.1.1.3	Quality Management Plan	1 day	Tue 4/12/22	Tue 4/12/22
1.1.5.1.1.4	Risk and Issue Management Plan	2 days	Wed 4/13/22	Thu 4/14/22
1.1.5.1.1.5	Schedule Management Plan	2 days	Fri 4/15/22	Mon 4/18/22
1.1.5.1.1.6	Schedule / Milestones & Burn Down Charts	1 day	Tue 4/19/22	Tue 4/19/22
1.1.5.1.1.7	Staffing Plan	1 day	Wed 4/20/22	Wed 4/20/22
1.1.5.1.1.8	Checklist	2 days	Thu 4/21/22	Fri 4/22/22
1.1.5.1.2	Internal and editorial quality analysis review of draft IV&V Management Plan(s)	1 day	Mon 4/25/22	Mon 4/25/22
1.1.5.1.3	Apply internal updates	1 day	Tue 4/26/22	Tue 4/26/22
1.1.5.1.4	Submit draft IV&V Management Plan(s) to State	1 day	Wed 4/27/22	Wed 4/27/22
1.1.5.1.5	Walkthrough draft IV&V Management Plan(s) with State	1 day	Thu 4/28/22	Thu 4/28/22
1.1.5.1.6	State review draft IV&V Management Plan(s)	5 days	Fri 4/29/22	Thu 5/5/22
1.1.5.1.7	IV&V update draft IV&V Management Plan(s)	1 day	Fri 5/6/22	Fri 5/6/22
1.1.5.1.8	Deliver IV&V Management Plan(s)	7 days	Mon 5/9/22	Tue 5/17/22
1.1.5.1.8.1	Submit IV&V Management Plan(s)	1 day	Mon 5/9/22	Mon 5/9/22
1.1.5.1.8.2	State review of IV&V Management Plan(s)	5 days	Tue 5/10/22	Mon 5/16/22
1.1.5.1.8.3	State approval of IV&V Management Plan(s)	1 day	Tue 5/17/22	Tue 5/17/22
1.1.6	IV&V Project Schedule(s)	28 days	Fri 4/8/22	Tue 5/17/22
1.1.6.1	Develop IV&V Project Schedule(s)	21 days	Fri 4/8/22	Fri 5/6/22
1.1.6.1.1	Develop draft IV&V Project Schedule(s)	11 days	Fri 4/8/22	Fri 4/22/22
1.1.6.1.2	Internal review of draft IV&V Project Schedule(s)	1 day	Mon 4/25/22	Mon 4/25/22
1.1.6.1.3	Apply internal updates	1 day	Tue 4/26/22	Tue 4/26/22
1.1.6.1.4	Submit draft IV&V Project Schedule(s) to State	1 day	Wed 4/27/22	Wed 4/27/22

Outline Number	Task Name	Duration	Start	Finish
1.1.6.1.5	Walkthrough draft IV&V Project Schedule(s) with State	1 day	Thu 4/28/22	Thu 4/28/22
1.1.6.1.6	State review draft IV&V Project Schedule(s)	5 days	Fri 4/29/22	Thu 5/5/22
1.1.6.1.7	IV&V update draft IV&V Project Schedule(s)	1 day	Fri 5/6/22	Fri 5/6/22
1.1.6.2	Deliver IV&V Project Schedule(s)	7 days	Mon 5/9/22	Tue 5/17/22
1.1.6.2.1	Submit IV&V Project Schedule(s)	1 day	Mon 5/9/22	Mon 5/9/22
1.1.6.2.2	State review of IV&V Project Schedule(s)	5 days	Tue 5/10/22	Mon 5/16/22
1.1.6.2.3	State approval of IV&V Project Schedule(s)	1 day	Tue 5/17/22	Tue 5/17/22
1.1.6.3	Privacy and Security Plan	22 days	Fri 4/8/22	Mon 5/9/22
1.1.6.3.1	Develop Privacy and Security Plan	15 days	Fri 4/8/22	Thu 4/28/22
1.1.6.3.1.1	Develop draft Privacy and Security Plan	5 days	Fri 4/8/22	Thu 4/14/22
1.1.6.3.1.2	Internal and EQA review of draft Privacy and Security Plan	1 day	Fri 4/15/22	Fri 4/15/22
1.1.6.3.1.3	Apply internal updates	1 day	Mon 4/18/22	Mon 4/18/22
1.1.6.3.1.4	Submit draft Privacy and Security Plan to State	1 day	Tue 4/19/22	Tue 4/19/22
1.1.6.3.1.5	Walkthrough draft Privacy and Security Plan with State	1 day	Wed 4/20/22	Wed 4/20/22
1.1.6.3.1.6	State review draft Privacy and Security Plan	5 days	Thu 4/21/22	Wed 4/27/22
1.1.6.3.1.7	IV&V update draft Privacy and Security Plan	1 day	Thu 4/28/22	Thu 4/28/22
1.1.6.3.2	Deliver Privacy and Security Plan	7 days	Fri 4/29/22	Mon 5/9/22
1.1.6.3.2.1	Submit Privacy and Security Plan	1 day	Fri 4/29/22	Fri 4/29/22
1.1.6.3.2.2	State review of Privacy and Security Plan	5 days	Mon 5/2/22	Fri 5/6/22
1.1.6.3.2.3	State approval of Privacy and Security Plan	1 day	Mon 5/9/22	Mon 5/9/22
1.2	Execution, Monitoring, and Control	228 days	Fri 4/1/22	Tue 2/14/23
1.2.1	Monthly IV&V Report (repeated each month for 48 months during the 4 year contract period)	29 days	Mon 4/4/22	Thu 5/12/22
1.2.1.1	Develop Monthly IV&V Report	21 days	Mon 4/4/22	Mon 5/2/22

Outline Number	Task Name	Duration	Start	Finish
1.2.1.1.1	Prepare for and conduct interviews	20 days	Mon 4/4/22	Fri 4/29/22
1.2.1.1.2	Attend project meetings as applicable	20 days	Mon 4/4/22	Fri 4/29/22
1.2.1.1.3	Conduct detailed review of project plans, work assignments, processes, foundational artifacts, interview notes, and other relevant project documentation	20 days	Mon 4/4/22	Fri 4/29/22
1.2.1.1.4	Develop draft Monthly IV&V Report (past & planned activities, IV&V assessment, risks/issues/opportunities along with recommendations, summary assessment, other activities)	20 days	Mon 4/4/22	Fri 4/29/22
1.2.1.1.5	Internal and EQA review of draft Monthly IV&V Report	4 days	Tue 4/26/22	Fri 4/29/22
1.2.1.1.6	Apply internal updates	1 day	Mon 5/2/22	Mon 5/2/22
1.2.1.2	Deliver Monthly IV&V Report	8 days	Tue 5/3/22	Thu 5/12/22
1.2.1.2.1	Submit Monthly IV&V Report to State	1 day	Tue 5/3/22	Tue 5/3/22
1.2.1.2.2	State review Monthly IV&V Report	5 days	Wed 5/4/22	Tue 5/10/22
1.2.1.2.3	State approval of Monthly IV&V Report	1 day	Wed 5/11/22	Wed 5/11/22
1.2.1.2.4	Submit Monthly IV&V Report to CMS	1 day	Thu 5/12/22	Thu 5/12/22
1.2.2	Monthly IV&V Report Meeting (repeated each month for 48 months during the 4 year contract period)	6 days	Tue 5/3/22	Tue 5/10/22
1.2.2.1	Prepare for IV&V Monthly Report Meeting	3 days	Tue 5/3/22	Thu 5/5/22
1.2.2.2	Create IV&V Monthly Report Meeting agenda	1 day	Fri 5/6/22	Fri 5/6/22
1.2.2.3	Facilitate IV&V Monthly Report Meeting	1 day	Mon 5/9/22	Mon 5/9/22
1.2.2.4	Prepare IV&V Monthly Report Meeting minutes	1 day	Tue 5/10/22	Tue 5/10/22
1.2.3	Weekly IV&V Status Report (repeated each week for 208 weeks during the 4 year contract period)	13 days	Mon 4/4/22	Wed 4/20/22
1.2.3.1	Develop Weekly IV&V Status Report	6 days	Mon 4/4/22	Mon 4/11/22
1.2.3.1.1	Develop draft Weekly IV&V Status Report (previous and upcoming activities including project meeting participation, planned project meetings, project deliverable reviews,	5 days	Mon 4/4/22	Fri 4/8/22

Outline Number	Task Name	Duration	Start	Finish
	risk/issues/opportunities, IV&V schedule, critical incidents, other IV&V activities)			
1.2.3.1.2	Internal and EQA review of draft Weekly IV&V Status Report	0.5 days	Mon 4/11/22	Mon 4/11/22
1.2.3.1.3	Apply internal updates	0.5 days	Mon 4/11/22	Mon 4/11/22
1.2.3.2	Deliver Weekly IV&V Status Report	7 days	Tue 4/12/22	Wed 4/20/22
1.2.3.2.1	Submit Weekly IV&V Status Report	1 day	Tue 4/12/22	Tue 4/12/22
1.2.3.2.2	State review Weekly IV&V Status Report	5 days	Wed 4/13/22	Tue 4/19/22
1.2.3.2.3	State approval of Weekly IV&V Status Report	1 day	Wed 4/20/22	Wed 4/20/22
1.2.4	Weekly IV&V Status Meeting (repeated each week for 208 weeks during the 4 year contract period)	2.5 days	Tue 4/12/22	Thu 4/14/22
1.2.4.1	Prepare for Weekly IV&V Status Meeting	1 day	Tue 4/12/22	Tue 4/12/22
1.2.4.2	Create Weekly IV&V Status Meeting agenda	1 day	Wed 4/13/22	Wed 4/13/22
1.2.4.3	Facilitate Weekly IV&V Status Meeting	0.5 days	Thu 4/14/22	Thu 4/14/22
1.2.4.4	Prepare Weekly IV&V Status Meeting minutes	0.5 days	Thu 4/14/22	Thu 4/14/22
1.2.5	Critical Incident Report (repeated as critical incidents are identified)	23 days	Mon 8/8/22	Wed 9/7/22
1.2.5.1	Develop Critical Incident Report	16 days	Mon 8/8/22	Mon 8/29/22
1.2.5.1.1	Notify State of critical incident	1 day	Mon 8/8/22	Mon 8/8/22
1.2.5.1.2	Develop draft Critical Incident Report	10 days	Tue 8/9/22	Mon 8/22/22
1.2.5.1.3	Internal and EQA review of draft Critical Incident Report	4 days	Tue 8/23/22	Fri 8/26/22
1.2.5.1.4	Apply internal updates	1 day	Mon 8/29/22	Mon 8/29/22
1.2.5.2	Deliver Critical Incident Report	7 days	Tue 8/30/22	Wed 9/7/22
1.2.5.2.1	Submit Critical Incident Report to State	1 day	Tue 8/30/22	Tue 8/30/22
1.2.5.2.2	State review Critical Incident Report	5 days	Wed 8/31/22	Tue 9/6/22
1.2.5.2.3	State approval of Critical Incident Report	1 day	Wed 9/7/22	Wed 9/7/22

Outline Number	Task Name	Duration	Start	Finish
1.2.6	CMS and MITA Compliance	89 days	Fri 4/1/22	Wed 8/3/22
1.2.6.1	Determine certification approach for each project (MECL or OBC)	20 days	Fri 4/1/22	Thu 4/28/22
1.2.6.2	CMS Certification Process - Example assumes quarterly reporting (repeated quarterly for each Project; requires Project approval)	69 days	Fri 4/29/22	Wed 8/3/22
1.2.6.2.1	State collects evidence documentation with IV&V assistance	15 days	Fri 4/29/22	Thu 5/19/22
1.2.6.2.2	State updates Checklists with IV&V assistance	15 days	Fri 5/20/22	Thu 6/9/22
1.2.6.2.3	IV&V Reviews evidence documentation	10 days	Fri 6/10/22	Thu 6/23/22
1.2.6.2.4	IV&V updates IV&V portion of Checklists	10 days	Fri 6/24/22	Thu 7/7/22
1.2.6.2.5	Analyze and Prepare IV&V Progress Report for applicable period/milestone	5 days	Fri 6/24/22	Thu 6/30/22
1.2.6.2.6	Deliver IV&V Progress Report	1 day	Fri 7/1/22	Fri 7/1/22
1.2.6.2.7	CMS/State reviews submitted report	5 days	Mon 7/4/22	Fri 7/8/22
1.2.6.2.8	IV&V Conducts Debriefing (as needed)	1 day	Mon 7/11/22	Mon 7/11/22
1.2.6.2.9	State prepares for certification visit	1 day	Tue 7/12/22	Tue 7/12/22
1.2.6.2.10	CMS conducts on-site certification visit	1 day	Wed 7/13/22	Wed 7/13/22
1.2.6.2.11	CMS provides State with CMS Milestone Debrief meeting	1 day	Thu 7/14/22	Thu 7/14/22
1.2.6.2.12	CMS provides State with CMS Milestone Debrief follow-up letter	1 day	Fri 7/15/22	Fri 7/15/22
1.2.6.2.13	State addresses and responds to CMS Milestone Debrief letter of recommendations	10 days	Fri 7/15/22	Thu 7/28/22
1.2.6.2.14	IV&V reviews State response to recommendations	3 days	Fri 7/29/22	Tue 8/2/22
1.2.6.2.15	State submits follow-up response to CMS	1 day	Wed 8/3/22	Wed 8/3/22
1.2.7	Operational and System Readiness - Example (per project)	228 days	Fri 4/1/22	Tue 2/14/23
1.2.7.1	System and Business Operation Readiness Review Plan (repeated for each project as applicable 90 days prior to the acceptance testing schedule date)	41 days	Wed 6/1/22	Wed 7/27/22

Outline Number	Task Name	Duration	Start	Finish
1.2.7.1.1	Develop draft of System and Business Operations Readiness Review Plan	34 days	Wed 6/1/22	Mon 7/18/22
1.2.7.1.1.1	Develop draft of System and Business Operations Readiness Review Plan	15 days	Wed 6/1/22	Tue 6/21/22
1.2.7.1.1.2	Internal review of draft System and Business Operations Readiness Review Plan	2 days	Wed 6/22/22	Thu 6/23/22
1.2.7.1.1.3	Apply internal updates	1 day	Fri 6/24/22	Fri 6/24/22
1.2.7.1.1.4	Submit draft of System and Business Operations Readiness Review Plan	1 day	Mon 6/27/22	Mon 6/27/22
1.2.7.1.1.5	State review draft of System and Business Operations Readiness Review Plan	5 days	Tue 6/28/22	Mon 7/4/22
1.2.7.1.1.6	IV&V update draft of System and Business Operations Readiness Review Plan	1 day	Tue 7/5/22	Tue 7/5/22
1.2.7.1.1.7	Walkthrough of draft of System and Business Operations Readiness Review Plan with State	1 day	Wed 7/6/22	Wed 7/6/22
1.2.7.1.1.8	State review draft of System and Business Operations Readiness Review Plan	5 days	Thu 7/7/22	Wed 7/13/22
1.2.7.1.1.9	IV&V update draft of System and Business Operations Readiness Review Plan as applicable	3 days	Thu 7/14/22	Mon 7/18/22
1.2.7.1.2	Deliver System and Business Operations Readiness Review Plan	7 days	Tue 7/19/22	Wed 7/27/22
1.2.7.1.2.1	Submit System and Business Operations Readiness Review Plan to State	1 day	Tue 7/19/22	Tue 7/19/22
1.2.7.1.2.2	Review of System and Business Operations Readiness Review Plan by State	5 days	Wed 7/20/22	Tue 7/26/22
1.2.7.1.2.3	State approval of the System and Business Operations Readiness Review Plan	1 day	Wed 7/27/22	Wed 7/27/22
1.2.7.2	System and Business ORR and Assessment (repeated for each project as applicable)	54 days	Thu 12/1/22	Tue 2/14/23

Outline Number	Task Name	Duration	Start	Finish
1.2.7.2.1	Develop System and Business ORR and Assessment Report	47 days	Thu 12/1/22	Fri 2/3/23
1.2.7.2.1.1	Conduct system and business operational readiness review and assessment	30 days	Thu 12/1/22	Wed 1/11/23
1.2.7.2.1.2	IV&V monitors and analyzes project testing and defect resolution activities	30 days	Thu 12/1/22	Wed 1/11/23
1.2.7.2.1.3	Develop draft System and Business ORR and Assessment Report	7 days	Thu 1/12/23	Fri 1/20/23
1.2.7.2.1.4	Internal review of draft System and Business ORR and Assessment Report	1 day	Mon 1/23/23	Mon 1/23/23
1.2.7.2.1.5	Apply internal updates	1 day	Tue 1/24/23	Tue 1/24/23
1.2.7.2.1.6	Submit draft System and Business ORR and Assessment Report to State	1 day	Wed 1/25/23	Wed 1/25/23
1.2.7.2.1.7	Walkthrough draft System and Business ORR and Assessment Report with State	1 day	Thu 1/26/23	Thu 1/26/23
1.2.7.2.1.8	State review draft System and Business ORR and Assessment Report	5 days	Fri 1/27/23	Thu 2/2/23
1.2.7.2.1.9	IV&V update draft System and Business ORR and Assessment Report	1 day	Fri 2/3/23	Fri 2/3/23
1.2.7.2.2	Deliver System and Business ORR and Assessment Report	7 days	Mon 2/6/23	Tue 2/14/23
1.2.7.2.2.1	Submit System and Business ORR and Assessment Report to State	1 day	Mon 2/6/23	Mon 2/6/23
1.2.7.2.2.2	State review of System and Business ORR and Assessment Report	5 days	Tue 2/7/23	Mon 2/13/23
1.2.7.2.2.3	State approval of System and Business ORR and Assessment Report	1 day	Tue 2/14/23	Tue 2/14/23
1.2.7.3	Monthly IV&V Deliverables and Work Products Package (repeated each month for 48 months during the 4 year contract period)	27 days	Fri 4/1/22	Mon 5/9/22

Outline Number	Task Name	Duration	Start	Finish
1.2.7.3.1	Create Monthly IV&V Deliverables and Work Products Package (monthly IV&V report, Weekly IV&V Status Reports, IV&V work products, critical incident reports, requirements traceability matrix updates, CMS and MITA compliance activities, IV&V Project Schedule updates)	21 days	Fri 4/1/22	Fri 4/29/22
1.2.7.3.2	Submit Monthly IV&V Deliverables and Work Products to State	6 days	Mon 5/2/22	Mon 5/9/22
1.3	Project Close-out	64 days	Thu 1/1/26	Tue 3/31/26
1.3.1	Transfer all completed/partially completed deliverables to the State	64 days	Thu 1/1/26	Tue 3/31/26
1.3.2	Transfer ownership and title to all completed/partially completed deliverables to the State	64 days	Thu 1/1/26	Tue 3/31/26
1.3.3	Return information/data to the State, unless permitted to keep	64 days	Thu 1/1/26	Tue 3/31/26
1.3.4	Return or vacate any State owned real or personal property	64 days	Thu 1/1/26	Tue 3/31/26
1.3.5	Return all data in a mutually acceptable format and manner	64 days	Thu 1/1/26	Tue 3/31/26

Appendix E – Project Schedule Example

The IV&V contractor's schedule is primarily dependent on the schedules and timelines of multiple stakeholders. This is especially true with similar large-scale, multi-contractor enterprise projects utilizing our experiences from similar projects, so our IV&V team has built project schedules based on an incremental statement of work (SOW).

For example, in Ohio, our IV&V team works with the state to plan work in six-month periods, which allows the state and our IV&V team to more accurately estimate the work to be performed. Our IV&V team develops its project schedule to coincide with each six-month period of work to support the overall goal of successful and timely delivery of IV&V services. Below is an example of the schedule created for a recent IV&V Integrated Eligibility Enterprise project. Although the sample is from an IV&V eligibility project, it shows the level of detail our Project Schedule will provide. To aid in reviewing, we collapsed the details on repetitive tasks such as delivery of the Monthly IV&V Status Report.

MN IVV						
ID	Outline Number	Task Name	Duration	Start	Finish	
1	1	OH IV&V IE Enterprise Project	1963 days	Tue 12/1/20	Wed 6/28/28	
2	1.1	OH IV&V IE Enterprise Project Start - Contract Execution	0 days	Tue 12/1/20	Tue 12/1/20	
3	1.2	Initiation Phase	46 days	Tue 12/1/20	Tue 2/9/21	
4	1.2.1	Conduct Kickoff Meetings and Onboarding	24 days	Tue 12/1/20	Thu 1/7/21	
5	1.2.1.1	Conduct Introductory Call	1 day	Mon 12/7/20	Mon 12/7/20	
6	1.2.1.1.1	Conduct IV&V Services Introductory Call	1 day	Mon 12/7/20	Mon 12/7/20	
7	1.2.1.1.2	Schedule State and IV&V Kickoff Meeting	1 day	Mon 12/7/20	Mon 12/7/20	
8	1.2.1.1.3	Schedule IE and HHS Business Intelligence Project Colloquium (with SI/OCM Contractors)	1 day	Mon 12/7/20	Mon 12/7/20	
9	1.2.1.1.4	Develop and submit information request for background materials	1 day	Mon 12/7/20	Mon 12/7/20	
10	1.2.1.2	Onboarding of IV&V Staff	10 days	Tue 12/1/20	Mon 12/14/20	
11	1.2.1.2.1	Onboard & transition IV&V team	7 days	Tue 12/1/20	Wed 12/9/20	
12	1.2.1.2.2	Review background materials	10 days	Tue 12/1/20	Mon 12/14/20	
13	1.2.1.2.3	IV&V team arrives onsite	1 day	Thu 12/10/20	Thu 12/10/20	
14	1.2.1.3	Conduct IV&V Services Kickoff Meeting w/ State	5 days	Thu 12/10/20	Wed 12/16/20	
15	1.2.1.3.1	Prepare for State and IV&V Kickoff meeting	4 days	Thu 12/10/20	Tue 12/15/20	
16	1.2.1.3.2	Conduct State and IV&V Kickoff meeting	1 day	Wed 12/16/20	Wed 12/16/20	
17	1.2.1.4	Conduct IE and HHS Business Intelligence Project Colloquium (with SI/OCM Contractors)	12 days	Thu 12/17/20	Thu 1/7/21	
18	1.2.1.4.1	Prepare for IE and HHS Business Intelligence Project Colloquium planning meeting with State	11 days	Thu 12/17/20	Wed 1/6/21	
19	1.2.1.4.2	Conduct Seminar Meeting	1 day	Thu 1/7/21	Thu 1/7/21	
20	1.2.2	Deliverable Expectation Documents	46 days	Tue 12/1/20	Tue 2/9/21	
21	1.2.2.1	Interval Deliverable Agreement DED	22 days	Tue 12/1/20	Tue 1/5/21	
22	1.2.2.1.1	Develop Interval Deliverable Agreement DED	15 days	Tue 12/1/20	Mon 12/21/20	
23	1.2.2.1.1.1	Develop draft Interval Deliverable Agreement DED	5 days	Tue 12/1/20	Mon 12/7/20	
24	1.2.2.1.1.2	Internal review of draft Interval Deliverable Agreement DED	1 day	Tue 12/8/20	Tue 12/8/20	
25	1.2.2.1.1.3	Apply internal updates	1 day	Wed 12/9/20	Wed 12/9/20	
26	1.2.2.1.1.4	Submit draft Interval Deliverable Agreement DED to State	1 day	Thu 12/10/20	Thu 12/10/20	
27	1.2.2.1.1.5	Walkthrough draft Interval Deliverable Agreement DED with State	1 day	Fri 12/11/20	Fri 12/11/20	
28	1.2.2.1.1.6	State review draft Interval Deliverable Agreement DED	5 days	Mon 12/14/20	Fri 12/18/20	
29	1.2.2.1.1.7	IV&V update draft Interval Deliverable Agreement DED	1 day	Mon 12/21/20	Mon 12/21/20	
30	1.2.2.1.2	Deliver Interval Deliverable Agreement DED	7 days	Tue 12/22/20	Tue 1/5/21	
31	1.2.2.1.2.1	Submit Interval Deliverable Agreement DED to State	1 day	Tue 12/22/20	Tue 12/22/20	
32	1.2.2.1.2.2	State review of Interval Deliverable Agreement DED	5 days	Wed 12/23/20	Mon 1/4/21	

MN IVV						
ID	Outline Number	Task Name	Duration	Start	Finish	
33	1.2.2.1.2.3	State approval of Interval Deliverable Agreement DED	1 day	Tue 1/5/21	Tue 1/5/21	
34	1.2.2.2	IV&V Assessment Report DED	24 days	Tue 12/1/20	Thu 1/7/21	
47	1.2.2.3	IV&V Project Work Management Plan DED	20 days	Tue 12/1/20	Thu 12/31/20	
60	1.2.2.4	Quarterly Interview Analysis Report DED	22 days	Tue 12/1/20	Tue 1/5/21	
73	1.2.2.5	Monthly IV&V Status Report DED	22 days	Tue 12/1/20	Tue 1/5/21	
86	1.2.2.6	Weekly IV&V Status Report DED	22 days	Tue 12/1/20	Tue 1/5/21	
99	1.2.2.7	Periodic Independent Quality Review Report DED	24 days	Wed 1/6/21	Tue 2/9/21	
100	1.2.2.7.1	Develop Periodic Independent Quality Review Report DED	17 days	Wed 1/6/21	Fri 1/29/21	
108	1.2.2.7.2	Deliver Periodic Independent Quality Review Report DED	7 days	Mon 2/1/21	Tue 2/9/21	
112	1.2.2.8	Corrective Action Plan DED	22 days	Tue 12/1/20	Tue 1/5/21	
113	1.2.2.8.1	Develop Corrective Action Plan DED	15 days	Tue 12/1/20	Mon 12/21/20	
121	1.2.2.8.2	Deliver Corrective Action Plan DED	7 days	Tue 12/22/20	Tue 1/5/21	
125	1.3	Planning Phase	67 days	Tue 12/1/20	Thu 3/11/21	
126	1.3.1	IV&V Project Work Management Plan	25 days	Mon 1/4/21	Mon 2/8/21	
127	1.3.1.1	Develop IV&V Project Work Management Plan	18 days	Mon 1/4/21	Thu 1/28/21	
128	1.3.1.1.1	Communications Management Plan	2 days	Mon 1/4/21	Tue 1/5/21	
129	1.3.1.1.2	Project Work Plan	2 days	Mon 1/4/21	Tue 1/5/21	
130	1.3.1.1.3	Quality Management Plan	2 days	Wed 1/6/21	Thu 1/7/21	
131	1.3.1.1.4	Risk and Issue Management Plan	2 days	Wed 1/6/21	Thu 1/7/21	
132	1.3.1.1.5	Schedule Management Plan	2 days	Fri 1/8/21	Mon 1/11/21	
133	1.3.1.1.6	Schedule / Milestones & Burn Down Charts	2 days	Fri 1/8/21	Mon 1/11/21	
134	1.3.1.1.7	Staffing Plan	2 days	Fri 1/8/21	Mon 1/11/21	
135	1.3.1.1.8	Internal review of draft IV&V Project Work Management Plan	2 days	Tue 1/12/21	Wed 1/13/21	
136	1.3.1.1.9	Apply internal updates	1 day	Thu 1/14/21	Thu 1/14/21	
137	1.3.1.1.10	Submit draft of IV&V Project Work Management Plan to State	1 day	Fri 1/15/21	Fri 1/15/21	
138	1.3.1.1.11	Walkthrough of draft of IV&V Project work Management Plan with State	1 day	Tue 1/19/21	Tue 1/19/21	
139	1.3.1.1.12	State review draft of IV&V Project work Management Plan	5 days	Wed 1/20/21	Tue 1/26/21	
140	1.3.1.1.13	IV&V update draft of IV&V Project Work Management Plan as applicable	2 days	Wed 1/27/21	Thu 1/28/21	
141	1.3.1.2	Deliver IV&V Project Work Management Plan	7 days	Fri 1/29/21	Mon 2/8/21	
142	1.3.1.2.1	Submit IV&V Project Work Management Plan to State	1 day	Fri 1/29/21	Fri 1/29/21	
143	1.3.1.2.2	Review of IV&V Project Work Management Plan by State	5 days	Mon 2/1/21	Fri 2/5/21	
144	1.3.1.2.3	State approval of the IV&V Project Work Management Plan	1 day	Mon 2/8/21	Mon 2/8/21	
145	1.3.2	Initial IV&V Assessments (repeated for each Focus-Area as applicable)	43 days	Fri 1/8/21	Thu 3/11/21	
146	1.3.2.1	Initial Assessment Starts	18 days	Fri 1/8/21	Wed 2/3/21	
147	1.3.2.1.1	Work with State to obtain applicable documentation	3 days	Fri 1/8/21	Tue 1/12/21	

MN IVV						
ID	Outline Number	Task Name	Duration	Start	Finish	
148	1.3.2.1.2	Work with State to schedule interviews	3 days	Fri 1/8/21	Tue 1/12/21	
149	1.3.2.1.3	Work with State for IV&V inclusion at applicable project meetings	3 days	Fri 1/8/21	Tue 1/12/21	
150	1.3.2.1.4	Prepare for and conduct interviews	15 days	Wed 1/13/21	Wed 2/3/21	
151	1.3.2.1.5	Attend project meetings as applicable	15 days	Wed 1/13/21	Wed 2/3/21	
152	1.3.2.1.6	Conduct detailed review of project plans, work assignments, processes, foundational artifacts, interview notes, and other relevant project	15 days	Wed 1/13/21	Wed 2/3/21	
153	1.3.2.2	Develop Initial Assessment Report	18 days	Thu 2/4/21	Tue 3/2/21	
161	1.3.2.3	Deliver Initial Assessment Report	7 days	Wed 3/3/21	Thu 3/11/21	
165	1.3.3	Interval Deliverable Agreement (repeated as applicable)	33 days	Tue 12/1/20	Thu 1/21/21	
166	1.3.3.1	Develop Interval Deliverable Agreement	16 days	Tue 12/1/20	Tue 12/22/20	
175	1.3.3.2	Deliver Interval Deliverable Agreement	17 days	Wed 12/23/20	Thu 1/21/21	
180	1.4	Execution & Review Phase	282 days	Tue 12/1/20	Tue 1/18/22	
181	1.4.1	IV&V Assessments	58 days	Fri 3/12/21	Wed 6/2/21	
182	1.4.1.1	Progress Assessments (repeated for each Focus-Area as applicable)	43 days	Fri 3/12/21	Tue 5/11/21	
183	1.4.1.1.1	Progress Assessment Starts	18 days	Fri 3/12/21	Tue 4/6/21	
184	1.4.1.1.1.1	Work with State to obtain applicable documentation	3 days	Fri 3/12/21	Tue 3/16/21	
185	1.4.1.1.1.2	Work with State to schedule interviews	3 days	Fri 3/12/21	Tue 3/16/21	
186	1.4.1.1.1.3	Work with State for IV&V inclusion at applicable project meetings	3 days	Fri 3/12/21	Tue 3/16/21	
187	1.4.1.1.1.4	Prepare for and conduct interviews	15 days	Wed 3/17/21	Tue 4/6/21	
188	1.4.1.1.1.5	Attend project meetings as applicable	15 days	Wed 3/17/21	Tue 4/6/21	
189	1.4.1.1.1.6	Conduct detailed review of project plans, work assignments, processes, foundational artifacts, interview notes, and other relevant project	15 days	Wed 3/17/21	Tue 4/6/21	
190	1.4.1.1.2	Develop Progress Assessment Report	18 days	Wed 4/7/21	Fri 4/30/21	
191	1.4.1.1.2.1	Develop draft of Progress Assessment Report	3 days	Wed 4/7/21	Fri 4/9/21	
192	1.4.1.1.2.2	Internal review of draft Progress Assessment Report	3 days	Mon 4/12/21	Wed 4/14/21	
193	1.4.1.1.2.3	Apply internal updates	2 days	Thu 4/15/21	Fri 4/16/21	
194	1.4.1.1.2.4	Submit draft of Progress Assessment Report to State	1 day	Mon 4/19/21	Mon 4/19/21	
195	1.4.1.1.2.5	Walkthrough of draft of Progress Assessment Report with State	1 day	Tue 4/20/21	Tue 4/20/21	
196	1.4.1.1.2.6	State review draft of Progress Assessment Report	5 days	Wed 4/21/21	Tue 4/27/21	
197	1.4.1.1.2.7	IV&V update draft of Progress Assessment Report as applicable	3 days	Wed 4/28/21	Fri 4/30/21	
198	1.4.1.1.3	Deliver Progress Assessment Report	7 days	Mon 5/3/21	Tue 5/11/21	
199	1.4.1.1.3.1	Submit Progress Assessment Report to State	1 day	Mon 5/3/21	Mon 5/3/21	
200	1.4.1.1.3.2	Review of Progress Assessment Report by State	5 days	Tue 5/4/21	Mon 5/10/21	
201	1.4.1.1.3.3	State approval of the Progress Assessment Report	1 day	Tue 5/11/21	Tue 5/11/21	
202	1.4.1.2	Response Action Plans (repeated as applicable)	28 days	Fri 3/12/21	Tue 4/20/21	

MN IVV						
ID	Outline Number	Task Name	Duration	Start	Finish	
203	1.4.1.2.1	IV&V to meet with State and Contractors regarding recommendation(s)	1 day	Fri 3/12/21	Fri 3/12/21	
204	1.4.1.2.2	IV&V, State, Contractors discuss what actions, if any, are needed to rectify	1 day	Mon 3/15/21	Mon 3/15/21	
205	1.4.1.2.3	If applicable, State and/or Contractor will develop action plan	10 days	Tue 3/16/21	Mon 3/29/21	
206	1.4.1.2.4	State and/or Contractor presents recommendations to IV&V	1 day	Tue 3/30/21	Tue 3/30/21	
207	1.4.1.2.5	IV&V to track action plans and report progress in follow-up assessments	15 days	Wed 3/31/21	Tue 4/20/21	
208	1.4.1.3	Follow-up Assessments (repeated as applicable)	40 days	Wed 4/7/21	Wed 6/2/21	
209	1.4.1.3.1	Follow-up Assessment Starts	15 days	Wed 4/7/21	Tue 4/27/21	
210	1.4.1.3.1.1	Prepare for and conduct interviews	15 days	Wed 4/7/21	Tue 4/27/21	
211	1.4.1.3.1.2	Conduct follow-up review of project plans, work assignments, processes, foundational artifacts, interview notes, and other relevant project documentation	15 days	Wed 4/7/21	Tue 4/27/21	
212	1.4.1.3.2	Follow-up Assessments	18 days	Wed 4/28/21	Fri 5/21/21	
213	1.4.1.3.2.1	Develop draft of Follow-up Assessment Report	3 days	Wed 4/28/21	Fri 4/30/21	
214	1.4.1.3.2.2	Internal review of draft Follow-up Assessment Report	3 days	Mon 5/3/21	Wed 5/5/21	
215	1.4.1.3.2.3	Apply internal updates	2 days	Thu 5/6/21	Fri 5/7/21	
216	1.4.1.3.2.4	Submit draft of Follow-up Assessment Report to State	1 day	Mon 5/10/21	Mon 5/10/21	
217	1.4.1.3.2.5	Walkthrough of draft of Follow-up Assessment Report with State	1 day	Tue 5/11/21	Tue 5/11/21	
218	1.4.1.3.2.6	State review draft of Follow-up Assessment Report	5 days	Wed 5/12/21	Tue 5/18/21	
219	1.4.1.3.2.7	IV&V update draft of Follow-up Assessment Report as applicable	3 days	Wed 5/19/21	Fri 5/21/21	
220	1.4.1.3.3	Deliver Progress Assessment Report	7 days	Mon 5/24/21	Wed 6/2/21	
221	1.4.1.3.3.1	Submit Progress Assessment Report to State	1 day	Mon 5/24/21	Mon 5/24/21	
222	1.4.1.3.3.2	Review of Progress Assessment Report by State	5 days	Tue 5/25/21	Tue 6/1/21	
223	1.4.1.3.3.3	State approval of the Progress Assessment Report	1 day	Wed 6/2/21	Wed 6/2/21	
224	1.4.2	Quarterly Interview Analysis Report	225 days	Mon 1/4/21	Tue 11/23/21	
225	1.4.2.1	Quarterly Interview Analysis Report - Qtr. 1	36 days	Mon 1/4/21	Wed 2/24/21	
226	1.4.2.1.1	Develop Quarterly Interview Analysis Report - Qtr. 1	29 days	Mon 1/4/21	Fri 2/12/21	
227	1.4.2.1.1.1	Prepare for and conduct quarterly interviews	15 days	Mon 1/4/21	Mon 1/25/21	
228	1.4.2.1.1.2	Develop draft Quarterly Interview Analysis Report	3 days	Tue 1/26/21	Thu 1/28/21	
229	1.4.2.1.1.3	Internal review of draft Quarterly Interview Analysis Report	1 day	Fri 1/29/21	Fri 1/29/21	
230	1.4.2.1.1.4	Apply internal updates	1 day	Mon 2/1/21	Mon 2/1/21	
231	1.4.2.1.1.5	Submit draft of Quarterly Interview Analysis Report to State	1 day	Tue 2/2/21	Tue 2/2/21	
232	1.4.2.1.1.6	Walkthrough of draft Quarterly Interview Analysis Report with State	1 day	Wed 2/3/21	Wed 2/3/21	
233	1.4.2.1.1.7	State review draft Quarterly Interview Analysis Report	5 days	Thu 2/4/21	Wed 2/10/21	
234	1.4.2.1.1.8	IV&V update draft Quarterly Interview Analysis Report as applicable	2 days	Thu 2/11/21	Fri 2/12/21	
235	1.4.2.1.2	Deliver Quarterly Interview Analysis Report - Qtr. 1	7 days	Tue 2/16/21	Wed 2/24/21	

MN IVV						
ID	Outline Number	Task Name	Duration	Start	Finish	
236	1.4.2.1.2.1	Submit Quarterly Interview Analysis Report to State	1 day	Tue 2/16/21	Tue 2/16/21	
237	1.4.2.1.2.2	State review Quarterly Interview Analysis Report	5 days	Wed 2/17/21	Tue 2/23/21	
238	1.4.2.1.2.3	State approval of Quarterly Interview Analysis Report	1 day	Wed 2/24/21	Wed 2/24/21	
239	1.4.2.2	Quarterly Interview Analysis Report - Qtr. 2	36 days	Thu 4/1/21	Thu 5/20/21	
253	1.4.2.3	Quarterly Interview Analysis Report - Qtr. 3	36 days	Thu 7/1/21	Fri 8/20/21	
267	1.4.2.4	Quarterly Interview Analysis Report - Qtr. 4	36 days	Fri 10/1/21	Tue 11/23/21	
281	1.4.3	Monthly IV&V Status Reports & Dashboards	282 days	Tue 12/1/20	Tue 1/18/22	
282	1.4.3.1	Monthly IV&V Status Report & Dashboard - Dec 2020	33 days	Tue 12/1/20	Thu 1/21/21	
283	1.4.3.1.1	Develop Monthly IV&V Status Report & Dashboard - Dec '20	26 days	Tue 12/1/20	Mon 1/11/21	
284	1.4.3.1.1.1	Develop draft Monthly IV&V Status Report & Dashboard	15 days	Tue 12/1/20	Mon 12/21/20	
285	1.4.3.1.1.2	Internal review of draft Monthly IV&V Status Report & Dashboard	2 days	Tue 12/22/20	Wed 12/23/20	
286	1.4.3.1.1.3	Apply internal updates	1 day	Tue 12/29/20	Tue 12/29/20	
287	1.4.3.1.1.4	Submit draft of Monthly IV&V Status Report & Dashboard	1 day	Wed 12/30/20	Wed 12/30/20	
288	1.4.3.1.1.5	Walkthrough of draft Monthly IV&V Status Report & Dashboard with Sta	1 day	Thu 12/31/20	Thu 12/31/20	
289	1.4.3.1.1.6	State review draft Monthly IV&V Status Report & Dashboard	5 days	Mon 1/4/21	Fri 1/8/21	
290	1.4.3.1.1.7	IV&V update draft Monthly IV&V Status Report & Dashboard as applicab	1 day	Mon 1/11/21	Mon 1/11/21	
291	1.4.3.1.2	Deliver Monthly IV&V Status Report & Dashboard - Dec '20	7 days	Tue 1/12/21	Thu 1/21/21	
292	1.4.3.1.2.1	Submit Monthly IV&V Status Report & Dashboard to State	1 day	Tue 1/12/21	Tue 1/12/21	
293	1.4.3.1.2.2	State review Monthly IV&V Status Report & Dashboard	5 days	Wed 1/13/21	Wed 1/20/21	
294	1.4.3.1.2.3	State approval of Monthly IV&V Status Report & Dashboard	1 day	Thu 1/21/21	Thu 1/21/21	
295	1.4.3.2	Monthly IV&V Status Report & Dashboard - Jan 2021	33 days	Mon 1/4/21	Fri 2/19/21	
308	1.4.3.3	Monthly IV&V Status Report & Dashboard - Feb 2021	33 days	Mon 2/1/21	Thu 3/18/21	
321	1.4.3.4	Monthly IV&V Status Report & Dashboard - Mar 2021	33 days	Mon 3/1/21	Wed 4/14/21	
334	1.4.3.5	Monthly IV&V Status Report & Dashboard - Apr 2021	33 days	Thu 4/1/21	Mon 5/17/21	
347	1.4.3.6	Monthly IV&V Status Report & Dashboard - May 2021	33 days	Mon 5/3/21	Thu 6/17/21	
360	1.4.3.7	Monthly IV&V Status Report & Dashboard - Jun 2021	33 days	Tue 6/1/21	Fri 7/16/21	
373	1.4.3.8	Monthly IV&V Status Report & Dashboard - Jul 2021	33 days	Thu 7/1/21	Tue 8/17/21	
386	1.4.3.9	Monthly IV&V Status Report & Dashboard - Aug 2021	33 days	Mon 8/2/21	Thu 9/16/21	
399	1.4.3.10	Monthly IV&V Status Report & Dashboard - Sep 2021	33 days	Wed 9/1/21	Tue 10/19/21	
412	1.4.3.11	Monthly IV&V Status Report & Dashboard - Oct 2021	33 days	Fri 10/1/21	Thu 11/18/21	
425	1.4.3.12	Monthly IV&V Status Report & Dashboard - Nov 2021	33 days	Mon 11/1/21	Fri 12/17/21	
438	1.4.3.13	Monthly IV&V Status Report & Dashboard - Dec 2021	33 days	Wed 12/1/21	Tue 1/18/22	
451	1.4.4	Weekly IV&V Status Report (repeated each week as required by ODM)	13 days	Mon 12/7/20	Wed 12/23/20	
452	1.4.4.1	Develop Weekly IV&V Status Report	6 days	Mon 12/7/20	Mon 12/14/20	
453	1.4.4.1.1	Develop draft Weekly IV&V Status Report	5 days	Mon 12/7/20	Fri 12/11/20	

