PUBLIC KNOWLEDGE®
600 Airport Rd
Lakewood, NJ 08701-5995

November 19, 2021

Dear Andy Budell and Holly Glasgow:

We are pleased to propose a solution for Nebraska's Department of Health and Human Services (DHHS), Division of Medicaid and Long Term Care's (MLTC) Operational Vision Enterprise Improvement Project (MLTC project). We have received, read, and accepted RFP 109035 O3, Attachment A, HIPAA Agreement, and Evaluation Criteria dated September 28, 2021, and Addendum One Questions and Answers, and Addendum Two Revised RFP Sections, dated November 1, 2021.

Public Knowledge® (PK) understands DHHS has several interdependent service and system initiatives in progress or planned to achieve its Medicaid enterprise vision. We are positioned to provide the requested services with a 30-year history of IV&V, Medicaid program knowledge, and MMIS system experience. We have worked with numerous states and the Center for Medicare and Medicaid Services (CMS) on certification standards, modularity, interoperability, and the Medicaid Information Technology Architecture (MITA).

As President of PK, I am authorized to submit this response and to make representations. Christoph Hansel is the Vice President supporting this project, and you may contact him for further information or clarification of this response at chansel@pubknow.com or (720) 739-5065. Angela Torres is our proposed project manager and will serve as your primary point of contact for the duration of the project.

Our response to RFP 109035 O3 and pricing is valid for 180 days. In submitting this response, PK accepts all terms and conditions. We certify that we meet all minimum qualifications, and that we are capable, willing, and able to perform the services described within the required timeframe. We look forward to working with you on the Operational Vision Enterprise Improvement Project.

Sincerely,

Stacey Obrecht
President

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YOUR CATALYST FOR POSITIVE OUTCOMES

Proposal to:

Nebraska Department of Health and Human Services (DHHS), Division of Medicaid & Long Term Care (MLTC)

For:

RFP For Contractual Services

ORIGINAL

Technical Response to
RFP #109035 O3
November 19, 2021, 2:00 PM CT

Public Knowledge®
600 Airport Rd
Lakewood, NJ, 08701-5995
www.pubknow.com

procurement@pubknow.com
(800) 776-4229

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1 RFP 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.

_____ 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:	Public Knowledge, LLC
COMPLETE ADDRESS:	600 Airport Road, Lakewood, NJ, 08701-5995
TELEPHONE NUMBER:	(732) 942-3999
FAX NUMBER:	(720) 684-5571
DATE:	November 19, 2021
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Stacey Obrecht, President

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2 Form A Proposal Point of Contact

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:	Public Knowledge, LLC
Contractor Address:	600 Airport Road, Lakewood, NJ 08701-5995
Contact Person & Title:	Stacey Obrecht, President
E-mail Address:	procurement@pubknow.com
Telephone Number (Office):	(307) 223-1461
Telephone Number (Cellular):	(307) 223-1461
Fax Number:	(720) 684-5571

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:	Public Knowledge, LLC
Contractor Address:	600 Airport Road, Lakewood, NJ 08701-5995
Contact Person & Title:	Christoph Hansel, Vice President
E-mail Address:	procurement@pubknow.com
Telephone Number (Office):	(720) 739-5065
Telephone Number (Cellular):	(720) 739-5065
Fax Number:	(720) 684-5571

3 Executive Summary

Nebraska's Department of Health and Human Services (DHHS) and Division of Medicaid Long Term Care (MLTC) seek an Independent Verification and Validation (IV&V) services contractor for oversight and assessment of several interdependent service and system initiatives already in progress or planned to achieve its Medicaid enterprise vision. The portfolio of projects including Electronic Visit Verification (EVV), Interoperability and Patient Access, Integrated Eligibility and Enrollment/Benefits Management (IE&E/BM), POS Drug Claim Processing, HITECH to MES Transition, will be managed by a single governance structure as staged implementations. The new modules require integration with DHHS's existing systems until all new modules have been implemented and integrated. DHHS's goal is to meet its business functionality needs in the interim while lessening the impact of "throw away" modifications.

Public Knowledge® (PK) is ready to support Nebraska DHHS' Operational Vision with IV&V services for the portfolio of projects. We have assisted government agencies for decades and our IV&V team includes experts who have worked in state government and have struggled with the same problems you face.

PK has served Medicaid clients in 19 states, including services on modular, modernization, and certification projects.

We offer proven experience in Medicaid Enterprise (MES) project management, IV&V, planning and procurement, business process review and improvement, quality assurance, privacy and security assessment, and risk management. PK's modularity work spans all phases of modernization.

Our experience also includes effectively transitioning services from an incumbent IV&V provider to our team. We recognize that monitoring multiple large-scale programs has long reaching impacts and we welcome a transition period. With an expected April 2022 begin date and the IV&V incumbents' November 2022 contract end date, per Nebraska's State Contracts Database, our collaborative approach to identifying and implementing a transition plan serves to prepare project team members and stakeholders for a coordinated, efficient, and seamless transition. The transition plan identifies how resources will be used for IV&V activities including reviews, interviews, and reports to avoid duplication of effort. Our team will:

- Review past IV&V status reports and processes
- Work with the MLTC project team to identify lessons learned, strengths, and desired areas of improvement
- Coordinate transition planning with the incumbent, CMS, and project leadership

The value we bring to DHHS as a government agency IV&V service provider is substantiated by our experience serving Medicaid clients in 19 states. PK's Medicaid clients include Alabama, Arizona, Colorado, Hawaii, Idaho, Illinois, Maryland, Minnesota, Mississippi, Montana, Nevada, North Carolina, North Dakota, Oregon, Pennsylvania, South Carolina, South Dakota, Washington, and Wyoming state agencies. This experience gives us knowledge, best practices, lessons learned, and a broad view of the Medicaid landscape and insight into the complexities of these systems.

Our public-sector focus gives us an understanding of how interoperability is affected by policy, political realities, environmental pressures, and state and federal funding opportunities.

We understand the rationale behind the Centers for Medicare and Medicaid Services (CMS) standards and controls and the implications of system vulnerabilities and deficiencies. Our IV&V team offers deep certification experience including outcomes-based and streamlined modular certification approaches. PK also maintains a Health and Medicaid Community of Practice to share information across our projects. Long before SMC and OBC, PK participated to review the CMS Medicaid Enterprise Certification Checklists (MECC) with a focus on outcomes rather than IT system functionality. We also pioneered an alternative approach to conducting MITA assessments that reduces the burden on state staff. We have streamlined the process to conduct MITA 3.0 State Self-Assessment (SS-A) by reducing the time and cost by almost half, without sacrificing desired outcomes.

Our public-sector focus gives us an understanding of how interoperability is affected by policy, political realities, environmental pressures, and state and federal funding opportunities. We partner with colleagues at all levels of government to better understand the challenges that develop and the solutions that are tested so we can fashion solutions that work best for you. Our experience includes cross-agency and cross-program collaboration and facilitation in the public service sector.

We apply high quality standards in our services and operations and align our process and technologies with state and industry standards and best practices. PK provides independent and expert assistance, support, oversight, and actionable, unbiased recommendations. Our quality service delivery methods and use of innovative tools and techniques deliver real value to our government clients and the public they serve. We propose a highly skilled and experienced team of five PK employees for the MLTC project key IV&V roles. Our team understands the challenges and opportunities around acquiring and implementing systems, enabling us to help MLTC successfully manage its enterprise modernization and certification projects.

PK understands the challenges and opportunities around acquiring and implementing IT systems.

4 PK Corporate Overview

4.1 Corporate Overview

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

The PK technical proposal addresses RFP Section VI A. Proposal Submission 1. Corporate Overview, a. through j. requirements in the following sections.

4.2 Contractor Identification and Information (a)

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.

Public Knowledge, LLC was incorporated in Washington, Federal I.D. No. 91-1439347. The GLI Capital Group, Inc. (GLI) acquired Public Knowledge, LLC in 2019. Our principal place of business, headquarters, and contractual address is 4720 Independence Street, Wheat Ridge, CO, 80033. Our mailing and administrative address, and staff affiliation office is 600 Airport Road, Lakewood, NJ, 08701-5995.

Public Knowledge, LLC, originally called Solutions Consulting Group, LLC (SCG), was founded in 1988 to address the high rate of public sector technology implementation failures. In 2005, SCG merged with Public Knowledge, Inc. and adopted their name to reflect the company's focus on government agencies. Over the years, our consulting services expanded to include IT system oversight and management of other large-scale, high-risk projects related to program operations and policy changes.

On January 1, 2021, PK merged with another firm in the GLI family, SLI Global Solutions (SLI). SLI is the result of a 2018 merger between the Center for System Integrity (CSI), founded in 1996 as SysTest Labs, Inc. and acquired by GLI in 2015 and the Center for the Support of Families (CSF), founded in 1991 and acquired by GLI in 2016. SLI's corporate strategy and execution focused on systems development oversight and children and family services program and policy improvement. PK has 120 employees.

4.3 Financial Statements (b)

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.

PK is not a publicly held corporation. As part of the GLI family of companies, we have additional financial strength and access to business operation support in finance, human resources, and legal services. Both GLI and PK are debt-free and have substantial capital resources to support delivery of services typical of multi-year government contracts.

PK confirms we do not have any judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization.

PK respectfully requests that its bank reference be considered confidential and exempt from Neb.Rev.St. § 84-712.05(3). According to Neb.Rev.St. § 84-712.05(3):

The following records, unless publicly disclosed in an open court, open administrative proceeding, or open meeting or disclosed by a public entity pursuant to its duties, may be withheld from the public by the lawful custodian of the records…(3) Trade secrets, academic and scientific research work which is in progress and unpublished, and other proprietary or commercial information which if released would give advantage to business competitors and serve no public purpose.

PK's bank reference is commercial information which if released serves no public purpose and is therefore exempt from disclosure.

While GLI is a privately owned company, its practice has always been to conduct annual audits through an independent Certified Public Accountant (CPA) firm to ensure that our balance sheet is accurate and complete in every respect. GLI follows Generally Accepted

Accounting Principles (GAAP) financial control best practices and actively monitors internal compliance and risk throughout the year. We provide a banking reference in a separate file titled "Public Knowledge® Proprietary Information" with PK's proposal submission.

4.4 Change of Ownership (c)

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.

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

4.5 Office Location (d)

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

PK's principal place of business, headquarters, and contractual address is 4720 Independence Street, Wheat Ridge, CO, 80033. Our mailing and administrative address, and staff affiliation office is 600 Airport Road, Lakewood, NJ, 08701-5995.

4.6 Relationships with the State (e)

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.

PK (formerly known as SLI Center for Support of Families (CSF)), contracted with the DHHS, Division of Children and Family Services (DCFS) for a child welfare assessment in March 2020. CSF performed a high-level assessment for the new DHHS Director of Children and Family Services.

4.7 Contractor's Employee Relations to State (f)

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.

PK declares that no proposed personnel are now or were employees of the State of Nebraska within the past 24 months. PK is not proposing subcontractors.

4.8 Contract Performance (g)

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.

Neither PK nor SLI Global Solutions has had a contract terminated or cancelled for default during the past five years.

4.9 Summary of Contractor's Corporate Experience (h)

The Contractor should provide a summary matrix listing the Contractor's previous projects similar to this solicitation in size, scope, and complexity.

4.9.1 Summary Matrix of PK's Similar Projects

PK's prime contractor experience table highlights 22 IV&V projects in 15 states, for Medicaid modular replacement, modernization, and Medicaid enterprise systems. The projects reflect size, scope, and complexity similar to Nebraska's RFP scope. The three project references in proposal section 4.9.2., are in bold text.

Table 1. PK's IV&V and Medicaid Project Experience

Client	Project	Duration
Arizona Health Care Cost Containment System Administration	**Electronic Visit Verification (EVV) Project IV&V**	**1/2019 to 12/2021**
Colorado Department of Health Care Policy and Financing	Medical Assistance Programs Systems (MAPS) MES IV&V	8/2019 to 7/2024
Colorado Department of Health Care Policy and Financing	**ACA Eligibility and Enrollment CBMS/PEAK Modifications IV&V**	**11/2017 to 6/2020**
Colorado Department of Health Care Policy and Financing	Colorado Medicaid Management Innovation and Transformation (COMMIT) IV&V	1/2014 to 6/2019
Hawaii State Department of Health, Med-QUEST Division	Electronic Visit Verification (EVV) Project IV&V	1/2019 to 12/2021
Idaho Department of Health and Welfare	Affordable Care Act Attestation E&E Testing and Security Assessment IV&V	12/2015 to 12/2021
Illinois Department of Healthcare and Family Services	Child Support Automation and Innovation for Modernization Project IV&V	8/2021 to 7/2026
Illinois Department of Healthcare and Family Services	Integrated Eligibility System Implementation Project IV&V	6/2013 to 6/2019
Maryland Department of Health	MMIS Modular Transformation Project IV&V	3/2020 to 4/2022
Minnesota IT Services	MMIS Modernization Project Certification and IV&V	10/2017 to 8/2021

Table 1. PK's IV&V and Medicaid Project Experience

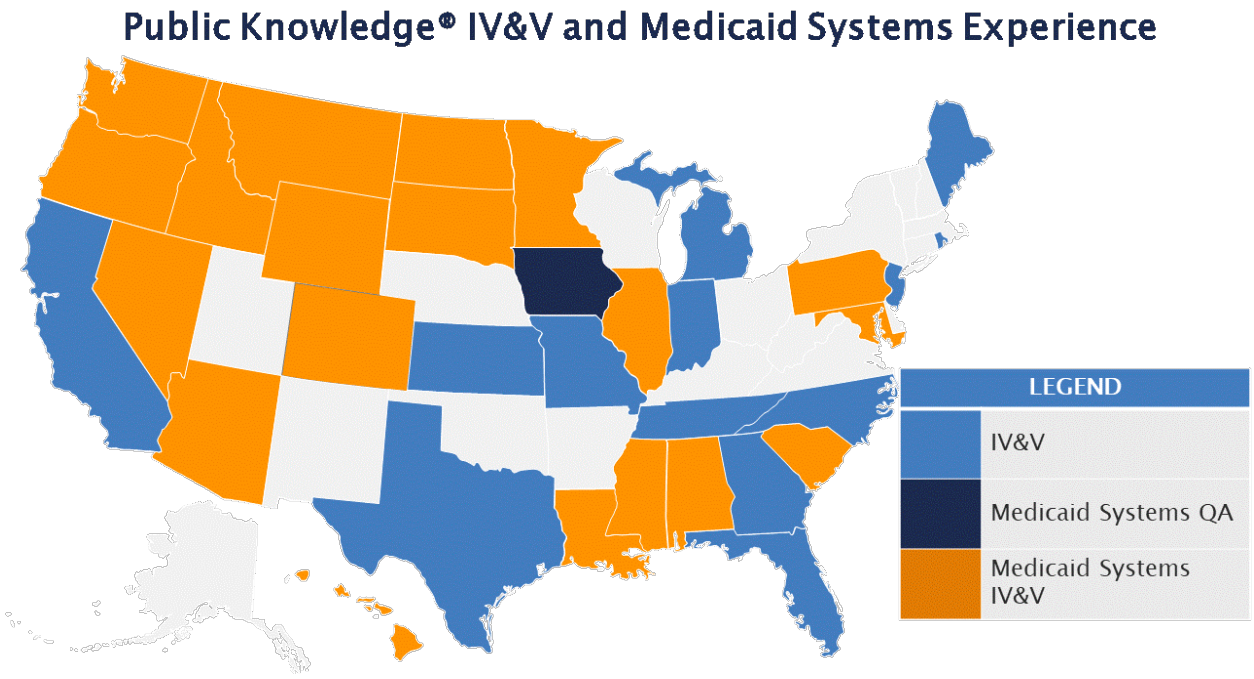
Client	Project	Duration
Mississippi Division of Medicaid	Medicaid Eligibility Determination (MMEDS) IV&V	7/2015 to 6/2020
Montana Department of Public Health and Human Services	Montana Program for Automating and Transforming Healthcare (MPATH) IV&V	9/2021 to 12/2024
Montana Department of Public Health and Human Services	MPATH Data Analytics Population Health (DAPH) Module IV&V	7/2021 to 8/2021
Montana State Information Technology Services Division	MMIS Replacement, Montana Program for Automating and Transforming Healthcare (MPATH) IV&V	1/2017 to 3/2021
Montana Department of Public Health and Human Services	Electronic Benefit Transfer (EBT) System User Acceptance Testing Support and IV&V	7/2016 to 12/2017
North Dakota Department of Human Services	MMIS Certification Support IV&V	7/2017 to 6/2019
North Dakota Department of Human Services	Medicaid MMIS System Project (MSP) IV&V	9/2007 to 12/2015
Pennsylvania Department of Human Services	MMIS 2020 Platform Project IV&V	10/2017 to 9/2022
South Carolina Department of Health and Human Services	MMIS Replacement (RMMIS) and Member Management Replacement Project (MMRP) IV&V	6/2017 to 7/2022
South Dakota Department of Social Services, Division of Medical Services	Pharmacy Benefit Management Services (PBMS) IV&V	7/2017 to 5/2019
Washington State Health Care Authority	Medicaid Enterprise Project IV&V	11/2018 to 12/2022

Table 1. PK's IV&V and Medicaid Project Experience

Client	Project	Duration
Wyoming Department of Health, Division of Healthcare Financing	MMIS Replacement Wyoming Integrated Next Generation System (WINGS) Project IV&V	1/2017 to 6/2022

Figure 1 indicates PK's overall IV&V project history across 32 states. The orange shading indicates those IV&V projects specific to Medicaid systems replacement and integrated modular enterprise initiatives.

Figure 1. PK's IV&V History



4.9.2 PK's Client References

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.

The following tables provide three Medicaid IV&V client references highlighting the similarities between PK's experience and the work outlined in RFP 109035 O3.