MN IVV						
ID	Outline Number	Task Name	Duration	Start	Finish	
454	1.4.4.1.2	Internal review of draft Weekly IV&V Status Report	0.5 days	Mon 12/14/20	Mon 12/14/20	
455	1.4.4.1.3	Apply internal updates	0.5 days	Mon 12/14/20	Mon 12/14/20	
456	1.4.4.2	Deliver Weekly IV&V Status Report	7 days	Tue 12/15/20	Wed 12/23/20	
457	1.4.4.2.1	Submit Weekly IV&V Status Report	1 day	Tue 12/15/20	Tue 12/15/20	
458	1.4.4.2.2	State review Weekly IV&V Status Report	5 days	Wed 12/16/20	Tue 12/22/20	
459	1.4.4.2.3	State approval of Weekly IV&V Status Report	1 day	Wed 12/23/20	Wed 12/23/20	
460	1.4.5	Periodic Independent Project Quality Reviews (repeated as necessary; requires Project approval)	38 days	Thu 7/1/21	Tue 8/24/21	
461	1.4.5.1	Periodic Independent Project Quality Review Starts	15 days	Thu 7/1/21	Thu 7/22/21	
462	1.4.5.1.1	Work with State to obtain applicable documentation	5 days	Thu 7/1/21	Thu 7/8/21	
463	1.4.5.1.2	Work with State to schedule interviews	5 days	Thu 7/1/21	Thu 7/8/21	
464	1.4.5.1.3	Work with State for IV&V inclusion at applicable project meetings	5 days	Thu 7/1/21	Thu 7/8/21	
465	1.4.5.1.4	Prepare for and conduct interviews	10 days	Fri 7/9/21	Thu 7/22/21	
466	1.4.5.1.5	Attend project meetings as applicable	10 days	Fri 7/9/21	Thu 7/22/21	
467	1.4.5.1.6	Conduct detailed review of project plans, work assignments, processes, foundational artifacts, interview notes, and other relevant project	10 days	Fri 7/9/21	Thu 7/22/21	
468	1.4.5.2	Develop Periodic Independent Project Quality Review Report	16 days	Fri 7/23/21	Fri 8/13/21	
469	1.4.5.2.1	Develop draft of Periodic Independent Project Quality Review Report	5 days	Fri 7/23/21	Thu 7/29/21	
470	1.4.5.2.2	Internal review of draft Periodic Independent Project Quality Review Report	2 days	Fri 7/30/21	Mon 8/2/21	
471	1.4.5.2.3	Apply internal updates	1 day	Tue 8/3/21	Tue 8/3/21	
472	1.4.5.2.4	Submit draft of Periodic Independent Project Quality Review Report to State	1 day	Wed 8/4/21	Wed 8/4/21	
473	1.4.5.2.5	Walkthrough of draft of Periodic Independent Project Quality Review Report with State	1 day	Thu 8/5/21	Thu 8/5/21	
474	1.4.5.2.6	State review draft of Periodic Independent Project Quality Review Report	5 days	Fri 8/6/21	Thu 8/12/21	
475	1.4.5.2.7	IV&V update draft of Periodic Independent Project Quality Review Report as applicable	1 day	Fri 8/13/21	Fri 8/13/21	
476	1.4.5.3	Deliver Periodic Independent Project Quality Review	7 days	Mon 8/16/21	Tue 8/24/21	
477	1.4.5.3.1	Submit Periodic Independent Project Quality Review Report to State	1 day	Mon 8/16/21	Mon 8/16/21	
478	1.4.5.3.2	Review of Periodic Independent Project Quality Review Report by State	5 days	Tue 8/17/21	Mon 8/23/21	
479	1.4.5.3.3	State approval of the Periodic Independent Project Quality Review Report	1 day	Tue 8/24/21	Tue 8/24/21	
480	1.4.6	CMS Certification (requires Project approval)	54 days	Mon 1/4/21	Mon 3/22/21	
481	1.4.6.1	State collect IES evidence documentation with IV&V assistance	15 days	Mon 1/4/21	Mon 1/25/21	
482	1.4.6.2	State updates MEET Checklists with IV&V assistance	15 days	Mon 1/4/21	Mon 1/25/21	

MN IVV						
ID	Outline Number	Task Name	Duration	Start	Finish	
483	1.4.6.3	IV&V Reviews evidence documentation	10 days	Tue 1/26/21	Mon 2/8/21	
484	1.4.6.4	IV&V updates IV&V portion of Checklists	10 days	Tue 2/9/21	Tue 2/23/21	
485	1.4.6.5	Analyze and Prepare E&E IV&V Progress Report for applicable period/milestone	5 days	Tue 2/9/21	Tue 2/16/21	
486	1.4.6.6	Deliver E&E IV&V Progress Report	1 day	Wed 2/17/21	Wed 2/17/21	
487	1.4.6.7	CMS/State reviews submitted report	5 days	Thu 2/18/21	Wed 2/24/21	
488	1.4.6.8	IV&V Conducts Debriefing (as needed)	1 day	Thu 2/25/21	Thu 2/25/21	
489	1.4.6.9	State prepares for certification visit	1 day	Fri 2/26/21	Fri 2/26/21	
490	1.4.6.10	CMS conducts onsite certification visit	1 day	Mon 3/1/21	Mon 3/1/21	
491	1.4.6.11	CMS provides State with CMS Milestone Debrief meeting	1 day	Tue 3/2/21	Tue 3/2/21	
492	1.4.6.12	CMS provides State with CMS Milestone Debrief follow-up letter	1 day	Wed 3/3/21	Wed 3/3/21	
493	1.4.6.13	State addresses and responds to CMS Milestone Debrief letter of recommendations	10 days	Wed 3/3/21	Tue 3/16/21	
494	1.4.6.14	IV&V reviews State response to recommendations	3 days	Wed 3/17/21	Fri 3/19/21	
495	1.4.6.15	State submits follow-up response to CMS	1 day	Mon 3/22/21	Mon 3/22/21	
496	1.4.7	Go/No Go Preparation and Decisions (repeated as necessary; requires Project approval)	9 days	Tue 12/1/20	Fri 12/11/20	
497	1.4.7.1	IV&V compiles information needed to support no/no-go	5 days	Tue 12/1/20	Mon 12/7/20	
498	1.4.7.2	IV&V analyzes information needed to support no/no-go	3 days	Tue 12/8/20	Thu 12/10/20	
499	1.4.7.3	State conducts Go/No-Go meeting with IV&V present to share findings	1 day	Fri 12/11/20	Fri 12/11/20	
500	1.4.8	IV&V Work Plan Updates (repeated each Week as required by ODM)	9 days	Tue 2/9/21	Mon 2/22/21	
501	1.4.8.1	Apply updates to IV&V Work Plan	2 days	Tue 2/9/21	Wed 2/10/21	
502	1.4.8.2	Submit updated IV&V Work Plan to State	1 day	Thu 2/11/21	Thu 2/11/21	
503	1.4.8.3	Review updated IV&V Work Plan by State	5 days	Fri 2/12/21	Fri 2/19/21	
504	1.4.8.4	State approval of the updated IV&V Work Plan	1 day	Mon 2/22/21	Mon 2/22/21	
505	1.4.9	Milestone Assessments (repeated as required by ODM)	45 days	Mon 2/1/21	Mon 4/5/21	
506	1.4.9.1	State collects evidence documentation with IV&V assistance	15 days	Mon 2/1/21	Mon 2/22/21	
507	1.4.9.2	State updates MEET Checklists with IV&V assistance	15 days	Mon 2/1/21	Mon 2/22/21	
508	1.4.9.3	IV&V Reviews evidence documentation	10 days	Tue 2/23/21	Mon 3/8/21	
509	1.4.9.4	IV&V updates IV&V portion of Checklists	10 days	Tue 2/23/21	Mon 3/8/21	
510	1.4.9.5	IV&V Analyzes and Prepares E&E IV&V Progress Report for Qtr.	5 days	Tue 3/9/21	Mon 3/15/21	
511	1.4.9.6	IV&V delivers E&E IV&V Progress Report for Qtr.	1 day	Tue 3/16/21	Tue 3/16/21	
512	1.4.9.7	CMS/State reviews submitted report	5 days	Wed 3/17/21	Tue 3/23/21	
513	1.4.9.8	IV&V conducts debriefing (as required)	1 day	Wed 3/24/21	Wed 3/24/21	
514	1.4.9.9	State prepares for certification visit	1 day	Thu 3/25/21	Thu 3/25/21	

ID	Outline Number	Task Name	Duration	Start	Finish
515	1.4.9.10	CMS conducts onsite certification visit	1 day	Fri 3/26/21	Fri 3/26/21
516	1.4.9.11	CMS provides State with CMS Milestone Debrief	1 day	Mon 3/29/21	Mon 3/29/21
517	1.4.9.12	State responds to CMS Milestone Debrief as applicable	5 days	Tue 3/30/21	Mon 4/5/21
518	1.4.10	Internal IV&V Project Review (ongoing)	22 days	Mon 3/1/21	Tue 3/30/21
519	1.4.10.1	IV&V reviews internal processes for continuous improvements	7 days	Mon 3/1/21	Tue 3/9/21
520	1.4.10.2	Quality improvements are developed (as needed)	7 days	Wed 3/10/21	Thu 3/18/21
521	1.4.10.3	Quality improvements are implemented (as needed)	7 days	Fri 3/19/21	Mon 3/29/21
522	1.4.10.4	IV&V seeks State approval to implement improvements (as needed)	1 day	Tue 3/30/21	Tue 3/30/21
523	1.4.11	Corrective Action Plan (as applicable)	20 days	Wed 12/1/21	Wed 12/29/21
524	1.4.11.1	Develop Corrective Action Plan	13 days	Wed 12/1/21	Fri 12/17/21
528	1.4.11.2	Deliver Corrective Action Plan	7 days	Mon 12/20/21	Wed 12/29/21
532	1.4.12	Test Results Validation (reported on monthly during Testing Phases)	18 days	Mon 5/3/21	Wed 5/26/21
533	1.4.12.1	IV&V monitors and analyzes test results	15 days	Mon 5/3/21	Fri 5/21/21
534	1.4.12.2	IV&V reports on quality, issues, and concerns in Monthly IV&V Status report	3 days	Mon 5/24/21	Wed 5/26/21
535	1.5	Project Close-out Phase (4-mo to contract end)	86 days	Wed 3/1/28	Wed 6/28/28
536	1.5.1	Archive all IV&V Documents	80 days	Wed 3/1/28	Tue 6/20/28
537	1.5.2	Deliver archive of all IV&V documents	1 day	Wed 6/21/28	Wed 6/21/28
538	1.5.3	State approval of all IV&V documents	5 days	Thu 6/22/28	Wed 6/28/28

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Appendix F – BerryDunn Status Report Templates

Reference the following pages for examples of Monthly IV&V and Weekly IV&V Status Report templates with instructions and procedures for completing it. Each template was tailored for specific client projects, and BerryDunn will work with MLTC during initial project planning to develop Monthly IV&V and Weekly IV&V Status Report templates that will meet the information needs of the IV&V activities.

Independent Verification & Validation (IV&V) Services

Monthly Progress, Risk, and Issue Report

Version 1.0



<Program Name>

Submitted by:

BerryDunn
2211 Congress Street
Portland, ME 04102-1955
207.541.2200

<Name>, <Title>
<Contact information>

Reporting Period:

<XX/XX/XXXX – XX/XX/XXXX>

Submitted On:

<XX/XX/XXXX>

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Table i: Version History

Version	Date	Description
<V#.0.X>	<XX/XX/XXXX>	Draft Created
<V#.0.X>	<XX/XX/XXXX>	Reviewed by Project Manager
<V#.0.X>	<XX/XX/XXXX>	Reviewed by Editing Staff
<V#.0.X>	<XX/XX/XXXX>	Reviewed by Engagement Manager
<V#.0.X>	<XX/XX/XXXX>	Applied Updates by IV&V Staff
<V#.0.X>	<XX/XX/XXXX>	Submitted

1 Executive Summary

The Monthly Report of Independent Verification and Validation (IV&V) Services provides a detailed summary of the observations, progress, risks, and issues identified by BerryDunn's IV&V team for the reporting period from <XX/XX/XXXX – XX/XX/XXXX>. BerryDunn distributes this report a maximum of five business days after the month-end. Both the weekly and monthly status reports will be aligned.

The IV&V project team uses a color-coded matrix to assess each area. Table 1, below, contains a description of each assessment indicator.

Table 1: Color-Coded Health Matrix

Health Assessment	Description
	Observations in the assessment area do not pose a material risk or issue to the program.
	Observations in the assessment area represent challenges that, if not addressed, are likely to cause a negative impact to the program.
	Observations in the assessment area represent significant challenges that, if not addressed, are likely to cause significant negative impact to the program.

Table 2, below, provides the IV&V project team's overall <Program Name> assessment. The table includes a sample of the color-coded health assessment.

Table 2: Overall <Program Name> Program Assessment

Category	Current Assessment	Previous Assessment
Overall <Program Name> Health		

The IV&V team will share the status of the overall <Program Name> Program Assessment here. Please see Section 2 –<Program Name> Program Assessment for more information.

2 <Program Name> Assessment

During the current reporting period <XX/XX/XXXX – XX/XX/XXXX>, the IV&V team reviews and assesses the program management activities as prescribed by CMS. The following sections provide the IV&V team's assessment for <Program Name>.

Risk and Issue Prioritization

Using Project Management Body of Knowledge (PMBOK®) project management methodologies by the Project Management Institute® (PMI®), IV&V objectively analyzes risks and issues across several domains, evaluating risk exposure (which includes probability and impact), issue rating, risk and issue category, and risk time frame. To help inform State decision-making, IV&V synthesizes its analysis and collectively ranks all open risks and issues by their relative priority, from highest priority to lowest priority. Table 3, below, contains IV&V's prioritization ranking of each open risk and issue.

Table 3: Risk and Issue Priority Rankings

Priority	Risk or Issue Title
1	Risk or Issue Title
2	Risk or Issue Title

2.1 Program Management Assessment

In Section 2.1 – Program Management Assessment, IV&V provides its assessment by domain, including any observations, findings, and recommendations related to the overall <Program Name>. The table below includes samples of each color-coded health assessment.

Table 4: Program Management Assessment by Domain

[Insert correct color-coded health assessment and observations and recommendations]

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
Program Strategy Alignment			
Program Quality			
Program Stakeholder Engagement			
Program Governance			
Resource Management			

2.2 Key <Program Name> Metrics

[Enter analysis of <Program Name> metrics]

Figure 1 depicts open, past due, new, and completed AIs across <Program Name> service component and module projects. Each category is broken out to provide volume counts by rating: “High,” and “Medium” or “Low” (M/L). *[Enter analysis of changes since previous reporting period.]*

Figure 1: <Program Name> AIs by Project

[Enter module for <Program Name> and numbers of open, past due, new and completed AIs]

Module	Open			Past Due			New This Week			Completed this Week		
	High	M / L	Total	High	M / L	Total	High	M / L	Total	High	M / L	Total
A												
B												
C												
D												
E												
F												
G												
TOTALS												

Figure 2 will track high-priority AIs across the <Program Name> for each reporting period. *[Enter analysis of changes since previous reporting period and replace figure below with actual AIs and reporting period dates.]*

Figure 2: High-Priority <Program Name> AIs

[Enter high priority AIs and open, past due, or new status for each reporting period]

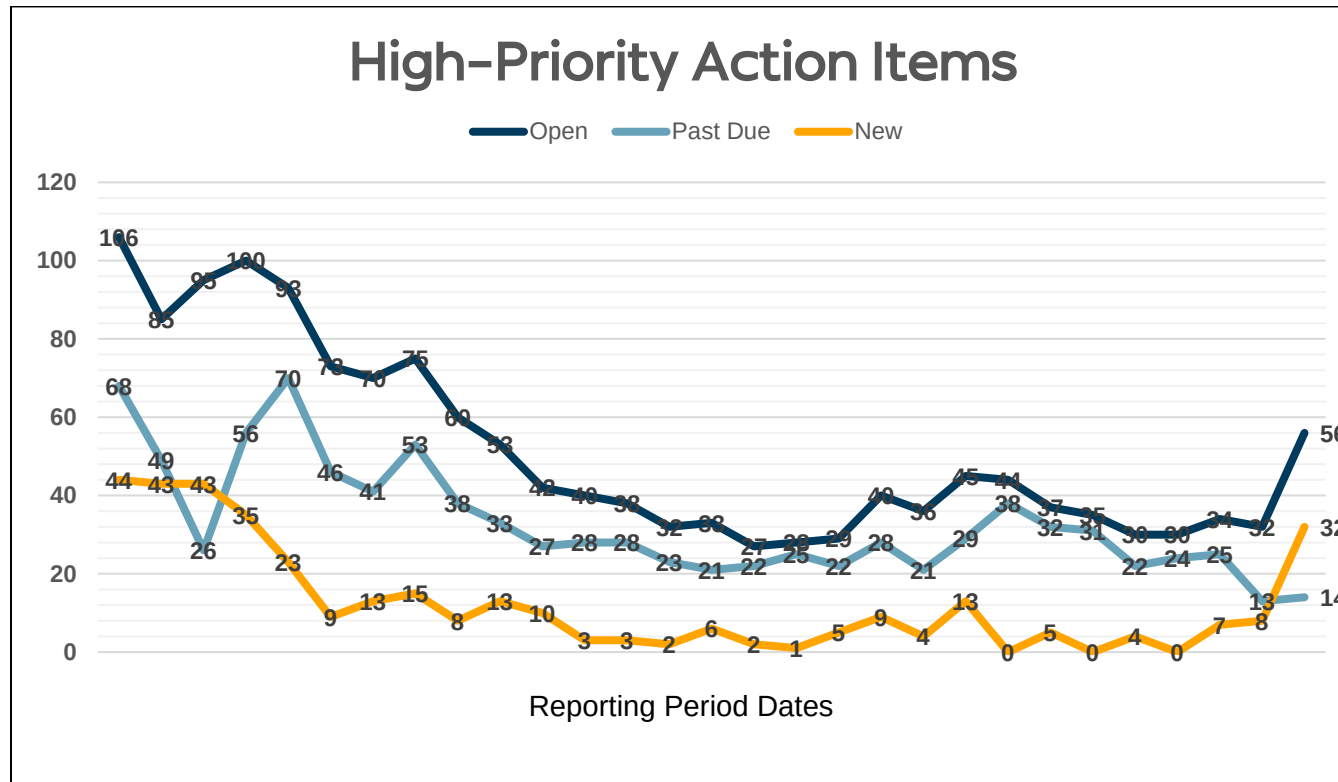


Figure 3 depicts the volume of open risks for each <Program Name> service component and module project. *[Enter analysis of changes since the previous reporting period and replace figure below with actual open and closed risks for each service component and module project.]*

Figure 3: Risks by <Program Name> Projects

[Enter the number of open and closed risks for each service component and module project]

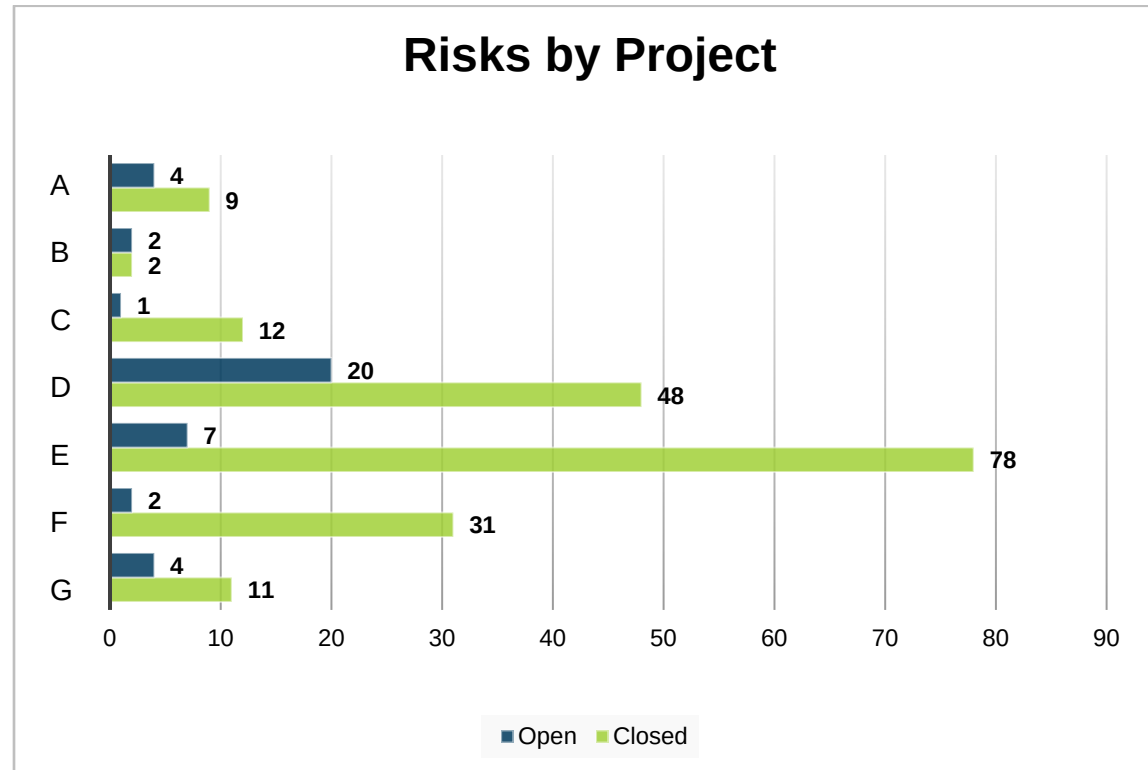


Figure 4 depicts the volume of issues across <Program Name> service component and module projects. *[Enter analysis of changes since the previous reporting period and replace figure below with actual number of open and closed issues by service component and module.]*

Figure 4: <Program Name> Issues by Project

[Enter number of open and closed issues by service component and module]

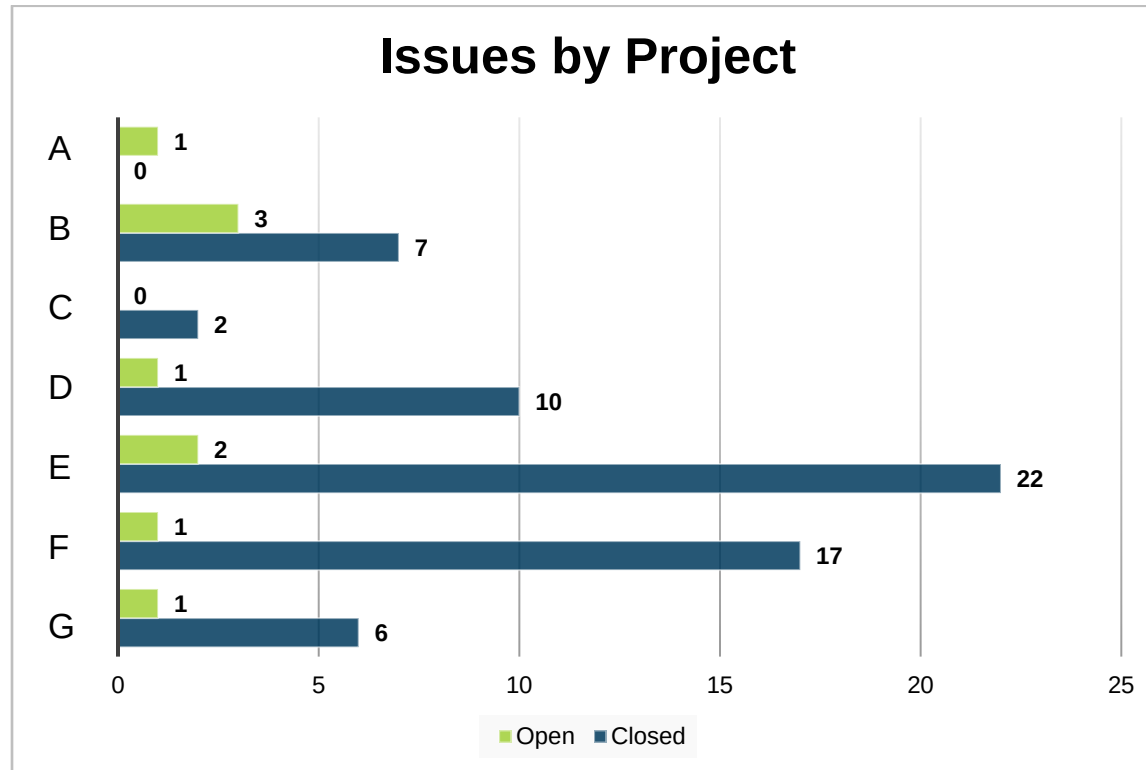
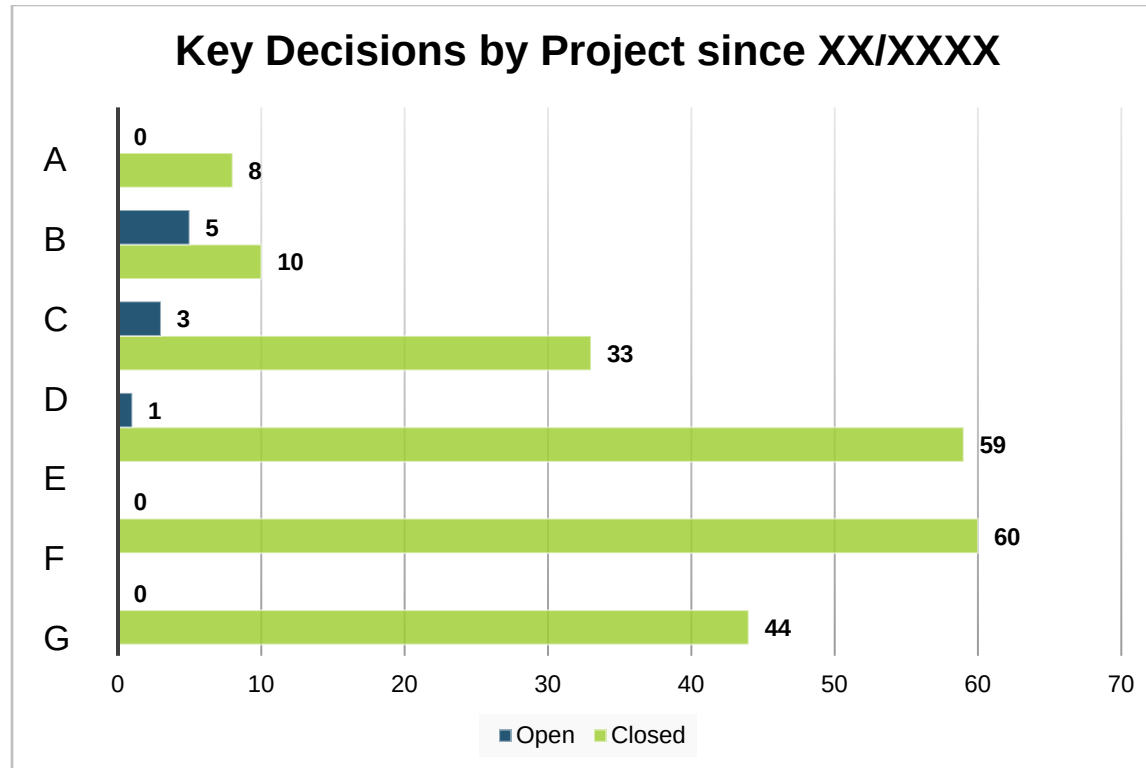


Figure 5, depicts the number of key decisions open across the <Program Name>. *[Enter analysis of changes since the previous reporting period and replace figure below with actual number of open and closed key decisions.]*

Figure 5: <Program Name> Key Decisions by Project

[Enter number of open and closed key decisions and start date]



IV&V will continue to monitor <Program Name> AIs, risks, and issues through the agreed upon <Program Name> Collaboration Site and report findings in future Progress, Risk, and Issue Reports.

3 <Program Name> Modular Development

CMS defines a “module” as a packaged, functional business process or set of processes implemented through software, data, and interoperable interfaces that are enabled through design principles in which functions of a complex system are partitioned into discrete, scalable, reusable components. For the purposes of this report, any projects defined as a “service component” do not require CMS certification.

[List <Program Name> modules and service component projects]

The following sections provide the IV&V team’s review and assessment for each of the projects. Based on this review and assessment, the IV&V team assesses the project execution status by phase for this reporting period – green, yellow or red.

3.1 [Enter name of Service Component]

[Enter description of service component]

3.1.1 Project Management Assessment

In Section 3.1.1 – Project Management Assessment, IV&V provides its assessment of the *[name of service component]* project by knowledge area, including any observations, findings, and recommendations. The table below includes samples of color-coded health assessment status.

Table 5: [Enter name of Service Component] Project Management Assessment by Knowledge Area
[Color code current and previous assessments and record observations and recommendations below]

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Integration Management			
Scope Management			
Schedule Management			
Cost Management			
Quality Management			
Resource Management			

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Communications Management			
Risk and Issue Management			
Procurement Management			
Stakeholder Management			

3.1.2 Project Execution Assessment

In Section 3.1.2 – Project Execution Assessment, IV&V provides its assessment on the project execution for the service component project. The table below includes a color-coded health assessment sample.

Table 6: [Enter name of Service Component] Project Execution Assessment by Phase

[Color code current and previous assessments and record observations and recommendations below]

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Initiation	N/A	N/A	N/A
Acquisition / Planning			
Implementation / Execution	N/A	N/A	N/A

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Operations & Maintenance / Monitor and Control	N/A	N/A	N/A
Sunset	N/A	N/A	N/A

3.2 [Enter name of Module]

[Enter description of module]

3.2.1 Project Management Assessment

In Section 3.3.1 – Project Management Assessment, IV&V provides its assessment of the *[name of module]* project by knowledge area, including any observations, findings, and recommendations. The table below includes a color-coded health assessment sample.

Table 9:[Name of module] Project Management Assessment by Knowledge Area

[Color code current and previous assessments and record observations and recommendations below]

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Integration Management	!	!	
Scope Management	✓	✓	
Schedule Management	!	!	
Cost Management	✓	✓	
Quality Management	✓	✓	
Resource Management	!	!	

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Communications Management			
Risk and Issue Management			
Procurement Management			
Stakeholder Management			

3.2.2 Project Execution Assessment

In Section 3.3.2 – Project Execution Assessment, IV&V provides its assessment on the project execution for the *[name of module]* project. The table below includes a color-coded health assessment sample.

Table 10: [Name of module] Project Execution Assessment by Phase

[Color code current and previous assessments and record observations and recommendations below]

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Initiation	N/A	N/A	N/A
Acquisition / Planning	N/A	N/A	N/A
Implementation / Execution			

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Operations & Maintenance / Monitor and Control	N/A	N/A	N/A
Sunset	N/A	N/A	N/A

3.2.3 Certification Management Assessment

In Section 3.3.3 – Certification Management Assessment, IV&V provides its assessment on the certification management for the **[name of module]** project. The table below includes a color-coded health assessment sample.

Table 11: [Name of module] Certification Management Assessment by Assessment Area

[Color code current and previous assessments and record observations and recommendations below]

Area	Current Assessment	Previous Assessment	Observations and Recommendations
Project Artifacts			
Annotated Intake Form			
KPI Reporting	N/A	N/A	
SMC Schedule			
CMS Milestone Review	N/A	N/A	

4 Risks and Issues

The entries within Risks and Issues document new risks and issues identified during this reporting period, risks and issues closed during this reporting period, and risks and issues that remain open. The intent is to identify emerging risks and issues at the earliest possible point in order to present them to project leadership to assist in the development of a risk response. Note that only updates from this reporting period are included in this report.

Open Risks

[Complete table below]

ID	Title	Category	Time Frame	Status	Open Date	Risk Rating
ID #					XX/XX/XXXX	
Risk Statement						
Context						
Recommendation						
State's Disposition & Update						

Open Issues

[Complete table below]

ID	Title	Category	Status	Open Date	Issue Rating
ID #				XX/XX/XXXX	
Description					
Recommendation					
State's Disposition & Update					

Closed Risks

[Insert table or advise there are no closed risks]

Closed Issues

[Insert table or advise there are no closed issues.]

Appendix A – Meeting Summary

In Table 15, below, provide a summary of the meetings the IV&V project team participated in during the reporting period, including the meeting date, title, and the IV&V project team members who attended. Please note that multiple IV&V resources may have attended meetings listed below. For the purposes of this report, IV&V is only reporting the IV&V lead attendee for each meeting.

Table 15: Meeting Summary

[Enter date, meeting title, project team attendee and meeting owner below]

Date	Title	IV&V Project Team Attendee	Meeting Owner
XX/XX/XXXXX			
XX/XX/XXXXX			
XX/XX/XXXXX			
XX/XX/XXXXX			

Appendix B – Deliverable Review

In the tables below, insert the status of deliverables reviewed by the IV&V team, or deliverables that were under review during the previous reporting period. Table 16, below, provides a list of the deliverable reviews completed during the reporting period, including the IV&V team's recommendation to the State.

Table 16: Completed Deliverable Reviews

[Enter deliverable/artifact, date received, and date completed below]

Deliverable/Artifact	Date Received	Date Complete
	XX/XX/XXXX	XX/XX/XXXX
	XX/XX/XXXX	XX/XX/XXXX
	XX/XX/XXXX	XX/XX/XXXX
	XX/XX/XXXX	XX/XX/XXXX

In Table 17, below, list deliverables under review as of the end of the reporting period.

Table 17: Deliverables Under Review

[Enter deliverable/artifacts and date received below]

Deliverable/Artifact	Date Received
	XX/XX/XXXX
	XX/XX/XXXX

Appendix C – Acronyms and Terms

Provide a list of acronyms and terms used in the report in Table 18, below.

Table 18: Acronyms and Terms

[Enter acronym and definition below]

Acronym/Term	Definition

Appendix D – Project Management Knowledge Areas

Table 19, below, provides a high-level description for each project management assessment knowledge area.

Table 19: Project Management Assessment Knowledge Areas

Knowledge Area	Description
Integration Management	The processes required to help ensure that the various elements of the projects are properly coordinated. Integration Management involves making trade-offs among competing objectives and alternatives to meet or exceed stakeholder needs and expectations.
Scope Management	The process of defining what work is required to complete the project successfully and then making sure all of that work—and only that work—is completed.
Schedule Management	The process of developing, maintaining, and communicating schedules for time and resources. A schedule is the timetable for managing the timely completion of the project, program, or portfolio.
Cost Management	The process of planning, estimating, budgeting, financing, funding, managing, and controlling costs so the project can be completed within the approved budget. IV&V bases their Cost Management assessment on earned value (EV) metrics produced by ODM.
Quality Management	The act of overseeing all activities and tasks needed to maintain a desired level of excellence in order to meet stakeholder expectations. Quality management includes determining a quality policy, creating and implementing quality planning and assurance, and improving quality control.
Resource Management	The processes to identify, acquire, and manage the resources needed for the successful completion of the project.
Communications Management	The processes that are required to help ensure timely and appropriate planning, collection, creation, distribution, storage, retrieval, management, control, monitoring, and final disposition of project information.
Risk and Issue Management	The processes that support better decision-making through an understanding of risks and issues and their likely impact on the project.
Procurement Management	The processes necessary to purchase or acquire products, services, or results needed from outside the project team.
Stakeholder Management	The processes required to identify the people, groups, or organizations that could impact or be impacted by the project; to analyze stakeholder expectations and their impact on the project;

Knowledge Area	Description
	and to develop appropriate management strategies for effectively engaging stakeholders in project decisions and execution.

Appendix E – Project Execution Assessment Areas

Table 20, below, provides a high-level description for each project execution assessment area.

Table 20: Project Execution Assessment Areas

Assessment Area	Description
Initiation	The processes performed to define a new project or new phase of an existing project, and to obtain the authorization to start the project or phase.
Acquisition / Planning	The processes required to establish the scope of the project and objectives, and to define the course of action required to attain the stated objectives.
Implementation / Execution	The processes performed to complete the work defined in the Project Management Plan to satisfy the project requirements.
Operations & Maintenance / Monitor and Control	The processes required to track, review, and regulate the progress and performance of the project; to identify any areas in which changes to the plan are required; and to initiate the corresponding changes.
Sunset	The processes performed to formally complete or close the project, phase, or contract.

Appendix F – Risk and Issue Management

Risk Rating Methodology

Identified risks are assigned a rating based on the probability of the risk occurring and the impact the occurrence of the risk could have on the overall project. The first step is to assign a probability rating to the risk based on the likelihood of the risk occurring. Risks assigned a low-probability rating are considered possible but not probable. Once the probability is determined, then the impact of the risk, should it occur, is assigned. A risk event can cause an unexpected cost, slip in the schedule, or reduction to the quality or technical performance.

Table 21: Risk Rating Matrix

Probability	Risk Level				
5 (Near Certainty)	5 – Moderate	10 – Moderate	15 – Significant	20 – Significant	25 – Significant
4 (High Likely)	4 – Minimal	8 – Moderate	12 – Moderate	16 – Significant	20 – Significant
3 (Likely)	3 – Minimal	6 – Moderate	9 – Moderate	12 – Moderate	15 – Significant
2 (Unlikely)	2 – Minimal	4 – Minimal	6 – Moderate	8 – Moderate	10 – Moderate
1 (Remote)	1 – Minimal	2 – Minimal	3 – Minimal	4 – Minimal	5 – Moderate
Impact □	1 – Minimal	2 – Minor	3 – Moderate	4 – Significant	5 – Severe
	Probability * Impact = Risk Level				

After identifying and rating risks, the client must make a decision on how to proceed with managing the risks. The table below is a recommendation of the actions required based on the risk level.

Table 22: Risk Action Table

Risk Value	Risk Level	Definition
15 – 25	Significant	Major disruption likely. Change in approach required. Mitigation required. Management attention required.
5 – 12	Moderate	Some disruption. Client should consider an alternative approach. Mitigation recommended. Management attention recommended.
1 – 4	Minimal	Minimal impact. Oversight required ensuring risk remains low. Mitigation not necessary.

Issue Rating Methodology

IV&V bases issue ratings on the project impact if the issue is not resolved and the urgency of taking corrective action. The issue rating might be updated by IV&V if the criticality of the issue changes.

Table 23: Issue Rating Values

Issue Level	Description
High	The issue is preventing or may prevent mission-critical project activities from on time, on-budget completion, within scope and quality parameters. The issue must be immediately resolved or mitigated before related project work continues.
Medium	The issue is not currently preventing mission-critical project work from proceeding as planned. To prevent impact, client should address or mitigate issue on a timely basis. Resolution must occur, but work can continue.
Low	The issue is cosmetic in nature and should be resolved, but does not have to be resolved prior to go-live.

Risk and Issue Categories

IV&V categorizes risks and issues according to their area of concern. Risk and issue categories include:

Table 24: Risk and Issue Category Values

Risk Category	Description
Technical	Relates to requirements, technology, interfaces, performance, quality, etc.
External	Relates to customer issues, contracts, suppliers, etc.
Organizational	Relates to project dependencies, logistics, resources, budget, etc.
Project Management	Relates to planning, schedule, estimation, communication, etc.

Risk Occurrence Time Frames <Program Name>

In order to help the State prioritize risks, IV&V includes an estimation of the time frame in which this risk will have an impact. This is classified into one of the following:

Table 25: Risk Time Frame Values

Time frame Category	Description
Near	Risk is expected to be triggered within one month
Mid	Risk is expected to be triggered within the next two to six months
Far	Risk is expected to be triggered beyond the next six months

Risk and Issue State Response

Once IV&V assigns a rating to the risk or issue, IV&V assigns a status indicating the agreement with the finding. IV&V updates the status as needed.

Table 26: State Response Values

State Response	Description
TBD	New risk/issue. Client should determine action.
Agree, mitigation needed/created	State agrees with risk/issue finding and plans to address. State will provide documentation of planned actions for IV&V purposes.
Agree, no action to be taken at this time	State agrees with risk/issue finding but does not plan to address it at this time.
Disagree, not a risk/issue	State does not agree with risk/issue finding. State does not plan to take any additional actions.

Risk and Issue Status

The status indicates the flow of the risk/issue, from the point of identification through final closure. The reader should view the status in concert with the State Response.

Table 27: Risk and Issue Status Values

Status	Description
New	Newly identified risk/issue that has not yet been presented.
Open	Risk/issue presented to the project team but currently unresolved.
Closed	Risk/issue has reached completion and has been resolved or State determines that it is not a risk/issue. Refer to State Response.
Escalated	Risk/issue remains unresolved. After discussion with the State, IV&V has decided to bring to the Executive Steering Committee.

Independent Verification & Validation (IV&V) Services

Weekly Status Report

Version 1.0



Submitted by:

BerryDunn
2211 Congress Street
Portland, ME 04102-1955
207.541.2200

<Name>, <Title>
<Contact information>

Submitted On:

September 17, 2021

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Table i: Version History

Version	Date	Description
<V#.0>	XX/XX/XXXX	Draft deliverable complete, submitted for peer review
<V#.0>	XX/XX/XXXX	Peer review complete, updated deliverable to address feedback, submitted for engagement management and Editorial/Quality Assurance (EQA) review
<V#.0>	XX/XX/XXXX	Engagement management and EQA review complete, updated deliverable to address feedback, prepared for submission
<V#.0>	XX/XX/XXXX	Submitted to client

1 Introduction

This report provides a high-level overview of the status of BerryDunn's IV&V services engagement for the reporting period from XX/XX/XXXX through XX/XX/XXXX. BerryDunn distributes this report to *[include recipients]* simultaneously. Both the weekly and monthly status reports will be aligned.