Reference #1:

Project Name	Wyoming Integrated Next Generation System (WINGS) MMIS Replacement Project IV&V Services
a) The time period of the project	The WINGS project planning and procurement activities began in 2014. Work continues through 2022 on remaining WINGS module implementations and CMS certifications.
b) The scheduled and actual completion dates	The contractual IV&V activities began in February 2017, and we expect to complete remaining IV&V module work by June 2022.
c) The Contractor's responsibilities	PK performs IV&V services in six-week cycles. Our IV&V team conducts module start-up activities, DHCF artifacts and module contractor project document reviews, and CMS Certification checklist assessment. We deliver weekly and monthly status reports, and quarterly CMS Progress Reports with milestone reviews.
d) Customer Name and Reference Contact Information	**Customer:** Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF) **Reference Contact:** Name: Jessie Springer, Medicaid Technology and Business Operations Unit Manager Phone: (307) 777-8048 Fax: (307) 777-6964

Project Name	Wyoming Integrated Next Generation System (WINGS) MMIS Replacement Project IV&V Services
	Email: jesse.springer@wyo.gov
e) Project Description	**Prime contractor. No subcontractors used.** The project description identifies similarities between PK's experience and Nebraska's solicitation expectation with comparable IV&V services, modules, and certification activities. The WINGS Project goal is to replace the aging Medicaid Management Information System (MMIS) with an iterative modular approach using separate procurements. The modules become part of an integrated Medicaid Enterprise System (MES) and service components. During six-week cycles, our IV&V team conducts module start-up activities, project document reviews, and CMS Certification checklists and reporting. We deliver weekly and monthly status reports and quarterly CMS Progress Reports with milestone reviews. For each module, WINGS project management and governance documents and processes are reviewed, including those for risk and issue management. We perform ongoing cycle reviews and provide recommendations and guidance to WINGS Project Management Office (PMO) staff as CMS Medicaid enterprise certification processes change. Completed modules status is: • Pharmacy POS module was CMS certified in 2019 • System Integrator and Enterprise Service Bus (SI/ESB) module was implemented in 2018, and in Operations and Maintenance (O&M) and integrated with the Data Warehouse in May 2019 • Data Warehouse with Business Intelligence Tools (DW/BI) module was implemented in 2018 and CMS certified in 2019 • Fraud, Waste, and Abuse (FWA) module was implemented in 2019 and CMS certified in 2020 In-progress modules status as of October 2021 is:

Project Name	Wyoming Integrated Next Generation System (WINGS) MMIS Replacement Project IV&V Services
	• Provider Enrollment module went live in 2021 and is preparing for final CMS certification in the first quarter of 2022 • Benefits Management System (BMS) with Third Party Liability (TPL) module's go-live Operational Readiness Review (ORR) is in October 2021 with final CMS certification in the second quarter of 2022 • Electronic Visit Verification (EVV) module is in the development phase • Care Case Management System (CCMS) module procurement activities have yet to begin

Reference #2:

Project Name	Colorado ACA Eligibility and Enrollment CBMS/PEAK Modifications Project IV&V
a) The time period of the project	The Colorado Benefit Management System/PEAK project planning work began prior to 2017 for a multi-year module enterprise project continuing into 2024.
b) The scheduled and actual completion dates	The IV&V contractual work began in November 2017 through June 2020.
c) The Contractor's responsibilities	PK performed IV&V periodic reviews, reporting, and certification activities for the eligibility and enrollment (E&E) system modifications. Reviews also included different phases and systems comprising the enterprise project. SLI delivered IV&V progress and status reports for the Colorado Benefit Management System (CBMS), Program Eligibility Application Kit (PEAK) project.
d) Customer Name and Reference Contact Information	**Customer:** Colorado Department of Health Care Policy and Financing (CDHCPF)

Project Name	Colorado ACA Eligibility and Enrollment CBMS/PEAK Modifications Project IV&V
	Reference Contact: Name: Rhonda Paxson, Deputy Director CBMS/PEAK Phone: (303) 764-8352 Fax: (303) 764-7650 Email: rhonda.paxson@state.co.us
e) Project Description	**Prime contractor. No subcontractors used.** The project description identifies similarities between PK's experience and Nebraska's solicitation expectation with comparable IV&V services, modules, and certification activities. Colorado DHCPF's project goal was to modify the eligibility and enrollment system and Medicaid Management Information (MMIS) system. SLI provided IV&V oversight and certification reviews for the CBMS PEAK project with focus on: • Risk management • Adherence to software development life cycle (SDLC), configuration management, and change management • Verified the viability of the data transition plan • Verified requirements traceability through design, development, and testing, and review of operations, architecture, and design documents for completeness. IV&V system modification periodic reviews used the Center for Medicare and Medicaid Services (CMS) Medicaid Eligibility Certification Toolkit (MEET) and guidelines. SLI developed and delivered E&E system modification IV&V status and progress reports to CMS and DHCPF.

Reference #3:

Project Name	AZ Health Care Cost Containment System (AHCCCS) Electronic Visit Verification (EVV) Project IV&V
a) The time period of the project	The Arizona Health Care Cost Containment System project planning began in 2018 to secure IV&V as an effective means to reduce risk and improve the quality of the delivered EVV system expected in 2021.

Project Name	AZ Health Care Cost Containment System (AHCCCS) Electronic Visit Verification (EVV) Project IV&V
b) The scheduled and actual completion dates	The IV&V contractual work began in January 2019 through December 2021.
c) The Contractor's responsibilities	PK provides IV&V services and support to AHCCCS (AZ) in meeting the Medicaid Enterprise Certification Life Cycle (MECL) requirements for successful implementation and certification of their EVV solution. IV&V provides onsite visits, project and checklist assessments, oversight, monthly status and quarterly certification progress reports.
d) Customer Name and Reference Contact Information	**Customer:** Arizona Health Care Cost Containment System (AHCCCS) **Reference Contact:** Name: Dara Johnson, Program Development Officer Phone: (602) 417-4362 Fax: (602) 256-6421 Email: dara.johnson@azahcccs.gov
e) Project Description	**Prime contractor. No subcontractors used.** The project description identifies similarities between PK's experience and Nebraska's solicitation expectation with comparable IV&V services, modules, and certification activities. PK provides IV&V services to meet Arizona EVV project objectives by providing the following services and deliverables: • Conduct IV&V reviews and deliver progress reports and Medicaid Enterprise Certification Toolkit (MECT) checklists • Review project and MECT-specific artifacts, collect data, conduct stakeholder interviews • Catalog and assess Arizona team evidence for completeness and meeting CMS checklist criteria and validate responses • Submit quarterly CMS IV&V Progress Report including validated CMS checklists to the State and CMS • Provide oversight, attend project meetings, observe ongoing processes

Project Name	AZ Health Care Cost Containment System (AHCCCS) Electronic Visit Verification (EVV) Project IV&V
	• Create a detailed schedule of review activities for assessments, scheduling Interviews, identifying specific documentation and artifacts required for review, and identify and track risks and findings • Hold weekly status calls to discuss critical issues and provide updates • Deliver monthly status reports covering project assessments of products and processes, detailed fact-based findings, and actionable recommendations with mitigation strategies

4.9.3 Subcontractor Experience

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.

All RFP response projects represent our experience as a prime contractor. No subcontractor experience is included in the summary project matrix table or used as a client reference.

4.10 Summary of Contractor's Proposed Personnel / Management Approach (i)

The Contractor should present a detailed description of its proposed approach to the management of the project.
Any changes in proposed personnel shall only be implemented after written approval from the State.

4.10.1 Proposed Management Approach

Health and Human Services agencies are our primary clientele, and we find the vision and mission of most of our human services clients mirrors our own. With this in mind, we are better able to serve state agencies. Our team has worked with more than 44 states and territories to implement IT projects that improve the lives of people. Whether implementing

eligibility systems that streamline processes, providing oversight for replacement of an MMIS system that no longer meets stakeholder needs, or supporting policy alignment activities to better serve Health Information Technology (HIT) initiatives, we know effective project management can mean the difference between a successful system implementation and a failure.

PK teams have worked with over 44 states and territories to implement state IT projects that improve the lives of the people they serve.

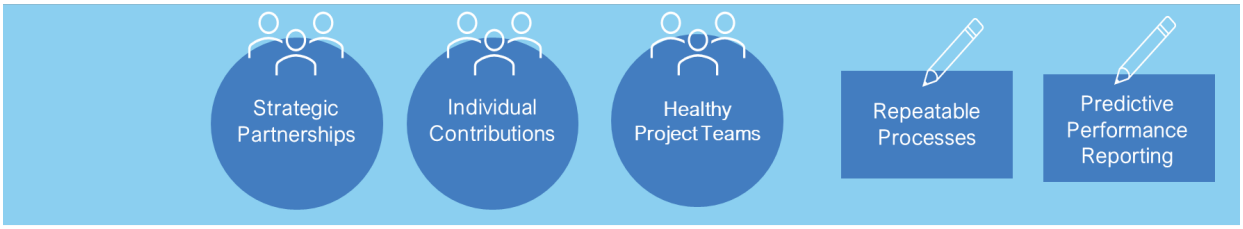
We also know that focused, skilled, and credentialed industry professionals are essential when proposing key personnel for your IV&V projects. Our proposed consultants are committed to your project throughout its duration.

For every project we bid on, we use a resource utilization tracking and forecasting tool to select staff who are both highly qualified and available to do the work. When new consultants are added to a project, we review his or her qualifications, conduct an interview to ensure proper fit, and submit the consultant's resume to the client for approval. We prepare them for their responsibilities with an individual orientation, a knowledge transfer and shadowing period, and additional training if needed. In the event of employee turnover, we draw from dozens of qualified PK IV&V analysts to replace the unavailable resource with someone of equal capability and experience. We get replacement staff up to speed at our expense, not yours. We follow the DHHS written approval process for onboarding the new resource.

In the event of employee turnover, we draw from dozens of qualified PK IV&V analysts to replace the unavailable resource. We follow the DHHS written approval process for onboarding the new resource.

PK has managed more than 600 projects using the knowledge, skills, tools, and techniques recommended by the Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) 7th Edition. To manage client projects, we supplement the PMBOK guidelines with our proprietary DitDah™ method. We name our methodology after the dots (Dits) and dashes (Dahs) of Morse Code, which revolutionized communication and business practices and bridged gaps of time and space to bring people together. The DitDah™ method strengthens PMBOK's task-based approach to project strategy with a focus on the people side of projects through strategic partnerships, healthy project teams, individual contributions, and effective organizational change management.

Figure 2. PK's DitDah™ Method



- **Strategic Partnerships.** Being a trusted advisor and respected partner to all stakeholders within a project.
- **Individual Contributions.** Being lifelong learners, constantly developing our individual knowledge and skills, and committing to full participation.
- **Healthy Project Teams.** Building and sustaining high performing project teams.
- **Repeatable Project Management Processes.** Setting project strategy and using repeatable processes to rigorously manage to desired project outcomes.
- **Predictive Performance Reporting.** Collecting, reporting, and using data on project scope, performance, tasks, and predictive analytics for informed and strategic decision-making.

Our proposed management approach also draws on more than 30 years of experience to customize and improve on PMBOK's performance reporting techniques and repeatable project management processes. The following representative table of management activities and assumptions will be customized after contract award to align with Nebraska's specific project requirements and timelines.

Table 2. Project Management

Representative Activities	PMI Phases 1 and 2 (Initiate and Plan):
	• Review documentation from initiation phase (e.g., project initiation document (PID) contracts, project charter, requirements definition, business case, etc.) • Conduct meeting(s) with DHHS to verify and define project scope; objective; schedule; deliverables; and protocols for status reporting, deliverable submission and review, communication, invoicing, etc. • Develop project management plan or project charter • Establish baseline and performance measures, inputs, tools, and tracking systems • Develop risk management plan and Risk/Issue/Action Item Log • Develop project status report template

Table 2. Project Management

- Facilitate project kick-off meeting with DHHS and MLTC project stakeholders

PMI Phase 3 (Execute):

- Execute project management plan, including resource allocation, scheduling, communication, contract administration and compliance monitoring, and other project control and management processes
- Implement facilitating processes (e.g., procurement, staff acquisition) as needed, requested, and approved by DHHS
- Conduct regular check-in meetings, status report meetings, and onsite quality assurance meetings with DHHS
- Direct, manage, and support project team's execution and modification (as needed) of project tasks
- Conduct internal project sync, teambuilding, targeting, and mentoring meetings
- Develop criteria or Deliverable Expectation Document (DED) and sign-off process for each deliverable and review with DHHS
- Conduct internal quality assurance process on each deliverable

PMI Phase 4 (Control):

- Monitor project progress and performance and use performance measures to identify and forecast variances
- Analyze data to quantify variances and classify each as a risk (might impact the project) or issue (is impacting the project)
- Assess risk probability and impact, assign risk ratings, categorize and prioritize risks and issues, update Risk/Issue/Action Item Log, and recommend response strategies
- Conduct regular status reporting meetings and onsite quality control visits as appropriate
- Notify DHHS immediately of significant issues

Table 2. Project Management

	• Address contract or scope issues as needed by updating the schedule, project plan, and/or budget and deliverable trackers **PMI Phase 5 (Close):** • Verify that the project has met the terms of the written agreement and finalize outstanding issues • Gather and disseminate closeout information to appropriate DHHS leadership, managers, project team, accounting, stakeholders, etc. • Conduct debrief session and provide lessons learned and final project report(s)
Assumptions	• DHHS has completed the necessary initiation tasks (high level project definition, feasibility study, PID, business case, etc.) and will make these artifacts available to PK. • DHHS will identify stakeholders and key project participants and provide PK with their contact information and an overall project organization chart. • DHHS will have a project manager dedicated to each MLTC project who will serve as a PK point of contact. • The appropriate DHHS representatives and key project stakeholders will be available for the project kickoff and closeout meetings, status update meetings, and other meetings as indicated. • DHHS will coordinate stakeholder reviews of deliverables and will review deliverables within ten days of submission or agreed-upon timeframe. • DHHS will provide PK with requested performance measurement data or provide access to each project's artifacts, stakeholders, processes, and meetings.

4.10.2 Key Personnel

The Contractor should identify the key personnel who 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.

Figure 3 reflects our proposed IV&V staff for the five key roles including the team leadership and reporting structure. The team will perform the requested IV&V services and supports DHHS and MLTC throughout the projects' duration. PK assigns a Vice President to every project. **Christoph Hansel**, our Vice President for your region, supports our IV&V Lead and the IV&V team. He represents PK in future Nebraska DHHS and MLTC project contract negotiations and is the point of contact for matters of escalation, resource changes, and scope changes. Christoph also oversees the resolution of critical issues as requested by our IV&V Lead and Project Manager or DHHS.

Figure 3. IV&V Organizational Chart

We introduce our proposed five key personnel in Table 3, with their roles, responsibilities, and qualifications for performing the IV&V services required for this scope of work.

Table 3. Key Staff, Responsibilities, and Qualifications

Consultant	Responsibilities	Summary of Qualifications
 Chuck McLaughlin, MS, PMP IV&V Lead	Chuck manages IV&V team resources and work allocation across the MLTC projects. His responsibilities include: • All MLTC projects during the contract term • Functioning as the liaison between the client and the IV&V team • Communicating project status to the project team, stakeholders, and executive management. • Working closely with and supporting the project manager to develop the IV&V project work plans • Preparing weekly and monthly project reports and CMS required reporting	Chuck has over 23 years of IV&V experience. He managed Medicaid IV&V for North Carolina and Pennsylvania and Medicaid QA for Iowa. He facilitates communication and collaboration between project and technical teams. His oversight and clear reports reduce risk and increase the likelihood that projects maintain scope, schedule, and budget. He holds a master's degree in project management, is a certified Project Management Professional (PMP) through the Project Management Institute, and is certified in Risk and Information Systems Control (CRISC) through ISACA.
 Angela Torres, PMP Project Manager	Angela is responsible for the contractual day-to-day project delivery of the scope, schedule, and budget through all phases of the project. Her responsibilities include: • All MLTC projects during the contract term • Working closely with the IV&V Lead to develop IV&V project work plans, weekly and monthly project reports, and CMS required reporting	Angela has over 20 years of Medicaid experience with MMIS, Pharmacy POS, member, provider, and claims. She has 15 years of experience managing projects through the full life cycle. Angela excels at providing clear objectives, actionable tasks, and traceable results from project initiation to completion. She provided project management and analysis for Nevada, Washington, Oregon, and Minnesota's eligibility and

Table 3. Key Staff, Responsibilities, and Qualifications

Consultant	Responsibilities	Summary of Qualifications
	• Providing internal quality review of all IV&V documents prior to deliverable submission • Serving as a point of contact for the MLTC project leadership and other vendors • Performing IV&V review activities	MMIS system modernization projects. Angela is a certified PMP. She also has over 15 years of experience managing and providing oversight on non-healthcare projects through the full project development lifecycle.
 Ivan Miller IV&V Business/Test Analyst	Ivan's responsibilities include: • All MLTC projects during the contract term • Leading efforts for all project artifacts • Coordinating with SMEs to perform reviews of artifacts • Providing input into the IV&V Management Plan • Performing IV&V reviews and activities • Providing regular input into IV&V reports	Ivan is a Certified Tester Foundation Level (CTFL) with 23 years of IT experience. His career includes the creation of User Technical Documentation, quality assurance, and independent verification and validation. Ivan focuses on creating small tasks that keep the end goal in focus. He quickly assesses situations for rapid troubleshooting and risk mitigation. He possesses exceptional leadership skills that lead to effective delegation. Ivan's experience includes analysis for Maryland, Mississippi, and North Dakota's IV&V projects.

Table 3. Key Staff, Responsibilities, and Qualifications

Consultant	Responsibilities	Summary of Qualifications
 Valerie Henry IV&V Business/Test Analyst	Valerie's responsibilities include: • All MLTC projects during the contract term • Leading efforts for all project artifacts • Coordinating with SMEs to perform reviews of artifacts • Providing input into the IV&V Management Plan • Performing IV&V reviews and activities • Providing regular input into IV&V reports	Valerie has 15 years of experience working on MMIS IV&V projects. She creates clear reports, provides accurate requirements management, and expertly reviews deliverables. She provided analysis for Washington Health Care Authority's Interoperability Patient Access Application Programming Interface (API), Colorado's Medicaid Enterprise system, and Louisiana's DCFS procurement assistance projects. Valerie has over 29 years of experience working with Medicaid eligibility. Valerie received her bachelor's degree in business administration and management from Belhaven University and is a certified Medicaid Professional II.
 Erik Dorsett, MS, PMP IV&V Technical Analyst/Architect	Erik's responsibilities include: • All MLTC projects during the contract term • Providing strategic guidance on technical aspects of the project and any vendor artifacts • Leading efforts related to Architecture Review, Code Review and Software Development Review	Erik is a highly motivated technology leader with a passion for the craft, for success, and great culture. With over 20 years of System Development experience, he possesses the ability to provide strategic direction as well as help to develop and implement tactical plans to drive the bottom line. Erik acts as a mentor on engagements

Table 3. Key Staff, Responsibilities, and Qualifications

Consultant	Responsibilities	Summary of Qualifications
	• Providing input into the IV&V Project Plan • Providing input into other vendor artifact reviews including test strategy, test plans, data management, and conversion • Assisting with IV&V review activities • Providing input into regular IV&V reports	and is always helping people, teams, and organizations to reach their full potential. He provided technical expertise to Colorado, Arizona, Hawaii, and North Dakota's Medicaid projects. Erik received his master's degree in science, information systems from the University of Colorado. He is a certified PMP and ScrumMaster.

4.10.3 Resumes

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.

Table 4. IV&V Lead, Chuck McLaughlin

Chuck McLaughlin, MSPM, PMP

IV&V Lead

Sample of Relevant Projects

Child Support Automation and Innovation for Modernization, Illinois Division of Child Support Services, Department of Healthcare and Family Services, Project Manager — 8/2021 – 7/2026

Public Knowledge® (PK) provides Independent Verification and Validation (IV&V) for the Child Support Automation and Innovation for Modernization (CS AIM) Project. Our services address the system development life cycle from development plans and design through the implementation and warranty of the system, including federal certification support. Chuck's responsibilities include:

- Managing team of analysts to perform IV&V services
- Developing and implementing monitoring procedures to assess project schedule, scope, quality, and risk
- Performing recurring risk assessments and propose mitigation strategies
- Reviewing, verifying, and validating project-related vendor artifacts

Medicaid Management Information System 2020 Platform, Pennsylvania Department of Human Services, Project Manager — 1/2019 – 9/2022

PK provides IV&V services for the Department of Human Services. The Commonwealth is modernizing the Medicaid Management Information System (MMIS) using a modular enterprise-wide system providing automated support for Pennsylvania's Medicaid program. The team ensures that the system meets all current federal and state regulations and technology standards, including the Medicaid Information Technology Architecture (MITA) standards. Chuck's responsibilities include:

- Managing the project team and communication flow
- Maintaining a project schedule increasing the likelihood that deliverables are complete and submitted on time
- Overseeing the IV&V activities related to project management, Medicaid Enterprise Certification Life Cycle (MECL), updates to the

Chuck McLaughlin, MSPM, PMP

IV&V Lead

State Self-Assessment, the MITA Road Map, and certification checklist for changes made to the legacy system as a result of state and federal mandates

Mississippi, Rhode Island, Maine Consortium Unemployment Insurance System, Mississippi, Rhode Island and Maine Departments of Labor, Project Manager — 12/2015 – 8/2018

PK (f.k.a. SLI) provided independent and expert analysis to validate the Mississippi, Rhode Island, and Maine (MRM) Consortium User Interface system to meet the needs of the business users and stakeholders. We then provided IV&V services for the interface implementation. Chuck's responsibilities included:

- Serving as project manager and requirements repository management and traceability lead
- Verifying that the system complied with the requirements and specifications
- Reporting and presenting the findings to the MRM Consortium Executive committee and other external stakeholders
- Managing staff on all IV&V activities, providing day to day project contact, overseeing IV&V schedule, and providing status updates

Unemployment Insurance Modernization, Maryland Department of Information, Project Manager — 1/2015 – 3/2015

PK (f.k.a. SLI) provided a "Snapshot" IV&V with one stage, plus an optional second and third stage to assess the current health of the Unemployment Insurance Modernization (UIM) and recommend risk and issue responses. Stage two provided long-term single-stage "Lifecycle" IV&V project assessments and risk mitigation for the project duration. Chuck's responsibilities included:

- Providing a snapshot of IV&V one stage to assess the current health of the UIM project and recommend risk/issue responses
- Providing stage 2 long-term singe stage "Lifecycle" IV&V services
- Providing independent research and stakeholder interviews
- Managing the Final Baseline review and recommendations in both a report and presentations

Chuck McLaughlin, MSPM, PMP

IV&V Lead

Work Experience

Public Knowledge®, Management Consultant — 7/2012 – Ongoing

Providing management consulting services to help government agencies solve tough problems and thrive in complex situations. SLI Government Solutions, LCC merged with Public Knowledge® on January 1, 2021. Chuck was employed by SLI prior to the merger.

Maximus, Director — 11/1998 – 6/2012

Provided IV&V services to government agencies.

Education

Master of Science: Project Management (MSPM), University of Wisconsin — 2009

Bachelor of Arts: General Studies, Western Illinois University — 2001

Certifications and Training

ISACA Certified in Risk and Information Systems Control (CRISC) Certification — 2011

Project Management Institute (PMI), Project Management Professional (PMP) — 2003

References

Mohammed Jalaluddin, Director Office of Technology Support and Innovation, Mississippi Department of Employment Services I 1235 Echelon Parkway, P.O. Box 1699 I (610) 321-5493I mjalaluddin@mdes.ms.gov

Penny Probst, Business/Technical Analyst/Consultant I 1420 Vesta Drive, Harrisburg, PA 17112 I (717) 979-8112 I padsed@gmail.com

Julie Hicks, MMIS Subject Matter Expert/Project Manager I 1343 Harrisburg Dr. Medford, OR 97501 I (360)480-2859 I hicksjul@charter.net

Table 5. Project Manager, Angela Torres

Angela Torres, PMP

Management Consultant

Sample of Relevant Projects

Washington Medicaid Enterprise IV&V, Washington State Healthcare Authority, Project Manager — 6/2020 – 12/2021

The State of Washington formed a Health and Human Services (HHS) Coalition to provide strategic direction, cross-organizational information technology (IT) support, and federal funding guidance across all coalition organizations. Public Knowledge® (PK) represents the Centers for Medicare and Medicaid Services (CMS) interests by providing an independent and unbiased perspective on the HHS Coalition's efforts to coordinate the planning and use of technology across the coalition organizations. Angela's responsibilities include:

- Interviewing participants, observing meetings, and reviewing artifacts to determine whether the enterprise and projects meet requirements and specifications, fulfill their intended purpose, and are progressing according to scope, schedule, and budget

MMIS System Modernization Implementation and Certification Support, Phase III, Nevada Department of Health and Human Services, Division of Healthcare Financing and Policy, Deputy Project Manager — 1/2019 – 8/2021

The Division of Healthcare Financing and Policy replaced their legacy Medicaid Management Information System (MMIS) core claims processing solution with a transfer solution from Colorado. PK provided project management assistance during the Design, Development, Implementation (DDI) and certification phases. Angela's responsibilities included:

- Participating in the project and system implementation meetings
- Drafting monthly project status reports and bi-weekly executive briefing reports
- Facilitating and taking meeting minutes for Round Three Certification Joint Evidence Review Sessions
- Assisting the CMS final certification review preparation
- Reviewing vendor deliverables for quality and content accuracy

Angela Torres, PMP

Management Consultant

- Supporting the project manager

MMIS System Modernization IV&V and Certification Support, Minnesota Department of Human Services, IV&V Analyst — 7/2020 – 7/2021

PK provided IV&V services and CMS certification support for the MMIS modernization program, following the CMS Medicaid Enterprise Certification Toolkit (MECT) and outcomes-based certification. Angela's responsibilities included:

- Identifying risks during stakeholder interviews, meeting observation, and process analysis
- Proposing risk mitigation strategies
- Reviewing best practice recommendations
- Coordinating monthly IV&V reports
- Assisting with report generation
- Tracking project deliverables
- Leading quarterly interview cycle process
- Supporting the project manager

Integrated Eligibility System Quality Assurance, Oregon Department of Human Services, Deputy Project Manager — 3/2019 – 3/2021

Oregon procured an Integrated Eligibility (IE) system from Kentucky and engaged a System Integrator (SI) vendor to adapt the software to Oregon programs. Oregon's legacy system required additional work to accommodate eligibility determination in the IE system. PK provided quality management planning, risk management, quality control (QC), quality assurance (QA), and IV&V services over the SI vendor's and state's products. Angela's responsibilities included:

- Leveraging experience and knowledge with Oregon to provide oversight of the QA project management activities
- Organizing and managing resources
- Conducting interviews for information and status to QA project deliverables
- Gathering meeting data and information related to the project
- Co-developing QA monthly and quarterly reports
- Maintaining and updating the QA Baseline Plan

Angela Torres, PMP

Management Consultant

- Coordinating and tracking project deliverables
- Identifying dependencies, potential issues, and points of interest that threaten the QA engagement's success

Work Experience

Public Knowledge®, Management Consultant — 1/2019 – Ongoing

Providing management consulting services to help government agencies solve tough problems and thrive in complex situations

Health Management Systems, Regional Director and Senior Program Director — 8/2006 – 12/2018

Responsible for oversight of all aspects of eight contacts in the assigned portfolio.

Education

Bachelor of Arts: Business Administration, Law and Public Policy, Washington State University — 2000

Certifications and Training

Project Management Professional (PMP)®, Project Management Institute (PMI) — 2020

Technology of Participation (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA) — 2019

References

Tony Black, Chief Information Officer, Department of Administrative Services, State of Oregon I (971) 283-8796 I tony.h.black@dhsoha.state.or.us

Marnie Basom, Vice President, Government Relations HHAeXchange I (208) 890-3058 I mbasom@cableone.net

Alise Eastman, Medical Program Specialist, Idaho Department of Health and Welfare I (208) 954-3843 I eastman.alicia@gmail.com

Table 6. IV&V Business/Test Analyst, Ivan Miller

Ivan Miller

IV&V Business/Test Analyst

Sample of Relevant Projects

Medicaid Management Information System Modular Transformation, 5/2020 – 3/2025
Maryland Department of Information Technology, Testing Specialist

The Public Knowledge® (PK) independent verification and validation (IV&V) team independently reviewed, monitored, and evaluated multiple aspects of the Medicaid Management Information System (MMIS) Modular Transformation (MMT) project determining whether the State and their contracted vendors employed best practices, identified risks proactively, and addressed them promptly. We also evaluated the meeting of contractual obligations on schedule and quality standards for deliverables. We independently identified risks and offered mitigation strategies. In addition, we provided support for the Centers for Medicaid and Medicare Services (CMS) certification for each applicable initiative. Ivan's responsibilities included:

- Evaluating the work products, requirements, and processes and reviewing and validating the requirements definition process, including traceability of requirements from inception to final implementation via business rules
- Identifying gaps between recognized best practices and implemented development and operational activities
- Reviewing all software contractor's deliverables for the assigned project
- Helping the management team decide and plan actionable tasks
- Providing findings and recommendations for the review cycle
- Researching Outcome Base Certification process for MMT project certification

Mississippi Medicaid Eligibility Determination System (MMEDS), 5/2015 – 5/2020
Mississippi Division of Medicaid, Test Specialist

PK (formerly known as (f.k.a.) SLI Government Solutions (SLI)) independently reviewed, monitored, and evaluated multiple aspects of the MMEDS project. We provided objective project oversight verifying that the Division of Medicaid and their development vendor

Ivan Miller

IV&V Business/Test Analyst

employed best practices, identified and mitigated risks, and met contractual obligations and quality standards for deliverables. Ivan's responsibilities included:

- Reviewing all software contractor's deliverables for the assigned functional scope of the project
- Providing user acceptance test (UAT) validation strategy, including defining system test exit criteria
- Participating in the implementation process and definition, validation, and execution of the UAT test artifacts
- Validating UAT results
- Reviewing documents and providing recommendations for deliverables

Medicaid Systems Replacement, North Dakota Department of Human Services, IV&V Analyst — 9/2014 – 5/2019

Ivan served as Lead Technical Independent Verification and Validation Analyst for the North Dakota Medicaid Systems Replacement Project, including MMIS, Pharmacy Point of Sale, and Data Warehouse. Ivan's responsibilities included:

- Managing and evaluating work products
- Overseeing, reviewing, and validating the requirement processes
- Managing Requirement Traceability Matrix (RTM)
- Facilitating Operational Readiness planning and CMS Certification support
- Assessing and evaluating MITA maturity improvements

Work Experience

Public Knowledge®, Management Consultant — 3/2010 – Ongoing

Providing management consulting services to help government agencies solve tough problems and thrive in complex situations. SLI Government Solutions, LCC merged with Public Knowledge® on January 1, 2021. Ivan was employed by SLI prior to the merger.

Ivan Miller

IV&V Business/Test Analyst

Hill Rom, Cary, North Carolina, Design Assurance Engineer — 6/2002 – 3/2010

Provided technical expertise and quality management services.

Education

Bachelor of Science, Savannah State University — 1978

Certifications and Training

Agile Leader, Six Sigma Global Institute (SSGI) — 2021

International Software Testing Qualifications Board (ISTQB), CTFL — 2014

References

Bernadette Kearse, North Carolina Department of Health and Human Services, IT Division Applications Systems Analyst I 411 Coalinga Lane #102, Raleigh, NC, 27610 I (919) 520-0161

Colin Watkins, Management Consultant I 626 Noon Flyer Way, Knightdale, NC, 27545 I 719-433-2649

Felix David, Management Consultant I 3631 Scoutoak Loop, Oviedo, FL 32765 I (303) 909-1087

Table 7. IV&V Business/Test Analyst, Valerie Henry

Valerie Henry

IV&V Business/Test Analyst

Sample of Relevant Projects

Quality Assurance for the Patient Access Application Programming Interface, Washington Health Care Authority, Quality Analyst — 7/2021–12/2021

Washington's Medicaid agency, Health Care Authority, contracted with PK to provide Quality Assurance (QA) for the Interoperability Patient Access Application Programming Interface (API), Project. Medicaid agencies are required by federal law to make health claims data easily accessible to patients through a third-party application of their choice. Valerie's responsibilities include:

- Performing initial and ongoing risk assessment through stakeholder interviews, document reviews, and observing project meetings
- Creating and finalizing a Quality Assurance Management Plan
- Preparing an Initial Readiness Assessment
- Maintaining project budget and timeline
- Conducting a survey and creating a Lessons Learned report
- Participating in drafting, editing, and reviewing deliverables

Independent Verification and Validation for Medical Assistance Medicaid Enterprise Systems, Colorado Department of Health Care Policy and Financing, Subject Matter Expert and Analyst — 7/2020 – 7/2024

PK provides Independent Verification and Validation (IV&V) for Colorado's effort in combining Medicaid Enterprise services. The Department's strategy is to integrate these services with a single vendor. PK supports this effort by providing subject matter experts, project management, best practices, and lessons learned. Valerie's responsibilities include:

- Serving as the Medicaid SME
- Providing support to risk identification and mitigation strategies
- Reviewing deliverables
- Drafting weekly reports providing updates on projects from different program areas and events

- Assisting in the preparation of Centers for Medicare and Medicaid Services (CMS) monthly and quarterly reports
- Keeping up to date on ever-changing federal and state rules and regulations

Mississippi Health and Human Services Transformation Project, Mississippi Division of Medicaid, Senior Consultant — 5/2019 – 6/2020

The Mississippi Division of Medicaid selected PK to provide IV&V services for the Health and Human Services Transformation Project. PK collaborated with the division in streamlining efficiencies, sharing information, and collaborating across traditional silos. Valerie's responsibilities included:

- Serving as the SME for the Eligibility and Enrollment (E&E) modernization project
- Participating in planning meetings and Joint Application Design sessions
- Reviewing requirements and overseeing the Medicaid Eligibility and Enrollment Toolkit reporting
- Working with the PK team to identify risks and issues
- Reviewing deliverables and contributing to the monthly report for CMS

Work Experience

Public Knowledge®, Management Consultant — 5/2019 – Ongoing

Providing Management Consulting services to help government agencies solve tough problems and thrive in complex situations. SLI Government Solutions, LCC merged with Public Knowledge® on January 1, 2021. Valerie was employed by SLI prior to the merger.

Mississippi Division of Medicaid, Bureau of Eligibility, Staff Officer III — 7/2016 – 5/2019

Provided quality assurance for the regional offices and shared findings with the Bureau of Eligibility Management Team and worked on projects such as Inmate Eligibility and closed recipients receiving Medicaid benefits in multiple states.

Mississippi Division of Medicaid, Bureau of Appeals; Office Director II — 3/2010 – 5/2014

Provided overall administration of the bureau while also serving as a Certified Hearing Official for eligibility and medical service appeals.

Mississippi Division of Medicaid, Bureau of Program Integrity; Medicaid Eligibility Quality Control (MEQC) Investigator, Sr. — 5/1999 – 2/2010

Interviewed recipients, verified living arrangements, researched financials to verify eligibility, and communicated with regional and state office staff regarding misapplication of policy.

Mississippi Division of Medicaid, Bureau of Eligibility; Regional Office Assistant Supervisor — 6/1995 – 4/1999

Reviewed casework, made final eligibility decisions, trained new staff, led workshops on policy and procedures, conducted community outreach meetings, and served as Hearing Officer for eligibility appeals at the local level.

Education

Bachelor of Arts: Business Administration and Management, Belhaven University — 1988

Certifications and Training

Medicaid Learning Center (MLC) Certified Medicaid Professional, (MCMPII) — 2019

Certified Hearing Official (CHO), National Association of Hearing Officials (NAHO) — 2012

References

Medgar Austin, Project Manager I 3996 Princeton Lakes Way, Atlanta, GA 30331 I (304) 400-9341

Melanie Wakeland, Senior Consultant I 164 Summers Bay Drive, Ridgeland MS 39157 I (601) 212-3912

Betty Williams I 1485 Williamswood Drive, Raymond, MS 39154 I (601) 953-0810

Table 8. IV&V Technical Analyst/Architect, Erik Dorsett

Erik Dorsett, MS

IV&V Technical Analyst/Architect

Sample of Relevant Projects

Colorado Affordable Care Act Eligibility and Enrollment Benefit Management System and Program Eligibility Application Kit Independent Verification and Validation, State of Colorado, Senior Technical Analyst — 12/2017 – 7/2024

Public Knowledge® (PK) provides independent verification and validation (IV&V) services for the States Affordable Care Act (ACA) Eligibility and Enrollment (E&E) System, the Colorado Benefit Management System (CBMS), and Program Eligibility and Application Kit (PEAK) modifications. Erik's responsibilities include:

- Providing technical product management, architecture, DevOps, and cloud-native solutions planning
- Managing IV&V technical assessments
- Assisting the state in successfully passing the Milestone reviews of the Medicaid Enrollment and Eligibility Toolkit (MEET)
- Managing and analyzing existing processes
- Producing Medicaid Management Information System (MMIS) IV&V Progress Reports
- Providing recommendations for correcting any identified weaknesses

Electronic Visit Verification Independent Verification and Validation Services, States of Arizona and Hawaii, Arizona Health Care Cost Containment System, IV&V Technical Consultant — 1/2019 – 12/2021

PK provides IV&V services for the Electronic Visit Verification (EVV) update for Arizona and Hawaii. PK collaborates with the states in project initiation, execution, monitor and control activities, and supporting outcomes-based certification activities. Erik's responsibilities include:

- Analyzing existing processes as well as those developed as part of the cloud transformation initiative leveraging the 200 technical MEET review criteria

Erik Dorsett, MS

IV&V Technical Analyst/Architect

- Producing MMIS IV&V Progress Reports that objectively illustrate the strengths and weaknesses of the project and provide recommendations for correcting any identified weaknesses

North Dakota Medicaid Management Information System Independent Verification and Validation, North Dakota, Senior Technical Analyst — 12/2017 – 3/2018

Erik served as the Senior Technical Analyst on PK's (formerly known as (f.k.a.) SLI Government Solutions, LLC (SLI)) team for the MMIS IV&V effort. Erik's responsibilities included:

- Assessing system certification initiatives for the State leveraging the Medicaid Enterprise Certification Toolkit (MECT) review criteria
- Conducting periodic reviews of software development projects, including site visits employing various industry standards
- Conducting artifact analysis with interviews of a project's team
- Facilitating stakeholder meetings

Work Experience

Public Knowledge®, Management Consultant — 1/2018 – Ongoing

Providing Management Consulting services to help government agencies solve tough problems and thrive in complex situations. SLI Government Solutions, LCC merged with Public Knowledge® on January 1, 2021. Erik was employed by SLI prior to the merger.

Pivotal, Solutions Architect/Product Manager — 10/2016 – 1/2018

Helped customers transform to realize the benefits of cloud native applications and architectures on Pivotal Cloud Foundry.

Accenture, DevOps Coach/Release Manager — 12/2015 – 10/2016

Assessing the organizational robustness of DevOps practices leveraging capability and maturity model.

Comcast, Project Manager/Software Engineer — 10/2013 – 12/2015

Erik Dorsett, MS

IV&V Technical Analyst/Architect

Responsible for managing and enabling web, consumer device and DevOps teams.

Jeppesen – A Boeing Company, Senior Systems Engineer 1/2004 – 10/2013

Developed and institutionalized repeatable Agile engineering processes, delivery operations and organizational learning.

Education

Master of Science: Information Systems, University of Colorado	2005
Bachelor of Arts: Anthropology, University of Colorado	1996

Certifications and Training

Advanced Architecting on Amazon Web Services (AWS)	2019
AWS, Solutions Architect Associate	2018
Cloud Foundry Developer	2016
Lean Six Sigma Green Belt	2011
Scrum Alliance, Scrum Master	2010
Project Management Professional (PMP), Project Management Institute (PMI)	2008

References

Rhonda Paxson, Application Director, Office of Information Technology I 601 E 18th Ave #130, Denver, CO 80203 I 303.764.8352 I rhonda.paxson@state.co.us

Greg Thompson, Security Operations Manager, Office of Information Technology I 601 E 18th Ave #130, Denver, CO 80203 I gregm.thompson@state.co.us

Trent Christensen, Operations Manager, Office of Information Technology I 601 E 18th Ave #130, Denver, CO 80203 I 303.764.8352 I trent.christensen@state.co.us

4.11 Subcontractors (j)

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

PK does not plan to use subcontractors for the DHHS, MLTC project IV&V services.

5 Terms and Conditions Sections II – IV

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.

PK has read the terms and conditions in RFP #109035 O3, Sections II through IV and accepts the terms or rejects with alternative language as indicated.

5.1 Section II. Terms and Conditions

A. General

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

B. Notification

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

G. Change Orders or Substitutions

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

SO			

H. Vendor Performance Report(s)

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

I. Notice of Potential Contractor Breach

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

J. Breach

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

K. Non-Waiver of Breach

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

L. Severability

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

M. Indemnification

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

N. Attorney's Fees

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

O. Assignment, Sale, or Merger

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

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:
SO			

Q. Force Majeure

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

R. Confidentiality

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

U. Early Termination

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

V. Contract Closeout

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

5.2 Section III. Contractor Duties

A. Independent Contractor/Obligations

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

B. Employee Work Eligibility Status

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

D. Cooperation with Other Contractors

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

H. Permits, Regulations, Laws

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

I. Ownership of Information and Data/Deliverables

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

J. Insurance Requirements

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		SO	1. Cyber Liability. Nebraska requires $10MM, PK carries $5MM which cannot be supplemented by the Umbrella. 2. Pollution Policy. There is no Pollution policy in place at this time.