1.1 Summary Status

BerryDunn uses a status matrix to present the overall status of each primary IV&V engagement element: Scope, Schedule, Cost, and Quality. Table 1 provides a description of each status.

Table 1: Status Descriptions

Status	Description
On Track	This status signifies that the project element has not realized a variance from the baseline.
Concerned	This status signifies that the project element has realized a variance from the baseline. Challenges that, if not addressed, are likely to cause a negative impact to the project.
At Risk	This status signifies that the project element has realized a significant variance from the baseline. Challenges that, if not addressed, are likely to cause significant negative impact to the project.

[Enter analysis of variances since previous reporting period.]

Table 2 captures core IV&V services engagement elements and the current status against each below.

Table 2: Project Status

[Enter status, description, and update for each element]

Element	Status	Description	Update
Scope			
Schedule			
Cost			
Quality			

2 High-Level Observations

In this section, BerryDunn provides a list of high-level, preliminary observations it has identified to date. BerryDunn will perform further assessment and analysis on each observation as it is prioritized with the State. Observations are assigned an identification (ID) reference (Ref.) based on the order in which they are entered into BerryDunn's internal log; as a result, observations are not necessarily presented sequentially because BerryDunn does not repeat ID Ref. or include any closed observations. Further, BerryDunn will provide a preliminary priority recommendation based on the impact-urgency matrix described in Table 3.

Table 3: Impact-Urgency Matrix

		Impact		
		Low	Medium	High
Urgency	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium
		Priority		

Observations are divided into two categories: Parking Lot Observations and Preliminary Observations. Parking Lot Observations are those identified in a focus area not currently being assessed by BerryDunn or not currently prioritized, and they serve as an input into future focus area identification. Preliminary Observations are those identified in a focus area currently being assessed by BerryDunn. BerryDunn will work with the State to confirm its priority recommendation based on new information as it is made available.

2.1 Parking Lot Observations

[Complete table below with required information]

ID Ref.	Date Opened	Focus Area	Priority
ID#	XX/XX/XXXX		
Observation			
Proposed Action Steps			
Update			

ID Ref.	Date Opened	Focus Area	Priority
ID#	XX/XX/XXXX		
Observation			
Proposed Action Steps			
Update			

2.2 Preliminary Observations

[Complete table below with required information]

ID Ref.	Date Opened	Focus Area	Priority
ID#	XX/XX/XXXX		
Observation			
Proposed Action Steps			
Update			

ID Ref.	Date Opened	Focus Area	Priority
ID#			
Observation			
Proposed Action Steps			
Update			

3 Priority Risks and Issues Identified by BerryDunn

The entries within this section document priority risks and issues identified by BerryDunn, risks and issues closed by BerryDunn, and risks and issues that remain open. BerryDunn introduces and tracks risks and issues to the *[project name]* through its assessment reporting activities. The intent is for BerryDunn to identify emerging risks and issues at the earliest possible point in order to present them to project leadership to assist in the development of a risk response or resolution. BerryDunn derives risks and issues from its analysis, associated discoveries, and subsequent State reply. Further, BerryDunn will not open a risk or issue until the State has had sufficient opportunity to evaluate BerryDunn's analysis, associated discoveries, and initial recommendations.

Open Risks

[Complete table below with required information]

ID	Title	Category	Status	Open Date	Probability	Impact
Risk Statement						
Context						
Recommendation						
Update						

Open Issues

[Insert table or advise there are no open issues]

Closed Risks

[Insert table or advise there are no closed risks]

Closed Issues

[Insert table or advise there are no closed issues]

4 Key Activities

4.1 Accomplishments

BerryDunn captures its high-level accomplishments during the status reporting period. Accomplishments might include activities started but not yet completed, such as beginning assessment activities or deliverable reviews, as well as completed activities. Identifying accomplishments allows BerryDunn to demonstrate the work being performed at a high level and inform future activities as needed. The list of accomplishments is not meant to be exhaustive. Table 4 provides the list of high-level accomplishments during this status reporting period.

Table 4: Accomplishments This Period

[Enter activity and date(s) below]

No.	Activity	Date(s)
1.		XX/XX/XXXX– Ongoing
2.		XX/XX/XXXX– Ongoing
3.		XX/XX/XXXX– Ongoing
4.		XX/XX/XXXX– Ongoing
5.		XX/XX/XXXX– Ongoing

4.2 Planned Activities

As a part of ongoing project planning, BerryDunn captures high-level activities associated with its assessment work. Further, BerryDunn estimates the level of effort (LOE) for each high-level activity using a t-shirt size estimation methodology. Table 5 provides an overview of this LOE methodology.

Table 5: T-Shirt Size Methodology

T-Shirt Size	LOE (in hours)
Extra Small (X-Small)	0 – 2
Small	2 – 8
Medium	8 – 24
Large	24 – 40
Extra Large (X-Large)	40+

Table 6 provides a list of high-level activities currently planned for the next status reporting period. Presenting planned activities allows BerryDunn to set mutual expectations regarding the direction of IV&V activities and adjust those activities as needed based on State feedback. The list of planned activities is not meant to be exhaustive.

Table 6: Planned Activities Next Period

[Enter activity and estimated LOE below]

No.	Activity	Estimated LOE
1.		
2.		
3.		

5 Meeting Summary

Table 7 provides a summary of the meetings in which the BerryDunn project team participated during this reporting period, including the meeting date, title, and the BerryDunn project team members who attended.

Table 7: Meeting Summary

[Insert date, meeting title, and attendees below]

Date	Title	IV&V Project Team Attendees
XX/XX/XXXX		
XX/XX/XXXX		
XX/XX/XXXX		
XX/XX/XXXX		

6 IV&V Project Status

6.1 Project Risks and Issues

In this section, BerryDunn documents and presents risks it has identified specific to the IV&V services engagement. When applicable, BerryDunn will provide a risk response and response description.

Open Risks

[Insert table or advise there are no open risks]

Open Issues

[Enter ID number, title, status, dates, rating, description, proposed resolution, and update below]

ID	Title	Status	Open Date	Rating
ID#			XX/XX/XXXX	
Description				
Proposed Resolution				
Update				

Closed Risks

[Insert table or advise there are no closed risks]

Closed Issues

[Insert table or advise there are no closed issues]

6.2 Project Deliverables

In Table 8, BerryDunn will list the status of the deliverables such as On Time for *[insert period of time]*, including any expected delivery variance against the schedule baseline.

Table 8: Estimated Project Deliverable Submission

[Insert deliverable number and name, status, baseline date and expected actual date]

Deliverable	Status	Baseline	Expected Actual
Deliverable		XX/XX/XXXX	XX/XX/XXXX
Deliverable		XX/XX/XXXX	XX/XX/XXXX
Deliverable		XX/XX/XXXX	XX/XX/XXXX
Deliverable		XX/XX/XXXX	XX/XX/XXXX

In Table 9, BerryDunn will list the State response status of the deliverables for *[insert period of time]*, including delivery date, status (such as approved or delivered), and State reply date if applicable.

Table 9: Submitted Deliverable Status

[Insert deliverable number and name, delivery date, status and reply date below]

Deliverable	Delivery Date	Status	Reply Date
	XX/XX/XXXX		XX/XX/XXXX
	XX/XX/XXXX		XX/XX/XXXX
	XX/XX/XXXX		XX/XX/XXXX
	XX/XX/XXXX		XX/XX/XXXX

6.3 Current Project Staff

Table 10 will provide the roles and responsibilities of currently onboarded project team members.

Table 10: Current Staff Roles and Responsibilities

[Insert person's name and project title and their responsibilities below]

Name/Project Title	Responsibility

Name/Project Title	Responsibility

6.4 Staff Out-Of-Office (OOO)

Table 11 will provide a high-level overview of planned BerryDunn staff OOO for the current quarter.

Table 11: Staff OOO

[Insert person's name and planned out of office dates for the current quarter]

Staff	Planned OOO Dates

Appendix A – Deliverable Review and Approval

Deliverable Review Process

[Insert a high-level overview process flow of the deliverable review and approval process once a deliverable is submitted to the State.]

Deliverable Reviewers

Table 12 will list State persons to whom BerryDunn submits the Status Report Deliverable for review and acceptance.

Table 12: State Reviewers

[Insert person's role and agency below]

Role	Agency

Acceptance Criteria

The acceptance criteria for the Status Report Deliverable will be defined in the contract and are mutually agreed to by BerryDunn and the State.

Appendix B – Acronyms and Terms

Table 13 will list acronyms and terms used in this report.

Table 13: Acronyms and Terms

[Insert acronyms and descriptions below]

Acronym/Term	Description

Addendum – State Reply

In this addendum, BerryDunn will capture the State’s reply to the information presented by IV&V in this status report. To help ensure consistent formatting, BerryDunn has provided Table 14 for the State’s reply. See an example below of a State reply below.

Table 14: State Reply

[Enter section number, ID reference number if applicable, page(s) and State reply below]

Section	ID Ref. (if applicable)	Page(s)	State Reply
<i>Section 2.1 – Parking Lot Observations</i>	<i>ID Ref. 1</i>	<i>2 – 3</i>	<i>This is an example entry of a State reply</i>

Appendix G – Example Weekly IV&V Status Reports

See below for examples of similar status reports used in previous projects. The samples are biweekly reports; see Appendix F for how BerryDunn can adapt a report for weekly updates.



[Redacted]
[Redacted]
[Redacted]
[Redacted]

**Biweekly Status Report of Independent
Verification and Validation (IV&V) Services**

For the Period: [Redacted]

BerryDunn

2211 Congress Street
Portland, ME 04102-1955
207.541.2200

Principal

[Redacted], Engagement
Manager

Project Manager

Submitted On:

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Table 1: Revision History

Version	Date	Description
V0.1	[REDACTED]	Draft Created
V0.2	[REDACTED]	Reviewed by Project Manager
V0.3	[REDACTED]	Reviewed by Editing Staff
V0.4	[REDACTED]	Reviewed by Engagement Manager
V0.5	[REDACTED]	Applied Updates by IV&V Staff
V1.0	[REDACTED]	Submitted

Acronyms and Terms

Table 2, below, provides a list of acronyms and terms commonly used in this deliverable.

Table 2: Acronyms and Terms

Acronym/Term	Description
CMS	Centers for Medicare & Medicaid Services
COVID-19 Families First	Families First Coronavirus Response Act to Support the COVID-19 Pandemic
DevOps	Development and Operations
E&E	Eligibility and Enrollment
FNS	Food and Nutrition Service
IRT	Issue Response Team
IV&V	Independent Verification and Validation
JAD	Joint Application Development
MAB	Medicare A/B
M&O	Maintenance and Operations
ORR	Operational Readiness Review
PAQ	Project Assessment Quotation
PERM	Payment Error Rate Measurement
PMO	Project Management Office
POA&M	Plan of Actions and Milestones
RFP	Request for Proposals
SNAP	Supplemental Nutrition Assistance Program

Acronym/Term	Description
WBS	Work Breakdown Structure

1.0 Executive Summary

The Biweekly Status Report of IV&V Services documents information related to IV&V activities performed, deliverables submitted and approved, and risks and issues influencing the provision of IV&V services. The Biweekly IV&V Report of Project Risks and Issues, delivered on an alternating basis with this report, separately addresses risks and issues related to the [REDACTED] project. IV&V distributes the Biweekly IV&V Report of Project Risks and Issues to [REDACTED] project leadership and CMS. To encourage timely mitigation, IV&V includes recently identified high-priority risks and issues in the Biweekly IV&V Report of Project Risks and Issues.

IV&V collaborates with [REDACTED] stakeholders—such as [REDACTED], and the solution vendors—to help ensure the success of the [REDACTED] project. BerryDunn's observations and comments might be critical in nature in the IV&V role because the firm's objective is to identify project risks, issues, and action items that require attention. Findings generally omit strengths identified during the reporting period.

1.1 IV&V Project Management

During the current reporting period ([REDACTED]), IV&V monitored the [REDACTED] project team's efforts related to M&O activities. IV&V observed efforts to prioritize POA&M findings and PERM findings to include in future [REDACTED] DevOps releases. In addition, IV&V monitored [REDACTED] project activities related to COVID-19 Families First and [REDACTED]

IV&V also reviewed the [REDACTED] project team's efforts associated with the [REDACTED], including activities related to [REDACTED], and [REDACTED]. On [REDACTED], [REDACTED] was approved [REDACTED]. The adoption of the [REDACTED] [REDACTED] the modifications based on the [REDACTED] were scheduled to be effective in [REDACTED]. On [REDACTED], the [REDACTED] initiative efforts were placed on hold [REDACTED]. On [REDACTED], the [REDACTED] project team resumed efforts to implement the aforementioned initiative. [REDACTED]. The production deployment for [REDACTED]. IV&V will continue to monitor the project during the hypercare period ([REDACTED]) and through the software assurance period ([REDACTED]). In addition, IV&V observed [REDACTED] project team efforts to prepare for the ORR for demonstration of [REDACTED] functionality to CMS staff. On [REDACTED], the [REDACTED] project team conducted the [REDACTED] Demonstration meeting. IV&V attended the aforementioned meeting and will continue to monitor efforts associated with the ORR for the [REDACTED].

Finally, IV&V assessed the activities related to planning efforts for the SNAP [REDACTED] which the [REDACTED] released on [REDACTED]. IV&V acknowledges that [REDACTED] ([REDACTED]) announced

a conditional award to [REDACTED]. On [REDACTED], the [REDACTED] program director reported in an email that the contract for the [REDACTED] SNAP Eligibility System was signed with [REDACTED]. IV&V continues to monitor the SNAP RFP activities.

IV&V's objectives for these efforts are to identify concerns, risks, and issues that might affect the [REDACTED] project's health. IV&V plans to present related findings in subsequent Biweekly IV&V Reports of Project Risks and Issues.

2.0 IV&V Activities for M&O Initiative

2.1 Project Management Assessment

In this section, IV&V provides the activities it performed during the current reporting period or will perform during the next reporting period to complete the project management assessment for the M&O initiative.

Table 3: IV&V Activities for M&O Initiative Project Management Assessment

IV&V Assessment Area	IV&V Activities
Integration Management	➤ Monitor the activities related to [REDACTED] efforts to prioritize multiple outstanding M&O initiatives, including COVID-19 Families First requirements, POA&M findings, PERM findings, and CMS Post-Operational (R3) Milestone Review findings ➤ Assess the [REDACTED] project team's efforts to integrate the [REDACTED] project into the [REDACTED] program
Scope Management	➤ Monitor the [REDACTED] project team's activities related to assigning [REDACTED] business priority to unresolved [REDACTED] Jira® tickets, including attending the IRT Meetings and the Release Planning Meetings ➤ Assess the [REDACTED] project team's efforts to manage changes to scope for [REDACTED] DevOps release ([REDACTED]), along with [REDACTED] activities
Schedule Management	➤ Monitor the [REDACTED] Jira® ticket resolution status as reported by the following [REDACTED] Jira® dashboards: the [REDACTED] Dashboard, the COVID-19 Families First Dashboard, the [REDACTED] Overview Dashboard, the M&O Priority Dashboard, and the [REDACTED] Dashboard ➤ Assess the [REDACTED] project WBSs for alignment with industry best practices and the [REDACTED] Schedule Management Plan [REDACTED] ➤ Review schedule impacts resulting from COVID-19 Families First updates ➤ Monitor the status of the in-progress [REDACTED] DevOps releases [REDACTED] ➤ Evaluate the progress of the [REDACTED] Phase [REDACTED]) ➤ Evaluate the weekly PMO Program Status Narrative Reports and [REDACTED] M&O Status Reports to identify potential [REDACTED] schedule findings or concerns
Quality Management	➤ Attend the [REDACTED]

IV&V Assessment Area	IV&V Activities
	➤ Evaluate the [REDACTED] project team's activities related to the in-progress [REDACTED] DevOps releases [REDACTED] Phase [REDACTED] activities, and the issues identified during the [REDACTED] software assurance period for adherence to the [REDACTED] Quality Management Plan [REDACTED] ➤ Evaluate the weekly PMO Program Status Narrative Reports and the weekly [REDACTED] M&O Status Reports to identify potential [REDACTED] quality issues or concerns
Resource Management	➤ Assess the [REDACTED] project team's activities related to their adherence to the [REDACTED] Staffing Management Plan [REDACTED] ➤ Monitor the State and vendor project resource management activities related to the [REDACTED] M&O and COVID-19 Families First initiatives and their effects on the [REDACTED] project ➤ Evaluate [REDACTED] project resources as documented in staff organization charts posted to the [REDACTED] SharePoint site
Communications Management	➤ Attend the [REDACTED] Management Team Meetings and the [REDACTED] Touchpoint Meetings to monitor communications management
Risk and Issue Management	➤ Review and analyze the [REDACTED] project open and past-due issues, risks, and action items
Stakeholder Management	➤ Attend the [REDACTED])

2.2 Project Execution Assessment

In this section, IV&V provides the activities it performed during the current reporting period or will perform during the next reporting period to complete the project execution assessment for the M&O initiative.

Table 4: IV&V Activities for M&O Initiative Project Execution Assessment

IV&V Assessment Area	IV&V Activities
Initiation	➤ N/A
Planning	➤ Monitor the planning activities for future COVID-19 Families First releases and their impacts to M&O ➤ Monitor the planning activities for future [REDACTED] DevOps releases ([REDACTED]), along with [REDACTED] activities and their impacts to M&O
Execution	➤ Observe execution activities for [REDACTED] DevOps release ([REDACTED])
Monitor and Control	➤ Assess the [REDACTED] Security POA&M Open Dashboard to evaluate progress of open POA&M findings ➤ Attend the [REDACTED] Weekly Status Meeting to monitor the status of the [REDACTED] Phase II ([REDACTED] 1) ➤ Attend the IRT Meetings to monitor the [REDACTED] project team's activities related to assigning [REDACTED] business priority to unresolved [REDACTED] Jira® tickets
Close	➤ N/A

3.0 IV&V Activities for [REDACTED] Initiative

3.1 Project Management Assessment

In this section, IV&V provides the activities it performed during the current reporting period or will perform during the next reporting period to complete the project management assessment for the [REDACTED] initiative.

Table 5: IV&V Activities for [REDACTED]

IV&V Assessment Area	IV&V Activities
Integration Management	➤ Monitor the activities related to [REDACTED] efforts to integrate the [REDACTED] project into the [REDACTED] program
Scope Management	➤ Assess the [REDACTED] project team's efforts to manage changes to scope for [REDACTED] activities
Schedule Management	➤ Monitor the [REDACTED] Jira® ticket resolution status as reported by the following [REDACTED] Jira® dashboard: Release [REDACTED] Hypercare, Release [REDACTED] Overview, and Release [REDACTED] Overview ➤ Monitor the status of the in-progress [REDACTED] DevOps releases [REDACTED] and [REDACTED] ➤ Evaluate the weekly PMO Program Status Narrative Reports, the weekly [REDACTED] M&O Status Reports, and the biweekly [REDACTED] SIT-UAT Status Reports to identify potential schedule findings or concerns
Quality Management	➤ Evaluate the [REDACTED] project team's activities related to the in-progress [REDACTED] for adherence to the [REDACTED] Quality Management Plan [REDACTED] ➤ Evaluate the weekly PMO Program Status Narrative Reports and the weekly [REDACTED] M&O Status Reports to identify potential [REDACTED] quality issues or concerns ➤ Attend the [REDACTED] E&E [REDACTED] Demonstration Meeting
Resource Management	➤ Monitor the State and vendor project resource management activities related to the [REDACTED] and their effects on the [REDACTED] project
Communications Management	➤ Attend the [REDACTED] Management Team Meetings and the [REDACTED] Touchpoint Meetings to monitor communications management

IV&V Assessment Area	IV&V Activities
Risk and Issue Management	➤ Review and analyze the [REDACTED] project open and past-due issues, risks, and action items
Stakeholder Management	➤ Monitor stakeholder activities

3.2 Project Execution Assessment

In this section, IV&V provides the activities it performed during the current reporting period or will perform during the next reporting period to complete the project execution assessment for the [REDACTED] initiative.

Table 6: IV&V Activities for [REDACTED] Project Execution Assessment

IV&V Assessment Area	IV&V Activities
Initiation	➤ N/A
Planning	➤ Monitor the planning activities for future [REDACTED] DevOps releases ([REDACTED]) and their impacts to M&O
Execution	➤ Observe execution activities for [REDACTED] DevOps releases ([REDACTED])
Monitor and Control	➤ Attend the IRT Meetings to monitor the [REDACTED] project team's activities related to assigning [REDACTED] business priority to unresolved [REDACTED] Jira® tickets ➤ Review defects and associated mitigations identified during SIT/UAT ➤ Monitor activities related to hypercare support of the [REDACTED] application after the [REDACTED] production deployment occurred on [REDACTED]
Close	➤ N/A

4.0 SNAP Initiative

4.1 Project Management Assessment

In this section, IV&V provides the activities it performed during the current reporting period or will perform during the next reporting period to complete the project management assessment for the SNAP initiative.

Table 7: IV&V Activities for SNAP Initiative Project Management Assessment

IV&V Assessment Area	IV&V Activities
Integration Management	➤ N/A
Scope Management	➤ N/A
Schedule Management	➤ N/A
Quality Management	➤ N/A
Resource Management	➤ Monitor the State project resource management activities related to the SNAP initiative
Communications Management	➤ Attend the [REDACTED] Management Team Meetings and the [REDACTED] Touchpoint Meetings to monitor communications management for the SNAP initiative
Risk and Issue Management	➤ N/A
Stakeholder Management	➤ N/A

4.2 Project Execution Assessment

In this section, IV&V provides the activities it performed during the current reporting period or will perform during the next reporting period to complete the project execution assessment for the SNAP initiative.

Table 8: IV&V Activities for SNAP Initiative Project Execution Assessment

IV&V Assessment Area	IV&V Activities
Initiation	➤ N/A
Planning	➤ Review [REDACTED] for the [REDACTED] SNAP Eligibility System and the [REDACTED] ➤ Monitor the SNAP RFP activities
Execution	➤ N/A
Monitor and Control	➤ N/A
Close	➤ N/A

5.0 Meetings

IV&V attends [REDACTED] project meetings to aid in assessing the health of the [REDACTED] project; Table 9 lists the [REDACTED] project meetings that IV&V attended during the current reporting period.

Table 9: Meetings Attended

Date	Meeting	Attendees
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	ORR Planning Meeting	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Weekly Report Meeting	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Discuss Future Release	[REDACTED]
[REDACTED]	ORR Prep Meeting	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	JAD Session Meeting	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	JAD Follow-Up Meeting	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Weekly Report Meeting	[REDACTED]

Appendix A – Deliverable Review Status

Table 10, below, lists the status of deliverables or gate reviews IV&V has received or reviewed during the current reporting period.

Table 10: Status of Deliverables or Gate Reviews for Current Reporting Period

Deliverable	Reviewed Date	IV&V Review Status
N/A		



Independent Verification & Validation (IV&V) Services

Status Report

Version 1.0

Submitted by:

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Submitted On:



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Table i: Version History

Version	Date	Description
v0.1		Draft deliverable complete, submitted for peer review
v0.2		Peer review complete, updated deliverable to address feedback, submitted for engagement management and Editorial/Quality Assurance (EQA) review
v0.3		Engagement management and EQA review complete, updated deliverable to address feedback, prepared for submission
v1.0		Submitted to client

1 Introduction

The [REDACTED], in coordination with the [REDACTED] and [REDACTED] (collectively, [REDACTED]), established the [REDACTED] to implement its vision to create an eligibility system that is consumer-centric and easy to navigate, promotes care coordination, improves administrative efficiencies, and enhances the delivery of healthcare services that are specific to an individual's needs. The State contracted with BerryDunn under [REDACTED] to provide Independent Verification and Validation (IV&V) services for the [REDACTED].

This report provides a high-level overview of the status of BerryDunn's IV&V services engagement for the reporting period from [REDACTED]. BerryDunn agreed to engage at-risk and in a limited capacity beginning [REDACTED], resulting from a delay in the issuance of the [REDACTED] BerryDunn distributes this report to the [REDACTED] risk manager and enterprise security manager simultaneously.

1.1 Summary Status

BerryDunn uses a status matrix to present the overall status of each primary IV&V engagement element: Scope, Schedule, Cost, and Quality. Table 1 provides a description of each status.

Table 1: Status Descriptions

Status	Description
On Track	This status signifies that the project element has not realized a variance from the baseline.
Concerned	This status signifies that the project element has realized a variance from the baseline. Challenges that, if not addressed, are likely to cause a negative impact to the project.
At Risk	This status signifies that the project element has realized a significant variance from the baseline. Challenges that, if not addressed, are likely to cause significant negative impact to the project.

As reported in [REDACTED] Status Report, BerryDunn observed a scope variance resulting from [REDACTED]. Given these delays, BerryDunn determined sufficient time did not exist to reasonably produce an assessment report for the [REDACTED]. Please see Section 6.1 – Project Risks and Issues, Issue 3 for more information. Additionally, a variance has been realized against the baselined Internal Deliverable Agreement (IDA) [REDACTED] [REDACTED]. Lastly, BerryDunn has not identified a quality variance during this status reporting period.

Table 2 captures core IV&V services engagement elements and the current status against each.

Table 2: Project Status

Element	Status	Description	Update
Scope	Concerned	BerryDunn observed a scope variance resulting from [REDACTED]. Please see Section 6.1 – Project Risks and Issues, Issue 3 for more information.	[REDACTED] Per agreement with the State, BerryDunn is preparing [REDACTED] proposing a resolution to the identified variance resulting from [REDACTED].
Schedule	Concerned	BerryDunn observed a schedule variance resulting from [REDACTED]. BerryDunn determined that there will be project schedule changes due to this delay. Please see Section 6.1 – Project Risks and Issues, Issue 3 for more information.	[REDACTED]: Per agreement with the State, BerryDunn is preparing [REDACTED] proposing a resolution to the identified variance resulting from [REDACTED].
Cost	Concerned	A variance has been realized against the baselined IDA cost resulting from [REDACTED].	[REDACTED] Per agreement with the State, BerryDunn is preparing [REDACTED] proposing a resolution to the identified variance resulting from [REDACTED] the FY2022 PO.
Quality	On Track	BerryDunn has not identified a quality variance during this status reporting period.	\$ [REDACTED] No quality variance for this reporting period.

2 High-Level Observations

In this section, BerryDunn provides a list of high-level, preliminary observations it has identified to date. BerryDunn will perform further assessment and analysis on each observation as it is prioritized with the State. Observations are assigned an identification (ID) reference (Ref.) based on the order in which they are entered into BerryDunn's internal log; as a result, observations are not necessarily presented sequentially because BerryDunn does not repeat ID Ref. or include any closed observations. Further, BerryDunn will provide a preliminary priority recommendation based on the impact-urgency matrix described in Table 3.

Table 3: Impact-Urgency Matrix

		Impact		
		Low	Medium	High
Urgency	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium
		Priority		

Observations are divided into two categories: Parking Lot Observations and Preliminary Observations. Parking Lot Observations are those identified in a focus area not currently being assessed by BerryDunn or not currently prioritized, and they serve as an input into future focus area identification. Preliminary Observations are those identified in a focus area currently being assessed by BerryDunn. BerryDunn will work with the State to confirm its priority recommendation based on new information as it is made available.

2.1 Parking Lot Observations

ID Ref.	Date Opened	Focus Area	Priority
1		System Design and Integration	Medium
Observation		BerryDunn's current understanding of the core components of the [REDACTED] is that they do not fully integrate.	

ID Ref.	Date Opened	Focus Area	Priority
1		System Design and Integration	Medium
<i>Proposed Action Steps</i>		BerryDunn has requested an architectural diagram to review in addition to the System Architecture artifact reviewed on . Through the review of these artifacts, BerryDunn can gain a better understanding of how the discrete components of interoperate with one another at a high level and in what context. Further, BerryDunn proposes leveraging the Technical Assessment vendor findings as input into its assessment activities regarding system integration.	
<i>Update</i>		, the State provided feedback regarding BerryDunn's observation. BerryDunn will work with the State to determine priority for reviewing and assessing this focus area.	

ID Ref.	Date Opened	Focus Area	Priority
3		System Design and Integration	Medium
<i>Observation</i>		BerryDunn has not observed an architectural roadmap or documented understanding of the governance of the system's architecture.	
<i>Proposed Action Steps</i>		Through a review of the State's architectural diagram, System Architecture documentation, and architecture-related findings produced by the Technical Assessment vendor, BerryDunn will propose an approach to developing an architecture roadmap for a future-state .	
<i>Update</i>		the State provided feedback regarding BerryDunn's observation. BerryDunn will work with the State to determine priority for reviewing and assessing this focus area.	

2.2 Preliminary Observations

ID Ref.	Date Opened	Focus Area	Priority
2		Program Management and Governance	High
<i>Observation</i>		BerryDunn has not observed a documented governance structure that supports program communication, issue escalation, and decision-making.	

ID Ref.	Date Opened	Focus Area	Priority
2		Program Management and Governance	High
<i>Proposed Action Steps</i>		BerryDunn has requested additional information and documentation regarding the processes and procedures in place governing strategic decision-making for the . BerryDunn will review available information and offer recommendations for practical, flexible, and repeated decision-making to support the ongoing success of the .	
<i>Update</i>		, the State provided feedback regarding BerryDunn's observation. The its intent to share the current governance structure with BerryDunn. As of the development of this report, BerryDunn's receipt of the governance structure is pending.	

ID Ref.	Date Opened	Focus Area	Priority
7		Program Management and Governance	Low
<i>Observation</i>		BerryDunn has not observed a consistent document management strategy for the .	
<i>Proposed Action Steps</i>		BerryDunn will continue to review the review project management-related artifacts, and offer actionable recommendations in order to support consistent document management practices across the .	
<i>Update</i>		and BerryDunn have prioritized this observation for further analysis. BerryDunn presented its preliminary analysis in its Progress Assessment Report. As of the development of this report, the Progress Assessment Report is under State review.	

ID Ref.	Date Opened	Focus Area	Priority
8		Program Management and Governance	Low
<i>Observation</i>		BerryDunn has observed that opportunities exist to improve the deliverable review process.	
<i>Proposed Action Steps</i>		BerryDunn will continue to review and monitor the deliverable review process and offer actionable recommendations once BerryDunn has sufficient visibility into the process and completely understands it.	

ID Ref.	Date Opened	Focus Area	Priority
8	4/20/2021	Program Management and Governance	Low
<i>Update</i>		[REDACTED] and BerryDunn have prioritized this observation for further analysis. BerryDunn will present its preliminary analysis in its September 30, 2021, Progress Assessment Report.	

ID Ref.	Date Opened	Focus Area	Priority
9	[REDACTED]	Disaster Recovery (DR) and Business Continuity (BC)	High
<i>Observation</i>		BerryDunn has not observed an overarching Health and Human Services (HHS)-wide disaster recovery plan, communication tree, and business continuity protocols.	
<i>Proposed Action Steps</i>		BerryDunn is performing a review of [REDACTED] Disaster Recovery and Business Continuity Plan dated [REDACTED] to inform future-state recommendations.	
<i>Update</i>		[REDACTED] shared a redacted version of the [REDACTED] DR and BC plan. BerryDunn will work with [REDACTED] to prioritize the review of any new DR and BC material and update its discoveries and recommendations accordingly.	

ID Ref.	Date Opened	Focus Area	Priority
10	[REDACTED]	Program Management and Governance	Medium
<i>Observation</i>		BerryDunn has observed the [REDACTED] solution vendor present and, in some cases, attempt to triage potential system defects in real-time, amongst a large stakeholder group during the recurring Defect/PBI Review and Closure meeting.	
<i>Proposed Action Steps</i>		BerryDunn proposes a review of the defect and problem management processes and procedures to gain insight into the complete defect/issue triage process. This review will allow BerryDunn to make recommendations based on its understanding of those processes and procedures.	
<i>Update</i>		[REDACTED] and BerryDunn have prioritized this observation for further analysis. BerryDunn presented its preliminary analysis in its [REDACTED], Progress Assessment Report. As of the development of this report, the [REDACTED] Progress Assessment Report is under State review; however, [REDACTED] provided additional problem and defect management process documentation for review. BerryDunn will work with [REDACTED] to prioritize	

ID Ref.	Date Opened	Focus Area	Priority
10		Program Management and Governance	Medium
		the review of any new problem and defect management material and update its discoveries and recommendations accordingly.	

3 Priority Risks and Issues Identified by BerryDunn

The entries within this section document priority risks and issues identified by BerryDunn, risks and issues closed by BerryDunn, and risks and issues that remain open. BerryDunn introduces and tracks risks and issues to the [REDACTED] through its assessment reporting activities. The intent is for BerryDunn to identify emerging risks and issues at the earliest possible point in order to present them to project leadership to assist in the development of a risk response or resolution. BerryDunn derives risks and issues from its analysis, associated discoveries, and subsequent State reply. Further, BerryDunn will not open a risk or issue until the State has had sufficient opportunity to evaluate BerryDunn's analysis, associated discoveries, and initial recommendations.

Open Risks

ID	Title	Category	Status	Open Date	Probability	Impact
	There are no open risks.					
<i>Risk Statement</i>						
<i>Context</i>						
<i>Recommendation</i>						
<i>Update</i>						

Open Issues

There are no open issues.

Closed Risks

There are no closed risks.

Closed Issues

There are no closed issues.

4 Key Activities

4.1 Accomplishments

BerryDunn captures its high-level accomplishments during the status reporting period. Accomplishments might include activities started but not yet completed, such as beginning assessment activities or deliverable reviews, as well as completed activities. Identifying accomplishments allows BerryDunn to demonstrate the work being performed at a high level and inform future activities as needed. The list of accomplishments is not meant to be exhaustive. Table 4 provides the list of high-level accomplishments during this status reporting period.

Table 4: Accomplishments This Period

No.	Activity	Date(s)
1.	Continued the review of core project artifacts provided by [REDACTED]	[REDACTED]
2.	Continued to familiarize itself with the [REDACTED] collaboration site	[REDACTED]
3.	Attended [REDACTED] general status and topic-specific meetings as scheduled	[REDACTED]
4.	Reviewed and responded to State comments on previously submitted deliverables	[REDACTED]
5.	Reviewed State replies to submitted deliverables	[REDACTED]
6.	Prepared and reviewed [REDACTED]	[REDACTED]
7.	Submitted Project [REDACTED] regarding project personnel	[REDACTED]
8.	Conducted analysis for [REDACTED] Progress Assessment Report	[REDACTED]
9.	Conducted analysis for [REDACTED] Quarterly Assessment Dashboard	[REDACTED]

4.2 Planned Activities

As a part of ongoing project planning, BerryDunn captures high-level activities associated with its assessment work. Further, BerryDunn estimates the level of effort (LOE) for each high-level activity using a t-shirt size estimation methodology. Table 5 provides an overview of this LOE methodology.

Table 5: T-Shirt Size Methodology

T-Shirt Size	LOE (in hours)
Extra Small (X-Small)	0 – 2
Small	2 – 8
Medium	8 – 24
Large	24 – 40
Extra Large (X-Large)	40+

Table 6 provides a list of high-level activities currently planned for the next status reporting period. Presenting planned activities allows BerryDunn to set mutual expectations regarding the direction of IV&V activities and adjust those activities as needed based on State feedback. The list of planned activities is not meant to be exhaustive.

Table 6: Planned Activities Next Period

No.	Activity	Estimated LOE
1.	Complete initial review of the remaining project deliverables	Large
2.	Continue an in-depth assessment of the agreed-upon focus areas	X-Large
3.	Develop, review, and deliver ██████████ Status Report	Medium
4.	Attend ██████████ general status and topic-specific meetings as scheduled	Medium
5.	Conduct ██████████ Quarterly Assessment Dashboard walkthrough	X-Small
6.	Develop, review, and deliver ██████████ Progress Assessment Report	Large

No.	Activity	Estimated LOE
7.	Continue to review State replies to submitted deliverables	Medium
8.	Finalize and submit Project [REDACTED] regarding scope changes	Small

5 Meeting Summary

Table 7 provides a summary of the meetings in which the BerryDunn project team participated during this reporting period, including the meeting date, title, and the BerryDunn project team members who attended.

Table 7: Meeting Summary

Date	Title	IV&V Project Team Attendees
[REDACTED]	[REDACTED] Weekly Status Meeting	[REDACTED]
[REDACTED]	Defect/PBI Review and Closure	[REDACTED]
[REDACTED]	[REDACTED] IV&V Touchpoint with BerryDunn	[REDACTED]
[REDACTED]	[REDACTED] Weekly Status Meeting	[REDACTED]
[REDACTED]	Defect/PBI Review and Closure	[REDACTED]
[REDACTED]	Defect/PBI Review and Closure	[REDACTED]

6 IV&V Project Status

6.1 Project Risks and Issues

In this section, BerryDunn documents and presents risks it has identified specific to the IV&V services engagement. When applicable, BerryDunn will provide a risk response and response description.

Open Risks

There are no open risks.

Open Issues

ID	Title	Status	Open Date	Rating
2	Visibility into [REDACTED]	Open	[REDACTED]	High
Description	The BerryDunn team might be challenged to gain full visibility into the [REDACTED], including access to updated project artifacts, communications channels, and access to State and vendor project team members. Limiting IV&V visibility into the [REDACTED] might impact the BerryDunn project team's ability to accurately assess program activities and make actionable recommendations that will provide value to the [REDACTED].			
Proposed Resolution	BerryDunn proposes [REDACTED] and BerryDunn meet to discuss defining an approach to address the visibility into the [REDACTED].			
Update	[REDACTED] As of the development of this report, an approach to address the visibility into the [REDACTED] has not been determined.			

ID	Title	Status	Open Date	Rating
3	Delay in [REDACTED] Project Start	Open	[REDACTED]	High
Description	BerryDunn developed [REDACTED], with an assumed start date of [REDACTED]. The [REDACTED] has not dispatch as of the development of this report. Not			

ID	Title	Status	Open Date	Rating
3	Delay in [REDACTED] Project Start	Open	[REDACTED]	High
	engaging in project activities within the timelines anticipated in [REDACTED] the available time to perform the tasks necessary to produce the deliverables under [REDACTED]			
<i>Proposed Resolution</i>	BerryDunn will continue to work with [REDACTED] to resolve delays resulting from the delay in PO issuance, including proposing a revised deliverable calendar if necessary.			
<i>Update</i>	[REDACTED] BerryDunn is preparing Project [REDACTED] for submission to [REDACTED] documenting the variance caused by the delay in the issuance of the [REDACTED]. Additionally, Project [REDACTED] will propose an alternate deliverable scope and schedule for the remaining deliverables planned under [REDACTED]. Once finalized, BerryDunn will close Issue 3.			

Closed Risks

There are no closed risks.

Closed Issues

There are no closed issues.

6.2 Project Deliverables

In Table 8, BerryDunn provides a list of the status of the deliverables for [REDACTED], including any expected delivery variance against the schedule baseline.

Table 8: Estimated Project Deliverable Submission

Deliverable	Status	Baseline	Expected Actual
[REDACTED] Progress Assessment Report	On Time	[REDACTED]	[REDACTED]
[REDACTED] Quarterly Assessment Dashboard	On Time	[REDACTED]	[REDACTED]
[REDACTED] Status Report	Not Started – On Time	[REDACTED]	[REDACTED]
[REDACTED] Progress Assessment Report	Not Started – On Time	[REDACTED]	[REDACTED]
[REDACTED] Status Report	Not Started – On Time	[REDACTED]	[REDACTED]
[REDACTED] Progress Assessment Report	Not Started – On Time	[REDACTED]	[REDACTED]
[REDACTED] Status Report	Not Started – On Time	[REDACTED]	[REDACTED]
[REDACTED] Progress Assessment Report	Not Started – On Time	[REDACTED]	[REDACTED]
[REDACTED] Quarterly Assessment Dashboard	Not Started – On Time	[REDACTED]	[REDACTED]

In Table 9, BerryDunn provides a list of the State response status of the deliverables for the period of [REDACTED], including delivery date, status, and State reply date if applicable.

Table 9: Submitted Deliverable Status

Deliverable	Delivery Date	Status	Reply Date
[REDACTED] Status Report	[REDACTED]	Approved	[REDACTED]
[REDACTED] Status Report	[REDACTED]	Approved	[REDACTED]
[REDACTED] Initial Progress Assessment	[REDACTED]	Approved	[REDACTED]
[REDACTED] Status Report	[REDACTED]	Delivered	N/A
[REDACTED] Progress Assessment Report	[REDACTED]	Delivered	N/A
[REDACTED] Quarterly Assessment	[REDACTED]	Delivered	N/A
[REDACTED] Status Report	[REDACTED]	Delivered	N/A
[REDACTED] Status Report	[REDACTED]	Delivered	N/A
[REDACTED] Progress Assessment Report	[REDACTED]	Delivered	N/A
[REDACTED] Status Report	[REDACTED]	Delivered	N/A

6.3 Current Project Staff

Table 10 provides the roles and responsibilities of currently onboarded project team members.

Table 10: Current Staff Roles and Responsibilities

Name/Project Title	Responsibility
Project Manager	• Plan and execute project planning documents to guide the successful completion of the project • Serve as the primary liaison with [REDACTED] and maintain ongoing communication regarding the status of the project • Employ project management best practices, following Project Management Institute®'s (PMI®'s) guidelines of the <i>Project Management Body of Knowledge</i> (PMBOK®) Guide • Monitor and update the project plan as required based on the needs of the project • Review project deliverables for quality and match to the agreed-upon project requirements • Manage and deploy project team personnel • Serve as the primary point of contact with the State • Develop and maintain the IV&V Project Management Plan and Project Schedule • Lead project initiation and closeout activities • Perform day-to-day project and staff oversight • Perform issue and risk management • Facilitate on-site fact-finding meetings and presentations • Oversee deliverable creation • Help ensure effective communication and coordination of team members • Prepare Dashboard Reports and conduct review meetings • Current on-site: Remote
Senior IV&V Advisor	• Lead review and research activities • Lead deliverable production • Coordinate with [REDACTED] and system integrator (SI) and organizational change management (OCM) contractor staff

Name/Project Title	Responsibility
	- Provide IV&V, integrated eligibility system (IES), and Medicaid Eligibility & Enrollment Toolkit (MEET) subject matter expertise - Support other tasks as identified by BerryDunn's project manager Current on-site: Remote
Project Specialist	- Perform review and research tasks - Manage documentation - Assist with deliverable production - Assist with scheduling meetings and producing meeting agendas for IV&V-led meetings - Take meeting notes for IV&V-led meetings - Track IV&V action items Current on-site: Remote
Project Principal Engagement Manager	- Help ensure the timely delivery and quality of BerryDunn services and deliverables - Provide assignment of staff to the project, oversight, supervision, and support of the BerryDunn team - Serve as escalation point for the State - Meet with the Project Sponsor to discuss project status and issues impacting timely completion of the project work - Participate in presentations and meetings with leadership as appropriate - Prepare BerryDunn invoices Current on-site: Remote

6.4 Staff Out-Of-Office (OOO)

Table 11 provides a high-level overview of planned BerryDunn staff OOO for the current quarter.

Table 11: Staff OOO

Staff	Planned OOO Dates
	N/A
	N/A

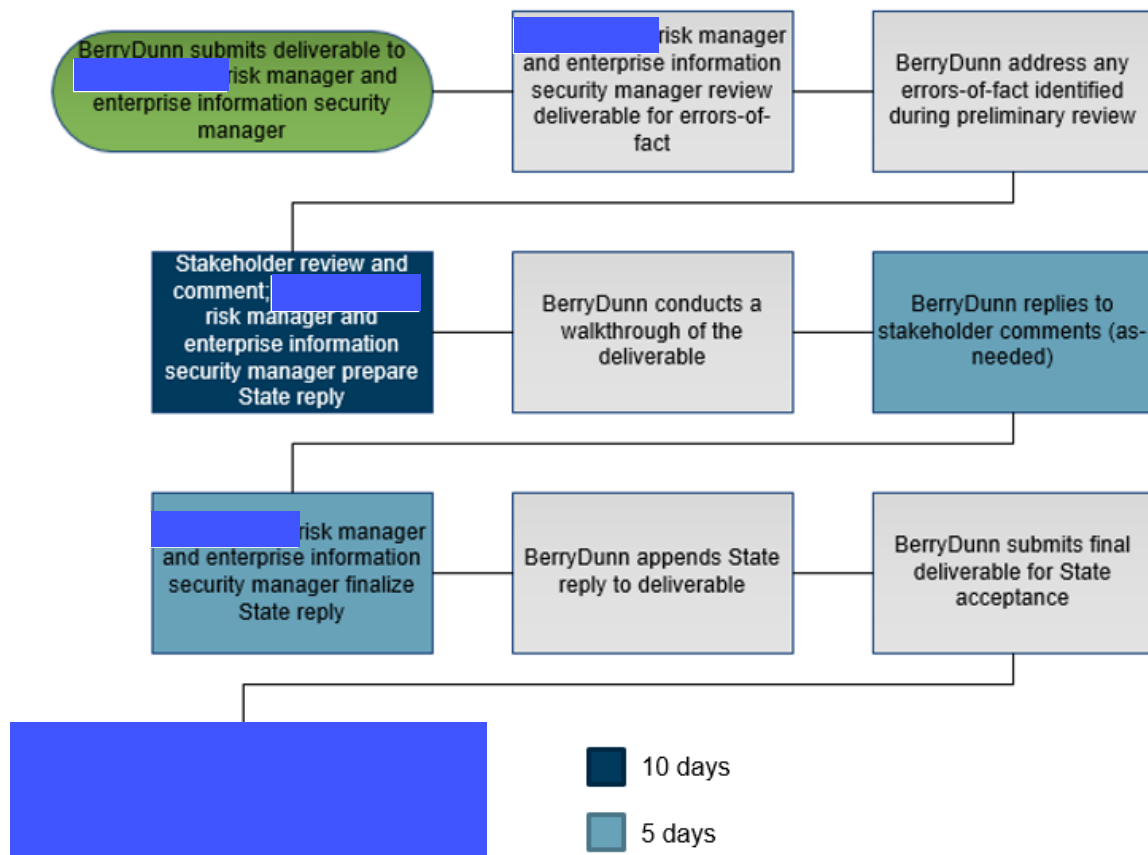
Staff	Planned OOO Dates
	N/A

Appendix A – Deliverable Review and Approval

Deliverable Review Process

Figure 1 provides a high-level overview of the deliverable review and approval process once a deliverable is submitted to the State.

Figure 1: Deliverable Review Process Flow



Deliverable Reviewers

Table 12 provides a list of State persons to whom BerryDunn submits Status Report for review and acceptance.

Table 12: State Reviewers

Role	Agency
Enterprise Information Security Manager	

Acceptance Criteria

The acceptance criteria for [REDACTED] Status Report are defined in the [REDACTED] [REDACTED] and are mutually agreed to by BerryDunn and the State.

Appendix B – Acronyms and Terms

Table 13 provides a list of acronyms and terms used in this report.

Table 13: Acronyms and Terms

Acronym/Term	Description
BC	Business Continuity
DR	Disaster Recovery
EQA	Editorial/Quality Assurance
FY	Fiscal Year
HHS	Health and Human Services
ID	Identification
IES	Integrated Eligibility System
IV&V	Independent Verification & Validation
IVR	Interactive Voice Response
LOE	Level of Effort
MEET	Medicaid Eligibility & Enrollment Toolkit
OCM	Organizational Change Management
OOO	Out-of-Office
PMBOK®	Project Management Body of Knowledge®
PMI®	Project Management Institute®
PO	Purchase Order
Ref.	Reference
SI	System Integrator
State	
X-Large	Extra Large
X-Small	Extra Small

Addendum – State Reply

In this addendum, BerryDunn captures the State’s reply to the information presented by IV&V in this status report. To help ensure consistent formatting, BerryDunn has provided Table 14 for the State’s reply.

Table 14: State Reply

Section	ID Ref. (if applicable)	Page(s)	State Reply
<i>Section 2.1 – Parking Lot Observations</i>	<i>ID Ref. 1</i>	<i>2 – 3</i>	<i>This is an example entry of a State reply</i>

Appendix H – Example of Monthly IV&V Status Reports

See below for examples of monthly IV&V status reports from previous projects.



Independent Verification & Validation (IV&V) Services

Progress, Risk, and Issue Report

Version 1.0

Submitted by:

BerryDunn
2211 Congress Street
Portland, ME 04102-1955
207.541.2200

, Project Manager

Reporting Period:



Submitted On:



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1 Executive Summary

BerryDunn assessed the [REDACTED] Project Management Office's (PMO's) support and execution of the [REDACTED] Program's modular development, and provided observations, progress, risks, issues, and recommendations on the processes and procedures in place to manage each phase of the project life cycle. This report provides a detailed summary of the observations, progress, risks, and issues identified by BerryDunn's IV&V team for the reporting period from [REDACTED] to [REDACTED]. BerryDunn distributes this report simultaneously to [REDACTED] the [REDACTED] Services ([REDACTED] Project Success Center, and the Centers for Medicare & Medicaid Services (CMS) State officer.

[REDACTED] has engaged a consulting firm, [REDACTED] to provide the agency with support related to unwinding pandemic-related initiatives and returning to normal Medicaid operations (relative to eligibility redeterminations and policy effects). In addition, the team will help advance efforts in program management, information architecture, and data analytics, and provide resources to plan and develop strategies to advance the quality of the [REDACTED] Program during the unwinding period and into the post-pandemic environment.

The IV&V project team uses a color-coded matrix to assess each area. Table 1, below, contains a description of each assessment indicator.

Table 1: Color-Coded Health Matrix

Health Assessment	Description
	Observations in the assessment area do not pose a material risk or issue to the program.
	Observations in the assessment area represent challenges that, if not addressed, are likely to cause a negative impact to the program.
	Observations in the assessment area represent significant challenges that, if not addressed, are likely to cause significant negative impact to the program.

Table 2, below, provides the IV&V project team's overall [REDACTED] Program assessment.

Table 2: Overall [REDACTED] Program Assessment

Category	Current Assessment	Previous Assessment
Overall [REDACTED] Program Health		

The IV&V team reviewed program- and module-specific activities as prescribed in Title 45, Section 95.626 of the Code of Federal Regulations (CFR) and [REDACTED]. Based on this review, the IV&V team assessed the status of the overall [REDACTED] Program as **yellow**, indicating that there are findings that, if not addressed, are likely to cause a negative impact to the [REDACTED] Program. Please see Section 2 – [REDACTED] Program Assessment for more information.

2 [REDACTED] Program Assessment

The [REDACTED] Program is modernizing the [REDACTED] Medicaid system that is comprised of the legacy [REDACTED] and associated systems. The [REDACTED] Program will replace functionality currently provided by the Medicaid Management Information System (MMIS) with new commercial off-the-shelf (COTS) solutions. The IV&V team reviews and assesses the program management activities as prescribed by CMS. The following sections provide the IV&V team's assessment for the [REDACTED] Program. Based on this review, the IV&V team assesses the [REDACTED] Program as **yellow**.

Risk and Issue Prioritization

Using Project Management Body of Knowledge (PMBOK®) project management methodologies by the Project Management Institute® (PMI®), IV&V objectively analyzes risks and issues across several domains, evaluating risk exposure (which includes probability and impact), issue rating, risk and issue category, and risk time frame. To help inform State decision-making, IV&V synthesizes its analysis and collectively ranks all open risks and issues by their relative priority, from highest priority to lowest priority. Table 3, below, contains IV&V's prioritization ranking of each open risk and issue.

Table 3: Risk and Issue Priority Rankings

Priority	Risk or Issue Title
1	Issue [REDACTED] – Consistent Governance Structure and Processes Needed
2	Risk [REDACTED] – [REDACTED] Program Resource Capacity

2.1 Program Management Assessment

In Section 2.1 – Program Management Assessment, IV&V provides its assessment by domain, including any observations, findings, and recommendations related to the overall [REDACTED] Program.

Table 4: Program Management Assessment by Domain

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
Program Strategy Alignment			[REDACTED] Governance Integration and Minimum Viable Product (MVP) - In the [REDACTED], [REDACTED] assessed the overall health status of the [REDACTED] Program as yellow, and risk and issue measures as red. [REDACTED] noted this assessment is due to a number of unresolved and past-due risks and issues. - During this reporting period, [REDACTED] continued to analyze vendor-submitted project schedules. IV&V understands that module and service component schedules are to be baselined once the MVP decisions are made. - As of the [REDACTED], Strategic Projects Update slide deck, there were [REDACTED] high-priority action items past due across several projects. - One ongoing [REDACTED] of MVP is that [REDACTED] is conducting weekly integrated master schedule (IMS) checkpoint meetings with all vendors. - IV&V learned on [REDACTED], the [REDACTED] Program implemented a series of critical meetings to help ensure proper action is taken in support of the [REDACTED] Program by adhering to the goals set forth by [REDACTED] leadership. - Beginning the week of [REDACTED], the meeting series will address Risks, Issues, Action Items, and Decisions. - Schedules are not yet baselined, and the module project managers have been asked to submit project schedule updates each Friday as the IMS is built. The weekly updates will be necessary to assist with determining dependencies and risks from a prospective view.

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
			- In the [REDACTED] Change Request (CR) and Risks, Action Items, Issues, and Decisions (RAID) Resolution Meeting, the [REDACTED] Program Manager reviewed line by line urgent RAID items preventing projects from moving forward. Additionally, during the meeting all outstanding CRs were reviewed. - The goal of the CR and RAID Resolution Meeting was to remove all outstanding concerns and delays that the vendors have brought forth as issues and possible impacts to the [REDACTED] Go-Live. The meeting was not optional for module project managers, and teams worked for eight hours to collectively resolve or develop a planned strategy. - During this reporting period, IV&V observed [REDACTED] focus on [REDACTED] and the closure of [REDACTED] key [REDACTED] decisions; as of this report, there are two open key [REDACTED] decisions. Currently, there are no decisions logged that are past their assigned due date. CR Process Updates and [REDACTED] Governance and Standard Touchpoint - During this reporting period, IV&V learned that the automated CR tool go-live date is re-scheduled from [REDACTED] due to the incorporation of the new Interim Core Leadership Team process into the automated CR application. [REDACTED] Governance and Standards leadership reported that the outstanding inflight CRs is reduced to five. IV&V Assessment and Recommendations - IV&V continues to assess Program Strategy Alignment as yellow. IV&V bases its assessment on the continued dis-alignment of [REDACTED] Program service component and module projects with the [REDACTED], go-live date for Medicaid's [REDACTED] - Based on MVP decisions that may be creating potential impacts to functionality, IV&V continues to observe that Program Strategy Alignment and findings within this assessment area may result in a future IV&V logged risk due to the lack of clarity

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
			within the [REDACTED] Program. IV&V is not aware of an agreed-upon risk mitigation that includes the identification of module service level gaps and critical path impacts. - IV&V continues to suggest [REDACTED] adopt a program-level change control management plan (CCP). The forthcoming automated CR tool used as the single source for [REDACTED] Program appears to be the [REDACTED] planned strategy to address program-level change control. The program-level plan should define the change control process to standardize the procedures for efficient and prompt handling of all project CRs. In addition, the CCP should identify the activities, roles, and responsibilities necessary to effectively and efficiently manage and coordinate the technical change process. Adherence to a formal change control process can assist [REDACTED] management by defining the process of requesting, assessing, approving, monitoring, and controlling technical changes. - IV&V continues to recommend [REDACTED] prepare a CR guide that details best practices for users of the automated CR tool. IV&V acknowledges the potential administrative advantages of the automated CR tool; however, a program-level CR process guide that includes a technical CCP should accompany the automated tool to help support its effective implementation. IV&V notes the [REDACTED] Governance and Standards team and [REDACTED] leadership have significantly reduced the volume of open CRs to five. - IV&V recommends [REDACTED] maintain ongoing efforts of identifying critical CRs for each module and defer noncritical CRs post-implementation. IV&V notes [REDACTED] continues to take steps to address this recommendation through [REDACTED] re-planning and the MVP decisions; however, identifying critical CRs should continue as a standardized procedure and best practice that IV&V will continue to monitor. - Additionally, IV&V continues to recommend [REDACTED] consider a technical review for all CRs. IV&V recommends [REDACTED] assess its technical review capacity prior to the implementation of the automated CR tool to support [REDACTED] risk mitigation strategy. Implementing a technical review of each CR could potentially provide a risk mitigation strategy for duplications of scope, gaps in system functionality, and schedule slippages affecting the [REDACTED] Program.

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
Program Quality			IV&V – Project Quality Assurance (PQA) Team Touchpoint - In the [REDACTED], Strategic Project Update slide deck, PQA cited [REDACTED] recent accomplishments has continued discussions surrounding the Content Management System (CMSBox) as an option to provide certification documents to CMS. - As of this report, [REDACTED] opened an action item to provide certification documents to the Centers for Medicare & Medicaid Services (CMS). [REDACTED] is still awaiting CMS approval for the Prescription Drug Monitoring Program (PDMP) certification letter submitted. [REDACTED]
Program Stakeholder Engagement			[REDACTED] RAID Log Items - IV&V learned on [REDACTED] Program implemented a series of critical meetings to help ensure proper action is taken on risks, action items, issues, and decisions in support of the [REDACTED] Program; each project is adhering to the goals set forth by [REDACTED] leadership. - Beginning the week of [REDACTED], the meeting series will begin to address risks, issues, action items, and decisions. - In order to meet the goals of the [REDACTED] Program, critical activities must take place within the project teams by close of business [REDACTED]. These activities include project managers validating ownerships of each RAID item to the correct owner, updating statuses, and documenting options for pending decisions. - In this reporting period, the [REDACTED] Weekly Program RAID and Decision Review Meeting was canceled and replaced by the [REDACTED] CR and RAID Resolution Meeting. The [REDACTED] Program Manager reviewed urgent RAID items as mentioned in Program Strategy Alignment domain. - During the Program RAID and Decision Review Meeting, the [REDACTED] Program Manager recommended review of the RAID Guide for project managers and stakeholders to help ensure the RAID log inputs are completed accurately based on processes defined in the RAID Guide.

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
			- During this reporting period, [REDACTED] leadership sent a summary of [REDACTED] RAID Log metrics to stakeholders, including highlighted items stakeholders could immediately resolve. Updates were requested by close of business [REDACTED], and therefore, may not be reflected in this report. - Stakeholders continue to be asked by [REDACTED] Program manager to adjust trigger or resolution dates, as applicable, based on newly re-planned schedules. Also, they were asked to update the RAID owners as needed and add new risks or any risk realizations to the [REDACTED] Collaboration Site. - IV&V continues to suggest [REDACTED] include additional technical staff resources specializing in enterprise and business architecture to participate in AI meetings at the module level. This effort will help identify and mitigate any concerns related to AIs that might impact multiple components of the [REDACTED] Program. - During this reporting period, [REDACTED] continued to collaborate with [REDACTED] on their [REDACTED] Program assessment. [REDACTED] participated in the CR RAID Resolution Meeting.
Program Governance			[REDACTED] PMO Governance Charter - IV&V continues to recommend [REDACTED] implement the PMO Governance Charter, as detailed in previous Progress, Risk, and Issue Reports, to help apply well-defined and consistent governance processes for [REDACTED] Program activities. - As documented in previous Progress, Risk, and Issue Reports, [REDACTED] governance and standards team has submitted the PMO Governance Charter to [REDACTED] leadership for approval. - IV&V encourages the approval of written governance processes for the [REDACTED] Program. In addition, this action would be in line with the governance [REDACTED] from the [REDACTED] Response Action Plan. - IV&V will continue to monitor for approval and implementation of the PMO Governance Charter to help address IV&V's program governance concerns, as documented in [REDACTED] Consistent Governance Structure and Processes Needed.

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
			PMO Governance Updates - In the [REDACTED] Strategic Project Update slide deck, the governance and standards team reported continued efforts around the launch of the CR Automation site. - IV&V understands [REDACTED] plans to use the MITA Book Club as a training opportunity to educate [REDACTED] staff on MITA and Medicaid modernization. [REDACTED] is the kickoff for MITA 101 training. - IV&V learned on [REDACTED] [REDACTED] introduced a new Interim Change Evaluation Approval Process, which was effective immediately. [REDACTED] believes change will have an impact on the [REDACTED] governance process, including the CR automation project. - IV&V understands the purpose of the CR elaboration working group is to define new or changing requirements based on business needs and scope. The working group will review level of effort, schedule impact, cost impact, cross-vendor technical impact, and alternatives in regard to CRs. Additional governance updates include the Implementation Task Force, which works to elevate open decisions and unresolved risk and issue challenges to [REDACTED] Leadership. The Implementation Task Force coordinator will support [REDACTED] for the [REDACTED] IMS - As seen in the [REDACTED] Strategic Project Update slide deck, the IMS has been updated to include project timelines that support the [REDACTED] Medicaid next generation go-live date. Upon acceptance of the re-plan dates and baseline schedule and scope, the [REDACTED] Program will be reassessed as green by the [REDACTED] Program Manager. - In the [REDACTED] Strategic Projects Update slide deck, [REDACTED] facilitated discussion with contract managers and project managers regarding the new [REDACTED] Go-Live strategy impacts to various contracts.

		Process Improvement Needs • <i>CCP.</i> Per IV&V's Program Strategy Alignment assessment, IV&V suggests the adoption of a program-level CR guide and CCP to include policies, processes, roles, and responsibilities. Also, by utilizing change control, gaps will be closed between expected [REDACTED] and actual [REDACTED]. IV&V acknowledges that [REDACTED] is actively working to update program-level CR processes by introducing the automated tool with a planned date of [REDACTED]. IV&V will continue to monitor and report on findings in future Progress, Risk, and Issue Reports. • <i>Organizational Change Management (OCM).</i> IV&V suggests [REDACTED] prioritize the development of a framework for managing the effect of new business processes, changes in organizational structure, and other transformations to the Medicaid enterprise. A well-developed OCM process that is in place before changes occur will help support the health of the [REDACTED] Program and associated module projects. OCM processes help facilitate the transition from current state to future state and provide a common vision for change across the enterprise. IV&V is aware of a new [REDACTED] internal implementation Task Force who are accountable for the Medicaid [REDACTED] • <i>Contract and Vendor Management.</i> IV&V considers both contract management and vendor management processes to be an integral part of risk mitigation for [REDACTED] service component and module projects. IV&V understands [REDACTED] completed the development of options for schedule enforcement, including processes for changing baseline project schedules and contractor incentives to meet approved schedules. [REDACTED] is also in the process of developing additional training for [REDACTED] contract managers. IV&V met with [REDACTED] leadership to discuss IV&V comments on [REDACTED] contract training materials and will continue to collaborate with [REDACTED] stakeholders regarding potential opportunities to further develop their contract and vendor management processes. IV&V noted recent accomplishments for the [REDACTED] and [REDACTED] contract management processes and activities. There is a new "how-to" guide, which includes enhanced training for Contract Managers that may be utilized by [REDACTED] and [REDACTED] staff. • <i>RAID Log Items Management.</i> IV&V will continue to monitor the management of [REDACTED] RAID Log items. For more details, see IV&V's Program Stakeholder Engagement assessment.

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
			IV&V Assessment and Recommendations - Based on IV&V observations during this assessment period, IV&V assesses [REDACTED] Program Governance as red. Due to the number of topics in the Program Governance domain, IV&V has provided recommendations within the above narrative of each topic area. - IV&V recommends [REDACTED] provide clarification around the [REDACTED] PMO Governance Charter document for possible reassessment of IV&V [REDACTED] Consistent Governance Structure and Processes Needed.
Resource Management	!	!	Testers, Technical, and OCM Staff Resources - As documented in previous Progress, Risk, and Issue Reports, [REDACTED] had an open risk ([REDACTED]) that details challenges posed by the departure of a key technical staff resource from the agency. As of this report, [REDACTED] has now been closed as the result of an IT Technical Architect that is now assigned to support the [REDACTED] project. - IV&V encourages [REDACTED] to continue monitoring the capacity of business and enterprise architecture resources to help ensure they can provide coverage for all concurrent service components and module projects across the [REDACTED] Program. - Additionally, IV&V encourages [REDACTED] to prioritize the development of a framework for managing the effect of new business processes, changes in organizational structure, and other transformations to the Medicaid enterprise as referenced in process improvement needs. IV&V Assessment and Recommendations - Based on the observations described above, IV&V assesses Resource Management as yellow, and notes a trend toward green. Further details and recommendations can be found in IV&V [REDACTED] Program Resource Capacity. - IV&V acknowledges that [REDACTED] is continuing to verify it has the necessary technical resources, such as business and enterprise architecture staff, to provide program-

Domain	Current Assessment	Previous Assessment	Observations and Recommendations
			level impact assessments for CRs and RAID items, perform technical reviews of vendor-submitted deliverables, and support daily activities across service components and module projects. IV&V continues to encourage [REDACTED] to begin evaluating options to fill OCM roles and responsibilities. This may include new staff resources, or reassigning existing resources who have a competency in OCM processes. IV&V acknowledges [REDACTED] has options under its current vendor partner relationship to bring on necessary resources to support OCM roles and responsibilities. For more details on the benefits of a robust OCM program, see IV&V's Program Governance assessment.

2.2 Key [REDACTED] Metrics

In consultation with [REDACTED] IV&V presents an analysis of [REDACTED] Program metrics, including [REDACTED] RAID Log items. The metrics discussed below reflect data provided by [REDACTED], and they have been validated by IV&V through the [REDACTED] Collaboration Site.

Figure 1 depicts the open, past due, new, and completed AIs across [REDACTED] service component and module projects. Each category is broken out to provide volume counts by rating: “High,” and “Medium” or “Low” (M/L).

The total number of open [REDACTED] AIs is **down** from [REDACTED] as of the [REDACTED], Progress, Risk, and Issue Report, to [REDACTED] for this reporting period. As of this report, [REDACTED] of the open [REDACTED] AIs are past due.

The [REDACTED] currently has the highest volume of “Open” and “Past-Due” AIs, while the [REDACTED] modules the highest volume of “High” rated AIs. In addition, [REDACTED] is trending **down** from [REDACTED] “Open” AIs in the previous Progress, Risk, and Issue Report to [REDACTED] as of this reporting period.

Figure 1: [REDACTED] AIs by Project



As reflected in Figure 2, [REDACTED] has made steady progress resolving high-priority AIs across the [REDACTED] Program. Concurrently, the volume of past-due items has **decreased**. IV&V suggests [REDACTED] continue to prioritize resolving high-priority AIs that are past their assigned due date.

Figure 2: High-Priority [REDACTED] AIs



Figure 3 depicts the volume of open risks for each [REDACTED] service component and module project. In total, [REDACTED] risks are open as of this reporting period, which represents a decrease from the [REDACTED] Progress, Risk, and Issue Report. Risks assigned to the overall [REDACTED] Program account for the majority of open items. Program risks have decreased by [REDACTED] since the previous reporting period, while the volume of [REDACTED] risks increased slightly.

Figure 3: Risks by [REDACTED] Projects



Figure 4 depicts the volume of issues across [REDACTED] service component and module projects. As of this report, there are [REDACTED] open issues, including six attributed to the [REDACTED] module project. Since the previous reporting period, the number of open issues has remained the same. The volume of closed issues represents issues resolved between [REDACTED] and the end of this reporting period.

Figure 4: [REDACTED] Issues by Project



As shown in Figure 5, there are four key decisions open across the [REDACTED] Program. The volume of open key decisions has decreased by five [REDACTED] last reporting period. As of this report, [REDACTED] open key decisions and none are beyond their assigned due date, only [REDACTED] key decision is designated as impacting the entire [REDACTED] Program. The number of closed items represents key decisions made between [REDACTED] and the end of this reporting period. Decisions identified as “New” are excluded from totals pending validation from [REDACTED] leadership.

Figure 5: [REDACTED] Key Decisions by Project



IV&V will continue to monitor [REDACTED] AIs, risks, and issues through the [REDACTED] Collaboration Site and report findings in future Progress, Risk, and Issue Reports.

3 [REDACTED] Modular Development

The [REDACTED] Medicaid modernization effort will replace the current legacy [REDACTED] and related ancillary systems with a new COTS solution. CMS standards for system architecture and integration to build a modular system composed of best-in-breed applications and technology guides the [REDACTED] Program. CMS defines a “module” as a packaged, functional business process or set of processes implemented through software, data, and interoperable interfaces that are enabled through design principles in which functions of a complex system are partitioned into discrete, scalable, reusable components. For the purposes of this report, any projects defined as a “service component” do not require CMS certification. [REDACTED] is currently developing the following [REDACTED] module and service component projects:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The following sections provide the IV&V team’s review and assessment for each of the projects. Based on this review and assessment, the IV&V team assessed the project execution status by phase. For this reporting period, IV&V assessed the [REDACTED] as yellow, the [REDACTED] as yellow, the [REDACTED] as yellow, and the [REDACTED] as red.

3.1 [REDACTED]

The [REDACTED] will include multiple analytical tools/functions and support multi-agency data access. [REDACTED] will replace the [REDACTED] [REDACTED] currently in operation, maintaining much of the present functionality while adding new tools to improve the understanding and operations of the [REDACTED] Medicaid Program.

3.1.1 Project Management Assessment

In Section 3.1.1 – Project Management Assessment, IV&V provides its assessment of the [REDACTED] project by knowledge area, including any observations, findings, and recommendations.

Table 5: [REDACTED] Project Management Assessment by Knowledge Area

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Integration Management	✓	✓	IV&V made no key observations during this reporting period.
Scope Management	✓	✓	IV&V made no key observations during this reporting period.
Schedule Management	!	!	[REDACTED] RFP Responses Evaluation - On [REDACTED] opened Risk [REDACTED] to document the RFP response evaluation delay. Risk [REDACTED] was last updated on [REDACTED]. The update indicated [REDACTED] mitigation strategy was to escalate Risk [REDACTED] to leadership. - Throughout previous reporting periods, the [REDACTED] [REDACTED] and vendor legal teams have engaged in meetings to agree on contract language. During these meetings, the respective legal teams resolved outstanding issues and are coordinating the final agreed-upon contract language. - During the last reporting period, the terms of the contract were agreed to by [REDACTED] and the selected [REDACTED] vendor. IV&V understands that CMS is currently reviewing the contract. Once CMS has approved the contract, [REDACTED] can begin the Release and Permit and Project Order processes. Work is likely to begin in [REDACTED]

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
			- As discussed in Section 2.1 – Program Management Assessment, [REDACTED] service component and module project schedules are being re-baselined to support the [REDACTED] go-live for [REDACTED] Medicaid's [REDACTED] IV&V Assessment and Recommendations - IV&V assesses Schedule Management for the [REDACTED] as yellow, and notes an upward trend, due to its re-alignment with the [REDACTED] go-live date for [REDACTED] [REDACTED] as well as the contract agreement and progress toward CMS' approval. - IV&V acknowledges [REDACTED] efforts to track and address the schedule delay, and recommends the stakeholders continue to work toward a timely resolution of Risk [REDACTED] - For future [REDACTED] projects, IV&V recommends allotting sufficient time for legal counsel to collaborate and address any contract language differences, as well as standardizing language between RFPs and the Master Cloud Service Agreement (MCSA) when possible.
Cost Management			IV&V made no key observations during this reporting period.
Quality Management			IV&V made no key observations during this reporting period.
Resource Management			IV&V made no key observations during this reporting period.
Communications Management			IV&V made no key observations during this reporting period.

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Risk and Issue Management			IV&V made no key observations during this reporting period.
Procurement Management			IV&V made no key observations during this reporting period.
Stakeholder Management			IV&V made no key observations during this reporting period.

3.1.2 Project Execution Assessment

In Section 3.1.2 – Project Execution Assessment, IV&V provides its assessment on the project execution for the [REDACTED] project.

Table 6: ADAT Project Execution Assessment by Phase

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Initiation	N/A	N/A	N/A
Acquisition / Planning			IV&V Assessment and Recommendations - IV&V assesses the [REDACTED] project Acquisition/Planning phase as yellow due to the project schedule being re-aligned with the [REDACTED], [REDACTED] Medicaid [REDACTED] go-live and the progress toward CMS' approval of the contract. - As of last report, the terms of the contract have been agreed to by [REDACTED] and the selected [REDACTED] vendor, and IV&V understands that CMS is currently reviewing the contract. - IV&V recommends [REDACTED] prioritize establishing an approved go-live date for the [REDACTED] after generating the Purchase Order (PO).

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Implementation / Execution	N/A	N/A	N/A
Operations & Maintenance / Monitor and Control	N/A	N/A	N/A
Sunset	N/A	N/A	N/A

3.2 [REDACTED]

The [REDACTED] solution supports the exchange of healthcare data between Medicaid and its trading partners, Managed Care Plans (MCPs), and Sister State Agencies (SSAs) in formats specified by the Health Insurance Portability and Accountability Act (HIPAA). The [REDACTED] solution will also perform gatekeeping activities such as trading partner management and testing of transmission formats and verifying that transmissions adhere to required specifications and data quality standards.

3.2.1 Project Management Assessment

In Section 3.2.1 – Project Management Assessment, IV&V provides its assessment of the [REDACTED] project by knowledge area, including any observations, findings, and recommendations.

Table 7: [REDACTED] Project Management Assessment by Knowledge Area

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Integration Management	✓	✓	IV&V made no key observations during this reporting period.
Scope Management	✓	✓	[REDACTED] Transaction The cost and impact evaluation of adding the [REDACTED] Transaction to the scope of the project is complete. A CR is now open, and IV&V will continue to monitor this CR to help ensure timely completion.
Schedule Management	!	!	[REDACTED] Project Schedule As discussed in Section 2.1 – Program Management Assessment, [REDACTED] service component and module project schedules are being re-baselined to support the [REDACTED], go-live for [REDACTED]. Based on the [REDACTED], Strategic Projects slide deck, IV&V understands [REDACTED] the [REDACTED] vendor, has submitted an updated project work plan that aligns with the [REDACTED] timeline. That project work plan is still under review by [REDACTED].

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
			IV&V Assessment and Recommendations - IV&V assesses Schedule Management for the [REDACTED] as yellow due to its re-alignment with the [REDACTED], go-live date for [REDACTED] - IV&V recommends [REDACTED] and the affected vendors complete their review of the project work plan as quickly as possible to minimize the impact to the schedule.
Cost Management	✓	✓	IV&V made no key observations during this reporting period.
Quality Management	✓	✓	IV&V made no key observations during this reporting period.
Resource Management	✓	✓	[REDACTED] Project Staffing IV&V understands that a business analyst previously assigned to [REDACTED] is no longer on the project. As of this report, a replacement staff resource has not been identified.
Communications Management	✓	✓	IV&V made no key observations during this reporting period.
Risk and Issue Management	!	!	[REDACTED] Risks and Issues - The [REDACTED] module project scorecard presented in the [REDACTED] Strategic Project Touchbase slide deck, assesses [REDACTED] issues as green and [REDACTED] risks as yellow. Highlighted [REDACTED] Risks [REDACTED] Risk [REDACTED] – [REDACTED] Transaction Flows are not finalized - Changes to the transaction flows will delay the completion of requirements and require rework.

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
			IV&V Assessment and Recommendations IV&V assesses Risk and Issue Management as yellow. IV&V recommends developing and implementing mitigation strategies for outstanding risks and issues that have the potential to affect the [REDACTED] project schedule.
Procurement Management	✓	✓	IV&V made no key observations during this reporting period.
Stakeholder Management	✓	✓	IV&V made no key observations during this reporting period.

3.2.2 Project Execution Assessment

In Section 3.2.2 – Project Execution Assessment, IV&V provides its assessment on the project execution for the [REDACTED] project.

Table 8: [REDACTED] Project Execution Assessment by Phase

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Initiation	N/A	N/A	N/A
Acquisition / Planning	N/A	N/A	N/A
Implementation / Execution	!	!	IV&V Assessment and Recommendations Based on Schedule Management and Risk and Issue Management findings, IV&V assesses the [REDACTED] project Implementation/Execution phase as yellow.

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
			IV&V recommends implementing risk mitigation strategies to address risks and issues affecting the [REDACTED] project.
Operations & Maintenance / Monitor and Control	N/A	N/A	N/A
Sunset	N/A	N/A	N/A

3.3 [REDACTED]

The [REDACTED] will support claims, encounters, and fiscal business operations for the [REDACTED]. The [REDACTED] will be responsible for the adjudication and payment of Fee-for-Service (FFS) claims, and the processing and management of Prior Authorization requests. Additionally, the module will be expected to provide clearinghouse functionality for processing claims submitted by Managed Care participating providers.

3.3.1 Project Management Assessment

In Section 3.3.1 – Project Management Assessment, IV&V provides its assessment of the [REDACTED] project by knowledge area, including any observations, findings, and recommendations.

Table 9: [REDACTED] Project Management Assessment by Knowledge Area

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Integration Management			[REDACTED] Managed Care Entity (MCE) - MCEs schedule alignment sessions are completed. Sessions are underway to cover requirements/business process validation, and detailed specifications review. There is a three-week delay compared to the [REDACTED], baseline. IV&V Assessment and Recommendations - IV&V assesses Integration Management as yellow because of the delay to the start of MCE integration sessions. IV&V recommends completing the integration sessions with the MCEs by [REDACTED], to remain on schedule.
Scope Management			IV&V now assesses [REDACTED] Scope Management as green due to the resolution of the following CRs: [REDACTED] Interactive Voice Response (IVRS) System Web Services. [REDACTED] Changes to [REDACTED] for rate cell. [REDACTED] Covering CMS' ruling on the use of local codes.

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Schedule Management			Schedule Slippage - As discussed in Section 2.1 – Program Management Assessment, [REDACTED] service component and module project schedules are being re-baselined to support the [REDACTED], go-live for [REDACTED] Medicaid's [REDACTED]. IV&V understands [REDACTED] the [REDACTED] vendor, has submitted an updated project work plan that aligns with the [REDACTED] timeline. IV&V Assessment and Recommendations - IV&V assesses Schedule Management for the [REDACTED] project as yellow due to its re-alignment with the [REDACTED], go-live date for [REDACTED] [REDACTED].
Cost Management			IV&V made no key observations during this reporting period.
Quality Management			IV&V made no key observations during this reporting period.
Resource Management			Deliverable Document Review - As reported in the [REDACTED], Strategic Projects Update slide deck, [REDACTED] is experiencing delays in reviewing and finalizing deliverable documents. IV&V Assessment and Recommendations - IV&V now assesses Resource Management for the [REDACTED] as yellow due to delays in reviewing or resolving comments in [REDACTED] Solution Design Documents. - IV&V recommends [REDACTED] and [REDACTED] collaborate to resolve comments in a timely manner that helps ensure there is no impact to the Go-Live date.
Communications Management			IV&V made no key observations during this reporting period.

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Risk and Issue Management			Action Items - At requirement validation sessions and  Status Report Meetings,  and  have cited the volume of open and past-due AIs as a contributing factor to the schedule variance. - For details on  project AIs, see Section 2 –  Program Assessment. IV&V Assessment and Recommendations - IV&V assesses Risk and Issue Management as yellow, and notes an upward trend, due to the resolution of open  project AIs, risks, and issues. - IV&V recommends  continue to work with the  vendor to resolve AIs. IV&V notes that  and the vendor have been holding frequent meetings to resolve AIs. IV&V has observed positive  from these meetings and recommends they continue as needed.
Procurement Management			IV&V made no key observations during this reporting period.
Stakeholder Management			IV&V made no key observations during this reporting period.

3.3.2 Project Execution Assessment

In Section 3.3.2 – Project Execution Assessment, IV&V provides its assessment on the project execution for the  project.

Table 10:  Project Execution Assessment by Phase

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Initiation	N/A	N/A	N/A

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Acquisition / Planning	N/A	N/A	N/A
Implementation / Execution			IV&V Assessment and Recommendations - IV&V assesses the [REDACTED] project Implementation/Execution phase as yellow based on the progress resolving observed challenges. - IV&V continues to recommend [REDACTED] and the vendor conduct thorough impact assessments of all remaining CRs. [REDACTED] might consider involving the SI vendor to help identify CRs that might result in impacts to other [REDACTED] modules and service components. An impact assessment will help [REDACTED] leadership make key decisions in an informed and timely fashion.
Operations & Maintenance / Monitor and Control	N/A	N/A	N/A
Sunset	N/A	N/A	N/A

3.3.3 Certification Management Assessment

In Section 3.3.3 – Certification Management Assessment, IV&V provides its assessment on the certification management for the [REDACTED] project. [REDACTED] is pursuing a pilot of a streamlined modular certification (SMC) process for the [REDACTED]

Table 11: [REDACTED] Certification Management Assessment by Assessment Area

Area	Current Assessment	Previous Assessment	Observations and Recommendations
Project Artifacts			IV&V made no key observations during this reporting period.
Annotated Intake Form			SMC Intake Forms As discussed in the [REDACTED], Progress, Risk, and Issue Report, [REDACTED] has received updated certification guidance from CMS, including updated Conditions for Enhanced Funding (CEF) and Eligibility and Enrollment (E&E) [REDACTED]

Area	Current Assessment	Previous Assessment	Observations and Recommendations
			- In previous reporting periods, the [redacted] certification team coordinated with the User Acceptance Testing (UAT) team in order to set up a recurring meeting to provide the UAT team with test criteria and [redacted] for UAT test results. [redacted] also addressed the federal reporting process to track KPIs required by CMS by completing the spreadsheet including calculations. - The [redacted] certification team continued to work on finalizing the template for the State federal reporting metric.
KPI Reporting	N/A	N/A	IV&V made no key observations during this reporting period.
SMC Schedule			Schedule Slippage - IV&V understands [redacted] is currently analyzing [redacted] most recent project schedule update to re-baseline the project schedule. During the last reporting period, IV&V understands that [redacted] PQA team provided feedback on the project schedule. - During this reporting period, [redacted] announced an updated Operational Readiness Review (ORR) date of [redacted]. - IV&V will monitor the progress of the SMC schedule and document findings in future Progress, Risk, and Issue Reports. IV&V Assessment and Recommendations - IV&V now assesses the SMC schedule as green, due to the updated ORR date and the [redacted] project schedule being re-aligned with the [redacted] go-live date for [redacted]. - IV&V recommends that [redacted] and [redacted] collaborate to implement mitigation strategies to help minimize any downstream schedule impacts.
CMS Milestone Review	N/A	N/A	IV&V made no key observations during this reporting period.

3.4 [REDACTED]

The [REDACTED] solution will consolidate all screening, centralized credentialing, revalidation, and eligibility activities into a single system component. The [REDACTED] will also integrate manual processes associated with provider eligibility into the automated systems, and enable quicker response to service offerings, rapidly changing business requirements, and stakeholder expectations.

3.4.1 Project Management Assessment

In Section 3.4.1 – Project Management Assessment, IV&V provides its assessment of the [REDACTED] project by knowledge area, including any observations, findings, and recommendations.