K. Notice of Potential Contractor Breach

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

L. Antitrust

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

M. Conflict of Interest

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

N. State Property

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

O. Site Rules and Regulations

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

P. Advertising

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation	NOTES/COMMENTS:

		Response (Initial)	
SO			

R. Disaster Recovery/Back Up Plan

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

S. Drug Policy

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

T. Warranty

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

5.3 Section IV. Payment

C. Invoices

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

SO			

D. Inspection and Approval

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

E. Payment (Statutory)

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

H. Right To Audit (First Paragraph is Statutory)

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

6 PK Technical Approach

The technical approach section of the Technical Proposal (Attachment A – Business Requirements Traceability Index) should consist of the following subsections:
a. Understanding of the project requirements;
b. Proposed development approach;
c. Technical considerations;
d. Detailed project work plan; and
e. Deliverables and due dates

The PK technical proposal addresses RFP Section VI A. Proposal Submission 2. Technical Approach a. through e. requirements in the following sections.

6.1 Project Requirements Understanding (a)

Our response addresses requirements for Project Management, Independent Assessment and Quality Assurance, IV&V Status Meetings and Reporting, CMS and MITA Compliance, Operational and System Readiness, and IV&V Deliverables and Work Product areas. Detailed IV&V responses align with RFP Section V. B. 1.–6. c., and Attachment A unique identifier requirement number for each area.

PK bases our project requirements understanding upon experience conducting similar Medicaid modular enterprise projects and certification activities on 22 IV&V projects in 15 states. We bring lessons learned and align our services and technologies with industry best practices and standards while adjusting our IV&V activities for each project. The following graphic provides a high-level view of typical IV&V project activities.

Figure 4. IV&V Project Activities

Using our standard IV&V activities, we have developed IV&V deliverables and performed similar services as those requested in this RFP. We substantiate PK's understanding through our detailed response and effective approach to performing the RFP Section V. B. IV&V Responsibilities and Attachment A: Business Requirements Traceability Matrix services.

6.1.1 Project Management

RFP Section V. B. 1. c. Proposal Responses and Attachment A Req # PM-1
The bidder should include the following in the proposal:
i. Describe the bidder's proven methodology, approach, and process for Project Management of Medicaid IV&V activities.

PK's proven approach to providing IV&V services for large scale IT and Medicaid enterprise projects includes knowledge, skills, tools, and techniques recommended by the Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) 7th Edition. We supplement the PMBOK guidelines with our proprietary DitDah™ method for project management and system review methodology shown in proposal section 4.10.1. We apply lessons learned from similar projects, aligning our services and technologies with industry best practices and standards, to provide quality service to our clients.

> DitDah™ method focuses on people by emphasizing healthy project teams, individual contributions, and strategic partnerships.

System implementations typically contain intrinsic benchmarks. Our team assesses progress against the benchmarks, communicating concerns, findings, and actionable recommendations through formal status reporting, project meetings, and ongoing communication. Our IV&V experience with system implementations allows us to quickly assess the health of the project and the current state of project processes, deliverables, and progress towards DHHS' goals and objectives. We do this by providing meaningful assessment and recommendations for keeping the project on its planned trajectory. We use our internal management to provide relevant and consistent information through team resource management, IV&V deliverable quality peer reviews, and our status reporting. Our proven approach, methodology, and tools are applied to IV&V services in accordance with industry standards as well as state and federal policies and guidelines.

> We stay abreast of other state and federal standards and guidance changes throughout the IV&V services term.

Our project management of Medicaid IV&V activities approach and processes also include:

Meetings

Upon contract award notice to proceed, we meet with designated DHSS and MLTC project leadership to confirm our understanding of your expectations and objectives that we will use as a guide throughout the projects. Our meetings establish communication protocols, identify key stakeholders to interview, document and gather agency artifacts for review, reconfirm current project status, progress, and schedule with an overview of planned IV&V activities for the current phase. We confirm the expectations for transitioning services from the incumbent to PK's IV&V team.

We use the IV&V kickoff meeting to introduce PK's team to MLTC project and vendor teams, identify internal and external stakeholders, and discuss overall agency goals, requirements, and project expectations. PK also provides an overview of IV&V services with a presentation of risk management to project stakeholders. We explain the difference between an IV&V finding and a risk to help set the expectation of how the IV&V team addresses risk and issues for the project.

Communication

The communication section of the IV&V Management Plan describes how we plan to provide relevant, accurate, and consistent IV&V project information to project stakeholders and other appropriate audiences. It identifies the project stakeholders and their role with the IV&V effort. Effective communication promotes support and cooperation among stakeholder groups and helps the project accomplish its work. Our communication approach provides a framework to manage and coordinate the wide variety of communication that takes place during the IV&V Project. It documents who delivers the communication, who receives the communication, how the communication is delivered, what information is communicated, and the frequency of communication.

Whether implementing eligibility systems that streamline processes, providing oversight for MMIS replacement, or supporting policy alignment activities, we know that effective project management is vital to successful system implementation.

RFP Section V. B. 1. c. Proposal Responses and Attachment A Req # PM-2
ii. Include an example of an IV&V project schedule utilized on similar projects.

PK provides a condensed example version of a state MMIS modernization and certification IV&V project schedule. PK's IV&V work plan schedule will reflect the MLTC projects' Electronic Visit Verification (EVV), Interoperability and Patient Access, Integrated Eligibility and Enrollment/Benefits Management (IE&E/BM), POS Drug Claim Processing, and HITECH to MES Transition required activities, milestones, and deliverable schedules for each module.

	Task Name	Duration	Start	Finish
0	**State MMIS Modernization IV&V Work Plan**	**530 days**	**Mon 8/2/21**	**Fri 8/11/23**
1	**IV&V Initiation and Planning**	**21 days**	**Mon 8/2/21**	**Mon 8/30/21**
2	Project Kick-Off Meeting	1 day	Thu 8/5/21	Thu 8/5/21
3	Update Work Plan to align with project schedule	5 days	Fri 8/6/21	Thu 8/12/21
4	Establish shared document repository	5 days	Fri 8/6/21	Thu 8/12/21
5	Provide project reporting templates	10 days	Fri 8/6/21	Thu 8/19/21
6	**(IM-1) IV&V Management Plan (first 30 days)**	**21 days**	**Mon 8/2/21**	**Mon 8/30/21**
7	Submit Deliverable Expectation Document (DED) to State IV&V Contract Manager for review	1 day	Mon 8/9/21	Mon 8/9/21
8	State review of DED	5 days	Tue 8/10/21	Mon 8/16/21
9	Incorporate feedback on DED format	5 days	Tue 8/17/21	Mon 8/23/21
10	Draft IV&V Management Plan	10 days	Mon 8/2/21	Fri 8/13/21
11	Deliver Draft IV&V Management Plan	0 days	Fri 8/13/21	Fri 8/13/21
12	State review Draft IV&V Management Plan	5 days	Mon 8/16/21	Fri 8/20/21
13	Incorporate feedback on Draft IV&V Management Plan	5 days	Mon 8/23/21	Fri 8/27/21
14	Deliver revised IV&V Management Plan	1 day	Mon 8/30/21	Mon 8/30/21
15	DELIVERABLE (IM-1): IV&V Management Plan Approved	0 days	Mon 8/30/21	Mon 8/30/21
16	**Monthly Review Activities (Month 1)**	**31 days**	**Mon 8/2/21**	**Tue 9/14/21**
17	Review Project Artifacts	12 days	Mon 8/2/21	Tue 8/17/21
18	Review PMO phase entrances and exits	12 days	Mon 8/2/21	Tue 8/17/21
19	Attend Project and Governance meetings	12 days	Mon 8/2/21	Tue 8/17/21
20	Review Project Info for Metrics	12 days	Mon 8/2/21	Tue 8/17/21
21	Identify project risks	12 days	Mon 8/2/21	Tue 8/17/21
22	Conduct IV&V assessment	2 days	Wed 8/18/21	Thu 8/19/21
23	**(IM-8) Prepare and Deliver Monthly Report (Month 1)**	**17 days**	**Fri 8/20/21**	**Tue 9/14/21**
24	Develop Monthly IV&V Report	5 days	Fri 8/20/21	Thu 8/26/21

25	Deliver Draft Monthly IV&V Report	0 days	Fri 8/27/21	Fri 8/27/21
26	State review of Draft Monthly IV&V Report	5 days	Mon 8/30/21	Fri 9/3/21
27	**(IM-5) Management Briefing**	**1 day**	**Mon 9/6/21**	**Mon 9/6/21**
28	Conduct onsite or virtual briefing of Draft Monthly IV&V Report	1 day	Mon 9/6/21	Mon 9/6/21
29	Incorporate feedback on Draft Monthly IV&V Report	5 days	Tue 9/7/21	Mon 9/13/21
30	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Tue 9/14/21	Tue 9/14/21
31	**Monthly Review Activities (Month 2)**	**30 days**	**Wed 9/1/21**	**Tue 10/12/21**
32	**(IM-8) Prepare and Deliver Monthly Report (Month 2)**	**16 days**	**Tue 9/21/21**	**Tue 10/12/21**
33	**(IM-5) Management Briefing**	**1 day**	**Tue 10/5/21**	**Tue 10/5/21**
34	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Tue 10/12/21	Tue 10/12/21
35	**(IM-3) Initial Review Activities (within 60 days of contract award)**	**48 days**	**Wed 8/25/21**	**Mon 11/1/21**
36	Develop interview protocols	5 days	Wed 8/25/21	Tue 8/31/21
37	Submit schedule of review activities to IV&V Contract Manager	1 day	Wed 9/1/21	Wed 9/1/21
38	Submit list of Project Team stakeholders to interview to IV&V Contract Manager	1 day	Wed 9/1/21	Wed 9/1/21
39	Submit list of documents to be reviewed to IV&V Contract Manager	1 day	Wed 9/1/21	Wed 9/1/21
40	Submit list of Project Meetings to be attended and observed to IV&V Contract Manager	1 day	Wed 9/1/21	Wed 9/1/21
41	Conduct IV&V Reviews (10 calendar day limit)	5 days	Mon 9/13/21	Fri 9/17/21
42	Analyze collected project artifacts	5 days	Mon 9/20/21	Fri 9/24/21
43	Draft initial IV&V Review Report	5 days	Mon 9/20/21	Fri 9/24/21
44	DELIVERABLE (IM-3.1): Draft IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Mon 9/27/21	Mon 9/27/21
45	20 Day State Review of Draft IV&V Review Report	20 days	Mon 9/27/21	Fri 10/22/21
46	Incorporate feedback on Draft IV&V Review Report	5 days	Mon 10/25/21	Fri 10/29/21
47	DELIVERABLE: (IM-3.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Mon 11/1/21	Mon 11/1/21
48	**Monthly Review Activities (Month 3)**	**30 days**	**Fri 10/1/21**	**Thu 11/11/21**
49	**(IM-8) Prepare and Deliver Monthly Report (Month 3)**	**16 days**	**Thu 10/21/21**	**Thu 11/11/21**

50	**(IM-5) Management Briefing**	**1 day**	**Thu 11/4/21**	**Thu 11/4/21**
51	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Thu 11/11/21	Thu 11/11/21
52	**End of Q1**	**54 days**	**Mon 8/16/21**	**Fri 10/29/21**
53	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Wed 9/15/21**	**Fri 10/1/21**
54	Develop CMS MMIS IV&V Quarterly Progress Report	5 days	Wed 9/15/21	Tue 9/21/21
55	Incorporate State APD information	2 days	Wed 9/22/21	Thu 9/23/21
56	Finalize CMS MMIS IV&V Quarterly Progress Report	5 days	Fri 9/24/21	Thu 9/30/21
57	Deliver Final CMS MMIS IV&V Quarterly Progress Report	1 day	Fri 10/1/21	Fri 10/1/21
58	DELIVERABLE: (IM-6.1) Initial MMIS IV&V Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Fri 10/1/21	Fri 10/1/21
59	**Develop IV&V Review Checklists**	**52 days**	**Mon 8/16/21**	**Tue 10/26/21**
60	Conduct gap analysis of MECC templates against PK Checklist library	30 days	Mon 8/16/21	Fri 9/24/21
61	Resolve identified gaps	5 days	Mon 9/27/21	Fri 10/1/21
62	Submit Draft IV&V Review Checklists	1 day	Mon 10/4/21	Mon 10/4/21
63	State review of Draft IV&V Review Checklists	10 days	Tue 10/5/21	Mon 10/18/21
64	Incorporate feedback into Review Checklists	5 days	Tue 10/19/21	Mon 10/25/21
65	Deliver Final IV&V Review Checklists	1 day	Tue 10/26/21	Tue 10/26/21
66	DELIVERABLE: (IM-2) Initial IV&V Checklists	0 days	Tue 10/26/21	Tue 10/26/21
67	**Debriefing & Observation Report**	**7 days**	**Wed 10/20/21**	**Fri 10/29/21**
68	Prepare debriefing from latest Observation Report(s)	5 days	Wed 10/20/21	Tue 10/26/21
69	Schedule debriefing onsite or remote	1 day	Wed 10/27/21	Wed 10/27/21
70	Deliver debriefing	1 day	Thu 10/28/21	Thu 10/28/21
71	DELIVERABLE: Debriefing & Observation Report	0 days	Fri 10/29/21	Fri 10/29/21
72	**Archive Documents (IM-9)**	**6 days**	**Wed 10/20/21**	**Wed 10/27/21**
73	Compile archive documents from IV&V Review	5 days	Wed 10/20/21	Tue 10/26/21
74	Deliver archive documents to IV&V Contract Manager	1 day	Wed 10/27/21	Wed 10/27/21

75	**Monthly Review Activities (Month 4)**	**30 days**	**Mon 11/1/21**	**Fri 12/10/21**
76	**(IM-8) Prepare and Deliver Monthly Report (Month 4)**	**16 days**	**Fri 11/19/21**	**Fri 12/10/21**
77	**(IM-5) Management Briefing**	**1 day**	**Fri 12/3/21**	**Fri 12/3/21**
78	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Fri 12/10/21	Fri 12/10/21
79	**Monthly Review Activities (Month 5)**	**30 days**	**Wed 12/1/21**	**Tue 1/11/22**
80	**(IM-8) Prepare and Deliver Monthly Report (Month 5)**	**16 days**	**Tue 12/21/21**	**Tue 1/11/22**
81	**(IM-5) Management Briefing**	**1 day**	**Tue 1/4/22**	**Tue 1/4/22**
82	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Tue 1/11/22	Tue 1/11/22
83	**Monthly Review Activities (Month 6)**	**30 days**	**Tue 1/4/22**	**Mon 2/14/22**
84	**(IM-8) Prepare and Deliver Monthly Report (Month 6)**	**16 days**	**Mon 1/24/22**	**Mon 2/14/22**
85	**(IM-5) Management Briefing**	**1 day**	**Mon 2/7/22**	**Mon 2/7/22**
86	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Mon 2/14/22	Mon 2/14/22
87	**End of Q2**	**46 days**	**Thu 12/23/21**	**Thu 2/24/22**
88	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Fri 1/14/22**	**Tue 2/1/22**
89	DELIVERABLE: (IM-6.1) Quarterly MMIS Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Tue 2/1/22	Tue 2/1/22
90	**IV&V Review Checklists**	**27 days**	**Thu 12/23/21**	**Fri 1/28/22**
91	DELIVERABLE: (IM-2) Quarterly IV&V Checklists Approved	0 days	Fri 1/28/22	Fri 1/28/22
92	**Debriefing & Observation Report**	**7 days**	**Thu 1/20/22**	**Fri 1/28/22**
93	DELIVERABLE: Debriefing & Observation Report	0 days	Fri 1/28/22	Fri 1/28/22
94	**(IM-4) Conduct Periodic Reviews**	**32 days**	**Wed 1/12/22**	**Thu 2/24/22**
95	Develop interview protocols	5 days	Wed 1/12/22	Tue 1/18/22
96	Submit schedule of review activities to IV&V Contract Manager	1 day	Wed 1/19/22	Wed 1/19/22
97	Submit list of Project Team stakeholders to interview to IV&V Contract Manager	1 day	Wed 1/19/22	Wed 1/19/22
98	Submit list of documents to be reviewed to IV&V Contract Manager	1 day	Wed 1/19/22	Wed 1/19/22
99	Submit list of Project Meetings to be attended and observed to IV&V Contract Manager	1 day	Wed 1/19/22	Wed 1/19/22

100	Conduct IV&V Reviews and Interviews	5 days	Thu 1/20/22	Wed 1/26/22
101	Analyze collected project artifacts	5 days	Thu 1/27/22	Wed 2/2/22
102	Draft initial IV&V Review Report	5 days	Thu 1/27/22	Wed 2/2/22
103	DELIVERABLE (IM-4.1): Draft Periodic IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 2/2/22	Wed 2/2/22
104	State Review of Draft IV&V Review Report	5 days	Thu 2/3/22	Wed 2/9/22
105	Incorporate feedback on Draft IV&V Review Report	5 days	Thu 2/10/22	Wed 2/16/22
106	DELIVERABLE: (IM-4.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 2/16/22	Wed 2/16/22
107	**Archive Documents (IM-9)**	**6 days**	**Thu 2/17/22**	**Thu 2/24/22**
108	Compile archive documents from IV&V Review	5 days	Thu 2/17/22	Wed 2/23/22
109	Deliver archive documents to IV&V Contract Manager	1 day	Thu 2/24/22	Thu 2/24/22
110	**Monthly Review Activities (Month 7)**	**30 days**	**Tue 2/1/22**	**Mon 3/14/22**
111	**(IM-8) Prepare and Deliver Monthly Report (Month 7)**	**16 days**	**Mon 2/21/22**	**Mon 3/14/22**
112	**(IM-5) Management Briefing**	**1 day**	**Mon 3/7/22**	**Mon 3/7/22**
113	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Mon 3/14/22	Mon 3/14/22
114	**Monthly Review Activities (Month 8)**	**30 days**	**Tue 3/1/22**	**Mon 4/11/22**
115	**(IM-8) Prepare and Deliver Monthly Report (Month 8)**	**16 days**	**Mon 3/21/22**	**Mon 4/11/22**
116	**(IM-5) Management Briefing**	**1 day**	**Mon 4/4/22**	**Mon 4/4/22**
117	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Mon 4/11/22	Mon 4/11/22
118	**Monthly Review Activities (Month 9)**	**30 days**	**Fri 4/1/22**	**Thu 5/12/22**
119	**(IM-8) Prepare and Deliver Monthly Report (Month 9)**	**16 days**	**Thu 4/21/22**	**Thu 5/12/22**
120	**(IM-5) Management Briefing**	**1 day**	**Thu 5/5/22**	**Thu 5/5/22**
121	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Thu 5/12/22	Thu 5/12/22
122	**End of Q3**	**47 days**	**Wed 3/23/22**	**Thu 5/26/22**
123	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Thu 4/14/22**	**Mon 5/2/22**

124	DELIVERABLE: (IM-6.1) Quarterly MMIS Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Mon 5/2/22	Mon 5/2/22
125	**IV&V Review Checklists**	**27 days**	**Wed 3/23/22**	**Thu 4/28/22**
126	DELIVERABLE: (IM-2) Quarterly IV&V Checklists Approved	0 days	Thu 4/28/22	Thu 4/28/22
127	**Debriefing & Observation Report**	**7 days**	**Wed 4/20/22**	**Thu 4/28/22**
128	DELIVERABLE: Debriefing & Observation Report	0 days	Thu 4/28/22	Thu 4/28/22
129	**(IM-4) Conduct Periodic Reviews**	**32 days**	**Wed 4/13/22**	**Thu 5/26/22**
130	DELIVERABLE (IM-4.1): Draft Periodic IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 5/4/22	Wed 5/4/22
131	DELIVERABLE: (IM-4.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 5/18/22	Wed 5/18/22
132	**Archive Documents (IM-9)**	**6 days**	**Thu 5/19/22**	**Thu 5/26/22**
133	**Monthly Review Activities (Month 10)**	**30 days**	**Mon 5/2/22**	**Fri 6/10/22**
134	**(IM-8) Prepare and Deliver Monthly Report (Month 10)**	**16 days**	**Fri 5/20/22**	**Fri 6/10/22**
135	**(IM-5) Management Briefing**	**1 day**	**Fri 6/3/22**	**Fri 6/3/22**
136	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Fri 6/10/22	Fri 6/10/22
137	**Monthly Review Activities (Month 11)**	**30 days**	**Wed 6/1/22**	**Tue 7/12/22**
138	**(IM-8) Prepare and Deliver Monthly Report (Month 11)**	**16 days**	**Tue 6/21/22**	**Tue 7/12/22**
139	**(IM-5) Management Briefing**	**1 day**	**Tue 7/5/22**	**Tue 7/5/22**
140	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Tue 7/12/22	Tue 7/12/22
141	**Monthly Review Activities (Month 12)**	**30 days**	**Fri 7/1/22**	**Thu 8/11/22**
142	**(IM-8) Prepare and Deliver Monthly Report (Month 12)**	**16 days**	**Thu 7/21/22**	**Thu 8/11/22**
143	**(IM-5) Management Briefing**	**1 day**	**Thu 8/4/22**	**Thu 8/4/22**
144	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Thu 8/11/22	Thu 8/11/22
145	**End of Q4**	**46 days**	**Thu 6/23/22**	**Thu 8/25/22**
146	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Thu 7/14/22**	**Mon 8/1/22**
147	DELIVERABLE: (IM-6.1) Quarterly MMIS Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Mon 8/1/22	Mon 8/1/22