Table 12: [REDACTED] Project Management Assessment by Knowledge Area

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Integration Management			[REDACTED] Schedule and Scope Impacts - The [REDACTED] Project Managers reported that there is a CR in place for [REDACTED] to develop a training environment. The other environments are being reported by [REDACTED] as complete and operational, with the exception of the UAT environment, which is scheduled to be complete in [REDACTED] and ready for UAT. IV&V Assessment and Recommendations - IV&V assesses Integration Management as red due to observations related to schedule and scope that represent significant challenges that, if not addressed, are likely to cause significant negative impacts to the module project. For detailed recommendations, see IV&V's Schedule Management and Scope Management assessments below.
Scope Management			Volume of [REDACTED] CRs - Scope management for the [REDACTED] project has been impacted by the volume of pending CRs that have been conditionally approved. The following CRs are conditionally approved and require the [REDACTED] Director's approval: - Revalidation Status Change

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
			- Collection of Additional Information from Council for Affordable Healthcare - Application Status Change - Demographics Update - Application Denials █ and █ continue to work together to resolve outstanding CRs. █ is developing mitigation strategies to account for the impacts to scope and schedule resulting from the submitted CRs. IV&V Assessment and Recommendations - Based on the status of pending CRs, IV&V assesses Scope Management as red, due to significant delays for numerous CRs that, if not resolved, are likely to cause significant negative impacts to the module project. IV&V recommends the continued development and review of mitigation strategies to account for impacts from the submitted CRs. This process will help to provide oversight and accountability for the CR process.
Schedule Management	!	!	Updated █ Schedule - As discussed in Section 2.1 – Program Management Assessment, █ service component and module project schedules are being re-baselined to support the █, go-live for █ Medicaid's █. █ IV&V understands █ has submitted an updated project work plan that aligns with the █ timeline. IV&V Assessment and Recommendations - IV&V assesses Schedule Management for the █ project as yellow due to its re-alignment with the █, go-live date for █ █.
Cost Management	✓	✓	IV&V made no key observations during this reporting period.

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
Quality Management	!	!	Quality Status - In previous Progress, Risk, and Issue Reports, IV&V has documented quality management concerns related to several high-priority defects, also known as design mismatch. As a result, the start of UAT has been delayed. - Also in previous Progress, Risk, and Issue Reports, IV&V documented that product demonstrations have also been suspended, which affects quality for the [REDACTED] project. IV&V Assessment and Recommendations - IV&V assesses [REDACTED] Quality Management as yellow due to observed quality issues that have delayed the start of UAT. IV&V recommends continued monitoring and a collaborative effort with [REDACTED] to resolve the defects in testing. If not resolved, the delay will have an impact on the [REDACTED] timeline.
Resource Management	!	!	Resource Constraints [REDACTED] has cited [REDACTED] project resource constraints related to the number of project meetings and a vacancy within the change manager role for the [REDACTED] project. - On previous reports, [REDACTED] reported the departure of the [REDACTED] certification and implementation manager. Interim staff has been placed to cover their responsibilities until a permanent replacement is found. - During the [REDACTED] Weekly Status Meeting on [REDACTED], [REDACTED] stated that they are conducting final interviews and have a couple of potential candidates for [REDACTED] to interview. IV&V will continue to monitor and report any updates or findings in future Progress, Risk, and Issue Reports. - At the Strategic Project Touchbase Meeting held on [REDACTED], [REDACTED] noted that [REDACTED] Resource Management continues to trend in a positive direction for the UAT team.

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
			IV&V Assessment and Recommendations IV&V assesses [REDACTED] Resource Management as yellow due to the reduced resource constraints for the [REDACTED] IV&V understands the [REDACTED] project is currently aligning responsibilities and delegation processes with respect to the combination of project phases, as well as the new go-live date for [REDACTED] [REDACTED] IV&V recommends continued development of mitigation strategies to resolve remaining resource deficiencies.
Communications Management			IV&V made no key observations during this reporting period.
Risk and Issue Management			[REDACTED] Risk and Issue Management Status - At the Strategic Project Touchbase Meeting held on [REDACTED] [REDACTED] assessed [REDACTED] risk as red on the [REDACTED] Project Scorecard. [REDACTED] stated there are currently a few significant risks, and of those, about half of them do not have a response strategy. In addition, the environment reinstatement plan is not finalized. Highlighted [REDACTED] Risks [REDACTED] Risk [REDACTED] Change in data ownership will affect the timeline. [REDACTED] Risk [REDACTED] Delays due to outstanding decisions from design sessions. [REDACTED] Risk [REDACTED] Insufficient time to resolve defects. [REDACTED] Risk [REDACTED] Multiple modules going through CMS certification at the same time. Highlighted [REDACTED] Issues [REDACTED] Issue [REDACTED] Release: [REDACTED] test execution velocity.

Knowledge Area	Current Assessment	Previous Assessment	Observations and Recommendations
			IV&V Assessment and Recommendations - IV&V assesses Risk and Issue Management as red because observations in the assessment area represent significant challenges that, if not addressed, are likely to cause significant negative impacts to the module project. - IV&V recommends prioritizing the development and review of mitigation strategies for the issues and risks listed above. This process will help to ensure progress is being made toward resolving and closing risks and issues.
Procurement Management			IV&V made no key observations during this reporting period.
Stakeholder Management			IV&V made no key observations during this reporting period.

3.4.2 Project Execution Assessment

In Section 3.4.2 – Project Execution Assessment, IV&V provides its assessment on the project execution for the [REDACTED] project.

Table 13: [REDACTED] Project Execution Assessment by Phase

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
Initiation	N/A	N/A	N/A
Acquisition / Planning	N/A	N/A	N/A
Implementation / Execution			IV&V Assessment and Recommendations IV&V assesses the [REDACTED] project Implementation/Execution phase as red, indicating the findings and observations in Section 3.4.1 – Project Management Assessment represent significant challenges that, if not

Phase	Current Assessment	Previous Assessment	Observations and Recommendations
			addressed, are likely to cause significant negative impact to the module project.
Operations & Maintenance / Monitor and Control	N/A	N/A	N/A
Sunset	N/A	N/A	N/A

3.4.3 Certification Management Assessment

In Section 3.4.3 – Certification Management Assessment, IV&V provides its assessment on the certification management for the [REDACTED] project. [REDACTED] is pursuing an Outcomes-Based Certification (OBC) approach. OBC is structured around three elements: outcome statements; evaluation criteria and required evidence; and KPIs. Further, the OBC process consists of four phases (Planning, Development, Implementation, and Operations and Management) and two CMS gate reviews (ORR and Certification Review).

Table 14: [REDACTED] Certification Management Assessment by Assessment Area

Area	Current Assessment	Previous Assessment	Observations and Recommendations
Project Artifacts	✓	✓	IV&V made no key observations during this reporting period.
Annotated Intake Form	✓	✓	IV&V made no key observations during this reporting period.
KPI Reporting	N/A	N/A	N/A
OBC Schedule	✓	!	[REDACTED] Project Schedule As discussed in the [REDACTED], Progress, Risk, and Issue Report, the [REDACTED] ORR Meeting scheduled for [REDACTED], was canceled.

Area	Current Assessment	Previous Assessment	Observations and Recommendations
			- During this reporting period, [redacted] certification team announced an updated ORR date of [redacted] - During previous reporting periods, [redacted] met with CMS and received approval for evidence packets concerning processes outside system. IV&V also understands that CMS has communicated to [redacted] that the [redacted] certification is on track to move forward. IV&V is aware that [redacted] is continuing to work through [redacted] CRs. - As of this report, IV&V understands [redacted] submitted a clean copy of an approved evidence packet, and [redacted] is addressing CMS comments on an evidence packet. IV&V Assessment and Recommendations - IV&V now assesses OBC Schedule as green due to the ORR date being scheduled and the [redacted] project schedule being re-aligned with the [redacted] go-live date for [redacted]
CMS Milestone Review			[redacted] Operation Readiness Review - As discussed in the [redacted], Progress, Risk, and Issue Report, [redacted] canceled the [redacted] ORR Meeting and prep meetings due to module project schedule re-planning efforts. - During this reporting period, [redacted] certification team announced an updated ORR date of [redacted] IV&V Assessment and Recommendations: - IV&V now assesses CMS Milestone Review as green due to the ORR date being scheduled and the [redacted] project schedule being re-aligned with the [redacted], go-live date for [redacted]

4 Risks and Issues

The entries within Risks and Issues document new risks and issues identified during this reporting period, risks and issues closed during this reporting period, and risks and issues that remain open. The intent is to identify emerging risks and issues at the earliest possible point in order to present them to project leadership to assist in the development of a risk response. Note that only updates from this reporting period are included in this report.

Open Risks

ID	Title	Category	Time Frame	Status	Open Date	Risk Rating
■	■ Program Resource Capacity	Organizational	Mid	Open	■	Moderate (Probability – 2; Impact – 4)
<i>Risk Statement</i>	Without adequate staff resources to support key functions across concurrent projects within the ■ Program, including testing resources and business and enterprise architecture resources, ■ risks schedule delays, impacts to project quality, and reduced visibility into program-level impacts caused by developments within module and service component projects.					
<i>Context</i>	IV&V has observed resource capacity as a limiting factor on multiple module and service component projects within the ■ Program. In addition, program-level resources have been stretched to accommodate concurrent overlapping projects, increasing the potential for negative impacts from routine staff turnover. As of the opening of this risk, IV&V has identified testing resources and technical and enterprise architecture resources as areas of concern. IV&V recognizes efforts by ■ to improve resource capacity, including posting several job openings related to testing on the State hiring portal.					
<i>Recommendation</i>	IV&V recommends that ■ work to identify opportunities to distribute roles and responsibilities related to testing, as well as enterprise and business architecture. This may be accomplished through adding additional ■ ■ staff, contracting staff resources, or re-assigning existing resources. In addition, by tracking resource interdependencies across projects through the IMS, ■ could more effectively identify potential bottlenecks to help ensure the most efficient use of staff resources.					
<i>State's Disposition & Update</i>	■ IV&V understands ■ is continuing to verify it has sufficient technical resources to support ■ Program needs. As of this report, ■ Risk ■ has now been closed as the result of an IT Technical Architect that is now assigned to support the ■ project. IV&V continues to suggest ■ should include OCM resources within their assessment of program-level resources. IV&V notes that the Task Force is a potential vehicle for ■ but not all of the OCM needs for the ■ Program.					

Open Issues

ID	Title	Category	Status	Open Date	Issue Rating
■	Consistent Governance Structure and Processes Needed	Project Management	Open	■	Medium
<i>Description</i>	During the ■ Update Meeting, the ■ PgM presented the proposed ■ Program Governance model to members of the senior leadership team. IV&V understands that the ■ PMO created the ■ Program Governance model to define a program's decision-making processes—including the participants and roles and responsibilities at each decision-making level. While IV&V observed members of the senior leadership team in attendance agree to implement the ■ Program Governance model—understanding ■ would continue to refine the model—IV&V has since observed operational challenges with implementing the model. Specifically, IV&V has observed an absence of executive-level, strategic decision-making regarding SSA integration into the future ■				
<i>Recommendation</i>	IV&V recommends that ■ streamline decision-making processes across the ■ Program. First, IV&V recommends that ■ consolidate decision-making venues. Consolidating decision-making venues will help create clear points of accountability for decision-making. Second, IV&V recommends that ■ empower intermediate decision-making. By adding an intermediate level for strategic decision-making and escalation, stakeholders might be more likely to escalate decision needs to the appropriate escalation point at the earliest possible point. Lastly, IV&V recommends that ■ communicate decisions across stakeholder groups timely and consistently. With the ■ Program spanning multiple agencies and vendors, it is important that cross-cutting decisions are communicated timely to help inform the activities of affected stakeholder groups and help prevent unnecessary rework and related schedule delays.				
<i>State's Disposition & Update</i>	■ No update at this time.				

Closed Risks

ID	Title	Category	Time Frame	Status	Open Date	Risk Rating
[REDACTED]	[REDACTED] Program Schedule and Timeline	Project Management	Mid	Closed	[REDACTED]	Moderate (Probability – 3; Impact – 4)
<i>Risk Statement</i>		Without re-baselining and aligning the [REDACTED] and [REDACTED] project schedules, [REDACTED] risks directly impacting the implementation of other [REDACTED] projects, as well as causing a potential delay to the retirement of [REDACTED] and other legacy systems, resulting in increases in program costs.				
<i>Context</i>		As of the opening of this risk, [REDACTED] assesses the [REDACTED] Program schedule as red, and an internal [REDACTED] risk is open regarding the [REDACTED] Program schedule. As documented in the [REDACTED], [REDACTED] Strategic Project Status Update slide deck, [REDACTED] leadership has expressed concern about the [REDACTED] and [REDACTED] go-live dates tracking beyond the planned Managed Care go-live date of [REDACTED]. At this time, [REDACTED] environment issues have caused a several-week delay to activities across the entire [REDACTED] Program, resulting in further project schedule variance. In addition, the high volume of CRs for [REDACTED] and [REDACTED] delays to system integration testing, and rejected [REDACTED] vendor deliverables are obstacles to re-baselining and aligning [REDACTED] project schedules.				
<i>Recommendation</i>		IV&V recommends [REDACTED] continue to work with the [REDACTED] and [REDACTED] vendors to address the respective schedule variances and delays to minimize impact to [REDACTED] Program. IV&V recommends [REDACTED] maintain its effort of identifying critical CRs for each module and defer noncritical CRs post-implementation. A CR could be considered critical if certain functionality or scope is deemed mandatory prior to system implementation. Finally, IV&V recommends implementing program-wide CR procedures to minimize the impact of outstanding CRs on the [REDACTED] re-planning process.				
<i>State's Disposition & Update</i>		[REDACTED] IV&V first logged this risk during the Managed Care go-life date of [REDACTED]. Based on MVP process and [REDACTED] Next Generation go-live date of [REDACTED], IV&V has determined this risk should be closed as it no longer describes current [REDACTED] Program Schedule and Timeline.				

Closed Issues

There are no closed issues.

Appendix A – Meeting Summary

Table 15, below, provides a summary of the meetings the IV&V project team participated in during this reporting period, including the meeting date, title, and the IV&V project team members who attended. Please note that multiple IV&V resources may have attended meetings listed below. For the purposes of this report, IV&V is only reporting the IV&V lead attendee for each meeting.

Table 15: Meeting Summary

Date	Title	IV&V Project Team Attendee	Meeting Owner
[REDACTED]	[REDACTED] Status Reporting	[REDACTED]	Vendor
[REDACTED]	[REDACTED] Weekly Status Meeting	[REDACTED]	Vendor
[REDACTED]	[REDACTED] Status Meeting	[REDACTED]	[REDACTED]
[REDACTED]	Governance Integration Management Meeting	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Vendor
[REDACTED]	[REDACTED] IV&V Touchpoint	[REDACTED]	IV&V
[REDACTED]	Weekly [REDACTED] PMO Meeting	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] IV&V Contract Training Clarification	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Status Reporting	[REDACTED]	Vendor
[REDACTED]	PQA and IV&V Touchpoint Meeting	[REDACTED]	IV&V
[REDACTED]	[REDACTED] Weekly Status Meeting	[REDACTED]	Vendor
[REDACTED]	[REDACTED] Status Meeting	[REDACTED]	[REDACTED]
[REDACTED]	Governance Integration Management Meeting	[REDACTED]	Vendor

Date	Title	IV&V Project Team Attendee	Meeting Owner
	CR and RAID Resolution Meeting		
	 IV&V Touchpoint		IV&V
	CMS Certification Monthly Touch Base Meeting		

Appendix B – Deliverable Review

The tables below reflect the status of deliverables reviewed by the IV&V team, or deliverables that were under review during the previous reporting period. Table 16, below, provides a list of the deliverable reviews completed during this reporting period, including the IV&V team's recommendation to the State.

Table 16: Completed Deliverable Reviews

Deliverable/Artifact	Date Received	Date Complete
 Modularity Plan		
 Operations Management		
 Plan Management		
 Financial Management		
 Reusability Plan		

Table 17, below, provides a list of deliverables under review as of the end of this reporting period.

Table 17: Deliverables Under Review

Deliverable/Artifact	Date Received
 Master Test Plan	
 MMIS ConOps 	

Appendix C – Acronyms and Terms

Table 18, below, provides a list of acronyms and terms used in this report.

Table 18: Acronyms and Terms

Acronym/Term	Definition
AI	Action Item
CAB	Change Advisory Board
CCP	Change Control Management Plan
CEF	Conditions for Enhanced Funding
CFR	Code of Federal Regulations
CR	Change Request
CMS	Centers for Medicare & Medicaid Services
COTS	Commercial Off-the-Shelf
DDI	Design, Development, and Implementation
E&E	Eligibility and Enrollment
FFS	Fee-for-Service
FSA	Future State Assessment
HIPAA	Health Insurance Portability and Accountability Act
IMS	Integrated Master Schedule
ITS	Information Technology Services
IV&V	Independent Verification & Validation
KPI	Key Performance Indicator
LOE	Level of Effort
MCP	Managed Care Plan
MCSA	Master Cloud Service Agreement
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System

Acronym/Term	Definition
MVP	Minimum Viable Product
OBC	Outcomes-Based Certification
OCM	Organizational Change Management
ORR	Operational Readiness Review
PMO	Project Management Office
PO	Purchase Order
PPU	Project Partnership Understanding
PQA	Program Quality Assurance
RAID	Risks, Action Items, Issues and Decisions
RFP	Request for Proposals
SI	Systems Integrator
SMC	Streamlined Modular Certification
SSA	Sister State Agency
UAT	User Acceptance Testing

Appendix D – Project Management Knowledge Areas

Table 19, below, provides a high-level description for each project management assessment knowledge area.

Table 19: Project Management Assessment Knowledge Areas

Knowledge Area	Description
Integration Management	The processes required to help ensure that the various elements of the projects are properly coordinated. Integration Management involves making trade-offs among competing objectives and alternatives to meet or exceed stakeholder needs and expectations.
Scope Management	The process of defining what work is required to complete the project successfully and then making sure all of that work—and only that work—is completed.
Schedule Management	The process of developing, maintaining, and communicating schedules for time and resources. A schedule is the timetable for managing the timely completion of the project, program, or portfolio.
Cost Management	The process of planning, estimating, budgeting, financing, funding, managing, and controlling costs so the project can be completed within the approved budget. IV&V bases their Cost Management assessment on earned value (EV) metrics produced by [REDACTED]
Quality Management	The act of overseeing all activities and tasks needed to maintain a desired level of excellence in order to meet stakeholder expectations. Quality management includes determining a quality policy, creating and implementing quality planning and assurance, and improving quality control.
Resource Management	The processes to identify, acquire, and manage the resources needed for the successful completion of the project.
Communications Management	The processes that are required to help ensure timely and appropriate planning, collection, creation, distribution, storage, retrieval, management, control, monitoring, and final disposition of project information.
Risk and Issue Management	The processes that support better decision-making through an understanding of risks and issues and their likely impact on the project.
Procurement Management	The processes necessary to purchase or acquire products, services, or results needed from outside the project team.
Stakeholder Management	The processes required to identify the people, groups, or organizations that could impact or be impacted by the project; to analyze stakeholder expectations and their impact on the project; and to develop appropriate management strategies for effectively engaging stakeholders in project decisions and execution.

Appendix E – Project Execution Assessment Areas

Table 20, below, provides a high-level description for each project execution assessment area.

Table 20: Project Execution Assessment Areas

Assessment Area	Description
Initiation	The processes performed to define a new project or new phase of an existing project, and to obtain the authorization to start the project or phase.
Acquisition / Planning	The processes required to establish the scope of the project and objectives, and to define the course of action required to attain the stated objectives.
Implementation / Execution	The processes performed to complete the work defined in the Project Management Plan to satisfy the project requirements.
Operations & Maintenance / Monitor and Control	The processes required to track, review, and regulate the progress and performance of the project; to identify any areas in which changes to the plan are required; and to initiate the corresponding changes.
Sunset	The processes performed to formally complete or close the project, phase, or contract.

Appendix F – Risk and Issue Management

Risk Rating Methodology

Identified risks are assigned a rating based on the probability of the risk occurring and the impact the occurrence of the risk could have on the overall project. The first step is to assign a probability rating to the risk based on the likelihood of the risk occurring. Risks assigned a low-probability rating are considered possible but not probable. Once the probability is determined, then the impact of the risk, should it occur, is assigned. A risk event can cause an unexpected cost, slip in the schedule, or reduction to the quality or technical performance.

Table 21: Risk Rating Matrix

Probability	Risk Level				
5 (Near Certainty)	5 – Moderate	10 – Moderate	15 – Significant	20 – Significant	25 – Significant
4 (High Likely)	4 – Minimal	8 – Moderate	12 – Moderate	16 – Significant	20 – Significant
3 (Likely)	3 – Minimal	6 – Moderate	9 – Moderate	12 – Moderate	15 – Significant
2 (Unlikely)	2 – Minimal	4 – Minimal	6 – Moderate	8 – Moderate	10 – Moderate
1 (Remote)	1 – Minimal	2 – Minimal	3 – Minimal	4 – Minimal	5 – Moderate
Impact □	1 – Minimal	2 – Minor	3 – Moderate	4 – Significant	5 – Severe
	Probability * Impact = Risk Level				

After identifying and rating risks, the client must make a decision on how to proceed with managing the risks. The table below is a recommendation of the actions required based on the risk level.

Table 22: Risk Action Table

Risk Value	Risk Level	Definition
15 – 25	Significant	Major disruption likely. Change in approach required. Mitigation required. Management attention required.
5 – 12	Moderate	Some disruption. Client should consider an alternative approach. Mitigation recommended. Management attention recommended.
1 – 4	Minimal	Minimal impact. Oversight required ensuring risk remains low. Mitigation not necessary.

Issue Rating Methodology

IV&V bases issue ratings on the project impact if the issue is not resolved and the urgency of taking corrective action. The issue rating might be updated by IV&V if the criticality of the issue changes.

Table 23: Issue Rating Values

Issue Level	Description
High	The issue is preventing or may prevent mission-critical project activities from on time, on-budget completion, within scope and quality parameters. The issue must be immediately resolved or mitigated before related project work continues.
Medium	The issue is not currently preventing mission-critical project work from proceeding as planned. To prevent impact, client should address or mitigate issue on a timely basis. Resolution must occur, but work can continue.
Low	The issue is cosmetic in nature and should be resolved, but does not have to be resolved prior to go-live.

Risk and Issue Categories

IV&V categorizes risks and issues according to their area of concern. Risk and issue categories include:

Table 24: Risk and Issue Category Values

Risk Category	Description
Technical	Relates to requirements, technology, interfaces, performance, quality, etc.
External	Relates to customer issues, contracts, suppliers, etc.
Organizational	Relates to project dependencies, logistics, resources, budget, etc.
Project Management	Relates to planning, schedule, estimation, communication, etc.

Risk Occurrence Time Frames

In order to help the State prioritize risks, IV&V includes an estimation of the time frame in which this risk will have an impact. This is classified into one of the following:

Table 25: Risk Time frame Values

Time frame Category	Description
Near	Risk is expected to be triggered within one month
Mid	Risk is expected to be triggered within the next two to six months
Far	Risk is expected to be triggered beyond the next six months

Risk and Issue State Response

Once IV&V assigns a rating to the risk or issue, IV&V assigns a status indicating the agreement with the finding. IV&V updates the status as needed.

Table 26: State Response Values

State Response	Description
TBD	New risk/issue. Client should determine action.
Agree, mitigation needed/created	State agrees with risk/issue finding and plans to address. State will provide documentation of planned actions for IV&V purposes.
Agree, no action to be taken at this time	State agrees with risk/issue finding but does not plan to address it at this time.
Disagree, not a risk/issue	State does not agree with risk/issue finding. State does not plan to take any additional actions.

Risk and Issue Status

The status indicates the flow of the risk/issue, from the point of identification through final closure. The reader should view the status in concert with the State Response.

Table 27: Risk and Issue Status Values

Status	Description
New	Newly identified risk/issue that has not yet been presented.
Open	Risk/issue presented to the project team but currently unresolved.
Closed	Risk/issue has reached completion and has been resolved or State determines that it is not a risk/issue. Refer to State Response.
Escalated	Risk/issue remains unresolved. After discussion with the State, IV&V has decided to bring to the Executive Steering Committee.



Independent Verification & Validation (IV&V) Services

Progress Assessment Report

Version 1.0

Submitted by:

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Submitted On:

[Redacted]

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Table i: Version History

Version	Date	Description
v0.1		Draft deliverable complete, submitted for peer review
v0.2		Peer review complete, updated deliverable to address feedback, submitted for engagement management and Editorial/Quality Assurance (EQA) review
v0.3		Engagement management and EQA review complete, updated deliverable to address feedback, prepared for submission
v1.0		Submitted to client

1 Introduction

The [REDACTED] in coordination with the [REDACTED] established the [REDACTED] to implement its vision to create an eligibility system that is consumer-centric and easy to navigate, promotes care coordination, improves administrative efficiencies, and enhances the delivery of healthcare services that are specific to an individual's needs. The State contracted with BerryDunn under [REDACTED] to provide Independent Verification & Validation (IV&V) services for the [REDACTED]. This Progress Assessment Report encompasses BerryDunn's discoveries and independent perspectives into the [REDACTED] including relevant updates to previously presented discoveries and recommendations. In addition to BerryDunn's discoveries and recommendations, the progress assessment report will describe the inputs into BerryDunn's analysis, which may include artifact reviews, interviews, and meetings. [REDACTED] Progress Assessment Report documents these activities for the reporting month of [REDACTED].

1.1 Explanation of Assessment

BerryDunn's review activities serve as inputs into each progress assessment, and includes evaluation and analysis of: risks and issues, project documentation and artifacts, and program management and governance processes. The progress assessment captures those activities, and is consistent with [REDACTED]. Table 1 provides a description of the fields contained within the structure by which BerryDunn reports assessment results for each focus area.

Table 1: Assessment Field Descriptions

Field	Description
Assessment Purpose	This section provides a high-level description of the assessment's purpose.
Description	This section provides a high-level overview of the assessment performed by BerryDunn.
Analysis	This section provides a description of BerryDunn's review and assessment activities.
Discoveries	This section provides a description of any discoveries or material gaps identified during BerryDunn's review and assessment activities.
Recommendations	This section provides BerryDunn's initial recommendations based on discoveries or material gaps identified from its review and assessment activities.

BerryDunn's progress assessment builds on the high-level, preliminary observations included in prior Progress Assessment Reports and prior Status Reports. Observations are further divided into two categories: Parking Lot Observations and Preliminary Observations. Parking Lot Observations are those identified in a focus area not currently being assessed by BerryDunn or

not currently prioritized by the State and BerryDunn, and they serve as an input into future focus area identification. Preliminary Observations are those identified in a focus area currently being assessed by BerryDunn.

In collaboration with the State, BerryDunn has identified deliverable review and approval processes for assessment during the current reporting period. BerryDunn first presented its preliminary observation on [REDACTED] as a part of the program management and governance focus area (ID Ref. 8) as shown in the observation entry below. For the purposes of this report, BerryDunn assessed **deliverable management** processes and procedures.

ID Ref.	Date Opened	Focus Area
8	[REDACTED]	Program Management and Governance
<i>Observation</i>		BerryDunn has observed that opportunities exist to improve the deliverable review process.
<i>Proposed Action Steps</i>		BerryDunn will continue to review and monitor the deliverable review process and offer actionable recommendations once BerryDunn has sufficient visibility into the process and understands it.

Throughout the course of its review and analysis, BerryDunn uses industry standards and best practices including the International Organization for Standardization (ISO), National Institute for Standards and Technology (NIST), and the Project Management Institute® (PMI®)—along with additional inputs such as internally developed assessment criteria, contractual requirements, federal and state laws and regulations, sub-regulatory guidance, and expert knowledge—to inform its assessment.

As part of the assessment, BerryDunn provides recommendations based on its review and analysis of each focus area identified for assessment during the current reporting period. As BerryDunn continues its analysis and stakeholder engagement, BerryDunn will evolve its discoveries and recommendations to account for additional information.

As discoveries and recommendations evolve, BerryDunn will close recommendations that are no longer applicable, that the State opts not to adopt, or that are modified substantially (at which time they will become new recommendations).

Further, BerryDunn will provide a priority for each recommendation presented in the report. The priority recommendation is based on the urgency-impact matrix. As depicted below in Table 2: Urgency-Impact Matrix, the urgency ranking is presented along the left of the matrix, and the impact ranking is presented along the top of the matrix. The resulting priority, color-coded in the middle of the matrix, is the intersection of urgency and impact.

Table 2: Urgency-Impact Matrix

		Impact		
		Low	Medium	High
Urgency	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium
		Priority		

As a part of its ongoing assessment activities, BerryDunn will report on [REDACTED] enhancements that address the system defects and application-processing backlog and independently assess the sufficiency of those planned enhancements as they relate to the defects and application-processing backlog. These assessment activities are captured in Appendix A – System Defects and Application Backlog.

Based on its current assessment, BerryDunn proposes further evaluation of the **deliverable management** focus area in subsequent reports. BerryDunn will engage stakeholders in an effort to prioritize future assessment focus areas.

Section 3 – Future IV&V Assessment Roadmap includes additional high-level observations presented in prior Status Reports for assessment consideration.

2 Current IV&V Assessment Focus Areas

In collaboration with the State, BerryDunn has identified **deliverable management** as its focus area for assessment during the current reporting period.

2.1 Deliverable Management

<i>Assessment Purpose</i>	BerryDunn's assessment of the [REDACTED] deliverable management processes and procedures is intended to support the State and vendor partners in effective and efficient deliverable management activities. Well-defined deliverable management procedures help ensure the timely review and acceptance of key project deliverables, and are necessary to support adherence to overall project timelines. In addition, effective deliverable review promotes deliverable quality and helps to maintain alignment between State expectations and vendor-submitted deliverables. BerryDunn's assessment of the [REDACTED] deliverable management processes, workflows, and structures may inform additional assessments regarding deliverable quality.
<i>Description</i>	As a part of assessing the [REDACTED] deliverable management processes, BerryDunn facilitated discussions with the [REDACTED] risk manager and other members of the [REDACTED] operations management team. Topics during these discussions included the current deliverable management process as well as potential future automated processes based on recommendations from BerryDunn. In addition, BerryDunn reviewed existing deliverable management artifacts provided by the [REDACTED] operations management team.
<i>Analysis</i>	First, BerryDunn facilitated discussions with members of the [REDACTED] operations management team regarding the current deliverable management processes and procedures. Based on these discussions, BerryDunn understands that the [REDACTED] does not have a well-defined, program-wide deliverable review process. The [REDACTED] has identified the need for a more standardized, better-defined deliverable review process, and BerryDunn observed that they are working toward that goal. BerryDunn also understands that there are numerous stakeholders and vendors involved in the deliverable review process with different responsibilities and process needs. Second, BerryDunn reviewed deliverable management documents provided by the [REDACTED] operations management team. BerryDunn observed an existing deliverable management workflow for the [REDACTED] however, BerryDunn understands it to be limited to [REDACTED] stakeholders and does not detail all process steps performed by external stakeholders. BerryDunn understands the [REDACTED] follows defined timelines for deliverable review and feedback, which includes the option for expedited review cycles. BerryDunn did not observe specific standards by which deliverables are designated to be expedited. In addition, BerryDunn is not aware of documentation that defines roles and responsibilities for [REDACTED]

	deliverable management activities, or of a defined process for assigning reviewers to each deliverable. Through the review of State documentation, BerryDunn understands that deliverable tracking, including identifying late or missing deliverables, has historically been a challenge for the program. Finally, procedures for reviewing deliverable documents are not clearly documented, which may lead to inconsistencies across deliverables.								
Discoveries	Based on BerryDunn’s review and analysis of the [REDACTED] deliverable management processes and procedures as stated above, BerryDunn notes the following discoveries: 1. The [REDACTED] does not have a single documented comprehensive, program-wide deliverable management process. 2. The [REDACTED] deliverable management process, including deliverable review and approval, relies on manual workflow processes. 3. The roles and responsibilities relating to the deliverable management workflows are not documented in a manner that can allow for consistent application of the processes and procedures for the [REDACTED]								
Recommendations	Based on its analysis and resulting discoveries, BerryDunn presents the following recommendations for the State’s consideration: <table><tr><th>No.</th><th>Recommendation</th><th>Date Opened</th><th>Recommended Priority</th></tr><tr><td>DEL-1</td><td>Document all current deliverable management processes across project vendors and contract vehicles</td><td>[REDACTED]</td><td>Medium</td></tr></table> <i>Recommendation Description</i> Documenting all current deliverable management processes across all vendors and contract vehicles can allow the [REDACTED] to assess the existing deliverable management and review process landscape. By outlining the current state of the deliverable management workflows and processes, [REDACTED] stakeholders can assess those workflows and processes for opportunities to improve their effectiveness and efficiency and leverage them as inputs into the development of a single, comprehensive approach (see DEL-4). Additionally, documenting the current-state deliverable management workflows and processes gives stakeholders the opportunity to realign deliverable management activities across contract vehicles and help to ensure the consistent application of the processes and procedures for a given component (i.e., [REDACTED] Interactive Voice Response [IVR], and Electronic Document Management System [EDMS]) of the [REDACTED]. Defining each discrete component’s processes and procedures can give [REDACTED] leadership a comprehensive view of the current state and assist in the development of a single program-wide deliverable management process.	No.	Recommendation	Date Opened	Recommended Priority	DEL-1	Document all current deliverable management processes across project vendors and contract vehicles	[REDACTED]	Medium
No.	Recommendation	Date Opened	Recommended Priority						
DEL-1	Document all current deliverable management processes across project vendors and contract vehicles	[REDACTED]	Medium						

	No.	Recommendation	Date Opened	Recommended Priority
	DEL-2	Define specific roles and responsibilities within the deliverable management process		Medium
	<i>Recommendation Description</i> Documented roles and responsibilities for deliverable management activities can help create accountability and provide clarity for internal and external stakeholders as to how their work supports the overall deliverable management effort. In addition, documenting roles and responsibilities might uncover potential resource bottlenecks or responsibilities without a clear owner. Further, clearly establishing and maintaining roles and responsibilities can support contract management functions through establishment of upfront expectations for vendor staff resources. At the individual stakeholder level, having a firm understanding of their own deliverable management responsibilities can empower them to effectively plan and prioritize their work, as well as determine at the earliest possible point when they will need additional support. Maintaining a list of up-to-date roles and responsibilities facilitates a smooth transition when staff turnover occurs, and helps ensure best practices are maintained over time. The State may consider developing a Responsible, Accountable, Consulted, Informed (RACI) chart that maps stakeholder responsibilities for each task or milestone involved in deliverable management process.			
	No.	Recommendation	Date Opened	Recommended Priority
	DEL-3	Develop a detailed process to expedite new and backlogged deliverables for review and approval		Medium
	<i>Recommendation Description</i> Deliverables vary in their scope, size, and impact on the project; as a result, certain deliverables may be considered mission-critical and need to be expedited. Developing a process that includes objective standards for expediting new and backlogged deliverables for approval can help the Project respond to time-sensitive project needs and adhere to project timelines. In addition, by facilitating an expedited review and approval of necessary deliverables, the State can mitigate impacts to project activities that stem from unapproved deliverables. Establishing a set of standards that is objective and easy to follow will help the State reduce the administrative burden of designating expedited deliverables and reduce confusion among stakeholders. If a backlog of deliverables exists or develops over time, having a process to identify deliverables out of that backlog for expedited review and approval can help the State mitigate downstream impacts.			

No.	Recommendation	Date Opened	Recommended Priority
DEL-4	Develop a single program-wide deliverable management process		High
<i>Recommendation Description</i> Developing a single, program-wide deliverable management, review, and approval process and corresponding workflows is critical to supporting consistent deliverable management across discrete components of the [REDACTED]. Consolidating the deliverable management processes across discrete components of the [REDACTED] the State can identify and eliminate the redundancies within the process. Additionally, [REDACTED] stakeholders can streamline the deliverable review and approval processes, removing complexity bottlenecks created by having different processes for difference components of the [REDACTED]. Further, consolidating deliverable management processes allows the State and its vendor partners to collaborate on improving process efficiency and reviewer responsiveness while focusing on deliverable quality.			
No.	Recommendation	Date Opened	Recommended Priority
DEL-5	Deploy automated workflow tools for the [REDACTED]		Medium
<i>Recommendation Description</i> Deploying workflow automation tools to the [REDACTED] including deliverable review and approval, can reduce complexity and confusion inherent in manual workflows and further support the consistent application of processes and procedures. Automated workflow tools make it easier to prevent human error and, in the event that an error occurs, identify the point in the workflow where the error occurred for easy resolution. Additionally, automation can speed up tasks that were otherwise hindered by manual processes through automated alerts notifying reviewers and approvers of pending tasks. Through definition of business rules within a workflow automation tool, the State can configure the workflow solution to trigger steps based on conditions to automatically delegate tasks and reduce the need for redundant manual tasks. Further, this can allow tasks to only be delegated to those who need to approve a deliverable, removing layers of review that might be unnecessary. Additionally, automated workflow can increase transparency and control over the workflow by clearly defining the task, the owner, and the responsibilities at each step. Administrators are also able to display or hide sensitive data-specific job roles or teams. Understanding that the State deploys a Microsoft suite of tools, the workflow automation tool Power Automate allows for seamless integration into the applications stakeholders are already familiar with and use on a daily basis to perform their duties.			

3 Future IV&V Assessment Roadmap

BerryDunn captures its high-level, preliminary observations in prior Status Reports. Further, BerryDunn prioritizes these high-level, preliminary observations based on BerryDunn's perceived importance and general impact to program activities and input from the State. BerryDunn presents these high-level, preliminary observations below, including proposed action steps. Observations are assigned an ID reference (Ref.) based on the order in which they are entered into BerryDunn's internal log; as a result, observations are not necessarily presented sequentially because BerryDunn does not repeat ID Ref., include any active observations, or include any closed observations. Please note BerryDunn will not present new high-level, preliminary observations in its progress assessment reporting.

ID Ref.	Date Opened	Focus Area	Priority
1		System Design and Integration	Medium
<i>Observation</i>		BerryDunn's current understanding of the core components of the (base application, Interactive Voice Response [IVR], and document management system) is that they do not fully integrate.	
<i>Proposed Action Steps</i>		BerryDunn has requested an architectural diagram to review in addition to the System Architecture artifact reviewed on . Through the review of these artifacts, BerryDunn can gain a better understanding of how the discrete components of interoperate with one another at a high level and in what context. Further, BerryDunn proposes leveraging the Technical Assessment vendor findings as input into its assessment activities regarding system integration.	
<i>Update</i>		the State provided feedback regarding BerryDunn's observation. BerryDunn will work with the State to determine priority for reviewing and assessing this focus area.	

ID Ref.	Date Opened	Focus Area	Priority
3		System Design and Integration	Medium
<i>Observation</i>		BerryDunn has not observed an architectural roadmap or documented understanding of the governance of the system's architecture.	

ID Ref.	Date Opened	Focus Area	Priority
3		System Design and Integration	Medium
<i>Proposed Action Steps</i>		Through a review of the State's architectural diagram, System Architecture documentation, and architecture-related findings produced by the Technical Assessment vendor, BerryDunn will propose an approach to developing an architecture roadmap for a future-state.	
<i>Update</i>		the State provided feedback regarding BerryDunn's observation. BerryDunn will work with the State to determine priority for reviewing and assessing this focus area.	

ID Ref.	Date Opened	Focus Area	Priority
7		Program Management and Governance	Low
<i>Observation</i>		BerryDunn has not observed a consistent document management strategy for the and Project Site on the SharePoint.	
<i>Proposed Action Steps</i>		BerryDunn will continue to review the and Project Site on the SharePoint, review project management-related artifacts, and offer actionable recommendations to support consistent document management practices across the.	
<i>Update</i>		and BerryDunn have prioritized this observation for further analysis. BerryDunn presented its preliminary analysis in its Progress Assessment Report. As of the development of this report, the, Progress Assessment Report is under State review.	

ID Ref.	Date Opened	Focus Area	Priority
8		Program Management and Governance	Low
<i>Observation</i>		BerryDunn has observed that opportunities exist to improve the deliverable review process.	
<i>Proposed Action Steps</i>		BerryDunn will continue to review and monitor the deliverable review process and offer actionable recommendations once BerryDunn has sufficient visibility into the process and understands it.	

ID Ref.	Date Opened	Focus Area	Priority
8		Program Management and Governance	Low
Update		and BerryDunn have prioritized this observation for further analysis. BerryDunn will present its preliminary analysis in its Progress Assessment Report.	

ID Ref.	Date Opened	Focus Area	Priority
10		Program Management and Governance	Low
Observation		BerryDunn has observed the solution vendor present and, in some cases, attempt to triage potential system defects in real-time, among a large stakeholder group during the recurring Defect/PBI Review and Closure meeting.	
Proposed Action Steps		BerryDunn proposes a review of the problem and problem management processes and procedures to gain insight into the complete defect/issue triage process. This review will allow BerryDunn to make recommendations based on its understanding of those processes and procedures.	
Update		and BerryDunn have prioritized this observation for further analysis. BerryDunn presented its preliminary analysis in its Progress Assessment Report. As of the development of this report, the , Progress Assessment Report is under State review; however, provided additional problem and defect management process documentation for review. BerryDunn will work with to prioritize the review of any new problem and defect management material and update its discoveries and recommendations accordingly.	

4 Prior IV&V Assessment Recommendations

In this section, BerryDunn documents its recommendations presented in prior assessment reports. Additionally, BerryDunn assigns a status for each recommendation based on where the recommendation is in the deliverable review process. Table 3 provides a brief description of each status.

Table 3: Recommendation Status

Status	Description
Presented	Recommendation has been presented to the State for consideration and is awaiting State response.
Open	Recommendation has been presented to the State, and the State has responded accordingly. Recommendations are considered open while the State's response is under review by BerryDunn and remain open if the State signaled its intent to adopt and/or engage in further discussion regarding the recommendation.
Closed	Recommendation has been implemented or the State has signaled its intent to pursue an alternative approach.