148	**IV&V Review Checklists**	**27 days**	**Thu 6/23/22**	**Fri 7/29/22**
149	DELIVERABLE: (IM-2) Quarterly IV&V Checklists Approved	0 days	Fri 7/29/22	Fri 7/29/22
150	**Debriefing & Observation Report**	**7 days**	**Wed 7/20/22**	**Thu 7/28/22**
151	DELIVERABLE: Debriefing & Observation Report	0 days	Thu 7/28/22	Thu 7/28/22
152	**(IM-4) Conduct Periodic Reviews**	**32 days**	**Wed 7/13/22**	**Thu 8/25/22**
153	DELIVERABLE (IM-4.1): Draft Periodic IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 8/3/22	Wed 8/3/22
154	DELIVERABLE: (IM-4.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 8/17/22	Wed 8/17/22
155	**Archive Documents (IM-9)**	**6 days**	**Thu 8/18/22**	**Thu 8/25/22**
156	**Monthly Review Activities (Month 13)**	**30 days**	**Mon 8/1/22**	**Fri 9/9/22**
157	**(IM-8) Prepare and Deliver Monthly Report (Month 13)**	**16 days**	**Fri 8/19/22**	**Fri 9/9/22**
158	**(IM-5) Management Briefing**	**1 day**	**Fri 9/2/22**	**Fri 9/2/22**
159	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Fri 9/9/22	Fri 9/9/22
160	**Monthly Review Activities (Month 14)**	**30 days**	**Thu 9/1/22**	**Wed 10/12/22**
161	**(IM-8) Prepare and Deliver Monthly Report (Month 14)**	**16 days**	**Wed 9/21/22**	**Wed 10/12/22**
162	**(IM-5) Management Briefing**	**1 day**	**Wed 10/5/22**	**Wed 10/5/22**
163	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Wed 10/12/22	Wed 10/12/22
164	**Monthly Review Activities (Month 15)**	**30 days**	**Mon 10/3/22**	**Fri 11/11/22**
165	**(IM-8) Prepare and Deliver Monthly Report (Month 15)**	**16 days**	**Fri 10/21/22**	**Fri 11/11/22**
166	**(IM-5) Management Briefing**	**1 day**	**Fri 11/4/22**	**Fri 11/4/22**
167	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Fri 11/11/22	Fri 11/11/22
168	**End of Q5**	**46 days**	**Fri 9/23/22**	**Fri 11/25/22**
169	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Fri 10/14/22**	**Tue 11/1/22**
170	DELIVERABLE: (IM-6.1) Quarterly MMIS Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Tue 11/1/22	Tue 11/1/22
171	**IV&V Review Checklists**	**27 days**	**Fri 9/23/22**	**Mon 10/31/22**

172	DELIVERABLE: (IM-2) Quarterly IV&V Checklists Approved	0 days	Mon 10/31/22	Mon 10/31/22
173	**Debriefing & Observation Report**	**7 days**	**Thu 10/20/22**	**Fri 10/28/22**
174	DELIVERABLE: Debriefing & Observation Report	0 days	Fri 10/28/22	Fri 10/28/22
175	**(IM-4) Conduct Periodic Reviews**	**32 days**	**Thu 10/13/22**	**Fri 11/25/22**
176	DELIVERABLE (IM-4.1): Draft Periodic IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Thu 11/3/22	Thu 11/3/22
177	DELIVERABLE: (IM-4.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Thu 11/17/22	Thu 11/17/22
178	**Archive Documents (IM-9)**	**6 days**	**Fri 11/18/22**	**Fri 11/25/22**
179	**Monthly Review Activities (Month 16)**	**30 days**	**Tue 11/1/22**	**Mon 12/12/22**
180	**(IM-8) Prepare and Deliver Monthly Report (Month 16)**	**16 days**	**Mon 11/21/22**	**Mon 12/12/22**
181	**(IM-5) Management Briefing**	**1 day**	**Mon 12/5/22**	**Mon 12/5/22**
182	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Mon 12/12/22	Mon 12/12/22
183	**Monthly Review Activities (Month 17)**	**30 days**	**Thu 12/1/22**	**Wed 1/11/23**
184	**(IM-8) Prepare and Deliver Monthly Report (Month 17)**	**16 days**	**Wed 12/21/22**	**Wed 1/11/23**
185	**(IM-5) Management Briefing**	**1 day**	**Wed 1/4/23**	**Wed 1/4/23**
186	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Wed 1/11/23	Wed 1/11/23
187	**Monthly Review Activities (Month 18)**	**30 days**	**Tue 1/3/23**	**Mon 2/13/23**
188	**(IM-8) Prepare and Deliver Monthly Report (Month 18)**	**16 days**	**Mon 1/23/23**	**Mon 2/13/23**
189	**(IM-5) Management Briefing**	**1 day**	**Mon 2/6/23**	**Mon 2/6/23**
190	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Mon 2/13/23	Mon 2/13/23
191	**End of Q6**	**46 days**	**Fri 12/23/22**	**Fri 2/24/23**
192	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Mon 1/16/23**	**Wed 2/1/23**
193	DELIVERABLE: (IM-6.1) Quarterly MMIS Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 2/1/23	Wed 2/1/23
194	**IV&V Review Checklists**	**27 days**	**Fri 12/23/22**	**Mon 1/30/23**
195	DELIVERABLE: (IM-2) Quarterly IV&V Checklists Approved	0 days	Mon 1/30/23	Mon 1/30/23

196	**Debriefing & Observation Report**	**7 days**	**Fri 1/20/23**	**Mon 1/30/23**
197	DELIVERABLE: Debriefing & Observation Report	0 days	Mon 1/30/23	Mon 1/30/23
198	**(IM-4) Conduct Periodic Reviews**	**32 days**	**Thu 1/12/23**	**Fri 2/24/23**
199	DELIVERABLE (IM-4.1): Draft Periodic IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Thu 2/2/23	Thu 2/2/23
200	DELIVERABLE: (IM-4.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Thu 2/16/23	Thu 2/16/23
201	**Archive Documents (IM-9)**	**6 days**	**Fri 2/17/23**	**Fri 2/24/23**
202	**Monthly Review Activities (Month 19)**	**30 days**	**Wed 2/1/23**	**Tue 3/14/23**
203	**(IM-8) Prepare and Deliver Monthly Report (Month 19)**	**16 days**	**Tue 2/21/23**	**Tue 3/14/23**
204	**(IM-5) Management Briefing**	**1 day**	**Tue 3/7/23**	**Tue 3/7/23**
205	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Tue 3/14/23	Tue 3/14/23
206	**Monthly Review Activities (Month 20)**	**30 days**	**Wed 3/1/23**	**Tue 4/11/23**
207	**(IM-8) Prepare and Deliver Monthly Report (Month 20)**	**16 days**	**Tue 3/21/23**	**Tue 4/11/23**
208	**(IM-5) Management Briefing**	**1 day**	**Tue 4/4/23**	**Tue 4/4/23**
209	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Tue 4/11/23	Tue 4/11/23
210	**Monthly Review Activities (Month 21)**	**30 days**	**Mon 4/3/23**	**Fri 5/12/23**
211	**(IM-8) Prepare and Deliver Monthly Report (Month 21)**	**16 days**	**Fri 4/21/23**	**Fri 5/12/23**
212	**(IM-5) Management Briefing**	**1 day**	**Fri 5/5/23**	**Fri 5/5/23**
213	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Fri 5/12/23	Fri 5/12/23
214	**End of Q7**	**47 days**	**Thu 3/23/23**	**Fri 5/26/23**
215	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Tue 4/18/23**	**Thu 5/4/23**
216	DELIVERABLE: (IM-6.1) Quarterly MMIS Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Mon 5/1/23	Mon 5/1/23
217	**IV&V Review Checklists**	**27 days**	**Thu 3/23/23**	**Fri 4/28/23**
218	DELIVERABLE: (IM-2) Quarterly IV&V Checklists Approved	0 days	Fri 4/28/23	Fri 4/28/23
219	**Debriefing & Observation Report**	**7 days**	**Thu 4/20/23**	**Fri 4/28/23**

220	DELIVERABLE: Debriefing & Observation Report	0 days	Fri 4/28/23	Fri 4/28/23
221	**(IM-4) Conduct Periodic Reviews**	**32 days**	**Thu 4/13/23**	**Fri 5/26/23**
222	DELIVERABLE (IM-4.1): Draft Periodic IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Thu 5/4/23	Thu 5/4/23
223	DELIVERABLE: (IM-4.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Thu 5/18/23	Thu 5/18/23
224	**Archive Documents (IM-9)**	**6 days**	**Fri 5/19/23**	**Fri 5/26/23**
225	**Monthly Review Activities (Month 22)**	**30 days**	**Mon 5/1/23**	**Fri 6/9/23**
226	**(IM-8) Prepare and Deliver Monthly Report (Month 22)**	**16 days**	**Fri 5/19/23**	**Fri 6/9/23**
227	**(IM-5) Management Briefing**	**1 day**	**Fri 6/2/23**	**Fri 6/2/23**
228	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Fri 6/9/23	Fri 6/9/23
229	**Monthly Review Activities (Month 23)**	**30 days**	**Thu 6/1/23**	**Wed 7/12/23**
230	**(IM-8) Prepare and Deliver Monthly Report (Month 23)**	**16 days**	**Wed 6/21/23**	**Wed 7/12/23**
231	**(IM-5) Management Briefing**	**1 day**	**Wed 7/5/23**	**Wed 7/5/23**
232	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Wed 7/12/23	Wed 7/12/23
233	**Monthly Review Activities (Month 24)**	**30 days**	**Mon 7/3/23**	**Fri 8/11/23**
234	**(IM-8) Prepare and Deliver Monthly Report (Month 24)**	**16 days**	**Fri 7/21/23**	**Fri 8/11/23**
235	**(IM-5) Management Briefing**	**1 day**	**Fri 8/4/23**	**Fri 8/4/23**
236	DELIVERABLE: (IM-8) Final Monthly IV&V Report	0 days	Fri 8/11/23	Fri 8/11/23
237	**End of Q8**	**80 days**	**Tue 4/18/23**	**Mon 8/7/23**
238	**State CMS MMIS IV&V (Certification) Quarterly Progress Report**	**13 days**	**Tue 4/18/23**	**Thu 5/4/23**
239	DELIVERABLE: (IM-6.1) Quarterly MMIS Certification Progress Report Approved (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Fri 7/28/23	Fri 7/28/23
240	**IV&V Review Checklists**	**27 days**	**Wed 6/21/23**	**Thu 7/27/23**
241	DELIVERABLE: (IM-2) Quarterly IV&V Checklists Approved	0 days	Thu 7/27/23	Thu 7/27/23
242	**Debriefing & Observation Report**	**7 days**	**Thu 7/20/23**	**Fri 7/28/23**
243	DELIVERABLE: Debriefing & Observation Report	0 days	Fri 7/28/23	Fri 7/28/23

244	**(IM-4) Conduct Periodic Reviews**	**26 days**	**Mon 7/3/23**	**Mon 8/7/23**
245	DELIVERABLE (IM-4.1): Draft Periodic IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Wed 7/19/23	Wed 7/19/23
246	DELIVERABLE: (IM-4.1): Final IV&V Review Report (deliver to CMS, ACF, FNS, OCSE, State CIO and IV&V Contract Manager)	0 days	Fri 7/28/23	Fri 7/28/23
247	**Archive Documents (IM-9)**	**6 days**	**Mon 7/31/23**	**Mon 8/7/23**
248	**Project Closeout**	**21 days**	**Mon 7/3/23**	**Mon 7/31/23**
249	Archive Documents	20 days	Mon 7/3/23	Fri 7/28/23
250	Deliver Archived Documents	1 day	Mon 7/31/23	Mon 7/31/23
251	Conduct Lessons Learned Meeting(s)	2 days	Wed 7/19/23	Thu 7/20/23
252	Develop Lessons Learned Report	5 days	Fri 7/21/23	Thu 7/27/23
253	Deliver Lessons Learned Report	1 day	Fri 7/28/23	Fri 7/28/23
254	Develop Project Closeout Report	7 days	Thu 7/20/23	Fri 7/28/23
255	Deliver Project Closeout Report	1 day	Mon 7/31/23	Mon 7/31/23

RFP Section V. B. 1. c. Proposal Responses and Attachment A Req # PM-3
iii. Describe how the IV&V bidder's project management approach adapts to varying State governance models.

We commit to delivering IV&V project management, oversight, and support services within an established framework of a standards-based methodology. Our framework is easily configured to adapt and scale to any software development approach or model that Nebraska projects use, including Agile. Our project management approach and methodology allow our IV&V team to begin delivering value from the first day of the project, as our repeatable processes let us focus on the varying details and governance models of each project.

PK acknowledges our IV&V team will report to the designated project sponsor and steering committee, and when required, to other governance bodies identified for a specific project. When federal reporting is required, we deliver our review reports simultaneously to the DHHS representative and the federal agency requiring direct IV&V reporting.

RFP Section V. B. 1. c. Proposal Responses and Attachment A Req # PM-4
iv. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the contractor's approach to meeting the requirement.

Table 9. Project Management Plan

	Requirements
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).
	PK RESPONSE: IV&V is an oversight function that consists of reviewing work products and processes to confirm they are developed and completed per project requirements and industry standards. IV&V helps verify consistency, transparency, accountability, and success on large and complex technology projects. PK will submit an IV&V Management Plan (IMP) within the first 30 days in accordance with the statement of work. The IV&V Management Plan specifically defines the activities, timelines, personnel, schedule, standards, and methodology for conducting IV&V reviews for the portfolio of Medicaid projects. The IV&V Management Plan also outlines various review components, and analysis techniques applicable for each type of review (documentation, data analysis, agile process, and testing quality).
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.
	PK RESPONSE: PK maintains an IV&V activities project schedule throughout the contract term that aligns with MLTC project schedule and the development contractor's deliverable schedule. The IV&V project schedule will be included in our baseline IV&V work plan deliverable. We refer to the IV&V project schedule weekly to plan staff resources and complete our work. The IV&V team project manager regularly meets with the MLTC project manager to discuss any planned modifications to the project or vendor schedules and evaluate the resulting impact to the IV&V schedule.

Table 9. Project Management Plan

	Requirements
	Our IV&V project manager is responsible for identifying, securing, and managing the resources assigned to the project. Resources are identified related to the type of work required to produce the contracted deliverables. As need dictates, the project manager works with PK senior management to allocate resources to the project. PK recognizes that some dates, specifically those associated with development contractor deliverables, are not well understood at the outset of the project. We will respond to minor adjustments in the projects schedule by making corresponding adjustments to our work processes based on written agreements. When significant changes occur in the project's schedule, we re-baseline the IV&V project schedule, with DHHS approval, to align it with the updated project schedule.
3	Must develop clear lines of communication and collaborative working relationships with project teams, project leadership, and CMS.
	PK RESPONSE: The IV&V Management Plan outlines our approach to communication management and collaborative working relationships. It documents our plan for communication events with project teams, project leadership, and CMS in a professional and collegial manner. PK understands that communication is critical to the success of MLTC projects and is an integral part of the project planning and support activities. Our IV&V team's communication approach will be consistent with the project's master communication plan. Communication planning begins with an analysis of the stakeholders who have a vested interest in the project and its outcomes. We confirm the MLTC project team identifies and analyzes the communications requirements for each portfolio project stakeholder group including vendors and CMS. Identifying and analyzing the communication requirements of these groups encourages executive support and promotes stakeholder buy-in. We verify that a process exists for confirming the effectiveness of project communications and collaborative relationships. We also analyze our IV&V communication planning, process, and collaborative relationships. We approach the IV&V review process with professionalism by clearly communicating our quality assurance approach and expectations. The IV&V team documents our assessment standards and which PK checklists will be

Table 9. Project Management Plan

Requirements
applied to the deliverable review process for each phase of the project. Setting clear quality review expectations up front reduces process concerns and questions and improves the quality of the initial and final deliverables.

6.1.2 Independent Assessment and Quality Assurance

RFP Section V. B. 2. c. Proposal Responses and Attachment A Req # IAQ-1
The bidder should include the following in their proposal:
i. Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
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.
	PK RESPONSE: **Document Purpose** The purpose of an IV&V Management Plan (IMP) is to outline how the PK IV&V team develops, communicates, manages, and tracks its own progress and statement of work. The IMP includes processes that provide tracking of estimated to actual budget hours, a schedule of IV&V activities, current and anticipated resources, and a deliverables review schedule. Our project manager confirms IV&V requirements are met in a timely and quality manner. The plan is intended to be dynamic in nature. We apply IV&V scope updates to reflect the changing landscape and DHHS priorities as the MLTC projects mature and change. We update the IV&V schedule monthly and provide IMP scope revisions on a quarterly basis, at a minimum.

IMP Objectives

The IV&V team plans and executes an effective evaluation of the project phases with the processes and tools detailed in the IMP. Plan objectives include:

- The product of a project meets requirements and fulfills customer needs
- Processes in the project lifecycle conform to accepted practices that lead to a viable product
- Risks and issues that may occur are anticipated so the project may minimize their impact, or avoid them all together
- Problems that may or do arise during the project are identified and addressed at the earliest point possible
- The project adheres to its plan (including schedule and budget) to produce the outcome of the project
- Both interim and end products meet accepted quality standards

Initial Review

The PK approach to the initial IV&V assessment includes looking at the broad aspects of the ongoing project management, quality management, design, development, configuration, testing and implementation efforts. A baseline assessment is performed during the initial assessment and updates to that initial assessment continue through each weekly and monthly report.

PK's Initial Review includes:

- Create a detailed schedule of review activities for the Initial Review, including identification of needed project personnel
- Create a list of specific documentation produced by the portfolio of MMIS projects that are required for the Initial Review
- Create a detailed schedule of the meetings that IV&V attends during the review, based on the updated work plans for the project
- Develop detailed findings and recommendations, including actionable responses assigned to specific groups, which are included in the IV&V Risk Tracking Log within the Monthly Report

This organized approach allows PK's IV&V team to gather the information necessary for evaluating the project's management, artifacts, and activities. PK delivers a draft Initial IV&V Review Report to DHHS and MLTC project designated contacts for review and final report for approval.

Periodic Reviews

The scope, contents, and products of a periodic IV&V review are determined based upon the status of the project and point in the SDLC. The scope and

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
	contents of each review will be based upon upcoming project activity and planned work products as found in the overall project schedule.
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.
	PK RESPONSE: PK will actively participate in each project. Information about the state of the project is gathered to determine if concerns exist. We use this information in risk identification and analysis to further elaborate concerns and then make recommendations. Many techniques are used to gather information including: • Interviews. We conduct Interviews with project participants and stakeholders to identify potential risks. A set of interview questions, or protocol, is developed before conducting the interviews. The protocol is designed to identify risks at a general level as well as dive deeper into potential risks or issues that have been identified via prior information gathering and analysis. • Meeting Attendance. We gather information by attending and documenting the salient topics from recurring and other meetings (e.g., project status, requirements validation). • QC Reviews. Quality control reviews sometimes result in the identification of new risks and issues or provide further information about existing risks and issues. • Informal Conversations. In addition to the formal information gathering and analysis process, the PK team often identifies concerns through informal conversation. When we receive information through informal channels, we review and follow up through reviewing artifacts, attending appropriate meetings, and interviewing key players. We maintain relationships with team members and stakeholders to help facilitate these informal conversations. • Review of Documents. Separate from our formal quality control activities, we review a variety of project documentation such as status reports from the state and development contractor, non-QC reviewed project products, project management documentation, formal project communications and meeting minutes. We use information gathered from these reviews in the risk identification and monitoring process.