The intent is for BerryDunn to present relevant recommendations to project leadership in order to assist in the development and implementation of useful actions to help improve the outcomes of the [REDACTED]

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
PM/G-1	[REDACTED]	Open	Document and socialize current-state [REDACTED] roles and responsibilities	High
<i>Recommendation Description</i>			Documented roles and responsibilities give internal and external [REDACTED] stakeholders the knowledge of where program functions fit within the larger [REDACTED]. Through the course of defining the roles and responsibilities, the ways in which program functions work with other internal groups will become clearer. Further, this allows [REDACTED] leadership to define communication channels that can be used to help ensure all stakeholders are reached when necessary. In addition, documenting roles and responsibilities demonstrates staffing needs that might arise by articulating the complexities of the roles associated with the [REDACTED]. Further, clearly	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
PM/G-1		Open	Document and socialize current-state roles and responsibilities	High
			establishing and maintaining roles and responsibilities can support contract management functions through setting expectations upfront for vendor staff resources. In the event these expectations are not clearly defined, vendor partners might not be prepared to perform needed roles or might require additional resources to do so. Subsequently, documenting roles and responsibilities supports transparency and accountability among the stakeholders. BerryDunn recommends the State update the existing roles and responsibilities to reflect the current-state and socialize it among stakeholders at the earliest possible point.	
<i>Update</i>			, the State provided feedback regarding BerryDunn's observation. BerryDunn continues to review the State's feedback and will work with the State to determine next steps regarding its analysis.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
PM/G-2		Open	Define and socialized conditions and limitations to delegated decision-making authorities to empower decision-making levels	Medium
<i>Recommendation Description</i>			By empowering decision-making by creating policies and limitations for the delegated decision-making, stakeholders can more immediately respond to decision-making needs, which in turn can help reduce or prevent decision-making backlog. The absence of a decision-making level or levels can cause stakeholders to hesitate to escalate decisions in a timely manner, leading to delays in decision-making and limiting potential resolution options. By defining strategic decision-making and escalation, stakeholders might be more likely to escalate decision needs to the appropriate escalation point at the earliest possible point. Decision-making policies should clearly define the authority granted to those roles and set clear expectations for when escalation is necessary. Additionally, expanding the decision-makers through delegated authority can improve overall decision-making by introducing more diverse experiences and perspectives into the decision-making process. Documented decision-making protocols can also improve the effectiveness of decision implementation as	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
PM/G-2		Open	Define and socialized conditions and limitations to delegated decision-making authorities to empower decision-making levels	Medium
			more stakeholders are invested in the decision itself and by creating greater ownership and accountability over decisions. BerryDunn recommends the State define conditions and limitations to delegated decision-making authorities to empower decision-making levels based on its updated roles and responsibilities and socialize that once complete.	
<i>Update</i>			, the State provided feedback regarding BerryDunn's observation. BerryDunn continues to review the State's feedback and will work with the State to determine next steps regarding its analysis.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
PM/G-3		Open	Document and socialize current-state communication channels for strategy-related decisions	High
<i>Recommendation Description</i>			Communication across complex programs such as the is vital to help ensure that program leaders, subject matter experts, staff, and stakeholders are continuously up to date on program strategy and activities. Consistent communication further supports this by helping to prevent confusion among different audiences and stakeholders as decisions are communicated. Documenting existing communication channels helps to clarify the relationships between audiences, messages, channels, activities, and materials. Further, understanding the current-state allows program leadership to identify and implement a variety of communications activities based on program roles and responsibilities. Combining communications channels with roles and responsibilities also help clarify staffs', stakeholders', and others' roles in the communication processes. Clarifying those roles in the communication processes can allow for more consistent and effective communication by removing communication barriers. BerryDunn recommends that the State update the existing communications plans to reflect the current-state and socialize it among stakeholders at the earliest possible point.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
PM/G-3		Open	Document and socialize current-state communication channels for strategy-related decisions	High
Update			the State provided feedback regarding BerryDunn's observation. BerryDunn continues to review the State's feedback and will work with the State to determine next steps regarding its analysis.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
DR-1		Open	Perform a risk analysis of the to determine criticality and recovery priority of its individual components	High
Recommendation Description			Review of the DR and BC Plan dated indicates it exclusively supports recovery of the system components supported by BerryDunn understands recovery processes might exist for the other components, but upon request, was not provided such processes for review. In addition, BerryDunn is unaware if a documented recovery priority for those individual components exists. As a result and to help ensure business continuity for and/or that can be recovered holistically in the event of a disaster, BerryDunn recommends that leadership consider the following actions: 1. Analyze and document the BC needs of related to the 2. If a recovery priority for the does not exist, perform a business impact analysis and identify which components of the are essential, understanding the individual impact a disruption might have on State operations. 3. Determine recovery priority of the essential components. 4. Identify and document strategies for response and recovery of each essential component. 5. Create a single, comprehensive BC Plan that identifies readiness strategies and procedures for operational outage scenarios and potential threats for each	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
DR-1		Open	Perform a risk analysis of the [REDACTED] to determine criticality and recovery priority of its individual components	High
			essential [REDACTED] component (see DR-4). The document should address and integrate the needs of [REDACTED] and all vendor partners. 6. Create a single, comprehensive [REDACTED] DR Plan that identifies readiness strategies and procedures for recovery for each essential [REDACTED] component. The document should integrate and address the needs of [REDACTED] and all vendor partners and help ensure clarity and consistency with the BC Plan. BerryDunn recommends this document be owned and maintained by [REDACTED] personnel, not vendor partner personnel. 7. Evaluate and identify the [REDACTED] DR teams within [REDACTED], and vendor partners to determine integration points and potential staffing and process efficiencies. 8. Establish [REDACTED] DR training processes whereby coursework is updated and administered annually to all employees and vendors supporting the [REDACTED] 9. Execute annual testing of the DR and BC Plan(s) and update the document(s) to address any issues identified as a result of the annual test. 10. Help ensure the DR and BC Plan(s), including all embedded links and documents, are available in a disaster situation.	
Update			[REDACTED], the State provided BerryDunn with the [REDACTED] BCP DR Plan and [REDACTED] DR exercise report for its review. As of this report, BerryDunn is reviewing this additional material and has begun to engage with the State to determine next steps regarding its analysis.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
DR-2		Open	Evaluate and determine the recovery priority of the [REDACTED] and its individual components, as it relates to other [REDACTED] hosted IT services	High
Recommendation Description			To help ensure that [REDACTED] components are assigned a priority for recovery and that [REDACTED] stakeholders are aware of that priority, evaluate and determine the recovery priority of the [REDACTED] components as they relate to other agencies that host IT services within the [REDACTED]	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
DR-2		Open	Evaluate and determine the recovery priority of the [REDACTED] and its individual components, as it relates to other [REDACTED] hosted IT services	High
			[REDACTED] the recovery site for the [REDACTED] managed components of the [REDACTED] was moved from [REDACTED]. With this move, the State now owns and manages the recovery contract with [REDACTED]. Presumably, the [REDACTED] site serves as a recovery facility for other [REDACTED] hosted IT services. As a result, it is essential that all stakeholders agree and understand where the components fall within the recovery priority for the [REDACTED] applications being recovered at [REDACTED]. [REDACTED] BerryDunn recommends [REDACTED] leadership consider the following actions: 1. Validate and document the recovery priority, timeline requirement, and recovery facility of each [REDACTED] component. 2. Determine the recovery priority of the [REDACTED] components that will be recovered at [REDACTED] compared to other [REDACTED] applications that will be recovered at [REDACTED]. 3. Determine the recovery priority of the [REDACTED] components recovered at facilities other than [REDACTED]. 4. Formalize the recovery priority and timeline requirement of each [REDACTED] component through updates to the [REDACTED] DR and [REDACTED] BC and DR Plan(s), respectively. 5. Update existing [REDACTED] and [REDACTED] DR training plans and communicate to [REDACTED] and [REDACTED] staff. 6. Perform an annual test of the [REDACTED] components in coordination with the [REDACTED] DR Plan test (see DR-3).	
<i>Update</i>			[REDACTED], the State provided BerryDunn with the [REDACTED] BCP DR Plan and [REDACTED] DR exercise report for its review. As of this report, BerryDunn is reviewing this additional material and has begun to engage with the State to determine next steps regarding its analysis.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
DR-3		Open	Establish and execute an annual test of the BC and DR Plan for the [REDACTED] that is in coordination with the [REDACTED] DR Plan test	High
<i>Recommendation Description</i>			To help ensure the recovery priority of the [REDACTED] is met, BerryDunn recommends that the [REDACTED] DR test is executed in coordination with the [REDACTED] DR test. In [REDACTED] and with the technology refresh effort, the recovery site for the [REDACTED] managed components of the [REDACTED] was moved from an [REDACTED] contracted site to the State-managed backup facility. With this move, BerryDunn understands that [REDACTED] now owns and manages the recovery contract with [REDACTED]. BerryDunn also understands that with this move a simulated DR exercise was conducted at [REDACTED] for the [REDACTED] owned components of the [REDACTED]. BerryDunn was told this exercise was considered successful and that results are currently under review, with intentions to update documentation based on lessons learned. Acknowledging the above, BerryDunn presumes that the [REDACTED] site serves as a recovery facility for other [REDACTED] hosted IT services. As a result, BerryDunn suggests consideration be given to the [REDACTED] being included within the larger [REDACTED] DR Plan test and included in any annual [REDACTED] testing exercises to help ensure coordination and recovery priority with other [REDACTED] applications.	
<i>Update</i>			[REDACTED] the State provided BerryDunn with the [REDACTED] BCP DR Plan and [REDACTED] DR exercise report for its review. As of this report, BerryDunn is reviewing this additional material and has begun to engage with the State to determine next steps regarding its analysis.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
DR-4		Open	Develop a single BC Plan that address various types of outages to the operations of the [REDACTED] and describe methods to be used to provide services to State citizens during the outage period	High
<i>Recommendation Description</i>			In the event of a disaster, the need for citizens to gain access to benefits through the eligibility process may be heightened. An operational outage to the [REDACTED] can result in disruption of services to citizens as a result of a statewide disaster affecting all field offices, a local event that hinders the operations of a few field offices, and/or lack of availability of [REDACTED] data. Approaches and	

	methods of recovery will vary and will depend upon outage type and whether a few field offices are affected or whether the outage event is statewide. BerryDunn recommends [REDACTED] leadership develop potential outage scenarios and steps to take for business continuity to be maintained. Consideration should be given to scenarios whereby data is unavailable through a data breach, security violation, data corruption, full or incremental backup failures, technical issues, and/or data hostage. In addition, BerryDunn recommends that each field office have a BC plan, if not already in place, in the event of office staff unavailability, physical shutdown, local disaster, unavailability of public-facing portals, acts of God, or other events.
<i>Update</i>	[REDACTED], the State provided BerryDunn with the [REDACTED] BCP DR Plan and [REDACTED] DR exercise report for its review. As of this report, BerryDunn is reviewing this additional material and has begun to engage with the State to determine next steps regarding its analysis.

	Date Presented	Status	Recommendation	Recommended Priority
DR-5	[REDACTED]	Open	Apply BC and DR industry best practices and standards when developing or modifying [REDACTED] BC and DR plans to help prevent disruption of federal funding and disruption of service to the State's vulnerable citizens	High
<i>Recommendation Description</i>			BerryDunn provides the [REDACTED] with considerations to use for development/update of DR and BC plans. The items contained below have been used to determine the rigor, validity, effectiveness, and usability of a BC and DR plan, and BerryDunn recommends that State leadership consider the following: • Do the plans minimize interruptions to normal operations? • Do the plans limit the extent of disruption and damage? • Do the plans minimize the economic impact of the interruption? • Do the plans establish alternative means of operation in advance? • Do the plans address personnel training and testing of emergency procedures? • Do the plans provide for smooth and rapid restoration of service?	

	Date Presented	Status	Recommendation	Recommended Priority
DR-5		Open	Apply BC and DR industry best practices and standards when developing or modifying BC and DR plans to help prevent disruption of federal funding and disruption of service to the State's vulnerable citizens	High
			- Do the plans address continuous business services to State residents? - Do the plans address statewide, local, and specific outages? - Do the plans address the currency of data? - Do the plans address full backup, incremental backup, and security of data? - Do the plans meet the Health Insurance Portability and Accountability Act, protected health information, and CMS section 1115 disaster response toolkit? - Do the plans identify risks in activating and operating a DR or BC plan? An excerpt of a checklist used to validate a DR plan is provided below: - Decisions made - Who is responsible for initiating the DR procedures at the statewide level? At the local level? At the agency-level? - Are there specific notification procedures? - Are the ongoing operations from the current site or the DR backup site? - Is the priority of agency services and computer applications clearly decided? - Will a corresponding BC plan need activation for continuity of business? - Are identified key DR personnel sufficient? If not, make changes to key personnel. - Communications - Are there communication methodologies and procedures to alert staff to a pending DR event? - Are there procedures for monitoring and controlling communications during a DR event? - Are there statewide public announcements, field office announcements, or agency-level announcements of a pending DR event? - Operations	

	Date Presented	Status	Recommendation	Recommended Priority
DR-5		Open	Apply BC and DR industry best practices and standards when developing or modifying BC and DR plans to help prevent disruption of federal funding and disruption of service to the State's vulnerable citizens	High
			○ Are there procedures to operate the most current version of an application? If not, what version is identified? ○ Are there procedures to identify the currency of the data (Is it one day old? One week old? Etc.) ○ Does the DR plan address access of data and computer applications? ○ Are there procedures and information on the operations of hardware (servers, laptops), software (application systems), network and internet alternatives (bandwidth, accessibility, portal operations) technical architecture, data restoration, and closeout of DR operations (transfer operations to primary site)? ○ Are there processes to validate the access of information by field offices? ○ Is there a help desk like function to facilitate and respond to DR-related and application-related questions and issues? ○ Are there security of data and other security measures in place? ○ Are software licenses or tools available and active at the backup site? ○ Does the backup site address interface data (input and output) to other applications, organizations (state and federal), and agencies? Does the process address the granting of exemptions to interfaces? • Testing/Training ○ Are the DR procedures, processes, and tools tested periodically? ○ Are improvements implemented after lessons learned from each test? ○ Is training provided to key employees identified in the DR plan? • Post-DR processes ○ Is the transfer out of DR clearly defined with regard to data, updates to applications, and local procedures?	

	Date Presented	Status	Recommendation	Recommended Priority
DR-5		Open	Apply BC and DR industry best practices and standards when developing or modifying BC and DR plans to help prevent disruption of federal funding and disruption of service to the State's vulnerable citizens	High
			○ Is there a lessons learned schedule post-DR? ○ Is there a post-DR communication? An excerpt of a checklist used to validate a BC plan is provided below: • Decisions made ○ Who is responsible for initiating the BC plan procedures at the statewide level, at the local level, or at agency-specific level with appropriate notification procedures? ○ Does a BC plan need activation for continuity of business or is it tied to a DR plan? ○ Are identified key BC personnel sufficient? If not, make changes to key personnel. • Communications ○ Are there communication methodologies and procedures in place to alert staff of a pending BC event? ○ Are there procedures in place for monitoring and controlling communications during the BC process? ○ Are there statewide public announcements, field office announcements, or agency-level announcements of a pending BC event? • Operations ○ Are there documented business processes in place for key functions and day-to-day activities, including manual forms and templates? Does a business process workflow exist? ○ Are there processes to maintain financial management functions, including paying out of federal or local funds, tracking the payment manually, and reporting such payments to federal agencies? ○ Are there procedures to operate the local office in an offline mode?	

	Date Presented	Status	Recommendation	Recommended Priority
DR-5		Open	Apply BC and DR industry best practices and standards when developing or modifying [REDACTED] BC and DR plans to help prevent disruption of federal funding and disruption of service to the State's vulnerable citizens	High
			○ Are there procedures to process applications and document submittals in an offline mode? ○ What are the procedures for documenting changes to a resident's record? ○ Is contact information (phone number, alternate emails) available and activated? ○ Does each field office have local written procedures available to them? ○ Is the central office ready to support the local offices? ○ Do the local procedures address shutting an office due to violence, damages to structure, insurrection, and weather? ○ Can the BC plan be activated for a desired period, such as for a month? ○ In the event of facility evacuation (resulting from an event such as the COVID-19 public health emergency or other disruptions), are there procedures in place for remote operations? • Testing/Training ○ Are the BC plan procedures and processes tested periodically? ○ Are improvements implemented after lessons learned from each test? ○ Is training provided to key employees identified in the BC plans? • Post-BC processes ○ Is the transfer out of BC clearly defined? ○ Is there a lesson learned schedule post BC? ○ Is there a post-BC communication on updating of application and information?	
Update			[REDACTED], the State provided BerryDunn with the [REDACTED] BCP DR Plan and [REDACTED] DR exercise report for its review. As of this report, BerryDunn is reviewing this additional material and has begun to engage with the State to determine next steps regarding its analysis.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
P/DM-1		Presented	Document and socialize current-state problem and defect management-specific roles and responsibilities for the	High
<i>Recommendation Description</i>			Documenting and socializing the problem and defect management process roles and responsibilities gives internal and external stakeholders visibility into how problems and defects are initiated, how they are analyzed, and how they are escalated if needed. Through documenting these roles and responsibilities of the problem and defect management process to reflect current activities, program leadership can define “as-is” problem and defect management processes and gain an understanding of staff needs required to support problem management. Additionally, by defining “as-is” problem and defect management processes, program leadership can assess the process for potential gaps, if any, and determine possible solutions. Once “as-is” problem and defect management processes and role and responsibilities are documented and program leadership has assessed the process for potential gaps, BerryDunn recommends those processes and role and responsibilities be socialized among stakeholders for awareness and adoption.	
<i>Update</i>			, Progress Assessment Report, BerryDunn presented its analysis and associated discoveries and initial recommendations related to problem and defect management processes and procedures. The Progress Assessment Report remains under review as of the development of this report. Therefore, there is no update at this time.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
P/DM-2		Presented	Define and socialize the processes and procedures for determining problem and defect priority	High
<i>Recommendation Description</i>			Documenting and socializing the processes and procedures for determining and changing problem and defect priority is an important component of problem and defect management. Without established criteria and associated processes, problems and defects might not be prioritized according to business impact or disputes might arise resulting from inconsistent or conflicting perspectives on the severity and impact of a problem or defect. BerryDunn recommends that the State leverage available industry	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
P/DM-2		Presented	Define and socialize the processes and procedures for determining problem and defect priority	High
			standards and existing State and application vendor processes to design, refine, document, and socialize processes, procedures, and criteria for determining and changing problem and defect priority at the earliest possible point.	
<i>Update</i>			, Progress Assessment Report, BerryDunn presented its analysis and associated discoveries and initial recommendations related to problem and defect management processes and procedures. The Progress Assessment Report remains under review as of the development of this report. Therefore, there is no update at this time.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
P/DM-3		Presented	Define, implement, and socialize processes and procedures for identifying, analyzing, tracking, and resolving functional and business problems	High
<i>Recommendation Description</i>			Software application operations generally focus on the underlying technical environment when considering problem and defect management processes. However, business and functional problems have the potential to introduce significant risk into a project. Extending the problem and defect management processes and procedures for managing technical problems and defects to both business and functional aspects of the can help to ensure consistent prioritization, analysis, and tracking across domains. Maintaining this consistency can provide program leadership visibility into all aspects of the and associated public assistance policies and rules. Understanding where potential cross-domain problems can exist can further aid stakeholders in designing a more comprehensive solution to their needs. BerryDunn recommends that the State define, implement, and socialize its problem and defect management processes and procedures across business and functional domains.	
<i>Update</i>			, Progress Assessment Report, BerryDunn presented its analysis and associated discoveries and initial recommendations related to problem and defect management	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
P/DM-3		Presented	Define, implement, and socialize processes and procedures for identifying, analyzing, tracking, and resolving functional and business problems	High
			processes and procedures. The Progress Assessment Report remains under review as of the development of this report. Therefore, there is no update at this time.	

ID Ref.	Date Presented	Status	Recommendation	Recommended Priority
P/DM-4		Presented	Define, implement, and socialize a process to review and analyze aging defects	Medium
<i>Recommendation Description</i>			BerryDunn's high-level analysis of the noted that approximately of identified system defects are more than 24 months old. Further, BerryDunn's review identified high or critical priority defects are more than 24 months old. BerryDunn recommends State develop a common understanding of goals for grouping and prioritizing defects to help ensure that stakeholders are making decisions that reflect those goals. Additionally, BerryDunn recommends the State develop and implement a process based on this common understanding to prioritize, review, and analysis of aging defects to determine validity of the defect status and applicability to current-state environment to determine if a revised priority is warranted in order to expedite resolution.	
<i>Update</i>			Progress Assessment Report, BerryDunn presented its analysis and associated discoveries and initial recommendations related to problem and defect management processes and procedures. The Progress Assessment Report remains under review as of the development of this report. Therefore, there is no update at this time.	

Appendix A – System Defects and Application Backlog

As a part of its ongoing assessment activities, BerryDunn will report on [REDACTED] enhancements that address the system defects and application-processing backlog and independently assess the sufficiency of those planned enhancements as they relate to the defects and application-processing backlog.

System Defects

During this reporting period, BerryDunn performed a high-level analysis of the record type ADT Defect in [REDACTED]. Additionally, BerryDunn compared its analysis to the [REDACTED] Status Meeting report. BerryDunn acknowledges that discrepancies between its analysis and [REDACTED] reporting might exist based on the timing of the data export and does not consider these statistically significant at this time. The [REDACTED] Status Meeting report identifies [REDACTED] production ADT Defects in a valid status as described in Table 4.

Table 4: ADT Defect Status

Code	Status
05	ReOpen
10	New
15	Assigned
16	Under Design Review
17	Analysis in Progress
18	Awaiting Product Fix
19	RCA [Root Cause Analysis] Completed
20	Work in Progress
30	Ready for Build
35	Validate Build
43	Rejected
46	Duplicate
47	Fixed Indirectly
50	Ready for ST [System Testing]
52	Failed ST
55	Ready for UAT [User Acceptance Testing] Deployment
65	Ready for Migration
66	Deployed Pending Data Cleanup

Code	Status
70	Deployed Pending Validation
99	Deferred

Based on its query, BerryDunn identified [REDACTED] ADT Defects in a valid status in [REDACTED]. Of the [REDACTED] ADT Defects, [REDACTED] records are more than 24 months old. BerryDunn has not observed these aging records prioritized for review and closure during the [REDACTED] Defect/PBI Review and Closure meeting. Figure 1 presents the number of records by age in months

Figure 1: ADT Defect by Age (Months)



Figure 2 shows the ADT Defects trends between reporting periods. BerryDunn notes an overall drop in open ADT Defects in a valid status.

Figure 2: ADT Defect Trends by Age



In addition to age, BerryDunn performed a high-level review of the priority and severity for all ADT Defects. BerryDunn reviewed ADT Defects by both priority and severity and performed a relational comparison. BerryDunn notes that [REDACTED] ADT Defects are designated as critical or high priority, while only [REDACTED] ADT Defects are considered to have critical or high severity. Figures 3 through 5 present the number of records by priority, severity, and the proportional comparison respectively.

Figure 3: ADT Defect by Priority



Figure 4: ADT Defect by Severity

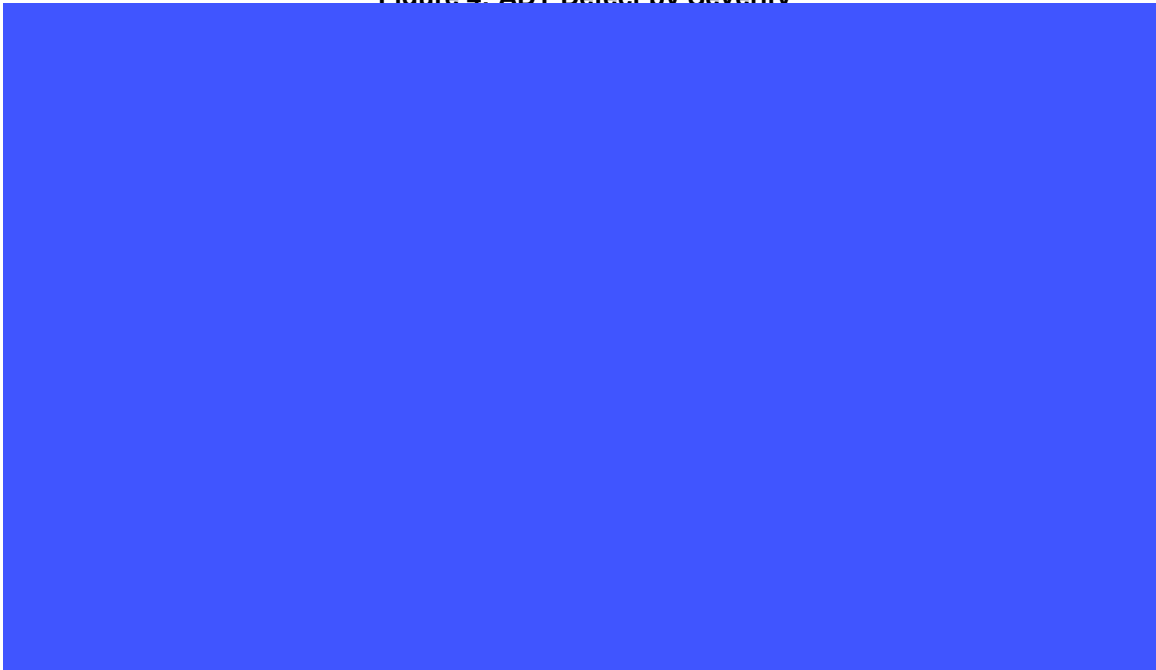


Figure 5: ADT Defect Priority/Severity Proportional Comparison



Application Backlog

On [REDACTED], BerryDunn initiated discussion with [REDACTED] to gain access to underlying data regarding Medicaid application-processing backlog. [REDACTED] subsequently reached out to determine the specific data necessary to report on the progress of Medicaid application backlog processing. BerryDunn was engaged in a limited capacity from [REDACTED] until [REDACTED] [REDACTED]. During this time, BerryDunn did not

re-engage on the topic of Medicaid application-processing backlog. As a result, BerryDunn will work with [REDACTED] to determine the approach to collecting, compiling, and reporting on Medicaid application-processing backlog for the quarter beginning [REDACTED]

Appendix B – Acronyms and Terms

Table 5 provides a list of acronyms and terms used in this report.

Table 5: Acronyms and Terms

Acronym/Term	Description
ADT	Abstract Data Type
BCP	Business Continuity Plan
CMS	Centers for Medicare & Medicaid Services
[REDACTED]	[REDACTED]
DDI	Design, Development, and Implementation
DR	Disaster Recovery
EDM	Electronic Document Management
FY	Fiscal Year
[REDACTED]	[REDACTED]
ISO	International Organization for Standardization
IV&V	Independent Verification & Validation
IVR	Interactive Voice Response
[REDACTED]	[REDACTED]
NIST	National Institute for Standards and Technology
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PBI	Product Backlog Items
PHE	Public Health Emergency
PMI®	Project Management Institute®
PO	Purchase Order
Ref.	Reference
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Testing
State	State of [REDACTED]
UAT	User Acceptance Testing

Addendum – State Reply

In this addendum, BerryDunn captures the State's reply to the information presented by BerryDunn in this report. To help ensure consistent formatting, BerryDunn has provided Table 6 for the State's reply.

Table 6: State Reply

Section	ID Ref. (if applicable)	Page(s)	State Reply
Section 3.1 – Program Management and Governance	Recommendation PM/G-1	4 – 5	<i>This is an example entry of a State reply.</i>

Appendix I – Readiness Review Plan Example

BerryDunn has not used a standalone Readiness Review Plan for prior IV&V projects, as we include our methodology in our Operation and System Readiness Review reports. Below is an example of a plan we created to meet MLTC’s requirements for a comprehensive operation and system readiness review plan for each project.



Independent Verification & Validation (IV&V) Services

Operational and System Readiness Plan

Version 1.0

Submitted by:

BerryDunn
2211 Congress Street
Portland, ME 04102-1955
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Project Manager

Reporting Period:



Submitted On:



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Executive Summary

The purpose of this point-in-time Operational Readiness Assessment is to identify observations and recommended corrective actions related to the [redacted] and its vendors’ readiness to perform critical business operations and system functions for [redacted] beginning on [redacted]

Ten readiness assessment areas were evaluated as part of this assessment. [redacted] of the areas are designated as “at significant risk” of not being ready, [redacted] of the areas are “at risk” of not being ready, and [redacted] of the areas are “on track” to be ready for [redacted]

Table ES.1: Readiness Designation of Assessment Areas

At Significant Risk 	At Risk 	Minimal Risk 
[redacted]	[redacted]	[redacted]

The following observations support the readiness assessment designation of “at significant risk” for System Development, Testing, and Security.

[redacted]

Conclusion

[redacted]

Acknowledgements

BerryDunn extends its thanks to all State staff and vendors who took the time to meet with the Operational Readiness Assessment team and respond to follow-up inquiries. Their insights are critical inputs to this report.

1 Introduction

1.1 Purpose

This is an Operational Readiness Plan (ORP) for the [REDACTED] scheduled for deployment on [REDACTED]. The purpose of the assessment is two-fold:

- 1) To identify issues and risks related to the [REDACTED] and its vendors' readiness to perform critical business operations and system functions on [REDACTED] the federally-mandated launch date for open enrollment.
- 2) To provide recommended corrective actions to improve readiness and the likelihood of a successful Day One of [REDACTED] operations on [REDACTED]

Many of the IV&V team's observations and comments are critical by nature since our primary objective is to identify areas of improvement. Our observations do not generally reflect strengths noted during our assessment work.

1.2 Scope

This ORP provides the [REDACTED] with a defined process for implementation preparation. The ORP will include a detailed Operational Readiness Checklist (ORC) which will help organize and track all implementation activities that should take place in regards to the following areas: operations, systems, infrastructure, and implementation. The ORP will also provide the process for conducting the Operational Readiness Report (ORRs) and the method for evaluating the readiness of all items on the ORC for each implementation.

Below are the operational readiness groups that are in scope for the ORP. The [REDACTED] is responsible for providing owners for each of the below groups. Each owner will then need to provide all relevant individual operational readiness checklist items. The owners of the individual operational readiness groups will decide on the specific areas to include as part of each, including but not limited to other operational considerations directly/indirectly impacting that group. All conversion activities related to the below systems will be identified by the individual owner and are addressed as part of the deployment checklists which are part of the Implementation Plan.

Table 1: Conversion Group Tasks

Conversion Groups	Task Topic
Operations	• Training or Learning Management System • Site Support • Business Continuity Planning • Authorization to Connect Planning • State Support Staff and Office Readiness
Systems	TBD
Common Infrastructure	• Technical Procedures • Load Balancers and Network switches • Production and Disaster Recovery procedures

	File Transfer Systems
Security Compliance	• SSA ○ Security Design Plan (SDP) ○ Corrective Action Plans (CAPs) • IRS ○ Safeguard Assessment Report (SAR) ○ Corrective Action Plans (CAPs) • Obtain Access To Care (ATC) from CMS for CMS MARS-E 2.0 ○ Information Security Risk Assessment (ISRA) ○ Privacy Impact Assessment (PIA) ○ Confidential Data Flow ○ Interconnection Security Agreement • Food and Nutrition Services (FNS) Handbook – 901 Security Requirements
CMS and FNS Implementation Reporting	• CMS/FNS Monthly Status Report and FORR meeting ○ Project Management Status for all relevant aspects of implementation ○ Test Plan status and artifacts ○ Operational reporting of systems ○ Federal Go/No-go
Implementation	• Command Center • Pre-production Deployment meetings • Overall Deployment Plan ○ Deployment Plan by System • MITA State Self-Assessment Data Conversion
External Entities and Trading Partners	• If applicable

The [REDACTED] will be responsible for developing site-specific plans for [REDACTED]. The completion of these plans by the State will be included as items in the operational readiness checklists. BerryDunn recommends that, at a minimum, the following be considered by the State to address within their site-specific plans to report at the ORRs/FORR:

Table 2: ORR Group Tasks

Readiness Groups	Task Topic
Infrastructure	• Desktops/workstations • Network connectivity to State data centers from the site • Access to [REDACTED] shared folder and scanners • Access to local printers
Operations	• Assignment of BerryDunn site support staff • Assignment of State site support staff • Identification of individuals non-piloted counties who require training

	- Changes to work processes communicated to State staff - Work process training provided to State staff
Implementation	- Creation of pre-implementation checklists and post-implementation checklists per site by State - Creation of facilities checklist per site by State - List of staff per site along with State user IDs - Identification of System roles for site staff per site by State

Methodology

2.1 Operational Readiness Assessment Areas

Assessment areas used to assess the State readiness for go-live of [REDACTED] are [REDACTED]

The assessment areas focus on the [REDACTED] system components but include key non-system components and operational activities critical for Day One operations.

Table 3: Operational Readiness Assessment Area Definitions

Assessment Areas		
ID	Project Activity	Description
1	Project Participants Understand Activities Remaining Prior to Go-Live	[REDACTED]
2	Organizational Readiness	[REDACTED]
3	Training	[REDACTED]
4	[REDACTED] Support Structure	[REDACTED]
5	Deliverables from Vendor(s)	[REDACTED]
6	System Development	[REDACTED]
7	Interfaces	[REDACTED]
8	Reporting	[REDACTED]
9	System Testing	[REDACTED]

Assessment Areas		
ID	Project Activity	Description
10	System Security	
11	Manual Work Around	

To complete the ORA, BerryDunn will review State and vendor deliverables, project artifacts, and tracking reports. In addition, the team conducted focused interviews between [REDACTED] through [REDACTED] had several informal discussions with State and vendor staff, and attended several meetings to collect additional information and verify observations from document reviews.

Table A.1 in Appendix A contains a list of documents reviewed during development of this report, and Table B.1 in Appendix B includes a list of individuals BerryDunn interviewed.

2.2 Approach

During [REDACTED] through [REDACTED] BerryDunn's IV&V team will review documents and meet with project team members from the [REDACTED] and its vendors to assess the readiness of the systems and stakeholders to implement the [REDACTED] on [REDACTED]. Upon completion of fact-finding and analysis, BerryDunn will assign each assessment area a readiness designation based on the likelihood it will be ready for operations on [REDACTED] or Day One.

Table 4: Readiness Designation Indicators and Definitions

Indicator	Readiness Designation Definitions
	At Significant Risk: Activities are late based on the project schedule, have risks that are not mitigated, and may not be able to be completed on a schedule that indicates they will be ready for Day One.
	At Risk: Activities are late based on the project schedule and have risks that are not well controlled and will likely cause the area to continue to track late. However, with appropriate risk mitigation and issue resolution strategies, it may be possible to bring activities back on track, and/or running late can be accommodated in the overall schedule so that activities will be ready for Day One.
	At Minimal Risk: Activities are at minimal risk based on dates established in the project schedule. Mitigation strategies for any identified risks are effective, and the activities have been and/or are expected to be completed on a schedule that indicates they will be ready for Day One. Regular monitoring should be performed to promptly identify new risks.

2.3 Risk Rating Methodology

Identified risks are assigned a rating based on the probability of the risk occurring and the impact the occurrence of the risk could have on the overall project. The first step is to assign a probability rating to the risk based on the likelihood of the risk occurring. Risks assigned a low-probability rating are considered possible but not probable. Once the probability is determined, then the impact of the risk, should it occur, is assigned. A risk event can cause an unexpected cost, slip in the schedule, or reduction to the quality or technical performance.

Table 5: Risk Rating Matrix

Probability	Risk Level				
5 (Near Certainty)	5 – Moderate	10 – Moderate	15 – Significant	20 – Significant	25 – Significant
4 (High Likely)	4 – Minimal	8 – Moderate	12 – Moderate	16 – Significant	20 – Significant
3 (Likely)	3 – Minimal	6 – Moderate	9 – Moderate	12 – Moderate	15 – Significant
2 (Unlikely)	2 – Minimal	4 – Minimal	6 – Moderate	8 – Moderate	10 – Moderate
1 (Remote)	1 – Minimal	2 – Minimal	3 – Minimal	4 – Minimal	5 – Moderate
Impact □	1 – Minimal	2 – Minor	3 – Moderate	4 – Significant	5 – Severe
	Probability * Impact = Risk Level				

After identifying and rating risks, the client must make a decision on how to proceed with managing the risks. The table below is a recommendation of the actions required based on the risk level.

Table 6: Risk Action Table

Risk Value	Risk Level	Definition
15 – 25	Significant	Major disruption likely. Change in approach required. Mitigation required. Management attention required.
5 – 12	Moderate	Some disruption. Client should consider an alternative approach. Mitigation recommended. Management attention recommended.
1 – 4	Minimal	Minimal impact. Oversight required ensuring risk remains low. Mitigation not necessary.

2.4 Issue Rating Methodology

IV&V bases issue ratings on the project impact if the issue is not resolved and the urgency of taking corrective action. The issue rating might be updated by IV&V if the criticality of the issue changes.

Table 7: Issue Rating Values

Issue Level	Description
High	The issue is preventing or may prevent mission-critical project activities from on time, on-budget completion, within scope and quality parameters. The issue must be immediately resolved or mitigated before related project work continues.
Medium	The issue is not currently preventing mission-critical project work from proceeding as planned. To prevent impact, client should address or mitigate issue on a timely basis. Resolution must occur, but work can continue.
Low	The issue is cosmetic in nature and should be resolved, but does not have to be resolved prior to go-live.

2.5 Risk and Issue Categories

IV&V categorizes risks and issues according to their area of concern. Risk and issue categories include:

Table 8: Risk and Issue Category Values

Risk Category	Description
Technical	Relates to requirements, technology, interfaces, performance, quality, etc.
External	Relates to customer issues, contracts, suppliers, etc.
Organizational	Relates to project dependencies, logistics, resources, budget, etc.
Project Management	Relates to planning, schedule, estimation, communication, etc.

2.6 Risk Occurrence Time Frames

In order to help the State prioritize risks, IV&V includes an estimation of the time frame in which this risk will have an impact. This is classified into one of the following:

Table 9: Risk Time frame Values

Time frame Category	Description
Near	Risk is expected to be triggered within one month
Mid	Risk is expected to be triggered within the next two to six months
Far	Risk is expected to be triggered beyond the next six months

2.7 Risk and Issue State Response

Once IV&V assigns a rating to the risk or issue, IV&V assigns a status indicating the agreement with the finding. IV&V updates the status as needed.

3 Assumptions and Constraints

Several assumptions and constraints that could impact the development of a planned report.

“Assumptions” are premises about the business, policy, technical, and/or project environment that, for the sake of assessment and reporting, are taken as fact.

The following assumption may influence the development of planned report:

- The assessment will include information about the project gathered as of [REDACTED]

“Constraints” are known facts over which there is limited or no control. These can affect the direction, planning, and implementation of the project, as well as assessment and reporting activities.

The following constraints would be taken into account when reading the planned report:

- The timing for the completion of this assessment and report is being driven by the State’s need to comply with federal review and implementation timelines.
- The availability of State and contractor project staff to participate in IV&V data-gathering interview sessions is limited as they remain focused on completing key project planning and development activities.

4 Standards and Best Practices

BerryDunn will leverage the following best practices and standards when conducting the ORR.

- Project Management Institute (PMI)
- Project Management Body of Knowledge (PMBOK)
- NIST Special Publication 800-53
- NIST Cybersecurity Framework
- ISTO/IEEE
- CMS Certification Toolkit
- MECT Certification Toolkit
- MITA
- Outcomes Based Certification (OBC)

5 Deliverable Specifications

The following sections describe the specifications of the BerryDunn Operational Readiness Plan Deliverable.

5.1 Process and Timeline

Releases, including system, pilot, and waves, will each have a series of ORRs that will lead to the FORR. Below sections outline the ORR review process, the final ORR process, and target timeframes for each review.

5.1.1 Interim ORR Process

For System implementation (Release 0.0), the review process will begin [REDACTED] weeks prior to deployment. For the Pilot (Release 0.0), the review process will begin approximately [REDACTED] weeks prior to deployment. The interim ORRs will be held in a collaboration site where all owners will provide status for their checklist items. The Implementation Managers/designee will scheduled and conduct the ORR.

The following table summarizes the ORR [REDACTED] Project Schedule.

Table 10: [REDACTED] Project ORR Schedule

Release	Go-Live	ORR Activities
[REDACTED]		

Because not all operational groups and/or subgroups will have relevant operational readiness tasks for every release, only those subgroup owners with tasks that apply to that release will be included in the ORR process for that release.

Following is a sample agenda for interim ORRs. Agendas will be include for only those groups that apply to that release. Owners of impacted operational readiness groups will be added to each ORR calendar invite. The Implementation Managers/designee will facilitate the meeting. The ORC will be updated on the State collaboration site after each ORR.

Table 11: ORR Sample Agenda

Item #	Topic and Description	Responsible	Time
1.	Identify attendees representing each Operational Readiness Sub-group		
2.	Discuss each Operational Readiness Category - Each Operations Subgroup - Complete missing statuses - Discuss Risks and Dependencies - Each Systems Subgroup - Complete missing statuses - Discuss Risks and Dependencies - Each Common Infrastructure Group - Complete missing statuses - Discuss Risks and Dependencies - Each Implementation Subgroup - Complete missing statuses - Discuss Risks and Dependencies		

Item #	Topic and Description	Responsible	Time
	- Each External Entities and Trading Partners Subgroup - Complete missing statuses - Discuss Risks and Dependencies - Site Specific Readiness – [REDACTED] to report on - Infrastructure - Operations - Implementation - FNS/CMS		

5.1.2 Final ORR Process

The State FORR will be conducted [REDACTED] weeks prior to each Go-Live. This final status review will provide the State with the information to make a Go/No Go decision on moving forward with implementation for releases, including system implementation. The interim ORRs will be held in State collaboration site, for those owners who participated in the ORRs and State FORR to provide status and discuss risks for their checklist items.

This schedule is contingent upon any further changes/addition to the system release schedule.

5.1.3 Pre-Production Release Meetings

Though not a formal deliverable, the BerryDunn Implementation Team will coordinate tracking of operational readiness activities for the pre-production releases, this will include tracking of activities through the checklist and scheduling of meetings to track operational readiness. The Pre-production release meetings will begin [REDACTED] weeks prior to the release go live.

5.1.4 State Requirements for Federal Go/No Go Decision

Federal approval for Go Live is an iterative process. To obtain approval for Go Live, as well as to maintain Project rollout, the State must meet numerous measures throughout the full Project implementation. These include:

- Throughout the full Project rollout, the State provides monthly SDLC reports that include status reports on the Project system, integration and UAT results. These reports update the Federal stakeholders on the status and effectiveness of the training for the pilot. CMS and FNS may provide corrective actions plans (CAPs) at any point during the full implementation of Project. The State must share with them the status of the CAPs, showing improvement in order to continue rollout.
- The State is responsible to provide the Federal stakeholders with Monthly Operational performance reports on a monthly basis. These reports will provide information about timeliness, including applications, redeterminations, benefit recovery processes, expedited Food Stamp process, and call-centre timeliness metrics, as well as quality metrics. At any point during implementation rollout, FNS may stop the rollout if the State is unable to maintain acceptable performance.
- The State will conduct separate demonstrations of critical functionality to FNS and CMS prior to the Project Release. State is responsible for scheduling the demonstrations and for coordinating with BerryDunn Project management to determine system environment capabilities for the identified critical functionality.

- The State may be required to conduct all MARS-E-2 required activities to obtain an Authorization to Connect (ATC). State will update the documentation for SSA SDP and IRS SAR requirements and provide it to those agencies in the appropriate period.

FNS will provide an email to the State for Go/No Go decision for Pilot and the potential Waves based on the success of the State documentation requirements described above.

The progression of these activities will be tracked through the ORC. All of the above requirements could impact the schedules.

5.1.5 Roles and Responsibilities

Below are key roles and responsibilities that will need to be involved in conducting operational readiness reviews. This list is comprised of the same key roles specified in a prepared Release Management Plan. Below lists the key roles:

Table 12: ORR Roles and Responsibilities

Role	Organization
State Implementation Manager	State
BerryDunn Implementation Managers	BerryDunn
BerryDunn Technical Team Manager	BerryDunn
BerryDunn Application Development Manager (Release Manager)	BerryDunn
BerryDunn Configuration Manager	BerryDunn
Affected State/Vendor Partners	TBD
Interface Partners	State
BerryDunn Test Manager	BerryDunn
BerryDunn Testing Team	BerryDunn
State Test Manager	State
State Testing Team	State
BerryDunn Training Manager Vendor Partners/State	BerryDunn
State Training Manager	State
State Eligibility Systems Director	State
State Eligibility Systems Manager	State
State Infrastructure Team	State
State Privacy & Security Officer	State
BerryDunn Security Manager	BerryDunn
BerryDunn Project Manager	BerryDunn

5.1.6 Document Maintenance and Reporting

BerryDunn will be responsible for coordinating updates with the State. The State will be responsible for securing State staff and other owners for participation in the updating process

and providing operational readiness status. Each operational readiness group owner will be responsible for providing BerryDunn with his or her updates at the ORRs/FORR. BerryDunn will publish the updated document on the designated collaboration site. BerryDunn will also report status to State on a weekly basis as part of the Weekly Management Meeting through the Weekly Status Report.

5.1.7 Operational Readiness Process

A consistent evaluation process will be implemented to conduct the ORRs for Project, although there could be differences in the timeframe at which the interim ORRs will begin for each. To manage operational readiness evaluation, the Implementation Team will track operational readiness status during the weeks prior to each ORR and go-live decision. The Pre-Production Release Discussions will follow a similar structure as the process described below for the ORRs. Table 13 below provides the process for conducting the ORRs:

Table 13: ORR Process

ORR Process	Owner
- ORRs for Project will begin 4 weeks prior to go live. - The Implementation Team will schedule each ORR and pre-production release discussion and send a meeting invite to each key role and operational readiness group owner in advance of the ORR/discussion.	BerryDunn Implementation Team
- ORR invitees or designees will be present for each ORR - If unable to attend, the operational readiness group owner will arrange for his/her back-up owner to be present in owner's place at ORR to report status	State/BerryDunn/State Vendor Partners
At least 4 business days prior to each ORR, the Implementation Team will email all operational readiness group owners a copy of the most current ORC (located on the State IEDSS SharePoint site)	BerryDunn Implementation Team
- Operational readiness group owners will update their items prior to the day of the ORR with status via email to Implementation Manager. - Implementation Manager will update master copy of checklist prior to each ORR	State/BerryDunn/State Vendor Partners BerryDunn Implementation Team
- The Implementation Team will facilitate the ORR, obtaining or confirming, and documenting status and comments for each operational readiness item - The ORR will be used to discuss risks and dependencies	BerryDunn Implementation Team
The Implementation Team will compile the updated statuses provided during the ORR in the master copy and upload to the State collaboration site within 3 business days after each ORR. This version will be used for updates by organizational readiness group owners prior to the next ORR	BerryDunn Implementation Team
The Implementation Team will report by email to Key Roles (designated in Table 12 above) the updated ORR status after each ORR	BerryDunn Implementation Team
During the FORR, the FORC will be presented to the Key Roles during meeting for a Go No-Go decision and Implementation Team will document decisions	BerryDunn/State/State Vendor Partners

5.1.8 Discrete Readiness Items

Owners submit checklist items for their operational sub-group(s) and the Implementation Team will help assess completeness of items/list. The checklist will include discrete readiness items that are stand-alone/individual items. Each item designates the particular release, pilot, or wave

via a drop down selection in the checklist. Items will be assessed using the above evaluation method and will be rolled up as aggregate readiness items as part of a group.

5.1.9 Aggregate Readiness Items

The checklist will include aggregate readiness items, which are grouped items that will be assessed according to the readiness of the entire group. For aggregate items, readiness will be determined by the lowest rating of a single checklist item within that area.

5.1.10 Final Decision to Proceed with Implementation

The final decision to move forward with implementation will be the State's responsibility. The State will decide to implement all or part of the functionality planned for the release based on the FORR Checklist (with consideration/input from other stakeholders. An affirmative decision at the FORR is the gateway to executing the pre-deployment, deployment, and post deployment activities described in the Implementation Plan.

5.2 Final Operational Readiness Checklist

The ORC will serve as one common matrix containing a list of all operational readiness tasks that will need to be completed with start and due dates for each release. Operational readiness group owners will specify which items are to be included in FORR for a particular release. Please refer to Section 3: Scope, of this document for a complete list of the operational readiness groups that the checklist will include. Prior to the start of the ORRs, BerryDunn will populate the ORC with all operational readiness items and share a preview of the ORC with the State prior to the ORR.

The ORC will be used to track the status of each operational readiness item and will be updated at the ORRs/FORR. The FORR will result in the completion of the ORC, which in turn will be submitted with the FORR deliverable as the Final Operational Readiness Checklist. The status of these tasks will help determine whether to proceed with implementation at the FORR.

To track each operational readiness group item the checklist will contain the following columns:

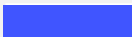
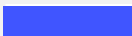
- Sub-Group
- Release
- Task
- Status
- Start Date
- Due Date
- Dependency
- Owner
- Comments

The Release column will reference which release that particular item pertains to; the Task column will list the actual task that needs to be completed prior to implementation; the Start Date column will tell the owner of the task when they need to begin work on the time; the Due Date column will tell the owner when the task they are assigned needs to be completed; the

Owner column will reference who owns the task; and the Comments column will be used for any additional information that needs to be included in the checklists regarding the item.

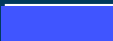
5.3 IV&V Observations and Recommended Corrective Actions by Assessment Area

The tables below provide readiness designations, observations, and recommended corrective actions for each of the 11 readiness assessment areas based on fact-finding activities completed for each.

1. Project Participants Understand Activities Remaining Prior to Go-Live	
Readiness Designation 	
Observations	Recommended Corrective Actions
<u>Project Schedule/Work Plan</u> 	
<u>Implementation Planning</u> 	
<u>Workarounds/Operational Business Process Planning</u> 	
2. Organizational Readiness	
Readiness Designation 	
Observations	Recommended Corrective Actions
<u>Organizational Change Management</u> 	

2. Organizational Readiness	
<u>Staffing</u> 	
<u>Post-Live Operational Planning</u> 	
<u>Other</u> <i>Application for Insurance Affordability Programs</i> <i>Appeals</i> 	

3. Training	
<i>Readiness Designation</i> 	
Observations	Recommended Corrective Actions
<u>General</u> 	

4.  Support Structure	
<i>Readiness Designation</i> 	
Observations	Recommended Corrective Actions

4. [REDACTED] Support Structure	
<u>Call Center</u> [REDACTED]	[REDACTED]
<u>Fulfillment Center</u> [REDACTED]	[REDACTED]
<u>Internal (State) IT</u> [REDACTED]	[REDACTED]
<u>Hosting</u> [REDACTED]	[REDACTED]
<u>Maintenance and Operations (M&O)</u> [REDACTED]	

5. Deliverables from Vendor(s)	
<i>Readiness Designation</i> 	
Observations	Recommended Corrective Actions
[REDACTED]	

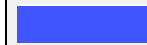
6. System Development	
<i>Readiness Designation</i> 	
Observations	Recommended Corrective Actions

6. System Development	
Software Quality Control	
Release Engineering	
Contingency Planning	

7. Interfaces	
Readiness Designation 	
Observations	Recommended Corrective Actions
Federal Data Services Hub (FDSH)	
State Systems	
Carriers	

7. Interfaces

Bank of America (BOA)/Citibank (CITI)



8. Reporting

Readiness Designation



Observations

Recommended Corrective Actions



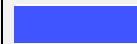
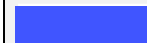
9. System Testing

Readiness Designation



Observations

Recommended Corrective Actions



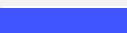
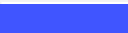
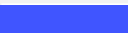
Defect Management

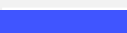


10. System Security

Readiness Designation



10. System Security	
Observations	Recommended Corrective Actions
<u>Third Party Security Assessment</u> 	
<u>Memoranda of Understanding (MOU)</u> 	
<u>User Provisioning</u> 	
<u>Self-Registration</u> 	
<u>H1-RIDP (Remote Identity Proofing)</u> 	

11. Manual Work Around	
<i>Readiness Designation</i> 	
Observations	Recommended Corrective Actions
	

Appendix A: Documents Reviewed

Table A.1: Documents Reviewed for Operational Readiness Assessment

Document Title and Version	Document Date	Author
All Hands Meeting Presentation		
Contingency Matrix		State PMO
Contingency Plan – CMS		State PMO
Healthcare Reform Project Plan		State PMO
Implementation Plan, Version 6.2		Vendor
IT Update BOD Presentation		
HIX Weekly Program Status Report		Vendor
CSC Meeting Minutes		
Healthcare Reform Project Risks and Issue Log		State PMO
HIX ORR Documentation Submission Status		State PMO
Hosting Task Order		
ILT Delivery Schedule		
Maintenance and Operations Task Order		
Training Schedule Model		
Operational Rapid Response Strategy		State PMO
Operations Update – All Staff Meeting Presentation		
Pre-Operational Readiness Review Presentation		
Release Plan, Version 1.0		Vendor
Test Plan, Version 5.1		Vendor
Training Plan, Version .01		Vendor
UAT Functionality Status		Vendor

Appendix B: Individuals Interviewed and Meetings Attended

Table B.1: Individuals Interviewed and Meetings Attended for Operational Readiness Assessment

Individuals Interviewed and Affiliation	Date
Executive Director, [REDACTED]	[REDACTED]
State PMO	[REDACTED]
Vendor	[REDACTED]
CIO, [REDACTED]	[REDACTED]
State PMO	[REDACTED]
State PMO	[REDACTED]
[REDACTED]	[REDACTED]
Meetings Attended	Date
Daily Touch Point Meetings	[REDACTED]
[REDACTED] – CSC Weekly Check-In	[REDACTED]
Multi-Agency Steering Committee Implementation Meeting (Weekly, [REDACTED] [REDACTED])	[REDACTED]
State Status Meeting (Weekly, [REDACTED])	[REDACTED]

Appendix C: Glossary of Terms

Table C.1 Glossary of Terms

Term	Definition
Activation Date	Date readiness of functionality should be re-evaluated to determine if detailed contingency execution plan should be activated.
Day One	Day One is the first day the State must be prepared to begin operations in support of consumer open enrollment, i.e., [REDACTED]
Detailed Contingency Execution Plan	Detailed plan describing key stakeholder roles and responsibilities; alterations to business processes and workflow (e.g., manual workarounds needed); staff and other physical resource needs; and a strategy for communications to impacted parties if functionality is not ready for [REDACTED] and a workaround needs to be implemented.
High Level Contingency Plan	High level plan for workaround if functionality is not ready for [REDACTED] and a workaround needs to be implemented.
Go-live	Go-live is the first day the State must be prepared to begin operations in support of consumer open enrollment, i.e., [REDACTED].
Priority 1	Functionality must be in place through the HIX system for [REDACTED] to support open enrollment.
Priority 2	Functionality needs to be in place for [REDACTED] to support ACA open enrollment but does not need to be through the HIX system; workarounds will need to be developed and executed to avoid disruption to operations and the customer experience.
Priority 3	Functionality is not critical for [REDACTED] to support open enrollment and can be deferred, i.e., there could be no HIX system or manual workaround in place and core operations could continue.
Readiness Assessment Area	Areas are derived from sources such as federal Exchange requirements, State requirements, industry best practices, and IV&V vendor experience. The ten areas include key system and non-system activities critical for Day One.
Readiness Designation	Readiness Designation is the likelihood a Readiness Assessment Area will be ready for Day One operations. Readiness designations include: At Significant Risk (red), At Risk (yellow), or On track (green).
Trigger Date	Date on which detailed contingency execution planning should begin.

Appendix D: Glossary of Acronyms

Table D.1 Glossary of Acronyms

Term	Definition
ACA	Affordable Care Act
ATO	Authority to Operate
CARES	Client Automated Resource and Eligibility System
CIC	Customer Information Center
CIS	Client Information System
CMS	Center for Medicare and Medicaid Services
COTS	Commercial Off-The-Shelf
CRM	Customer Relationship Management
CSC	Consolidated Service Center
DDI	Design, Development, and Implementation
DITL	Day in the Life
EDI	Electronic Data Interchange
FDSH	Federal Data Services Hub
FMIS	Financial Management Information System
HIX	Health Insurance Exchange; Exchange
ILT	Instructor-Led Training
ISTO/IEEE	Industry Standards and Technology Organization
IT	Information Technology
IVR	Interactive Voice Response
IV&V	Independent Verification and Validation
ABS	Automated Benefits System
EMA	Emergency Management Association
HBE	State Health Benefit Exchange
IA	State Insurance Administration

Term	Definition
MMIS	Medicaid Management Information System
MOU	Memoranda of Understanding
MPLS	Multiprotocol Label Switching
NABS	Navigator, Assister, and Broker System
NIST	National Institute of Standards and Technology
ORA	Operational Readiness Assessment
ORP	Operational Readiness Plan
ORR	Operational Readiness Report
PMO	Project Management Office
RFP	Request for Proposals
SDLC	Systems Development Life Cycle
SHOP	Small Business Health Insurance Options Program
SIP	Session Initiation Protocol
SLA	Service Level Agreement
SME	Subject Matter Expert
SSO	Single Sign-On
UAT	User Acceptance Testing

Appendix E: Contingency Planning

Table E.1: Contingency Plan Definitions

HIX System Functionality	Definition
Activation Date	Date readiness of functionality should be re-evaluated to determine if detailed contingency execution plan should be activated; should be based on length of time expected to implement contingency plans.
Detailed Contingency Execution Plan	Detailed plan describing key stakeholder roles and responsibilities; alterations to business processes and workflow (e.g., manual workarounds needed); staff and other physical resource needs; and a strategy for communications to impacted parties if functionality is not ready for [REDACTED] and a workaround needs to be implemented.
High Level Contingency Plan	High level plan for workaround if functionality is not ready for [REDACTED] and a workaround needs to be implemented, e.g. "if AUX conversion not complete, leave MCHP population in AUX system and hand off MCHP eligible individuals to enrollment broker process."
Priority 1	Functionality must be in place through the HIX system for [REDACTED] to support open enrollment.
Priority 2	Functionality needs to be in place for [REDACTED] support ACA open enrollment but does not need to be through the HIX system; workarounds will need to be developed and executed to avoid disruption to operations and the customer experience.
Priority 3	Functionality is not critical for [REDACTED] to support open enrollment and can be deferred, i.e., there could be no HIX system or manual workaround in place and core operations could continue.
Trigger Date	Date detailed contingency execution planning should begin; should be based on length of time expected to develop and implement contingency plans.

Table E.2: Contingency Plan Matrix

	Readiness for XXXX	
	Yes	No
Priority Level 1	Develop <u>high level</u> contingency plan*	Identify and remove barriers to bring readiness back to "yes"
Priority Level 2	Develop <u>high level</u> contingency plan*	Develop <u>detailed</u> contingency execution plan
Priority Level 3	Develop workarounds as time permits	Develop workarounds as time permits

**If trigger dates are passed, develop detailed contingency execution plans and implement as appropriate on activation date*

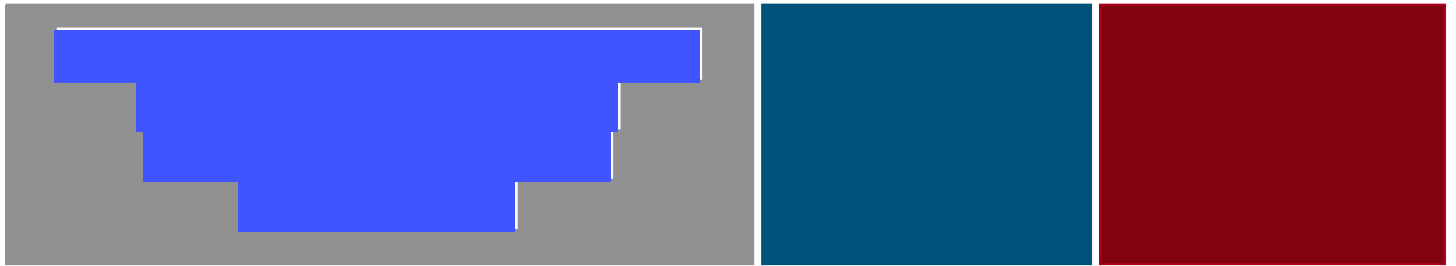
Table E.3: Contingency Plan Template*

System Functionality	Ready for 	Mapping to CMS Functions	Priority (1, 2, or 3)	High Level Contingency Plan	Detailed Execution Plan Needed?	Trigger	Trigger Date	Activation Date
<i>Example:</i>	Yes		2		<i>TBD on Trigger Date</i>			
<i>Example:</i>	Yes		1		<i>TBD on Trigger Date</i>			
<i>Example:</i>	No		2		Yes	N/A	N/A	
<i>Continue here with additional list of functionality</i>								

*Columns with red headers should be completed by Vendor; columns with blue headers should be completed by the State in collaboration with Vendor

Appendix J – Operation and System Readiness Review Reports Examples

Included below is an example of an Operation and System Readiness Review Report used in a previous project.



***MMIS Entrance and Exit Criteria
Readiness Assessment***



V.1

Submitted by:



Project Manager
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Table i: Version History

Version	Date	Description
V.01		Draft prepared for internal review
V.1		Draft prepared for delivery to client

1.0 Executive Summary

1.1 Purpose

This report is a readiness assessment to help evaluate the State of [REDACTED] readiness to enter and/or exit System Integration Testing (SIT), User Acceptance Testing (UAT), Parallel Testing, Operational Readiness Testing (ORT), and Centers for Medicare and Medicaid Services (CMS) Certification for the [REDACTED] ([REDACTED] Medicaid Management Information System Design, Development, and Implementation project ([REDACTED] MMIS DDI project). The report also includes information related to the integration of the State's Children's Health Insurance Program ([REDACTED]).

Although the [REDACTED] MMIS system went live [REDACTED], the purpose of this report is to provide an assessment of the State's readiness to enter and/or exit the remaining project phases, inclusive of the Operational Analysis Review (OAR).

This report is delivered on the second Wednesday of each month. Production of each month's report begins approximately two weeks prior to delivery, and inputs for each report include the latest Master Work Plan (MWP), updates from the [REDACTED] SharePoint Deliverable Tracker, and the Fiscal Agent's latest DDI and Operations Weekly Status Reports.

1.1.1 Approach

This [REDACTED], readiness assessment establishes the point in time of [REDACTED], when the draft was prepared for internal review for SIT, UAT, parallel testing, ORT, CMS certification Final Detailed Design Review (FDDR), ORR, and OAR. [REDACTED] information is included for applicable project phases, with more detail provided in sections 10.0 and 11.0. Table 1.1 shows details on the different Master Work Plans used for this report and recent reports.

Table 1.1 Master Work Plans for Entrance and Exit Criteria Readiness Assessments

Readiness Assessment	Master Work Plan	Details on Each Input
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Both entrance and exit criteria were identified for seven phases of the project; in addition, exit criteria were identified for one phase based on information included within the Fiscal Agent's response, the State Request for Proposal (RFP), Test Plan V1.18, the State UAT Plan V.3, and the Fiscal Agent's [REDACTED] UAT Plan V.12. The identified criteria are subject to change based on updates made during the State's review of project deliverables, artifacts, and tasks. [REDACTED] deliverables have been added to applicable project phases.

After the initial identification of criteria, a readiness designation of "Healthy," "At Risk," "Troubled," or "Unable to Assess" was assigned to each criterion through an examination of associated documentation and tasks. The availability of these sources of documentation for this month's readiness assessment were established through fact-finding and analysis of initial submission and State-approved dates included within [REDACTED]; the Fiscal Agent's [REDACTED] Operations Weekly Status Report; and the [REDACTED].

Table 1.2 provides a definition for each readiness indicator assigned to project deliverables, artifacts, and/or tasks used to measure the entrance and exit criteria's overall readiness.

Table 1.2 Readiness Designation Indicators and Definitions

Indicator	Readiness Designation Definitions
	Healthy: - Activities are progressing with no significant risk to baseline cost, schedule, quality, or project deliverables. - General satisfaction by the client and the owner of the activities with status and progress. - Owners of the activity anticipate and resolve problems largely on their own.
	At Risk: - Activities are progressing, but are at risk of veering off track. Close monitoring is required and corrective action may need to be planned. - Concerns or unease about status and progress. - Some assistance is required to resolve problems with the activity.
	Troubled: - Immediate corrective action is required. - Re-planning and assistance are required to resolve problems with the activity.
	Unable to Assess: - Current project status does not allow the readiness status to be evaluated at this time. - The readiness of activities cannot be evaluated until the initial submission of a project deliverable and/or artifact is due. - The readiness of these activities does not affect the readiness of the phase as a whole.

In an effort to quantify the assessment and develop an overall readiness status for each phase's criteria, each readiness indicator was given a corresponding value: one (for "Healthy"), two (for "At Risk"), or three (for "Troubled"). The readiness indicator "Unable to Assess" has no value and any criteria and/or documentation or task to support specific criteria with the value "Unable to Assess" are not used to determine readiness. For this draft, none of the criteria are weighted and the readiness designations are uniform across the readiness assessment.

Table 1.3 Readiness Indicator, Value, and Range of Readiness Designations

Readiness Indicator	Value	Range of Readiness Designation
 Healthy	1	1.00 – 1.66
 At Risk	2	1.67 – 2.33
 Troubled	3	2.34 – 3.00
 Unable to Assess	No Value	No Value

The readiness status for each criterion in Table 1.3 was determined through the summation of the readiness designations assigned to each document or task, divided by the number of sources comprising the entrance or exit criteria. For example, if five documents and/or tasks were designated as Troubled, they would each receive three point values for a total of 15. That total would then be divided by the total number of documents or tasks used to assess the criterion for a readiness designation of Troubled. The resulting readiness designation for each criterion was then used to calculate readiness for entrance and exit criteria of each phase.

2.0 Overall Entrance and Exit Criteria Readiness Assessments

The [REDACTED] MMIS DDI Project closed out associated Phase 1 activities and continues to finalize remaining Phase 2: CMS Certification activities.

Each project phase will show a readiness designation that reflects the lowest readiness designation in the group of criteria for each project phase. For example, if the readiness designation “Troubled” (“Troubled” being lower than “At Risk” and “Healthy”) appears in a phase’s list of criteria, then the overall readiness designation for that phase will be “Troubled.”

Table 2.1 provides a summary of the readiness statuses of entrance and exit criteria for 15 identified phases, as reported in this [REDACTED], readiness assessment; as well as the [REDACTED], and the [REDACTED] readiness assessments.

Based on the approach and an assessment of initial submission and approval dates, as well as submission status of documentation and tasks associated with the 15 phases’ entrance and exit criteria for [REDACTED], two phases were identified as “At-Risk,” and one was identified as “Troubled.”

Table 2.1 Overall Entrance and Exit Criteria Readiness Assessments

Project Phase	Readiness Designation		
	[REDACTED]	[REDACTED]	[REDACTED]
SIT Exit Criteria	G	G	G
UAT Entrance Criteria	G	G	G
UAT Exit Criteria	G	G	G
ORT Entrance Criteria	G	G	G
ORT Exit Criteria	G	G	G
Parallel Testing Entrance Criteria	G	G	G
Parallel Testing Exit Criteria	G	G	G
FDDR Entrance Criteria	G	G	G

Project Phase	Readiness Designation		
FDDR Exit Criteria	G	G	G
ORR Entrance Criteria	G	G	G
ORR Exit Criteria	G	G	G
OAR Entrance Criteria	Y	Y	Y
OAR Exit Criteria	Y	Y	Y
Day 1 Activities	G	G	G
Day 2 Requirements	Y	R	R

To show how the MMIS DDI Project readiness designations are trending, Appendix A: Criteria Designation Comparison provides a comparison of criteria designations for SIT exit criteria; UAT entrance and exit criteria; ORT entrance and exit criteria; parallel testing entrance and exit criteria; Certification FDDR entrance and exit criteria; ORR entrance and exit criteria; OAR entrance and exit criteria; Day 1 Activities; and Day 2 Requirements for .

3.0 System Integration Testing

The MMIS has completed SIT, which included regression testing. The State formally signed off on this phase of the project on [REDACTED]

SIT exit criteria were identified within the Test Plan V1.18 and assigned readiness designations based on the fact-finding and analysis of initial submission and State approval dates, and statuses of supporting deliverables, artifacts, and/or tasks.

The [REDACTED] CHIP project has also completed SIT. This phase, which included regression testing, concluded [REDACTED]

3.1 Exit Criteria

Table 3.1 provides a summary of the readiness statuses for all SIT exit criteria.

Table 3.1 Summary of SIT Exit Criteria Readiness

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		15	15	15
				0	0	0
				0	0	0
				0	0	0

Table 3.2 provides a readiness designation for each SIT exit criterion, as well as the documentation or tasks that support the criteria.

Table 3.2 Readiness Designation Based on SIT Exit Criteria

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
System Integration Testing				
1. State approval of the Test Plan.	G	Test Plan	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
2. State approval of the Integrated Test Environment (ITE) Plan.	G	Integrated Test Environment Plan	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
3. State review and formal acceptance of Unit Test Case Scripts and Test Results.	G	Unit Test Cases/Scripts	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		Unit Test Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
4. State approval of SIT Test Cases/Scripts.	G	SIT Test Cases/Scripts	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
5. All SIT Test Cases/Scripts have been executed and results are documented.	G	SIT Test Cases/Scripts	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		SIT Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
6. Completion and State approval of SIT Results.	G	SIT Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
7. All Severity 1 (critical) defects have been resolved and approved in SIT. Failed critical defects are repaired. Failed high defects will have an acceptable workaround in place and approved by State. Those defects that are of lower criticality are reviewed on a case-by-case basis with the State and a decision is made as to whether to immediately repair the defect or to add it to a list to be repaired in a later release.	G	The Fiscal Agent's SIT Defect Resolution within the Weekly Status Report	G	<i>This deliverable has been given a readiness designation of "Healthy" any critical SIT defects were resolved prior to the system implementation in</i>
		SIT Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
8. All unresolved Severity 2 (High) defects have an approved workaround or have been accepted for deferment by State and Fiscal Agent project management.	G	The Fiscal Agent's SIT Defect Resolution within the Weekly Status Report	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		SIT Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
9. Soft and Incremental Approval of DSDs by Release.	G	Detailed Design Documents	G	<i>The Detail Design Document has been given a readiness designation of "Healthy" because has been approved by the State.</i>
10. State approval of Regression Test Cases/Scripts and Regression Testing results.	G	Regression Test Cases/Scripts	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		Regression Testing Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
11. The Fiscal Agent receives formal acceptance from State for data conversion testing.	G	Conversion and Reconciliation Testing Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
12. The Fiscal Agent receives approval of all conversion task deliverables or a Deliverable Remediation Plan, as needed is in place for conversion activities approved by State for deferral to a later date.		 Conversion Risk Identification and Contingency Plan		<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		 Data Cleansing and Conversion Specifications Document		<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		 Data Conversion Requirements Document		<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		 Conversion and Reconciliation Test Cases/Scripts		<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		 Conversion and Reconciliation Testing Results		<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		 Conversion Software Readiness Certification Letter		<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
13. The Fiscal Agent submits the Conversion Software Readiness Certification Letter.		 Conversion Software Readiness Certification Letter		<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
14. All critical problems discovered during the system testing exercise have been resolved and retested.	G	The Fiscal Agent's SIT Defect Resolution within the Weekly Status Report	G	<i>This deliverable has been given a readiness designation of "Healthy" because critical defects were resolved and are therefore not tracked in the Fiscal Agent's Operations Weekly Status Report.</i>
		[REDACTED] SIT Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
15. An end-to-end test has been performed to verify and validate that all components work as an integrated system. System integration testing results are documented and provided to the State for approval.	G	[REDACTED] SIT Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		[REDACTED] Regression Testing Results	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		Artifact: SIT Results Report	G	<i>This report was approved as part of [REDACTED].</i>

4.0 User Acceptance Testing

This set of UAT entrance and exit criteria were identified based on information contained in the State's UAT Plan V.3 and the Fiscal Agent's [REDACTED] UAT Plan V.12. The State entered formal UAT on the start date of [REDACTED] and ended the execution of cycle testing on [REDACTED], as reflected in [REDACTED].

As indicated in [REDACTED], [REDACTED] entered UAT [REDACTED]. [REDACTED] finalized cycle testing for UAT on [REDACTED].

4.1 Entrance Criteria

This assessment determined the readiness status of 10 entrance criteria and eight exit criteria based on the fact-finding and analysis of supporting deliverables, artifacts, and/or tasks. Table 4.1 provides a trending summary of the readiness statuses for all UAT entrance criteria.

Table 4.1 Summary of UAT Entrance Criteria Readiness

Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status	Readiness Indicator	Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		10	10	10
				0	0	0
				0	0	0
				0	0	0

Table 4.2 provides a readiness designation for each UAT entrance criteria, as well as the documentation or tasks that supports the criteria.

Table 4.2 Readiness Designation Based on UAT Entrance Criteria

UAT Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
User Acceptance Testing				
1. All business processes and components within Health PAS 5.0 have been SIT tested and satisfied SIT exit criteria.	G	Overall SIT exit criteria readiness assessment	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
2. Soft approval of detailed design documents	G	████ Detailed Design Documents: Appendix F, G, and H	G	<i>This deliverable has been given the readiness designation of "Healthy" because Appendices F, G, and H have now been approved by the State.</i>
		████ Detailed Design Documents	G	<i>The █████ Detail Design Document has been given a readiness designation of "Healthy" because the MITA-area DSDs have been accepted by the State.</i>
3. UAT environment has been developed and smoke testing is successfully executed.	G	UAT Smoke Test Results	G	<i>This task has been given a readiness designation of "Healthy." The successful completion of UAT is documented in █████.</i>
4. UAT data required for execution has been populated into the User Acceptance Test environment.	G	████ User Acceptance Testing of Converted Data	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>

UAT Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
5. The UAT Release prior to the start of formal UAT is deployed following the process described in the Configuration Management Plan and release notes are published.	G	Configuration Management Plan	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		UAT Plan	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
6. Configuration metadata is loaded into the UAT environment via the configuration synch process.	G	Loading of Configuration Metadata into the UAT Environment	G	<i>This documentation or task has been given a readiness designation of "Healthy" because the environment was synched continually throughout UAT.</i>
7. Draft user documentation has been delivered and is client ready. Client ready is defined as all acceptance criteria having been met for the draft version of the documents and there being no outstanding comments that need to be addressed. Note: This criterion only focuses on Level 3 site user guides and Level 3 DLPs.	G	Draft User Documentation	G	<i>This documentation or task has been given a readiness designation of "Healthy" because all Level 3 DLPs have received informal approval by the State.</i>
8. All UAT deliverables are outlined in the Fiscal Agent MMIS Re-Procurement Project UAT Plan.	G	List of deliverables in the baseline Testing Plan	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>

UAT Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
9. State approval of the UAT Test Plan		 UAT Plan		<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>
10.State approval of the UAT test cases/scripts		 UAT Test Cases/Scripts		<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>

4.2 Exit Criteria

Table 4.3 provides an overall summary of the readiness status of all UAT exit criteria.

Table 4.3 Summary of UAT Exit Criteria Readiness

 Overall Phase Readiness Status	 Overall Phase Readiness Status	 Overall Phase Readiness Status	Readiness Indicator	 Overall Phase Readiness Status	 Overall Phase Readiness Status	 Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		8	8	8
				0	0	0
				0	0	0
				0	0	0

Table 4.4 provides a description of UAT exit criteria.

Table 4.4 Readiness Designation Based on UAT Exit Criteria

Exit Criteria	Readiness Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
User Acceptance Testing				
1. All Severity 1 (Critical) defects from UAT are resolved and retested.	G	UAT Results Summary Closeout Document	G	<i>This deliverable has been given the readiness designation of “Healthy” because remaining defects from UAT have an approved work-around that can be found in [REDACTED] UAT Results Summary Closeout Document.</i>
		[REDACTED] UAT Results	G	<i>This deliverable has been given the readiness designation of “Healthy” because UAT results were approved by the State on [REDACTED], according to [REDACTED].</i>
2. All Severity 2 (High) defects from UAT including a Mitigation Plan are reviewed by project manager, test manager, and [REDACTED] must approve Mitigation Plan.	G	Fiscal Agent’s Weekly Status Report	G	<i>This deliverable has been given the readiness designation of “Healthy” because remaining defects from UAT have an approved work-around that can be found in [REDACTED] UAT Results Summary Closeout Document.</i>
		[REDACTED] UAT Results	G	<i>This deliverable has been given the readiness designation of “Healthy” because UAT results were approved by the State on [REDACTED] according to [REDACTED].</i>

Exit Criteria	Readiness Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
3. Actual results match expected results for all UAT conditions.	G	UAT Results	G	<i>This deliverable has been given the readiness designation of "Healthy" because UAT results were approved by the State on [REDACTED], according to [REDACTED]</i>
4. Completion and [REDACTED] approval of the actual UAT results.	G	UAT Results	G	<i>This deliverable has been given the readiness designation of "Healthy" because UAT results were approved by the State on [REDACTED], according to [REDACTED]</i>
5. All Cycles have been executed "clean." "Clean" is defined as having had no critical defects in all consecutive cycles.	G	UAT Results	G	<i>This deliverable has been given the readiness designation of "Healthy" because UAT results were approved by the State on [REDACTED], according to [REDACTED]</i>
6. State reviews and approves the Standard Output Reports.	G	List of All Standard Output Reports	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
7. State reviews and approves the [REDACTED] Specific Reports.	G	List of [REDACTED] Specific Reports	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
8. [REDACTED] UAT completion	G	Fiscal Agent's Weekly Status Report	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been completed, and is no longer being tracked in the Fiscal Agent's Operations Weekly Status reports.</i>

Exit Criteria	Readiness Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
		Task ID: [REDACTED] End Formal UAT ([REDACTED])		<i>This deliverable has been given a readiness designation of "Healthy" because UAT is complete.</i>

5.0 Operational Readiness Testing

According to [REDACTED], ORT Execution began [REDACTED]. In preparation for ORT, the following entrance criteria were developed collaboratively between the State, State PMO, and [REDACTED] and are contained in the ORT Plan V1.0. Note that the ORT Plan was delivered as an artifact as part of [REDACTED] ORT Test Cases/Scripts.

Operational Readiness Testing for [REDACTED] was combined with the MMIS ORT. The information listed below applies to [REDACTED] as well as MMIS.

5.1 Entrance Criteria

Table 5.1 provides an overall summary for the readiness status of all ORT entrance criteria.

Table 5.1 Summary of ORT Assessment Entrance Criteria Readiness

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		7	7	7
				0	0	0
				0	0	0
				0	0	0

Table 5.2 provides a readiness designation for each ORT entrance criterion, as well as the documentation or tasks that support the criteria.

Table 5.2 Readiness Designation of ORT Entrance Criteria

Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
Operational Readiness Testing				
1. [REDACTED] SIT Test Results Summary document is approved by the State	G	Artifact: SIT Results Report	G	<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>
2. The ORT Plan is soft-approved by the State	G	[REDACTED] Operational Readiness Test Cases/Scripts	G	<i>[REDACTED] Operational Readiness Test Cases/Scripts has been given the readiness designation of “Healthy” because these were approved by the State on [REDACTED], according to [REDACTED]</i>
3. Test Cases have been updated in the ALM tracking tool to include resolution information, steps to test, and data files needed to test.	G	[REDACTED] Operational Readiness Test Cases/Scripts	G	<i>[REDACTED] Operational Readiness Test Cases/Scripts has been given the readiness designation of “Healthy” because these were approved by the State on [REDACTED], according to [REDACTED].</i>
4. M: Start Aggregation of Desk Level Procedures (DLPs) for submission has begun	G	[REDACTED] Draft User Documentation	G	<i>This deliverable has been given a readiness designation of “Healthy” because all DLPs and SUGs have been approved according to [REDACTED]</i>
		Task ID: [REDACTED] Update Aggregation of DLPs for submission (Entrance for ORT)	G	<i>This task has been given a readiness designation of “Healthy” because all DLPs have been aggregated for submission to [REDACTED] Final User Documentation. [REDACTED] indicates that the aggregation was completed on [REDACTED].</i>

Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
5. The Production Environment has been staged and is ready for functional ORT.	G	Fiscal Agent's Weekly Status Report	G	The State, [REDACTED] and State PMO drafted and approved decision log language on [REDACTED], in support of the UAT environment's readiness to support ORT activities. This decision log language is reflected in the Fiscal Agent's [REDACTED] DDI Weekly Status Report.
6. [REDACTED] UAT Results have been approved or there is a documented decision to enter ORT.	G	Fiscal Agent's Weekly Status Report	G	The State, [REDACTED] and State PMO drafted and approved decision log language on [REDACTED], in support of the UAT environment's readiness to support ORT activities. This decision log language is reflected in the Fiscal Agent's [REDACTED] DDI Weekly Status Report.
		[REDACTED] Operational Readiness Test Cases/Scripts	G	[REDACTED] Operational Readiness Test Cases/Scripts has been given the readiness designation of "Healthy" because these were approved by the State on [REDACTED], according to [REDACTED]
7. [REDACTED] ORT Results format has been approved by the State.	G	ARTIFACT: [REDACTED] ORT Results Template	G	Agreement on the ORT Results Template was reached between the State, [REDACTED] and State PMO on [REDACTED]. The artifact has been submitted to the State's SharePoint under [REDACTED] ORT Results.

5.2 Exit Criteria

According to [REDACTED], ORT Execution began [REDACTED], and ended [REDACTED]. In preparation for ORT, the following exit criteria were developed collaboratively between the State, State PMO, and [REDACTED] and are contained in the ORT Plan V1.0. Note that the ORT Plan was delivered as an artifact as part of [REDACTED] ORT Test Cases/Scripts.

Table 5.3 provides an overall summary for the readiness status of all ORT exit criteria.

Table 5.3 Summary of ORT Assessment Exit Criteria Readiness

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		8	8	8
				0	0	0
				0	0	0
				0	0	0

Table 5.4 provides a readiness designation for each ORT exit criterion, as well as the documentation or tasks that support the criteria.

Table 5.4 Readiness Designation of ORT Exit Criteria

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
Operational Readiness Testing				
1. End-to-end [REDACTED] Operational Readiness Test Case/Scripts are included as part of the ORT test suite.	G	[REDACTED] Operational Readiness Test Cases/Scripts	G	[REDACTED] Operational Readiness Test Cases/Scripts has been given the readiness designation of "Healthy" because these were approved by the State on [REDACTED], according to [REDACTED].
2. [REDACTED] Operational Readiness Test Case/Scripts are approved.	G	[REDACTED] Operational Readiness Test Cases/Scripts	G	[REDACTED] Operational Readiness Test Cases/Scripts has been given the readiness designation of "Healthy" because these were approved by the State on [REDACTED], according to [REDACTED].
3. All [REDACTED] Operational Readiness Test Case/Scripts are executed and results documented in ALM.	G	[REDACTED] Operational Readiness Testing Results	G	This exit criterion has been given a readiness designation of "Healthy" because ORT results were approved on [REDACTED], according to [REDACTED].
[REDACTED]	G	[REDACTED]	G	[REDACTED] criterion has been given a readiness designation of "Healthy" because ORT results were approved on [REDACTED], according to [REDACTED].

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
5. All unresolved high ORT defects have an approved workaround or a plan for resolution that has been approved by the State and [REDACTED] project management.	G	[REDACTED] Operational Readiness Testing Results	G	<i>This exit criterion has been given a readiness designation of "Healthy" because ORT results were approved on [REDACTED], according to [REDACTED]</i>
6. Completion and State approval of the [REDACTED] Operational Readiness Testing Results.	G	[REDACTED] Operational Readiness Testing Results	G	<i>This exit criterion has been given a readiness designation of "Healthy" because ORT results were approved on [REDACTED], according to [REDACTED]</i>
7. [REDACTED] receives formal acceptance from the State for data conversion testing/completion M093 Completion and MIS Approval of Data Conversion and Reconciliation for Implementation Approval of Data Conversion and Reconciliation for Implementation.	G	[REDACTED] Completion and MIS Approval of Data Conversion and Reconciliation for Implementation	G	<i>This exit criterion has been given a readiness designation of "Healthy" because the State approved Milestone [REDACTED] on [REDACTED], according to [REDACTED]</i>
8. ORT Formal Certification letter is developed by [REDACTED] delivered, and approved by the State.	G	ORT Formal Certification Letter	G	<i>This exit criterion has been given a readiness designation of "Healthy" because the letter was part of the [REDACTED] Results deliverable that was submitted on [REDACTED], according to [REDACTED]</i>

6.0 Parallel Testing

The Parallel Testing phase ended [REDACTED], according to [REDACTED].