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
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).
	PK RESPONSE: As part of our information gathering process, PK reviews schedules, resource utilization and budget. We evaluate performance against the plan and the associated documentation. The results of this analysis are inputs into the risk identification process.
4	Must assess the projects' resources, managerial responsibilities, and governance structure to identify gaps and provide recommendations.
	PK RESPONSE: PK will confirm that the resources are performing their project roles. This will be done via reviewing plans, roles charts, and organizational charts and conducting IV&V interviews. We use this information in risk identification and analysis to further elaborate concerns and make recommendations.
5	Must participate in all project meetings unless otherwise directed by DHHS.
	PK RESPONSE: PK will attend all project meetings, gather information, and document relevant topics. PK will verify meeting schedules and participants to make sure that the meetings are identified and attended.
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.
	PK RESPONSE: As your independent partner, the IV&V team is in a unique position to offer unbiased reviews and act as a neutral party when conflicts occur. This is an integral part of the IV&V services that PK provides. In large software projects, disputes over quality and conformance to standards are a typical part of the process. The PK IV&V Team will provide an independent analysis of the issues

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
	and risks of the project and provide that input for issue resolution and risk mitigation.
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
	PK RESPONSE: As defined in the statement of work, we will focus our reviews on the specific task areas requested. However, we will not limit our assessment to these areas if other processes and activities are identified. The following table includes the list of IV&V task areas, project artifacts, and processes we will review throughout the project.

IV&V Task Area	Project Artifacts or Processes
Project Management	Project Management, Risk, Change Control, Communication, Configuration, State Oversight
Quality Assurance	Quality Assurance, Plans, Process Definition, Product Standards
Requirements Management	Requirements Management, Security Requirements, Requirements Analysis, Interface Requirements, Requirements Allocation and Specification, Requirements Traceability

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Requirements	
Design	High Level Design, Detailed Design, Job Control, Code and Unit Test, Business Rules, Interfaces
Development	Development Environment, Development Software, Development and Configuration Processes, Release and Build Management, Interfaces
Testing	Unit Test, System Integration Test, Pilot Test, Interface Testing, User Acceptance Test, Interfaces
Training and OCM	User Training and Documentation Organizational Change Management
Implementation	Implementation and Post-Implementation

IV&V provides an independent assessment of project deliverables and processes. Our assessments include the following activities:

- Reviewing Project deliverables and documentation
- Observing processes
- Interviewing project team members and stakeholders
- Participating in meetings
- Developing status and progress reports
- Completing the Reviewer sections of the CMS MECT Checklists and supporting the MECL.
- Recommendation to accept, reject or accept with modifications, each deliverable under review

The PK IV&V team provides independent technical analysis of project processes and artifacts to present objective assessments of project health and key findings to the Project Manager.

As part of our assessment process, we work with the project team to identify the project documentation we will review. IV&V document reviews are guided by checklists maintained in PK's document repository. Prior to the deliverable review IV&V refines the appropriate checklists and delivers these to the state and vendor for advance review. Our goal is to gain an understanding on the content to be included in the deliverable and the criteria to be used in

Table 10. Independent Assessment and Quality Assurance Plan

Requirements
assessing it. This collaborative effort reduces rework by ensuring all parties have the same expectations for quality reviews. We use a similar methodology and set of checklists when assessing an all-encompassing process. For example, we not only review the Risk Management Plan, but we also observe the risk management process. Each process has a set of checklist criteria based on industry standards and is tailored to meet the needs of the specific project. To gain perspective on each process and the health of the project overall, we conduct interviews with project staff and stakeholders. Valuable insight is gained through interviews and conversation with project team members and stakeholders. The IV&V Project Manager will work with the Project Manager and coordinator to identify and schedule the interviews to be conducted. Interviews are structured to stimulate conversation with the interviewee, and the outcomes of the interviews are confidential. Our goal is to make certain that all Project Team members have advance notice and are fully aware of what is required of them to support IV&V assessments. We understand that both the state and vendor teams have multiple demands on their schedules, and we will make every effort to ensure that our IV&V activities are efficient, productive, and respectful of everyone's schedules, without compromising the integrity of our reviews. Finally, IV&V participates in meetings and regular project activities as appropriate. In addition, IV&V will review applicable meeting minutes for meetings we do not attend. DHHS requested an initial baseline assessment that includes looking at the broad aspects of the ongoing project management, requirements, design, development, testing and implementation efforts. Subsequent reviews of processes and artifacts will be delivered ongoing and in the monthly reports. **CMS Milestone Reviews** IV&V collaborates with DHHS and CMS to plan and prepare for the Milestone Reviews. The entire team must agree upon scope, schedule, roles and responsibilities. They must also determine the approach for gathering evidence, completing the MECT Checklists, and validating the Checklists and Evidence. IV&V assists DHHS in developing the Project Partnership Understanding agreement to be submitted to CMS and an approach document that outlines the detailed process and roles for all project teams.

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
	IV&V may facilitate certification workshops with DHHS to analyze each criterion included in the relevant checklists to come to common agreement on the intent and meaning of the review criteria and the type of evidence to be provided for the Milestone Review. While IV&V cannot comment on whether specific review criteria will or will not be met by the proposed evidence, we will collaborate with the team to reduce the risk of confusion and create shared expectations. To ensure IV&V effort independence, MECT/OBC/SMC related deliverables are submitted to the CMS state officer and DHHS designated principal representative simultaneously. This includes checklists and draft and final IV&V Progress Reports. As CMS milestone review process guidance and changes are issued, IV&V works with DHHS, module vendors, and CMS to revise processes, tools, outputs, and deliverables.
8	Must assess project plans, processes and procedures to identify improvements and whether they are being followed.
	PK RESPONSE: The IV&V team will be reviewing work products and processes to ensure they are developed and completed per project requirements and industry standards. The review helps with the project consistency, transparency, accountability, and success on large and complex technology projects. The review objectives include: • The end product of a project meets desired requirements and fulfills client's needs. • Processes in the project lifecycle conform to accepted practices that lead to a viable end product. • Risks and issues that may occur are anticipated so the project may avoid or mitigate them. • Problems that may or do arise during the project do not derail the project. • The project adheres to its plan (including schedule and budget) to produce the end product. • Both interim and end products meet accepted quality standards.
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

Table 10. Independent Assessment and Quality Assurance Plan

Requirements
• Cost and resource estimates for the change order are reasonable • Recommendations for alternate approaches to achieving the outcome of the change order
PK RESPONSE: Change control is a method for implementing only changes that are worth pursuing, and for preventing unnecessary or overly costly changes from disrupting the project. Change control is essentially an agreement between the project team and the project executive sponsors and managers that are responsible for decision-making on the project to evaluate the impact of a change before implementing it. The purpose of a Change Management Plan is to ensure the project (1) records requested changes to approved scope, budget, and schedule, (2) determines and evaluates the impact of those requested changes, (3) employs a systematic approval process, (4) implements approved changes, (5) records the decisions made and the reasons for them, and (6) communicates those decisions. By consciously following the process for each change request, the project can successfully accommodate and implement change and avoid the chaos that unplanned change can inflict upon a project. From a project management perspective, the PK IV&V Team verifies each of the vendors has created and communicated a complete Change Management Plan. We verify these areas as part of our Initial Vendor Reviews. The PK IV&V Team also monitors project changes as part of our Vendor Reviews to ensure that the Change Management Plans are followed. Specific change requests are reviewed and assessed to assure the following: • The change has been adequately detailed • The impact to both schedule and budget is evaluated • Executive level approval was obtained • The project plan was updated with any impact • The change was implemented • Test scripts were modified to test the approved change PK brings significant experience and expertise in the IV&V of Change Management Plans and processes. Our Change Management Quality Checklist, for Integrated Change Control is used as the standard criteria expected in a Change Management Plan.

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
	Often a Change Control Board (CCB) is engaged to manage change requests. Conflict can exist regarding whether certain items are within scope and this board can divert these discussions from the main project team to a body whose responsibility it is to ultimately determine whether each change request is needed, and that sufficient reason and justification has been appropriately documented. Whether an independent CCB is employed, or some other mechanism is established to ensure conflict resolution, the PK IV&V Team assesses the adequacy of the plan and ensures that the plan is rigorously implemented.
10	Must comply with IV&V regulatory requirements detailed in 45 CFR 95.626.
	PK RESPONSE: PK will comply with the requirements for 45 CFR 95.626 and identified within the state IV&V RFP. An IV&V Project Management Plan and schedule will be created that list what will be done, how it is to be done and the effort needed to complete the tasks. PK will maintain its independence from the other vendors assigned to the project.
11	Must identify areas of un-necessary duplication and overlap between roles on the projects.
	PK RESPONSE: In multi-vendor and multi-program initiatives environment, duplication and overlap of management functions can create confusion and disruption if not identified and addressed. The PK IV&V Team can be an advocate for ensuring roles, accountability and responsibility are clearly defined and any overlap of vendor and management functions are documented and addressed. PK has experience in working in complex multi-vendor environments and will be your partner in reviewing the management structure and provide recommendations to eliminate duplication and overlap of roles. This begins with a detailed review of the project's contracts and scope of work of each contributing management role with an analysis of the function and expectations for each management role and function.
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.

Table 10. Independent Assessment and Quality Assurance Plan

Requirements
PK RESPONSE: PK has a very broad requirements management vision. As your IV&V partner, PK is involved in monitoring and tracking of requirements throughout all aspects of the project and supports these activities with multiple work products. PK gathers the requirements information and ensures that lessons learned from one-step to the next are applied to each cycle of requirements review. Since many MMIS DDI initiatives require multi-vendor solutions, contract and requirements traceability are essential throughout the SDLC. Therefore, our attention is focused on contract, requirements, and artifact traceability to help ensure that all requirements are represented in the testing, training, operational readiness, and deployment of deliverables. The PK IV&V Team defines an assessment process that seeks to ensure accuracy, clarity, and achievability within the parameters of the project schedule and budget. As the project progresses through each implementation stage, the PK IV&V Team helps ensure that business and technical requirements meet the following objectives: • Define the criteria to be used for assessing whether the software requirements are met by the system and software • Check that each system requirement allocated to software is testable (can be fully implemented in the software) • Verify that all system requirements that should be allocated to software have been allocated • Establish the link between the system requirements, software requirements and software documentation • Identify other software requirements based on analyses of the system requirements, system interfaces, and required functions for verifying system and data integrity • Identify all interfaces between components and interfaces to legacy systems • Evaluate use cases, models and software test scenarios and procedures back to the requirements to ensure test coverage • Identify open issues between system and software requirements • Confirm that software requirements are traced through design specifications, development documentation, systems integration test cases, and User Acceptance Test scripts • Confirm all data migration and data conversion requirements are defined and fully traceable

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
	PK monitors the development of new requirements and changes to existing requirements. This process helps to ensure that any suggested changes to requirements do not create conditions that adversely impact the funding charter, and that requirement traceability is maintained throughout the development lifecycle.
13	Must develop and monitor project performance metrics which allow tracking project completion against milestones.
	PK RESPONSE: PK will work with the state to develop and establish performance metrics that support monitoring and communication of project status, which includes quantitative and qualitative measurements for process and product improvements. PK will monitor and confirm that the metrics are accurately collected and reported and present a correct portrait of the project's progress. PK's approach provides a comprehensive, consistent method for reviewing the state's planning process, key project performance metrics, and module contractor deliverables and projects.
14	Must submit criteria for approval for defining a Critical Incident which could adversely affect the outcome of the projects.
	PK RESPONSE: PK will work with DHHS to develop criteria to define what constitutes a critical incident and develops process and procedures for taking action when the critical incident occurs. A critical incident is typically one that has immediate and measurable impact to meeting the projects goals and objectives. Once we agree on a critical incident definition, we work with DHHS to develop an action plan. The action plan is immediately implemented to limit the impact the issue is having on the project.
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.
	PK RESPONSE:

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
	If a concern turns out to be a critical incident, it is by definition an issue that is impeding project progress. PK's recommended practice is to immediately document the issue through a Critical Incident Report and discuss the concern with the project manager. The issue is then managed through the issues management process while continuing to track the IV&V Finding and Recommendation to final disposition. PK uses findings and recommendations to provide proactive IV&V and give us the opportunity to identify and address concerns early, determine if the concern merits further discussion and research, and then determine a reasonable and achievable recommendation for resolution or mitigation of the concern. We start by documenting the facts and observations that prompted a concern and determining whether a documented action item, risk or issue exists. We outline and discuss, internal to the IV&V Team, the potential consequences of the problem to illustrate why action and tracking may be needed. We determine if the concern is a risk, an issue, or neither. A risk is an uncertain event that if realized, will impact one more of the project's objectives. An issue or impediment is a problem that is causing a current negative impact or one or more of the projects deliverables, key processes, or outcomes. It is important to classify and manage risks and issues accordingly. Some concerns and problems do not rise to the level of being a risk or issue. If the facts and potential impacts documented indicate there may not be a risk, or it is too early to clearly identify and categorize the concern, we discuss the topic first within the IV&V Team. If appropriate, we then meet with the project manager to determine if this information needs to be managed as a critical incident, an action item, an issue, or a risk. If the issue is critical, it will be immediately brought to the attention of the project manager to avoid losing time in addressing the critical problem and to minimize the impact to the project. PK will work with the project team to determine the best course of action to take on a critical incident.
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.
	PK RESPONSE:

Table 10. Independent Assessment and Quality Assurance Plan

	Requirements
	PK uses many techniques to observe and gather information on the project. We conduct interviews with project participants and stakeholders to identify potential risks or concerns. A set of interview questions, or protocol, is developed before conducting the interviews. The protocol is designed to identify risks at a general level as well as dive deeper into potential risks, concerns or issues that have been identified via prior information gathering and analysis. By attending all meetings PK can understand and observe and evaluate the processes, procedures and tools being used on the project. We maintain relationships with team members and stakeholders to help facilitate our understanding of the project and its progress.
17	Must review and analyze all applicable and available documentation for adherence to accepted, contractually defined industry standards.
	PK RESPONSE: **PK's Findings and Recommendations with S.M.A.R.T. (indicators)** At PK we use a combination of detailing findings and recommendations, deliverable observation reviews, and process observations, to verify and validate adherence to accepted, contractually defined industry standards. Each finding and associated recommendations are tracked in a log and maintained by IV&V and delivered to the Project. Findings and recommendations will also be reported in the IV&V Progress Reports delivered to CMS and DHHS. **Findings and Recommendations** PK's IV&V methodology and our review tools are founded on industry standards and best practices. Our findings and recommendations reflect that commitment to standards and are not swayed by our cooperative approach to IV&V. For PK's IV&V findings and recommendations to add value, they must be informed by considerable input and interaction with the state and its vendors, but not influenced by them. While we do not "solution" the finding, we will always provide actionable recommendations along with each finding. Findings requiring immediate attention will be brought to project management, following documented processes. **Deliverable Observation Reports**

Table 10. Independent Assessment and Quality Assurance Plan

Requirements
Deliverable Observation Reports (DOR) include detailed analysis of specific deliverables. The IV&V PM will work with the Project Team to identify the specific vendor deliverables for which IV&V should prepare and deliver an analysis report. For each deliverable identified for review, we analyze the content to validate its compliance with the pre-defined standards included in the quality checklist specific to that deliverable. We do this through our independent review, but also by collaborating with the project team, vendor staff and subject matter experts who have specific insight into each deliverable. Our completed DOR includes the deliverable under review with comments inserted via the Microsoft review comment option, as well a separate Comment Log. Our comments are substantive, actionable, and focused on recommendations for improving the deliverable. In addition, the DOR: • Verifies the format of the deliverable is compliant with requirements and expectations • Provides a summary assessment of the deliverable • Provides findings and recommendations about the deliverable contents • Validates compliance with quality checklist criteria, quality standards, and industry best practices • Provides independent verification of the data reported in the deliverable • Provides a recommendation for acceptance or rejection of the deliverable. • In the case of rejection, provides specific recommendations to achieve approval We will conduct our review of the deliverable and provide the DOR within the monthly report. **Process Observation Reports** Process Observation Reports (POR) include a detailed analysis of a specific process activity. The IV&V Project Manager will identify project process activities for review and analysis and prepare a POR report. For each process activity identified for review, we analyze the process activities to validate its compliance with the defined and approved process descriptions and workflows. We do this through our independent review and by collaborating with project managers of the DHHS initiatives and vendor staff and subject matter experts who have specific insight into each process.

Table 10. Independent Assessment and Quality Assurance Plan

Requirements
Our completed POR includes the process and activity under review with the IV&V analysts' observation of the process compliance and intended outcomes as defined by project and industry standards. Our comments are substantive, actionable, and focused on recommendations for validating and improving the process. In addition, the POR: • Verifies the process activity is aligned with approved processes • Provides a summary assessment of the activity expectations and outcomes • Provides an assessment as to the specific activity expectations being met or not met • Provides analysts observations relative to expectations being met or not met • Provides analysts observations as to the overall outcome of the activity • Provides any recommendations for improvements, if any, to the process or activity being conducted We will conduct our review of the process and provide the POR in the monthly report. SMART Criteria PK is a strong proponent of applying SMART (Specific, Measurable, Achievable and Attributable, Reasonable and Timely) criteria to all our findings and recommendations. SMART criteria are well accepted in the field of monitoring and evaluation, and they are a common best practice approach at PK to develop actionable findings and recommendations. Specific: The finding should directly relate to the achievement of a single objective and the finding must be able to be translated into operational terms. While the outcome or result itself can be broad, the finding statement should be narrow, and should be documented in clear, concise, and wherever possible, measurable terms. The findings should be specific enough to measure progress towards the result. Measurable: The finding and recommendation should have the capacity to be counted, observed, analyzed, tested, or challenged. It is important to measure the concern, so progress can be determined. Achievable and Attributable: The recommendation should identify what action is the best action in the interest of the project objectives and what action is needed as a result of the acceptance of the finding. If the finding accurately specifies the amount or level of what is to be measured to meet the result, the recommendation should be achievable.

Table 10. Independent Assessment and Quality Assurance Plan

Requirements
Relevant: A recommendation should be a valid measure of the result or expected outcome of the finding and be supported by research and professional expertise. **Timely:** Findings and recommendations must be timely in terms of the time needed for data collection and research availability of resources. A properly documented finding and recommendation should also address the time lag between the acceptance of the problem and the expected change in outcome for whatever solution is chosen. The finding and recommendation should allow progress to be tracked in a cost-effective manner at the desired frequency for a set period, with clear identification of the stakeholder group(s) to be affected by the project. This should come with a clear understanding of the approach to documenting, monitoring, and closing the finding with an appropriate and timely resolution.

RFP Section V. B. 2. c. Proposal Responses and Attachment A Req # IAQ-2
ii. Describe the bidder's approach in detail to IV&V including:
a) Project participation at the level of detail necessary to assess the project's health
b) Risk, issue, and opportunity management
c) Deliverable review and reporting of deliverable findings

PK's IV&V team participates in project meetings, allowing the team to actively monitor and report on the project's health based on the project scope, budget, and its schedule along with the projects' resources, managerial responsibilities, and governance structure adherence.

PK will 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 perform ongoing risk identification and monitoring throughout the life of the project to identify risks, issues, and opportunities for project leadership to manage. As part of our ongoing assessments, we conduct interviews, attend meetings, review project artifacts and deliverables, informal conversations and analysis of the scope budget and schedule. When risk, issues, or opportunities are established, they are presented at the project risk meeting or via our status reporting.