Three parallel testing entrance criteria and five exit criteria were identified within the [REDACTED] Test Plan V1.18 and assigned readiness designations based on the fact-finding and analysis of initial submission and State approval dates, and status of supporting deliverables, artifacts, and/or tasks.

Note that the identified criteria are subject to change pending revisions and edits made during the State's review of the [REDACTED] Test Plan V1.18.

6.1 Entrance Criteria

Table 6.1 provides an overall summary of the readiness status of all parallel testing entrance criteria.

Table 6.1 Summary of Parallel Testing Entrance Criteria Readiness

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		3	3	3
				0	0	0
				0	0	0
				0	0	0

Table 6.2 provides a readiness designation for the documentation or task to support the criteria, as well as the readiness designation for each parallel testing entrance criteria.

Table 6.2 Parallel Testing Entrance Criteria Readiness Assessment

Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
Parallel Testing				
1. All UAT test cases/scripts have been approved by the State.	G	UAT Test Cases/Scripts	G	<i>This deliverable has been given the readiness designation of "Healthy" because it has been approved by the State.</i>
2. All critical defects have been resolved and approved in UAT.	G	UAT Results	G	<i>This deliverable has been given the readiness designation of "Healthy" because UAT results were approved by the State on [redacted], according to [redacted]</i>
3. All unresolved high defects have an approved workaround or have been accepted for deferment by [redacted] and [redacted] project management.	G	UAT Results	G	<i>This deliverable has been given the readiness designation of "Healthy" because UAT results were approved by the State on [redacted], according to [redacted]</i>

6.2 Exit Criteria

Table 6.3 provides an overall summary of the readiness status of all parallel testing exit criteria.

Table 6.3 Parallel Testing Exit Criteria Readiness Assessment

Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status	Readiness Indicator	Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		5	5	5
				0	0	0
				0	0	0
				0	0	0

Table 6.4 provides a description and status for all exit criteria associated with parallel testing. According to [REDACTED] parallel testing ended [REDACTED]. The below parallel testing exit criteria were derived from the Fiscal Agent's Test Plan V1.18.

Table 6.4 Readiness Designation for Parallel Testing Exit Criteria

Exit Criteria	Criteria Designation	Documentation or Artifact to Support Criteria	Documentation or Task Designation	Comments
Parallel Testing				
1. Parallel testing is completed.	G	Parallel Testing Results submitted to State	G	<i>This artifact has been given a readiness designation of "Healthy" because parallel test results were submitted to the State in December, and posted to the State's SharePoint site under [REDACTED]</i>
2. No outstanding test cases will remain to be executed.	G	Fiscal Agent's Weekly Status Report	G	<i>This artifact has been given a readiness designation of "Healthy" because parallel test results were submitted to the State in December, and posted to the State's SharePoint site under [REDACTED]</i>
3. All open defects, including a mitigation plan, will be reviewed by the project manager, test manager, and the State.	G	Fiscal Agent's Weekly Status Report	G	<i>This artifact has been given a readiness designation of "Healthy" because parallel test results were submitted to the State in December, and posted to the State's SharePoint site under [REDACTED]</i>
4. All critical defects must be resolved.	G	Fiscal Agent's Weekly Status Report	G	<i>This artifact has been given a readiness designation of "Healthy" because there are no outstanding critical defects from Parallel Testing.</i>

Exit Criteria	Criteria Designation	Documentation or Artifact to Support Criteria	Documentation or Task Designation	Comments
Parallel Testing				
5. Test results will be approved by the State.		Parallel Testing Results		<i>This artifact has been given a readiness designation of “Healthy” because parallel test results were submitted to the State in [REDACTED], and posted to the State’s SharePoint site under [REDACTED]</i>

7.0 Certification—Final Detailed Design Review

The FDDR gate review post-evaluated the [REDACTED] MMIS for CMS Certification compliance in Design. The State and CMS conducted the FDDR, which concluded with an on-site visit by CMS on [REDACTED]. Prior to the visit, all evidence demonstrating compliance with applicable criteria was reflected in the CMS Certification Checklists and the Certification Specification Document.

In preparation for the FDDR, the Certification FDDR entrance criteria were developed through fact-finding sessions with Certification Subject Matter Experts (SME) and analysis of Certification artifacts. This assessment determined the readiness designation of four entrance and four exit criteria, based on the fact-finding and analysis of initial submission and State approval dates, and status of supporting deliverables, artifacts, and/or tasks.

Future entrance and exit criteria assessments will be provided in preparation for the Operational Readiness Review (ORR) and the Operational Analysis Review (OAR).

7.1 Entrance Criteria

Table 7.1 provides an overall summary of the readiness status of all Certification-FDDR entrance criteria.

Table 7.1 Summary of Certification FDDR Entrance Criteria Readiness

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		4	4	4
				0	0	0
				0	0	0
				0	0	0

Table 7.2 provides a readiness designation for each Certification-FDDR entrance criterion, as well as the documentation or tasks that support the criteria.

Table 7.2 Readiness Designation Based on Certification-FDDR Entrance Criteria

Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
Certification—FDDR				
1. State approval of the CMS Certification Protocols and Checklists, and Certification Specification document for the FDDR.	G	Completed Certification Protocols and Checklists (Scope/FDDR)	G	<i>This deliverable has been given a readiness designation of “Healthy” because, as confirmed by the State PMO on [REDACTED], it was approved by the State.</i>
		Checklist Companion Guide	G	<i>This deliverable has been given a readiness designation of “Healthy” because, as confirmed by the State PMO on [REDACTED], it was approved the State.</i>
2. State approval of all Phase 1b deliverables.	G	Business Process Mapping Documents	G	<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>
		Edit Rule Documentation	G	<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>
		Requirements Traceability Matrix (RTM) FDDR	G	<i>This deliverable has been given a readiness designation of “Healthy” because it has been soft approved by the State. The RTM for FDDR consisted of all previously approved and reviewed data (from prior RTM reviews, the Accepted MITA DSDs, and the approved [REDACTED] Requirements Specifications Document).</i>

Entrance Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
		Requirements Specification Document (RSD)	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		Gap Analysis Design Documents	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		Detailed Systems Document (DSD)	G	<i>This deliverable has been given the readiness designation of "Healthy" because, for the purposes of FDDR, Appendix E requirements are approved and draft Appendix F, G, and H requirements will be utilized.</i>
		List of All Standard Reports	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		List of Specific Reports	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
		MMIS Glossary	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
3. Evidence of an accessible, operational document repository.	G	Shared Electronic Document Storage for Certification Artifacts	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>
4. State approval of a CMS Certification Readiness Plan.	G	CMS Certification Readiness Plan	G	<i>This deliverable has been given a readiness designation of "Healthy" because it has been approved by the State.</i>

7.2 Exit Criteria

Table 7.3 provides an overall summary of the readiness status of all Certification-FDDR exit criteria.

Table 7.3 Summary of Certification FDDR Exit Criteria Readiness

Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status	Readiness Indicator	Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		5	5	5
				0	0	0
				0	0	0
				0	0	0

Table 7.4 provides an overall summary of the readiness status of all Certification-FDDR exit criteria.

Table 7.4 Readiness Designation Based on Certification-FDDR Exit Criteria

Exit Criteria	Criteria Designation	Documentation or Artifact to Support Criteria	Readiness Designation	Comments
Certification—FDDR				
1. Receipt of CMS Gate Review Summary Report.		CMS Gate Review Summary Report		<i>This documentation or artifact has been given a readiness designation of “Healthy” because the State received the CMS Gate Review Summary Report on [REDACTED].</i>
2. Creation of all Corrective Action Plans for FDDR gaps (as identified by CMS).		[REDACTED] Post-FDDR System Remediation		<i>This deliverable has been given a readiness designation of “Healthy” because the documentation was approved by the State on [REDACTED].</i>
3. State approval of all Corrective Action Plans for FDDR gaps (as identified by CMS).		[REDACTED] Post-FDDR System Remediation		<i>This deliverable has been given a readiness designation of “Healthy” because the documentation was approved by the State on [REDACTED].</i>
4. CMS approval of all Corrective Action Plans for FDDR gaps (as identified by CMS).		[REDACTED] Post-FDDR System Remediation		<i>This deliverable has been given a readiness designation of “Healthy” because the documentation was approved by the State on [REDACTED], and CMS allowed entry to the ORR phase.</i>
5. Archiving evidence of an accessible, operational document repository.		[REDACTED] Shared Electronic Document Storage for Certification Artifacts		<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>

8.0 ORR

The ORR gate review post-evaluated the [REDACTED] MMIS for CMS Certification. The State and CMS conducted the ORR on-site review on [REDACTED]. Prior to the visit, all evidence demonstrating compliance with applicable criteria was reflected in the CMS Certification Checklists, Certification Specification Document, Certification Evidence, and Supporting Documentation, and the Shared Electronic Document Repository, with gaps recorded in the [REDACTED] Discrepancy Report.

In preparation for the ORR, Certification SMEs analyzed Certification artifacts during fact-finding sessions to develop entrance criteria. This assessment determined the readiness designation of five entrance and one exit criteria, based on the fact-finding and analysis of initial submission and State approval dates, and the status of supporting deliverables, artifacts, and/or tasks.

8.1 Entrance Criteria

Table 8.1 provides an overall summary of the readiness status of all ORR entrance criteria.

Table 8.1 Summary of ORR Entrance Criteria Readiness

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		5	5	5
				0	0	0
				0	0	0
				0	0	0

Table 8.2 provides a readiness designation for each ORR entrance criterion, as well as the documentation or tasks that support the criteria.

Table 8.2 Readiness Designation Based on ORR Entrance Criteria

Entrance	Criteria Designation	Documentation or Artifact to Support Criteria	Readiness Designation	Comments
ORR				
1. State approval of testing deliverables.	G	SIT Scripts	G	<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>
		SIT Results	G	<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>
		UAT Test Cases/Scripts	G	<i>This deliverable has been given the readiness designation of “Healthy” because it has been approved by the State.</i>
		Operational Readiness Testing Results	G	<i>This exit criterion has been given a readiness designation of “Healthy” because it was approved on [REDACTED], according to [REDACTED]</i>
2. State approval of certification deliverables.	G	Updated CMS Certification Readiness Plan	G	<i>This deliverable has been given a readiness designation of “Healthy” because it was approved by the State on [REDACTED], according to [REDACTED]</i>
		Pre-ORR Completed Certification	G	<i>This deliverable has been given a readiness designation of “Healthy” because formal submission of the [REDACTED] package was submitted at completion of</i>

Entrance	Criteria Designation	Documentation or Artifact to Support Criteria	Readiness Designation	Comments
ORR				
		Protocols and Checklists		██████████ was delivered on ██████████, according to ██████████
		██████████ Pre-ORR CMS Certification Documentation and Operational Examples	G	This deliverable has been given a readiness designation of “Healthy” because, per ██████████, this was submitted on ██████████.
		██████████ Pre-ORR Shared Electronic Documentation Storage for Certification Artifacts	G	This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.
		██████████ Pre-ORR System Remediation – Discrepancy Assessment	G	This deliverable has been given a readiness designation of “Healthy” because the documentation was approved by the State on ██████████.
		██████████ Detailed Systems Document (DSD)	G	This deliverable has been given the readiness designation of “Healthy” because Appendices G and H were approved by the State on ██████████, according to ██████████

Entrance	Criteria Designation	Documentation or Artifact to Support Criteria	Readiness Designation	Comments
ORR				
3. State approval of design documents.	G	Appendices F, G, H	G	<i>This deliverable has been given the readiness designation of “Healthy” because Appendices G and H were approved by the State on [REDACTED], according to [REDACTED]</i>
		Standard Output Reports	G	<i>This deliverable has been given a readiness designation of “Healthy” because it has been approved by the State.</i>
4. State approval of reports.	G	Specific Reports	G	<i>This deliverable has been given the readiness designation of “Healthy” because it was submitted for approval on [REDACTED], according to information on the State SharePoint site.</i>
5. State approval of Updated Project Management Plan.	G	Updated Project Management Plan (including all subsidiary plan and associated artifacts)	G	<i>This deliverable has been given the readiness designation of “Healthy” because the State approved this deliverable on [REDACTED], according to [REDACTED]</i>

8.2 Exit Criteria

Table 8.3 provides an overall summary of the readiness status of all ORR exit criteria.

Table 8.3 Summary of ORR Exit Criteria Readiness

Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status	Readiness Indicator	Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		1	1	1
				0	0	0
				0	0	0
				0	0	0

Table 8.4 provides a description and status for the criterion associated with Operational Readiness Review Exit, as well as the documentation or tasks that support the criterion.

Table 8.4 Readiness Designation Based on ORR Exit Criteria

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
ORR				
1. State approval of certification deliverables.		 Requirements Traceability Matrix (RTM)		<i>This deliverable has been given a readiness designation of “Healthy” because it was approved by the State on , according to .</i>
		 Updated CMS Certification Readiness Plan		<i>This deliverable has been given a readiness designation of “Healthy” because it was approved by the State on , according to .</i>
		 Post-ORR Completed Certification Protocols and Checklists		<i>This deliverable has been given a readiness designation of “Healthy” because action items that contribute to the updated checklists from CMS have now been completed.</i>
		 Post-ORR CMS Certification Documentation and Operational Examples		<i>This deliverable has been given a readiness designation of “Healthy” because prior action items have now been resolved.</i>
		 Post-ORR Shared Electronic Documentation		<i>This deliverable has been given a readiness designation of “Healthy” because it was approved by the State on , according to .</i>

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
		Storage for Certification Artifacts		
		 Post-ORR System Remediation – Discrepancy Assessment		<i>This deliverable has been given a readiness designation of “Healthy” because CMS has provided updated checklists in </i>

9.0 OAR

The OAR gate review is designed as the final review of the [REDACTED] MMIS for CMS Certification. CMS conducted this review [REDACTED]. All evidence demonstrating compliance with applicable criteria was reflected in the CMS Certification Checklists, Certification Specification Document, Certification Evidence, and Supporting Documentation, and the Shared Electronic Document Repository, with gaps recorded in the [REDACTED] Discrepancy Report.

In preparation for the OAR, Certification SMEs analyzed Certification artifacts during fact-finding sessions to develop entrance criteria. This assessment determined the readiness designation of two entrance and one exit criteria, based on the fact-finding and analysis of initial submission and State approval dates, and the status of supporting deliverables, artifacts, and/or tasks.

9.1 Entrance Criteria

Table 9.1 provides an overall summary of the readiness status of all OAR entrance criteria.

Table 9.1 Summary of OAR Entrance Criteria Readiness

Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status	Readiness Indicator	Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status
At-Risk [Yellow]	At-Risk [Yellow]	At-Risk [Yellow]		1	1	1
				1	1	1
				0	0	0
				0	0	0

Table 9.2 provides a readiness designation for each OAR entrance criterion, as well as the documentation or tasks that support the criteria.

Table 9.2 Readiness Designation Based on OAR Entrance Criteria

Entrance	Criteria Designation	Documentation or Artifact to Support Criteria	Readiness Designation	Comments
OAR				
1. Approval of Phase 1.		 Discrepancy Report—Pre-OAR ¹		<i>This deliverable has been given a readiness designation of “At Risk” because it requires monitoring due to its dependency on  (which is also At Risk).</i>
		Fiscal Agent’s Weekly Status Report		<i>This deliverable has been given a readiness designation of “Healthy” because the Fiscal Agent’s DDI Weekly Status Report of , indicates that Phases 1d and 1e have been completed.</i>
2. State approval of certification deliverables.		 Pre-OAR Completed Certification Checklists		<i>This deliverable has been given a readiness designation of “At Risk” because it requires monitoring due to its dependency on  (which is also At Risk).</i>
		 Pre-OAR Specification Document		<i>This deliverable has been given a readiness designation of “At Risk” because it requires monitoring due to its dependency on  (which is also At Risk).</i>
		 Pre-OAR System Review Packets		<i>This deliverable has been given a readiness designation of “At Risk” because there is a need to re-baseline the schedule to accommodate Operations resource needs.</i>
		 Pre-OAR Discrepancy Report		<i>This deliverable has been given a readiness designation of “At Risk” because it requires monitoring due to its dependency on  (which is also At Risk).</i>

¹ Prior versions of this report had this documentation listed as the  Post-ORR Discrepancy report, which is why the tracking status has changed.

9.2 Exit Criteria

Table 9.3 provides an overall summary of the readiness status of all OAR exit criteria.

Table 9.3 Summary of OAR Exit Criteria Readiness

Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status	Readiness Indicator	Overall Phase Readiness Status	Overall Phase Readiness Status	Overall Phase Readiness Status
At-Risk [Yellow]	At-Risk [Yellow]	At-Risk [Yellow]		0	0	0
				1	1	1
				0	0	0
				0	0	0

Table 9.4 provides a description and status for the criterion associated with Operational Readiness Review Exit, as well as the documentation or tasks that support the criterion.

Table 9.4 Readiness Designation Based on OAR Exit Criteria

Exit Criteria	Criteria Designation	Documentation or Task to Support Criteria	Documentation or Task Designation	Comments
ORR				
1. State approval of certification deliverables. ^{2, 3}	Y	Pre-OAR CMS Certification Documentation and Operational Examples	Y	<i>This deliverable has been given a readiness designation of “At Risk” because it requires close monitoring of outstanding items to be resolved with OAR Entrance criteria.</i>
		Post-OAR System Remediation – Discrepancy Assessment	Y	<i>This deliverable has been given a readiness designation of “At Risk” because of dependencies on [REDACTED] which is also At Risk. The State PMO is monitoring closely.</i>

² Please note that there is no Post-OAR review of [REDACTED] (Completed Certification Protocols and Checklists), as documented in the Fiscal Agent’s [REDACTED], Weekly Status Report.

³ [REDACTED] (Shared Electronic Documentation Storage for Certification Artifacts) was removed as supporting documentation for this criterion in the [REDACTED] MMIS report, as it will not need to be updated Post-ORR. [REDACTED] is no longer being tracked in the Fiscal Agent’s Weekly Status Report.

10.0 [REDACTED] Day 1

The following is provided to inform the status of the [REDACTED] project, which has been integrated with the MMIS Implementation Project. Inputs for this report include the Master Work Plan V68 and the Fiscal Agent's [REDACTED], Operations Weekly Status Update.

10.1 Day 1 Activities Summary

Table 10.1 provides an overall summary of the status of [REDACTED] Day 1 Activities.

Table 10.1 Summary of [REDACTED] Day 1 Activities

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
Healthy [Green]	Healthy [Green]	Healthy [Green]		6	6	6
				0	0	0
				0	0	0
				0	0	0

Table 10.2 [REDACTED] Day 1 Activities

Day 1 Activities	Activity Designation	Documentation or Task To Support Activity	Documentation or Task Designation	Comments
[REDACTED] Day 1				
1. Development/Configuration/ Unit Testing	G	Fiscal Agent's Weekly Status Report	G	<i>This activity has been given the status designation of "Healthy" because it was completed prior to system implementation.</i>
2. System Integration Testing	G	Fiscal Agent's Weekly Status Report	G	<i>This activity has been given the status designation of "Healthy" because it was completed prior to system implementation.</i>
3. User Acceptance Testing Training	G	Task ID: [REDACTED] Master Work Plan	G	<i>This activity has been given the status designation of "Healthy" because it was completed [REDACTED] according to [REDACTED]</i>
4. User Acceptance Testing	G	Task ID: [REDACTED] End Formal UAT ([REDACTED])	G	<i>This activity has been given a status of "Healthy" because UAT for [REDACTED] has been completed.</i>
		Fiscal Agent's Weekly Status Report	G	<i>This activity has been given the status designation of "Healthy" because it was completed prior to system implementation.</i>

Day 1 Activities	Activity Designation	Documentation or Task To Support Activity	Documentation or Task Designation	Comments
5. Regression Testing		Task ID:  CHIP Regression		<i>This activity has been given a status of “Healthy” because regression testing has been completed, according to the .</i>
6. Operational Readiness		 Operational Readiness Testing Results		<i>This exit criterion has been given a readiness designation of “Healthy” because ORT results were approved   according to .</i>

11.0 [REDACTED] Day 2 Requirements

The following is provided to inform the status of the [REDACTED] project, which has been integrated with the MMIS Implementation Project. Inputs for this report include the Master Work Plan V68 and the Fiscal Agent's [REDACTED], Operations Weekly Status Update.

11.1 Day 2 Requirements Summary

Table 11.1 provides an overall summary of the status of [REDACTED] Day 2 Requirements.

Table 11.1 Summary of [REDACTED] Day 2 Requirements

[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	Readiness Indicator	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status	[REDACTED] Overall Phase Readiness Status
At-Risk [Yellow]	Troubled [Red]	Troubled [Red]		0	0	0
				3	2	0
				0	2	4
				1	0	0

Table 11.2 [REDACTED] Day 2 Requirements

Day 2 Requirements	Requirement Designation	Documentation or Task To Support Requirement	Documentation or Task Designation	Comments
[REDACTED] Day 2				
1. Member Portal		Fiscal Agent's Weekly Status Report		<i>This activity has been given the status designation of "Troubled" because the planned deployment to production on [REDACTED] was missed. [REDACTED] needs to provide a UAT completion date before [REDACTED] will provide a date for deployment to production, according to the Fiscal Agent's [REDACTED], Weekly Status Report.</i>
2. Priority 1 Reports		Fiscal Agent's Weekly Status Report		<i>This activity has been given the status designation of "Troubled" because the UAT completion date of [REDACTED], was missed. Production deployment has not been started, as UAT has not been completed, according to the Fiscal Agent's [REDACTED], Weekly Status Report.</i>
3. Priority 2 Reports		Fiscal Agent's Weekly Status Report		<i>This activity has been given the status designation of "Troubled" because Production deployment dates have been missed. The deployment, which had been scheduled for [REDACTED], has been pushed back to [REDACTED], according to the Fiscal Agent's [REDACTED], Weekly Status Report.</i>

Day 2 Requirements	Requirement Designation	Documentation or Task To Support Requirement	Documentation or Task Designation	Comments
4. Priority 3 Reports		Fiscal Agent's Weekly Status Report		<i>This activity has been given the status designation of "Troubled" because not all of the reports have been developed for SIT testing. Development was expected to be complete by [REDACTED], but that date has been pushed back to [REDACTED], according to the Fiscal Agent's [REDACTED], Weekly Status Report.</i>

12.0 Appendix A: Criteria Designation Comparison

Appendix A: Criteria Designation Comparison provides comparisons of criteria designations for SIT exit criteria (Table A.1), UAT entrance criteria (Table A.2), UAT exit criteria (Table A.3), ORT entrance criteria (Table A.4), ORT exit criteria (Table A.5), parallel testing entrance criteria (Table A.6), parallel testing exit criteria (Table A.7), FDDR entrance criteria (Table A.8), FDDR exit criteria (Table A.9), ORR entrance criteria (Table A.10), ORR exit criteria (Table A.11), OAR entrance criteria (Table A.12), OAR exit criteria (Table A.13), [REDACTED] Day 1 (Table A.14), and [REDACTED] Day 2 (Table A.15) for [REDACTED]

Table A.1 Monthly Comparison of SIT Exit Criteria Readiness

SIT Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. State approval of the Test Plan.	G	G	G
2. State approval of the Integrated Test Environment Plan.	G	G	G
3. State review and formal acceptance of Unit Test Case Scripts and Test Results.	G	G	G
4. State approval of SIT Test Cases/Scripts.	G	G	G
5. All SIT Test Cases/Scripts have been executed and results are documented.	G	G	G
6. Completion and State approval of SIT Results.	G	G	G

SIT Exit Criteria	Criteria Designation 	Criteria Designation 	Criteria Designation 
7. All Severity 1 (critical) defects have been resolved and approved in SIT. Failed critical defects are repaired. Failed high defects will have an acceptable workaround in place and approved by State. Those defects that are of lower criticality are reviewed on a case-by-case basis with the State and a decision is made as to whether to immediately repair the defect or to add it to a list to be repaired in a later release.	G	G	G
8. All unresolved Severity 2 (high) defects have an approved workaround or have been accepted for deferment by State and Fiscal Agent project management.	G	G	G
9. Soft and Incremental Approval of DSDs by Release.	G	G	G
10. State approval of Regression Test Cases/Scripts and Regression Testing results.	G	G	G
11. The Fiscal Agent receives formal acceptance from State for data conversion testing.	G	G	G
12. The Fiscal Agent receives approval of all conversion task deliverables or a Deliverable Remediation Plan, as needed, is in place for conversion activities approved by State for deferral to a later date.	G	G	G
13. The Fiscal Agent submits the Conversion Software Readiness Certification Letter.	G	G	G
14. All critical problems discovered during the system testing exercise have been resolved and retested.	G	G	G

SIT Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
15. An end-to-end test has been performed to verify and validate that all components work as an integrated system. System integration testing results are documented and provided to the State for approval.	G	G	G

Table A.2 Monthly Comparison of UAT Entrance Criteria Readiness

UAT Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. All business processes and components within Health PAS 5.0 have been SIT tested and satisfied SIT exit criteria.	G	G	G
2. Soft approval of detailed design documents.	G	G	G
3. UAT environment has been developed and smoke testing is successfully executed.	G	G	G
4. UAT data required for execution has been populated into the User Acceptance Test environment.	G	G	G
5. The UAT Release prior to the start of formal UAT is deployed following the process described in the Configuration Management Plan and release notes are published.	G	G	G
6. Configuration metadata is loaded into the UAT environment via the configuration synch process.	G	G	G

UAT Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
7. Draft user documentation has been delivered and is client ready. Client ready is defined as all user acceptance criteria having been met for the draft version of the documents and there being no outstanding comments that need to be addressed.	G	G	G
8. All UAT deliverables are outlined in the Fiscal Agent [REDACTED] MMIS Re-Procurement Project UAT Plan.	G	G	G
9. State approval of the UAT Test Plan.	G	G	G
10. State approval of the UAT test cases/scripts.	G	G	G

Table A.3 Monthly Comparison of UAT Exit Criteria Readiness

UAT Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. All Severity 1 (Critical) defects from UAT are resolved and retested.	G	G	G
2. All Severity 2 (High) defects from UAT including a Mitigation Plan are reviewed by project manager, test manager, and [REDACTED] must approve Mitigation Plan.	G	G	G
3. Actual results match expected results for all UAT conditions.	G	G	G

UAT Exit Criteria	Criteria Designation [Redacted]	Criteria Designation [Redacted]	Criteria Designation [Redacted]
4. Completion and [Redacted] approval of the actual UAT results.	G	G	G
5. All Cycles have been executed "clean." "Clean" is defined as having had no critical defects in each of the consecutive cycles.	G	G	G
6. State reviews and approves the Standard Output Reports.	G	G	G
7. State reviews and approves the [Redacted] Specific Reports.	G	G	G
8. [Redacted] UAT completion	G	G	G

Table A.4 Monthly Comparison of ORT Entrance Criteria Readiness

ORT Entrance Criteria	Criteria Designation [Redacted]	Criteria Designation [Redacted]	Criteria Designation [Redacted]
Overall Readiness Designation	G	G	G
1. [Redacted] SIT Test Results Summary document is approved by the State.	G	G	G
2. The ORT Plan is soft approved by the State.	G	G	G
3. Test Cases have been updated in the ALM tracking tool to include resolution information, steps to test, and data files needed to test.	G	G	G

ORT Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
4. M: Start Aggregation of Desk Level Procedures (DLPs) for submission has begun.	G	G	G
5. The Production Environment has been staged and is ready for functional ORT.	G	G	G
6. [REDACTED] UAT Results have been approved or there is a documented decision to enter ORT.	G	G	G
7. [REDACTED] ORT Results format has been approved by the State.	G	G	G

Table A.5 Monthly Comparison of ORT Exit Criteria Readiness

ORT Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. End-to-end [REDACTED] Operational Readiness Test Case/Scripts are included as part of the ORT test suite.	G	G	G
2. [REDACTED] Operational Readiness Test Case/Scripts are approved.	G	G	G
3. All [REDACTED] Operational Readiness Test Case/Scripts are executed and results documented in ALM.	G	G	G
4. All critical ORT defects are resolved and approved in ORT.	G	G	G
5. All unresolved high-ORT defects have an approved workaround or a plan for resolution has been approved by the State and [REDACTED] project management.	G	G	G

ORT Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
6. Completion and State approval of the [REDACTED] Operational Readiness Testing Results.	G	G	G
7. [REDACTED] receives formal acceptance from the State for data conversion testing/completion [REDACTED] Completion and MIS Approval of Data Conversion and Reconciliation for Implementation	G	G	G
8. ORT Formal Certification letter is developed by [REDACTED] delivered, and approved by the State.	G	G	G

Table A.6 Monthly Comparison of Parallel Testing Entrance Criteria Readiness

Parallel Testing Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. All UAT test cases/scripts have been approved by the State.	G	G	G
2. All critical defects have been resolved and approved in UAT.	G	G	G
3. All unresolved high defects have an approved workaround or have been accepted for deferment by [REDACTED] and [REDACTED] project management.	G	G	G

Table A.7 Monthly Comparison of Parallel Testing Exit Criteria Readiness

Parallel Testing Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. Parallel testing is completed.	G	G	G
2. No outstanding test cases will remain to be executed.	G	G	G
3. All open defects, including a mitigation plan, will be reviewed by the project manager, test manager, and the State.	G	G	G
4. All critical defects must be resolved.	G	G	G
5. Test results will be approved by the State.	G	G	G

Table A.8 Monthly Comparison of Certification-FDDR Entrance Criteria Readiness

Certification-FDDR Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. State approval of the CMS Certification Protocols and Checklists, and Certification Specification document for the FDDR.	G	G	G
2. State approval of all Phase 1b deliverables.	G	G	G

Certification-FDDR Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
3. Evidence of an accessible, operational document repository.	G	G	G
4. State approval of a CMS Certification Readiness Plan.	G	G	G

Table A.9 Monthly Comparison of Certification-FDDR Exit Criteria Readiness

Certification-FDDR Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. Receipt of CMS Gate Review Summary Report.	G	G	G
2. Creation of all Corrective Action Plans for FDDR gaps (as identified by CMS).	G	G	G
3. State approval of all Corrective Action Plans for FDDR gaps (as identified by CMS).	G	G	G
4. CMS approval of all corrective Action Plans for FDDR gaps (as identified by CMS).	G	G	G
5. Archiving evidence of an accessible, operational document repository.	G	G	G

Table A.10 Monthly Comparison of Certification ORR Entrance Criteria Readiness

ORR Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. State approval of testing deliverables.	G	G	G
2. State approval of certification deliverables.	G	G	G
3. State approval of design documents.	G	G	G
4. State approval of reports.	G	G	G
5. State approval of Updated Project Management Plan.	G	G	G

Table A.11 Monthly Comparison of Certification ORR Exit Criteria Readiness

ORR Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. State approval of certification deliverables.	G	G	G

Table A.12 Monthly Comparison of Certification OAR Entrance Criteria Readiness

OAR Entrance Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	Y	Y	Y
1. Approval of Phase 1	G	G	G
2. State approval of certification deliverables.	Y	Y	Y

Table A.13 Monthly Comparison of Certification OAR Exit Criteria Readiness

OAR Exit Criteria	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	Y	Y	Y
1. State approval of certification deliverables.	Y	Y	Y

Table A.14 Monthly Comparison of [REDACTED] Day 1 Activities

Day 1 Activities	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	G	G	G
1. Development/Configuration/Unit Testing	G	G	G
2. System Integration Testing	G	G	G

Day 1 Activities	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
3. User Acceptance Testing Training	G	G	G
4. User Acceptance Testing	G	G	G
5. Regression Testing	G	G	G
6. Operational Readiness	G	G	G

Table A.15 Monthly Comparison of [REDACTED] Day 2 Requirements

Day 2 Requirements	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]	Criteria Designation [REDACTED]
Overall Readiness Designation	Y	R	R
1. Member Portal	Y	R	R
2. Priority 1 Reports	Y	R	R
3. Priority 2 Reports	Y	Y	R
4. Priority 3 Reports	B	Y	R

13.0 Appendix B: Glossary of Acronyms

Term	Definition
ALM	Application Lifecycle Management
CMS	Centers for Medicare and Medicaid Services
DDI	Design, Development, and Implementation
DSD	Detailed System Design
FDDR	Final Detailed Design Review
ITE	Integrated Test Environment
MMIS	Medicaid Management Information System
MWP	Master Work Plan
OAR	Operational Analysis Review
ORR	Operational Readiness Review
ORT	Operational Readiness Testing
RTM	Requirements Traceability Matrix
SIT	System Integration Testing
SME	Subject Matter Expert
State PMO	State Project Management Office
UAT	User Acceptance Testing

Appendix K – Contractor Proposal Point of Contact (Form A)

Form A
Contractor Proposal Point of Contact
Request for Proposal Number 109035 O3

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

Preparation of Response Contact Information	
Contractor Name:	Berry Dunn McNeil & Parker, LLC (d/b/a BerryDunn)
Contractor Address:	2211 Congress Street Portland, ME 04102
Contact Person & Title:	Bill Richardson
E-mail Address:	brichardson@berrydunn.com
Telephone Number (Office):	(207) 842-8023
Telephone Number (Cellular):	(414) 899-6555
Fax Number:	(207) 774-2375

Each Contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor'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	
Contractor Name:	Berry Dunn McNeil & Parker, LLC (d/b/a BerryDunn)
Contractor Address:	2211 Congress Street Portland, ME 04102
Contact Person & Title:	Bill Richardson
E-mail Address:	brichardson@berrydunn.com
Telephone Number (Office):	(207) 842-8023
Telephone Number (Cellular):	(414) 899-6555
Fax Number:	(207) 774-2375

Appendix L – Request for Proposal for Contractual Services Form

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

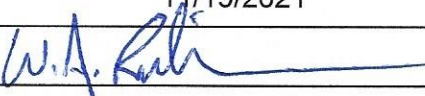
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

X 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 Solicitation.

 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.

 I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Berry Dunn McNeil & Parker, LLC (d/b/a BerryDunn)
COMPLETE ADDRESS:	2211 Congress Street Portland, ME 04102
TELEPHONE NUMBER:	(207) 775-2387
FAX NUMBER:	(207) 774-2375
DATE:	11/19/2021
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Bill Richardson, Principal

Appendix M – Signed Terms and Conditions

II. TERMS AND CONDITIONS

Contractors should complete Sections II through VI as part of their proposal. Contractor is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The Contractor should also provide an explanation of why the Contractor rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and Contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State reserves the right to reject proposals that attempt to substitute the Contractor's commercial contracts and/or documents for this solicitation.

The Contractors should submit with their proposal any license, user agreement, service level agreement, or similar documents that the Contractor wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the Contractor's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

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

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future 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 the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract 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 below, 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 five (5) calendar days following deposit in the mail.

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.

C. NOTICE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

The Contractor 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.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation	NOTES/COMMENTS:

		Response (Initial)	
WR			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost proposal for the change. 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, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

I. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

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

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the 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. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

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

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

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

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 provision held to be invalid or illegal.

M. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation	NOTES/COMMENTS:

		Response (Initial)	
WR			

1. **GENERAL**

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials (for the purposes of this section, "the Indemnified Parties") from and against any and all third party 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 (for the purposes of this section, "the Claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, 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, resulting from this contract, 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 or any other deliverable under this solicitation 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 solicitation.

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, including subcontractors and their employees, 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. **LEGAL REPRESENTATION**

The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. **ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as said third party involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

Q. FORCE MAJEURE

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

		Solicitation Response (Initial)	
WR			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

R. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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

It is incumbent upon the Parties to inform their 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 by 5 U.S.C. 552a (m)(1), provides that any officer or employee, 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.

S. OFFICE OF PUBLIC COUNSEL (Statutory)

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.

T. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

U. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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; and,
 - i. In the event funding is no longer available.

V. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
UK			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data 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;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

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

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

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

1. Any and all pay, benefits, and 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 that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should 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.

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

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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/material/purchasing.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. 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.
4. 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.

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

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 goods and services to be covered by any contract resulting from this solicitation.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WR	We except all terms, but would like to change Item F to: "All prices, costs, and terms and conditions submitted in the proposal shall remain fixed and valid commencing on the opening date of the proposal for 180 days or until an award is made or the solicitation is canceled."

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by

any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. DISCOUNTS

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F. PRICES

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

Prices submitted on the cost proposal form shall remain fixed for the life of the contract.

G. COST CLARIFICATION

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

H. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

J. INSURANCE REQUIREMENTS

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

			We accept all insurance terms, except "Contractor's Pollution Liability." As a professional service provider, we do not carry this insurance.

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within two (2) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and two (2) years following termination or expiration of the contract.

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.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

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. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

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 secondary and non-**

contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE		
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
Medical Payments		\$10,000 any one person
Damage to Rented Premises (Fire)		\$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 per occurrence
COMMERCIAL CRIME		
Crime/Employee Dishonesty Including 3rd Party Fidelity		\$1,000,000
CYBER LIABILITY		
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties		\$10,000,000
CONTRACTOR'S POLLUTION LIABILITY		
Each Occurrence/Aggregate Limit		\$2,000,000
Includes Non-Owned Disposal Sites		
MANDATORY COI SUBROGATION WAIVER LANGUAGE		
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."		
MANDATORY COI LIABILITY WAIVER LANGUAGE		
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."		

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
Attn: I&V Contract Manager
301 Centennial Mall South, 5th Floor
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.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

K. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

L. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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.

M. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

By submitting a proposal, Bidder certifies that no relationship exists between the Bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that Bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, Bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

N. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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.

O. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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 in writing between the State and the Contractor.

P. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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 goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

Q. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

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.

R. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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

S. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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.

T. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

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.

E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). 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 goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) 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 termination. All obligations of the State to make payments after the termination date will cease. 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.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WR			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

Appendix N – DHHS HIPAA Business Associate Agreement Provisions Services Contracts

**DHHS HIPAA BUSINESS ASSOCIATE AGREEMENT PROVISIONS
SERVICES CONTRACTS**

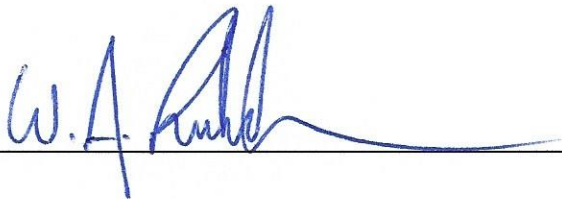
1. BUSINESS ASSOCIATE. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103, and in reference to the party in this Contract, shall mean Contractor.
2. COVERED ENTITY. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this Contract, shall mean DHHS.
3. HIPAA RULES. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
4. OTHER TERMS. The following terms shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
5. THE CONTRACTOR shall do the following:
 - 5.1. Not use or disclose Protected Health Information other than as permitted or required by this Contract or as required by law. Contractor may use Protected Health Information for the purposes of managing its internal business processes relating to its functions and performance under this Contract. Use or disclosure must be consistent with DHHS' minimum necessary policies and procedures.
 - 5.2. Implement and maintain appropriate administrative, physical, and technical safeguards to prevent access to and the unauthorized use and disclosure of Protected Health Information. Comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent use or disclosure of Protected Health Information other than as provided for in this Contract and assess potential risks and vulnerabilities to the individual health data in its care and custody and develop, implement, and maintain reasonable security measures.
 - 5.3. To the extent Contractor is to carry out one or more of the DHHS' obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to DHHS in the performance of such obligations. Contractor may not use or disclosure Protected Health Information in a manner that would violate Subpart E of 45 CFR Part 164 if done by DHHS.
 - 5.4. In accordance with 45 CFR §§ 164.502(E)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents and subcontractors that create, receive, maintain, or transmit Protected Health Information received from DHHS, or created by or received from the Contractor on behalf of DHHS, agree in writing to the same restrictions, conditions, and requirements relating to the confidentiality, care, custody, and minimum use of Protected Health Information that apply to the Contractor with respect to such information.
 - 5.5. Obtain reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware that the confidentiality of the information has been breached.
 - 5.6. Within fifteen (15) days:
 - 5.6.1. Make available Protected Health Information to DHHS as necessary to satisfy DHHS' obligations under 45 CFR § 164.524;
 - 5.6.2. Make any amendment(s) to Protected Health Information as directed or agreed to by DHHS pursuant to 45 CFR § 164.526, or take other measures as necessary to satisfy DHHS' obligations under 45 CFR § 164.526;
 - 5.6.3. Maintain and make available the information required to provide an accounting of disclosures to DHHS as necessary to satisfy DHHS' obligations under 45 CFR § 164.528.

- 5.7. Make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of the DHHS available to the Secretary for purposes of determining compliance with the HIPAA rules. Contractor shall provide DHHS with copies of the information it has made available to the Secretary.
- 5.8. Report to DHHS within fifteen (15) days, any unauthorized use or disclosure of Protected Health Information made in violation of this Contract, or the HIPAA rules, including any security incident that may put electronic Protected Health Information at risk. Contractor shall, as instructed by DHHS, take immediate steps to mitigate any harmful effect of such unauthorized disclosure of Protected Health Information pursuant to the conditions of this Contract through the preparation and completion of a written Corrective Action Plan subject to the review and approval by DHHS. The Contractor shall report any breach to the individuals affected and to the Secretary as required by the HIPAA rules.

6. TERMINATION.

- 6.1. DHHS may immediately terminate this Contract and any and all associated contracts if DHHS determines that the Contractor has violated a material term of this Contract.
- 6.2. Within thirty (30) days of expiration or termination of this Contract, or as agreed, unless Contractor requests and DHHS authorizes a longer period of time, Contractor shall return or at the written direction of DHHS destroy all Protected Health Information received from DHHS (or created or received by Contractor on behalf of DHHS) that Contractor still maintains in any form and retain no copies of such Protected Health Information. Contractor shall provide a written certification to DHHS that all such Protected Health Information has been returned or destroyed (if so instructed), whichever is deemed appropriate. If such return or destruction is determined by the DHHS to be infeasible, Contractor shall use such Protected Health Information only for purposes that makes such return or destruction infeasible and the provisions of this Contract shall survive with respect to such Protected Health Information.
- 6.3. The obligations of the Contractor under the Termination Section shall survive the termination of this Contract.

Signature: _____

A handwritten signature in blue ink, appearing to read "W. A. Ruck", is written over a horizontal line.