PK will provide deliverable reviews and assessments. Once PK receives the deliverable, we first read it to gain an initial understanding of the organization and content. Then, we

reread it and assess it against the criteria in the checklist. The IV&V analyst fills out the checklist, adds comments about the deliverable, and selects one of the recommendations for the checklist. The Criteria Met column of the checklists is evaluated based on these criteria:

- Met (M): The deliverable meets the criteria specified in the Checklist Item column. No comments or responses are necessary.
- Not Met (NM): The deliverable does not meet the criteria specified in the Checklist Item column. A summary of the rationale as well as our recommendation is included in the Comments column.
- Not Applicable (N/A): The checklist item does not apply at this time and is not assessed.

This completed checklist is then reviewed by the Project Manager who may add clarifications or adjustments before submitting the completed checklist to DHHS Project Manager along with a recommendation as to whether the deliverable should be approved.

RFP Section V. B. 2. c. Proposal Responses and Attachment A Req # IAQ-3
iii. Explain past challenges and common issues along with the recommendations provided to address the issues.

A common issue in Medicaid modular transformation projects is vendor performance and vendor management. It is critical that areas of responsibility and accountability are clear through contract service level agreements (SLAs) and quality measures. PK's IV&V practice of documenting what is going well and what needs improvement provides a strong basis for corrective action of vendor performance and delivery issues. Fact-based findings and recommendations provide a detailed accounting of the steps taken or not taken to resolve a project issue. Documenting lessons learned throughout the project is another effective tool to identify steps that will improve the outcome of an activity the next time it is undertaken.

RFP Section V. B. 2. c. Proposal Responses and Attachment A Req # IAQ-4
iv. Provide examples of opportunities or positive risks reported in past projects where the customer was able to capitalize.

From a recent electronic visit verification (EVV) project, the IV&V team focused on preparation for the states' CMS certification final review. The IV&V team observed that both the system development contractors and the state were well prepared for final certification. All participated in numerous dry run and preparation sessions throughout the month. CMS and MITRE sent questions in advance of the final review, resulting in intelligent and effective data and state policy discussion during the call. The contractors demonstrated the

systems for CMS and MITRE's review. The conversation focused on the key performance indicators (KPIs) and how they are captured and reported. The state received a minimal number of CMS follow-up action items. After remaining action items are completed, CMS will provide their written response to the certification final review.

The IV&V team recommended the dry runs and preparations based on similar projects where the customer benefited from doing so. Also, having the product owners demonstrate the system helped the contractors and state to have ownership.

Another positive risk opportunity example was from a PK MMIS modular enterprise project. The state was experiencing a lack of a comprehensive, accurate, and up-to-date integrated master schedule. It created many cascading project and schedule issues for the state PMO, IV&V, system integrator, and the other module contractors. The state accepted the IV&V team's recommendations for skills and best practice suggestions. The state and system integrator contractor quickly improved the integrated master schedule to 100 percent accuracy for the first time. This collaboration outcome was completely satisfactory to the state PMO.

RFP Section V. B. 2. c. Proposal Responses and Attachment A Req # IAQ-5
v. Provide examples of the bidder's deliverable review findings and issue assessments utilized on previous projects.

A recent Medicaid replacement project IV&V deliverable review report provides Care Case Management (CCM) and Electronic Visit Verification (EVV) module findings and recommendation examples.

Table 11. Deliverable Review Findings and Recommendations

Project	Findings	Recommendations
CCM	IV&V finds that the status reporting provided by development contractor is frequently not current and cannot be substantiated. In multiple instances (5/25, 6/1, 6/29, 7/6, 7/13, 7/20, 7/21) deficiencies and inaccuracies in status reports have mandated that the Report be updated and re-released after inaccuracies have been identified during the Weekly Status or Defect Review Meetings. Impact:	• IV&V recommends that development contractor disclose the source data that is used to prepare the Weekly Status Report. • IV&V recommends that development contractor initiate formal quality reviews in advance of releasing status reports to the Department.

Table 11. Deliverable Review Findings and Recommendations

Project	Findings	Recommendations
	The Department is unable to ascertain the true status of the project.	
CCM	IV&V finds that the requirements traceability matrix (RTM), published to the Department SharePoint site is not being maintained. As of 1/27, the RTM instance on the SharePoint site appears as V0.4, updated 12/7 and the instance provided to IV&V has a different filename format, last updated 1/26. Impact: The project staff will be unable to determine the current status of CCM requirements.	• IV&V recommends that the Department require that the development contractor maintain consistent file naming conventions for the RTM, and that the RTM instance on the Department SharePoint site be updated on a weekly basis.
CCM	IV&V finds the development contractor's weekly status report is lacking details for the Product Gap and Assessment tabs but is also lacking details in the other status tabs. Impact: Without the details needed it is difficult for the Department to track where the Product Gaps and Assessments are in the testing process, and what defects are currently affecting those specific items. It is also difficult to identify where the Product Gaps can be tested in UAT.	• Product Gaps: identify the testing strategy for each gap and provide traceability to where these gaps will be tested in UAT. Additionally, add columns indicating whether the functionality is released to UAT, the number of severity 1 or 2 defects, current version/release, and whether UAT passed. • Assessments: identity which assessments are now included in the Comprehensive Module. Add columns indicating whether functionality is released to UAT, the number of severity 1 or 2 defects, current version/release and whether UAT passed.

Table 11. Deliverable Review Findings and Recommendations

Project	Findings	Recommendations
		• All other status report tabs: Add columns indicating whether functionality is released to UAT, the number of severity 1 or 2 defects, current version/release, and whether UAT passed.
EVV	System contractor does not provide the Department sufficient time to review releases and identify test impacts to the MMIS, BIDM, and external stakeholders. Impact: Production releases may contain untested features or unknown defects. The Department could potentially deny claims in error when hard editing is enforced if they are unaware of the stakeholder impacts.	Consider the following to mitigate this finding: • Require contractor to develop and deliver a release management plan that outlines release planning and schedule. • Request release notes and testing results in advance of each release, preferably five business days before. • Develop a regression test deck to perform against each release to ensure correct processing.

6.1.3 IV&V Status Meetings and Reporting

RFP Section V. B. 3. c. Proposal Responses and Attachment A Req # IVV-1
The bidder should include the following in the proposal:
vi. 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.

Table 12. IV&V Status Meetings and Reporting

	Requirements
1	Must prepare and submit a weekly status report including activities for the previous week and upcoming activities for the next two weeks that includes the following information:

Table 12. IV&V Status Meetings and Reporting

Requirements
• 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
PK RESPONSE: We understand the importance of timely and meaningful communication about a project's status to ensure that DHHS and other project stakeholders know what is happening within the project, specifically what is on track, what challenges exist, and what is planned for the near future. Our approach to IV&V status meetings begins with communication between our team and the project team at kickoff. At kickoff we will work with the DHHS project team to identify meetings we need to attend to ensure we attend the right meetings for our IV&V assessments, and that we have access to all the information we need to fulfill our IV&V role. Assessing what meetings we attended will also be done periodically throughout the project with flexibility to add or remove meetings to ensure the right value to DHHS and our IV&V role. During kickoff we will also work with DHHS to identify a date and time for the PK facilitated weekly and monthly status meetings. Once meetings are identified, we will assign PK attendees to the meetings based on their role for effective participation, assessment, and contribution. Our project teams establish a shared calendar that contains all scheduled project meetings and attendees for visibility by the entire team. Our teams hold regular weekly sync meetings that include debriefs about meetings attended to ensure the entire team has a comprehensive understanding about what is going on with the project. This information sharing ensures we have a knowledgeable team with a comprehensive understanding of the project. This allows us to identify common themes between projects and allows us to identify risks that may impact other projects. The information we collect, discuss, and synthesize provides meaningful information for status reporting.

Table 12. IV&V Status Meetings and Reporting

	Requirements
	Having a team that is not siloed in only one specific project also allows us to support and can cover each other as needed. Our shared team calendar also includes deliverable due dates which include weekly and monthly status report due dates to facilitate report generation planning, including reminders for status report quality assurance reviews prior to publishing the status reports by submitting them to our clients. PK will submit a draft weekly status report template that includes the following information: • Activities for the previous week and upcoming activities for the next two weeks • 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 The draft report template will be submitted to DHHS for agency review and feedback. Feedback will be incorporated resulting in a finalized report template to provide the right information in a consistent manner. PK wants status reporting to be meaningful to DHHS, and we are always open to discussions about our reports and flexible about making changes if needed to report the right information.
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.
	PK RESPONSE: As indicated earlier in this section, our PK project team shares a project calendar that tracks meetings and deliverable due date, to ensure status reports are submitted by the established day and time.

Table 12. IV&V Status Meetings and Reporting

	Requirements
	PK will prepare a draft Weekly Status Report at project initiation for DHHS review and feedback. PK will incorporate any feedback or request for changes provided by DHHS for a final approved Status Report template. The approved and agreed upon template will be used by the PK team for consistent quality status reporting deliverables submitted within 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.
	PK RESPONSE: PK will coordinate with DHHS project leadership to schedule a recurring weekly status meeting facilitated by PK. An agenda will be distributed prior to the meeting, with meeting minutes to follow.
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 review ed in the last reporting period • Other IV&V activities as defined by DHHS
	PK RESPONSE: PK will prepare a draft IV&V report that includes all of the required elements listed below: • 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

Table 12. IV&V Status Meetings and Reporting

	Requirements
	• Additions or updates to executive level risks, issues, and opportunities along with further recommended actions • Summary assessment of project deliverables and work products review ed in the last reporting period • Other IV&V activities as defined by DHHS The draft IV&V monthly report will be submitted to DHHS for review and feedback. Feedback received from DHHS will be incorporated and a final report template will be submitted to DHHS for approval. PK will use the approved and agreed upon IV&V Monthly Report template to ensure consistent quality deliverables. PK will leverage the shared team calendar to monitor report submission deadlines and submit the report within five business days after month end.
5	Must facilitate a monthly IV&V report meeting with DHHS identified leadership.
	PK RESPONSE: PK will coordinate with DHHS project leadership or the designated IV&V Contract Manager to schedule a recurring IV&V monthly report meeting facilitated by PK. During the monthly IV&V report meeting, PK will review the project dashboard, project status, issues, risks, and other relevant project activities and deliverables.
6	Must create the agenda and take the minutes for any IV&V meetings.
	PK RESPONSE: PK will create agendas and provide minutes for the weekly status meetings and the monthly IV&V Report Meeting. PK understands the importance of timely meeting minutes. We will work with DHHS to establish a turnaround time for the submission of meeting minutes.

RFP Section V. B. 3. c. Proposal Responses and Attachment A Req # IVV-2
vii. 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.

Risk identification and monitoring is the process of identifying and tracking concerns that could negatively impact the outcome of a project. PK evaluates project management processes, how the processes are implemented, and whether approved processes are followed throughout the project life cycle.

The IV&V team captures detailed status on project activities like risks, findings, scheduled tasks, issues, staffing, and communications as a part of the recurring IV&V reporting process. We gather information about the project to determine if concerns exist and analyze the information to identify findings, risks, and issues, and develop recommendations. PK communicates these concerns so that DHHS and MLTC project stakeholders are aware of these findings and activities and can manage them effectively.

How we Gather and Capture Information. PK's process for capturing detailed status on project activities includes methods, tools, and techniques to gather information, including:

- Interviews. We conduct interviews with project participants and stakeholders. We use our Structured Interview Guide Notes and Library (SIGNal) to develop and customize a set of interview questions, before conducting interviews. The library of interview questions and predefined standards-based checklists cover 17 project domain areas that support CMS standards. We then implement a protocol designed to inquire into and assess readiness in key areas for the project.
- Meeting Attendance. We attend key meetings for the project, observe and document salient topics.
- Document Review. We review a variety of project documentation such as project products, project management documentation, formal project communication, business and operational processes, vendor monthly status, weekly status reports, contract change order documentation, and APD documents.
- Informal conversations. Concerns are sometimes brought to the QA team through informal conversations outside of our formal interview and document review processes. When we receive this information, we review and follow up through artifact review, meeting attendance, and interviewing key players. We maintain relationships with team members and stakeholders to help facilitate these informal conversations.
- Scope, Schedule, and Budget Analysis. The QA team evaluates scope, schedule, and budget performance against the plan. This may include developing and reporting

metrics that rack performance against the project plan or commitments. The results of this analysis inform the risk identification process.

Information Sharing. Information gathered via the techniques above is shared amongst IV&V team members through weekly calls, monthly interview debriefs, email, and small group discussions. We use an internal collaborative sharing tool to log new findings and information throughout the reporting month. We facilitate an internal peer review findings meeting to review our findings and observations that may become or impact project risks.

Risk and Issue Identification and Documentation. We identify and track potential and actual risks by documenting them in a log containing a description, relevant facts and findings, possible consequences, and an opinion about whether the concern constitutes a risk. Informal, verbal check-ins with DHHS or a designated representative provide an immediate opportunity for our project manager to convey project observations and concerns. By definition, a risk is a potential threat or negative impact to the project success. An issue is a something that is happening or has already happened.

As part of our transparency value, we communicate serious risks and issues to the client or designee as soon as they are identified. This allows for the opportunity to proactively respond and mitigate as appropriate. Formal written status reports offer a comprehensive description, risk level, and recommendations regarding findings.

Risk Analysis. The IV&V team meets regularly throughout the project to discuss information gathered, identify potential risks and issues, and make assignments for further research and analysis. Near the end of a report period, we follow a structured process to conduct collaborative findings review and determine project risk. This determination includes new project risks as well as updates to existing risks. The process includes the following steps:

- Refine preliminary findings and impacts
- Make a final determination whether the concern qualifies as a risk
- Assess and score the impact of the risk
- Assess and score the likelihood of occurrence
- Determine risk magnitude based on impact and likelihood
- Develop a set of suggested action steps the project might take to manage the risk
- Assign a number used to identify the risk

PK's reports are made with the following audience in mind:

- The project's executive sponsor
- The project's business sponsor
- The project's steering committee
- The Centers for Medicare and Medicaid Services (CMS)

RFP Section V. B. 3. c. Proposal Responses and Attachment A Req # IVV-3
viii. 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).

It is our experience as the best practice of developing and measuring KPIs and adjusting for status or color change indicators that the project determines what are the key performance indicators for scope, schedule, budget, and quality, and how will these and other critical performance indicators be measured. We cannot arrive at what constitutes a status or color change for the project independently, as it requires a conversation and agreement on first what to measure and then how to measure it. For instance, would a 10 percent deviation in schedule trigger a color change from green to yellow, and how and at what frequency will this be measured? Or is a 20 percent schedule slippage what the project has determined as the appropriate trigger for a status or color change. IV&V works with the project team to facilitate this conversation and agreement.

RFP Section V. B. 3. c. Proposal Responses and Attachment A Req # IVV-4
ix. Provide the bidder's status report templates, including instructions and procedures for completing the templates.

The following template depicts a weekly status report deliverable expectation document (DED):

Remainder of the page intentionally left blank.

PUBLIC KNOWLEDGE

<State Agency Name>

Project: <Project Name>

Week of: <Report Period, for example 06/26/21-07/02/2021>

Weekly Report

Key Upcoming IV&V Activities for the next two weeks	• List upcoming IV&V Milestones (Project deliverables, project deliverable review activities, planned project meetings, and report due dates, task due dates)

<PROJECT NAME Project Performance>

Overall	Schedule	Scope	Budget	Description of Risks, if possible or present.
				In this section, provide the project's overall status performance indicator including the reason(s) that support performance indicator. Provide the performance indicator for schedule, scope, and budget and reasons supporting the performance indicator.

Performance Indicator Panel Key:

- **Green:** Healthy Status, No Risks to Report
- **Yellow:** Possible Risks Identified, Actively Mitigating, or will negatively impact the project.
- **Red:** Problem has been identified – Requires Mitigation

Key Decisions, Observations, Risks, and Concerns

<Project Name> Current Activities	Provide a summary of any project deliverable review activities completed during the report period.
<Project Name> Risks, Issues, and Opportunities	**In this section provide information about risks, issues, and opportunities that are new or have been updated since the previous submission.**
<Project Name> Updated IV&V Schedule	In this section enter updated relevant schedule information.
<Project Name> Critical Incident	This section of the report should cover a summary of critical incidents identified during the reporting period. The summary for each incident should include the impact to the project, and the proposed action plan to address the incident.

Meeting Attendance Highlights			
<Meeting Name>	<Project Name>	<Meeting date>	• Assessment of completed meeting and any recommendations for improvement.

Other IV&V Activities as Defined by DHHS	
TBD	TBD

RFP Section V. B. 3. c. Proposal Responses and Attachment A Req # IVV-5

x. Provide examples of similar weekly status reports used in previous projects.

Remainder of the page intentionally left blank.

PUBLIC KNOWLEDGE

[redacted]

[redacted]

Project: Eligibility & Enrollment

Week of: [redacted]

Weekly Report	
Key Upcoming IV&V Milestones	• [redacted] Monthly and Quarterly Report due on [redacted] • Comments on [redacted]

[redacted]

Overall	Schedule	Scope	Budget	Description of Risks, if possible or present.
				The [redacted] Project Status is Yellow. The [redacted] contract as the System Integration (SI) vendor has been agreed upon and signed by all parties. CMS has approved the contract amendment for three years and possibly three 1-year extensions. The [redacted] program needs to be proactive and start defining a strategic plan and scope for moving forward. Absent an expressed strategic intent and scope, IV&V reports the health status of the project yellow.

Performance Indicator Panel Key:

- **Green**: Healthy Status, No Risks to Report
- **Yellow**: Possible Risks Identified, Actively Mitigating, or will negatively impact the project.
- **Red**: Problem has been identified – Requires Mitigation

Key Decisions, Observations, Risks, and Concerns

[redacted] Current Activities	IV&V continues to monitor the following activities: • [redacted] Structure • Organizational Change Management • CMS Outcome-based deliverable • Security concerns and System Architecture reviews • Review the FFY [redacted] IAPD [redacted] funding request. • Policy & Program [redacted] focus and priority list • [redacted] Annual audit and outcomes
[redacted] Overall	IV&V is concerned about the overall strategic system planning and how [redacted] will manage the vendor from a system implementation perspective. [redacted] is not operating optimally. The implementation & execution of effective Organizational Change Management (OCM) is not yet functional, and the next steps addressing performance and contractual activities with the vendor are not clearly defined. However, there is still a critical component missing between the vendor management and the vendor system integrator, [redacted]. This missing component precludes

	stakeholders from understanding the degree of modernizing operations, prioritizing effective development methods, knowing the level of efforts (LOEs), and optimizing reuse/improvement opportunities. IV&V recommends the following: • Manage late or missed milestones for projects in the queue • Replace or update out-of-date or unsupported technical components in the [redacted] ecosystem, including code refactoring and database improvements • Execute a state-of-the-art DEV OPS approach • Define quality measurements and risk management support, metrics, and outcomes • Manage or replace the [redacted] methodology within the SDLC and overcapacity builds • Manage and optimize the lower environment support and build time • Implement test automation to enhance test value and coverage • Remove or improve defect leakage from Dev to SIT into UAT and production
[redacted] Contract	• The [redacted] contract has been approved by CMS with a 3-year contract and possibly 1-year extensions for 3 additional years. It has been agreed upon and signed by all parties.

[redacted]	• IV&V recommended the Joint Agency Interoperability (JAI) team evaluate and assess pros and cons when reviewing the options for incorporating a uniform county workflow tool. In addition to reducing errors and gaining insight into the county backlog, the team should consider improvements in other areas such as reliability, scalability, security, operations, and support when evaluating a workflow tool. With discussion taking place in the [redacted] Executive Steering Committee (ESC) about a county workflow tool, it appears there may be two different efforts. IV&V recommends for clarification and evaluation purposes that the [redacted] product manager continue discussions with the JAI project sponsor and define the scope and supporting goals and objectives for the workflow tool. An independent assessment could provide insight into possible options for an appropriate system.
[redacted]	• [redacted] end-to-end document management operation that the [redacted] program uses [redacted] to process all the documents generated from [redacted]. The [redacted] teams were alerted late Friday, [redacted], that [redacted] was approximately 4-5 days behind in printing client correspondence. The reason

being the print volumes were about 10% higher than the usual volume.

was planning on being caught up by Monday, lost power over the weekend and needed to obtain parts overnight due to a power surge on the printing equipment and resulting in being further behind.

Tuesday, , the printers were back online and in the process of clearing the backlog and anticipated being caught up by midnight Wednesday night or early Thursday morning.

IV&V observes this is not the first time and outgoing correspondence. IV&V recommends Management review the current and adjust if necessary. IV&V also recommends reviewing contingency plans and business continuity with to set expectations. Finally, should explore the option of reducing the hard copy versions and the resulting volume of correspondence and allow the applicant to view mail via the or other alternative electronic methods.

IV&V also recommends the business continue working with delays' impact on applications and client benefits.

[redacted] Modernization Project Performance

Overall	Schedule	Scope	Budget	Description of Risks, if possible or present.
				After a review of additional documentation, the [redacted] Modernization Project Status is Yellow. Some details outline a roadmap for implementing projects covering the prior help desk tickets and implementing some human-centric design over the next two years. IV&V will continue conversations around developing a secondary plan for funding the planned projects if the cost savings from the [redacted] contract is not available. Also, IV&V will continue the conversation and review the executive strategic plan for aligning [redacted] Modernization to the digital footprint for [redacted] and plan for the future such as [redacted], and an overall digital strategy.

Performance Indicator Panel Key:

- **Green**: Healthy Status, No Risks to Report
- **Yellow**: Possible Risks Identified, Actively Mitigating, or will negatively impact the project.
- **Red**: Problem has been identified – Requires Mitigation

Key Decisions, Observations, Risks, and Concerns

[redacted] Enhancements	• No new updates this week.

Requests		
Request Description	Requested Date	Notes

Assessments				
Deliverable, Process, or Domain	Project	Status	Current Observations	Target Submission Date
[redacted]				TBD

Meeting Attendance Highlights[1]			
[redacted]	[redacted]	[redacted]	• The [redacted] team created PowerPoint presentations and walked county and community partner staff through system processes, stopping at talking points and answering questions from participants.

Meeting Attendance Highlights[1]			
Joint Managers Meeting	[redacted]	[redacted]	• The group went over projects requesting approval, missed milestones, and the release status report. • The project risk for [redacted] be closed and moved to the program level.
Work Plan Sub Committee	[redacted]	[redacted]	• [redacted] presented a slide deck on the [redacted] migration to [redacted] which they expect to kick off in July. • [redacted] gave an update on the [redacted] correspondence delay and the [redacted] residency issue. • [redacted] will schedule a meeting with key players to discuss client opt-in for electronic notifications.
			•

Staffing	
Principal Staff Assignments	Position
[redacted]	Program Lead
[redacted]	JAI-E&E Lead
[redacted]	Business Analyst
[redacted]	Technical Analyst
[redacted]	E&E SME

PK and the [redacted] have discussed options for return and adjustments after the Stay-at-Home order is lifted. The Department will determine when vendors could return to onsite activity. However, IV&V continues to review project artifacts and attend meetings remotely.

RFP Section V. B. 3. c. Proposal Responses and Attachment A Req # IVV-6

xi. Provide examples of the IV&V's previous monthly status reports from other projects.

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[redacted] IV&V Report

For:

Medicaid Management Information System (MMIS) Project

[redacted]

[redacted]

Project Director: [redacted]

600 Airport Rd
Lakewood, NJ, 08701-5995
www.pubknow.com

Version Control

Version	Detail	Staff	Dates
.1	Initial Draft	[redacted]	[redacted]
.2	Peer Reviews	[redacted]	[redacted]
1	Initial Submission	[redacted]	[redacted]

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1 Approach

Public Knowledge (PK) was selected by the [redacted] to provide Independent Verification and Validation (IV&V) Services for Medicaid Enterprise System (MES) projects and modules through ongoing, observations and assessments. The scope for this Report includes Medicaid Management Information Systems (MMIS) design, development, and implementation (DDI) projects, including Care Case Management (CCM), Electronic Visit Verification (EVV), MMIS, and Data Management System (BIDM) Re-procurement, and the Drug Prescriber tool.

The Master Contract Number is [redacted]. The Purchase Request Order (PRO) under this contract covering this timeframe is [redacted]. The contract includes IV&V deliverables submitted during the period [redacted]. This IV&V Review Report covers the activities from [redacted]

During September, IV&V monitored the CCM Phase 2 activities, Drug Prescriber, EVV, BIDM, and Core MMIS Procurement, including plans, schedule development, reviews, requirements validation, and testing. IV&V monitors challenges and risks to each of these projects and provides recommendations to help the project achieve stated objectives and quality.

The IV&V team continued to work remotely this month. PK and the [redacted] will discuss options for returning to the office in the fourth calendar quarter. IV&V anticipates resuming an onsite presence once the public health emergency (PHE) risk level is low.

2 Project Status and Risk Rating

Project	September (Overall)	August (Overall)	July (Overall)
Care and Case Management (CCM) Scope – High Schedule – High Budget – Low Resources – Low	High	High	High

The CCM project risk rating did not change from [redacted] and remains in a High red status due to continued issues with scope and schedule. In [redacted] approved a CCM project schedule which contains tasks and activities for the Soft Launch date of [redacted]. Progress on the test schedule for System Integration Testing (SIT) and User Acceptance Testing (UAT) fell behind in [redacted]. Striving to adhere to the Soft Launch implementation date, the project is permitting ad-hoc CCM deployments and has implemented a "parallel" testing approach, where both SIT and UAT will take place concurrently against the same functionality as soon as [redacted] development activities are complete. Specific Assessments will now be tested within the Comprehensive Assessment and will no longer be tested as standalone modules.

IV&V has identified several risks with the current schedule and testing approach, which may impact the quality of the product available for [redacted] The current SIT and UAT testing approach introduces risk for testing the Comprehensive Assessment when regression testing for defects in an individual module is not sufficient to demonstrate that there is no adverse impact to the Comprehensive Assessment. The current UAT schedule is at risk if there is insufficient time scheduled to complete additional testing for the Comprehensive Assessment when multiple defects are found in multiple individual modules. In addition, there is a risk to the adequacy of UAT and the project schedule when multiple defects are found within multiple modules, thereby, necessitating unanticipated and unscheduled testing efforts for the Comprehensive Assessment.

IV&V performed a review on all the released schedules during [redacted] and provided the results of our [redacted] reports to [redacted] to identify where the IV&V schedule quality concerns reside. The most concerning schedule risks are slipping tasks (68) and active tasks with no finish date (381).

Project	September (Overall)	August (Overall)	July (Overall)
Section 3.1 (New Findings) documents a new IV&V finding related to [redacted] weekly reporting. The [redacted] weekly status report is lacking details for the Product Gap and Assessment tabs but is also lacking details in the other status tabs.			
Electronic Visit Verification (EVV) Scope – Low Schedule – Low Budget – Low Resources – Low	Low	Medium	Low
The EVV project risk is in a low status this month. During September, the EVV Team focused on preparation for the CMS Final Certification Review (CR), which was held on [redacted]. IV&V observed that both the vendors and [redacted] were well prepared for Certification and participated in numerous dry run and preparation sessions. EVV Finding [redacted] sufficient time to review releases and identify test impacts to the MMIS, [redacted] and external stakeholders) has been closed.			
Drug Prescriber – [redacted] Scope – Low Schedule – Low Budget – Low Resources – Low	Low	Low	Low
Drug Prescriber – [redacted] [redacted] Scope – Low Schedule – Low Budget – Low Resources – Low	Low	Low	Low
The [redacted] project risk remains low in [redacted]. The [redacted], [redacted], and IV&V are monitoring the stabilization phase of the [redacted].			

The following sections provide details for the ratings reflected in the preceding table.

2.1 Care and Case Management (CCM)

General

On [redacted], a revised CCM schedule was delivered to the [redacted], driving toward a [redacted]. The [redacted] approved the revised schedule in [redacted]. IV&V has assessed that the CCM project risk remains in a red status in [redacted] due to continuing schedule delays and scope changes. Although the team continued to focus on Assessment Module Development, SIT and UAT, the schedule fell further behind than scheduled in September.

To adhere to the [redacted] implementation date, the project has returned to the approach of permitting ad-hoc CCM deployments and has implemented a "parallel" testing approach, where both SIT and UAT will take place concurrently against the same functionality as soon as [redacted] development activities are complete. Best practices in testing include a very limited or no overlap between SIT and UAT. The purpose of SIT is to confirm the integration of components has occurred and are communicating and working properly. The purpose of UAT is to confirm the user as able to conduct the business transactions from end-to-end. It is difficult to complete testing of an end-to-end user experience if the integration components are not complete. Also, certain Assessments will now be tested within the Comprehensive Assessment and will no longer be tested as standalone modules. IV&V has identified risks with the current schedule and testing approach, which may impact the quality of the product available for Soft Launch. Specific details are listed in the CCM Deployment and Testing section below.

Training meetings continued in [redacted] determined that [redacted] will no longer conduct system training but will instead support [redacted] in the development of training. The training plan will be updated to account for this new decision. IV&V agrees that testing must occur, and functionality must be approved before training. In addition, IV&V agrees that it is imperative that training content materials must be in line with system functionality, and work arounds must be documented and included in the training. Therefore, testing affects training. If there continue to be delays or issues with testing, training development and actual training would be affected.

In September, IV&V observed that the weekly progress status reports provided by [redacted], lack additional information that will be helpful to the [redacted] Current reports lack details that would allow the project team to identify where items are within the testing process. A clean detailed status report, without deficiencies, allows the Department to determine where work and progress currently stand. Section 3.1 (New Findings, CCM)

documents IV&V finding, [redacted] weekly status report, including IV&V recommendations for consideration.

CCM Features and Requirements

The project team continued work on the [redacted] The initial algorithm load was successful. An identified efficiency will cut down on needing updates to the algorithm for every release of the Comprehensive assessment. The changes should not impact the [redacted], delivery date.

There are 67 identified gaps in functionality related to the assessment, support plans, and other contract requirements not met by the current version of the commercial off-the-shelf (COTS) [redacted] Thirty of those gaps are required for Soft Launch. At month-end, all are completed in SIT. IV&V recommended that details be added to the status report as it is unclear where the Gap functionality can be tested, whether it has been deployed to UAT, tested in UAT, and approved in UAT. There should be clear traceability for these Gaps.

Initial offline capability training occurred on [redacted] identified deficiencies they believe should be included in this capability. [redacted] received a response regarding their concerns from [redacted] Specific contract requirements for offline capabilities are being reviewed. These requirements and deficiencies must be discussed and resolved. Follow-up meetings will occur in [redacted]. Offline is required for Soft Launch.

CCM Schedule

[redacted] provided an updated Soft Launch schedule on [redacted]. The [redacted] approved the Soft Launch schedule near the end of September.

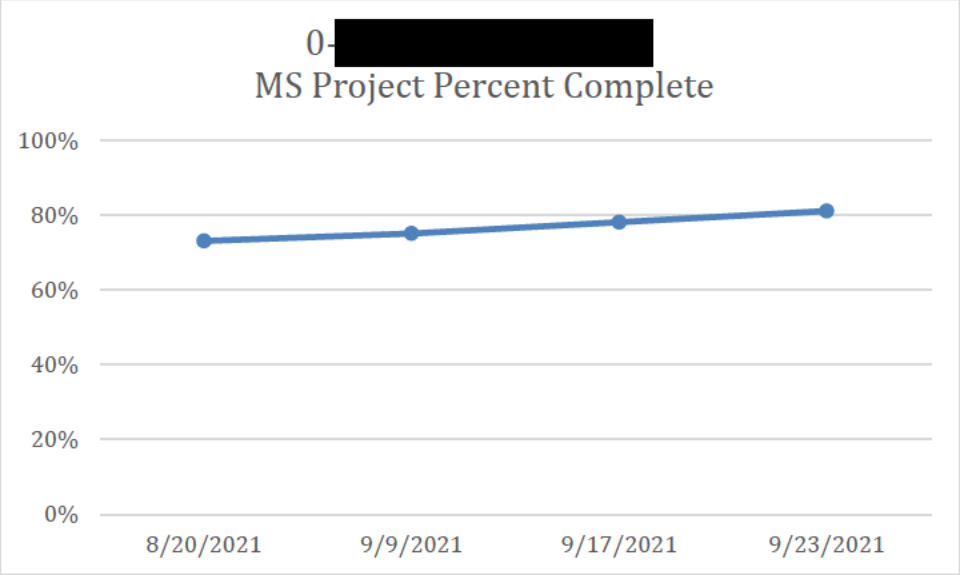
IV&V performed a review on all the released schedules during [redacted], and comments were added to the comment logs. IV&V provided the results of our [redacted] to identify where the IV&V schedule quality concerns reside. The following table shows a summary of the IV&V identified discrepancies in the [redacted], schedule.

Schedule Metric	Task Count	Description
Late Start (Scheduled Start Date has passed but no Actual Start Date)	4	Active Detailed Tasks where the Scheduled Start Date is earlier than the Project Date and the Actual Start Date is ("NA" or null).
Late Finish (aka. Invalid Finish Date)	2	Active Detailed Tasks where the Scheduled Finish Date is earlier than the Project Date and the Actual Finish Date is ("NA" or null).
Slipping Tasks (Scheduled Finish Date is after the Baseline Finish Date)	68	Active Detailed Tasks where the Scheduled Finish Date is later than the Baseline Finish Date and the Status is not complete.
Non-Summary Tasks w/o Predecessor	27	Active Detailed Non-Milestone Tasks where the Predecessor is blank, and the Status is not complete.
Non-Summary Tasks w/o Resource	11	Active Detailed Non-Milestone Tasks where the Resource is blank, and the Status is not complete.
Tasks Missing Baseline Values	381	Active Records with Blank Baseline Finish Dates
Created Tasks (New Tasks)	0	Using the MS Project Unique ID, Tasks that are in the current version of the plan that were not in the compared version.
Summary Tasks w/ Predecessor	1	Active Summary Tasks with a Predecessor populated. Task linkages should be linked to Detailed Tasks.
Summary Tasks w/ Successors	3	Active Summary Tasks with a Successor populated. Task linkages should be linked to Detailed Tasks.
Summary Tasks w/ Resources Assigned	2	Active Summary Tasks with a Resource populated.
Tasks Started w/ Future Date (Invalid Actual Start Date)	0	Active Detailed Tasks where the Actual Start Date is after the Status Date of the project plan.
Tasks Closed w/ Future Dates (Invalid Actual Finish Date)	2	Active Detailed Tasks where the Actual Finish Date is after the Status Date of the project plan.
Tasks Closed w/ Future Remaining Work	4	Active Tasks where the Status is Complete but % Complete is less than 100% or remaining work.

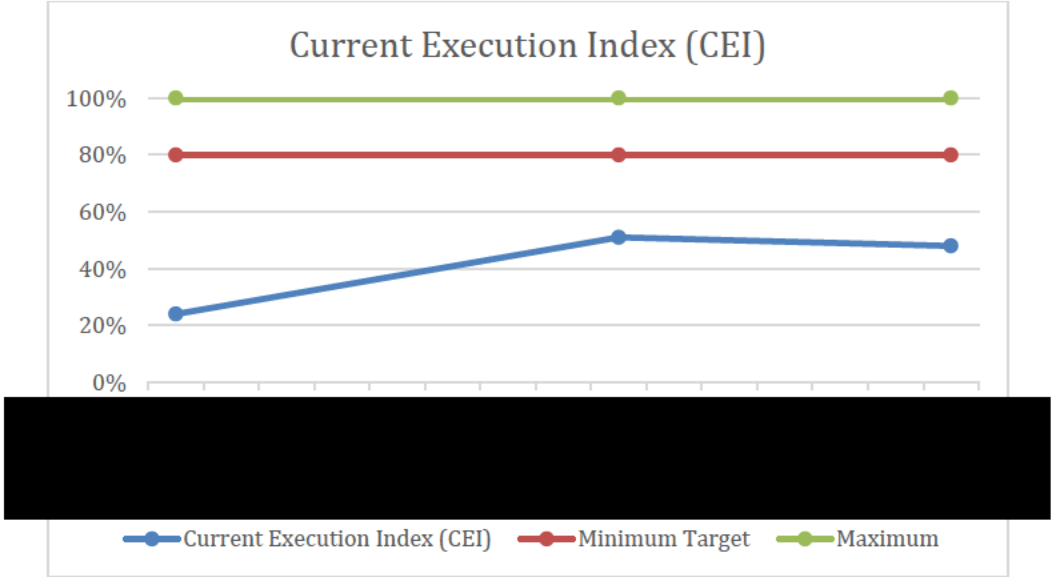
Schedule Metric	Task Count	Description
Constraints	71	Active Tasks where the Status is not Complete, and the Constraint is not "As Soon as Possible".
Tasks with Negative Total Slack	0	Active Tasks where the Total Slack is negative.
Manually Scheduled Summary Tasks	1	Incomplete Summary Tasks with Schedule Mode = Manual.
Incomplete Detailed Tasks with over 80 Hours of Remaining Work	21	Detailed Task with over 80 hours of remaining work.
Tasks on the Critical Path with Embedded Lags	1	Critical Path = Yes and + sign in the predecessor.
Non-Summary Task (Incomplete) w/o Successor	65	Active Detailed Tasks where the Successor is blank, and the Status is not complete.

The following tables show the change in the Completion Rate and Current Execution Index (CEI) and during [redacted]

Percent Completed:				
[redacted]	8/20/2021	9/9/2021	9/17/2021	9/23/2021
[redacted]	73%	75%	78%	81%
1[redacted]	69%	65%	69%	71%



Current Execution Index (CEI):			
Forecasted	[redacted]	[redacted]	
Current Execution Index (CEI)	24%	51%	48%
Minimum Target	80%	80%	80%
Maximum	100%	100%	100%
Evaluation Date	[redacted]	[redacted]	[redacted]
Forecasted Count	127	76	23
The Following Fields provide the status in the follow-up			
Inactive	4	7	0
Completed	30	39	11
On Schedule	7	10	7
Late	63	4	3
Future Task	23	16	2
Deleted	0	0	0



CCM Deployments and Testing

There have been adverse developments related to testing during [redacted], in an attempt to mitigate concerns to make the Soft Launch implementation date. In summary, these concerns are that the project has returned to the problematic approach of permitting ad-hoc CCM deployments, and has implemented a "parallel" testing approach, where both SIT and UAT will take place concurrently, against the same functionality as soon as [redacted] development activities are complete.

IV&V is concerned that the transition back to an ad-hoc release strategy, away from a scheduled bi-weekly release cadence will cause previously observed deficiencies with release management, revision control, production and quality of Release Notes when produced will resurface. IV&V believes that returning to an ad-hoc release strategy will adversely impact the implementation schedule. as prior issues to the aforementioned items will consume time and resources to resolve that far exceed any test process time savings, adversely impacting testing workflow.

IV&V learned during the CCM Project Status meeting on September 28, 2021, that the [redacted] agreed to run SIT and UAT concurrently on functionality as it is released by [redacted]. As stated earlier in this document, IV&V considers this a very risky practice and is likely to compromise the quality of the testing effort and the overall product quality of the product at implementation and elongate the UAT schedule. With the decision to implement "parallel" SIT and UAT test phases; IV&V anticipates that the quality of defect reporting and traceability will be further degraded. As IV&V has noted in prior reports, the

level of detail reported in the defect status workbooks is inadequate for determining; the defect lifecycle for any individual defect, the rate of defect resolution, or the quality of defect fixes (retest failures). There is significant potential for the defect management activities to be overwhelmed by duplicated defects from the "parallel" testing approach, as well as potential confusion and delays in defect resolution while the developers attempt to align what appear to be duplicated defects from the two test streams. The likelihood of defects being misidentified as duplicates, then prematurely closed will increase, resulting in defects that are not addressed and subsequent poor CCM product quality. IV&V believes that the implementation of the parallel test strategy will adversely impact both the implementation schedule and CCM product quality. Time and resources required to resolve issues created by this approach are likely to exceed any test process time savings, as well as result in degraded CCM product quality.

IV&V has identified three significant risks associated to the agreement to combine SIT and UAT related to how testing of the Comprehensive Assessment and testing of modules within the Comprehensive Assessment are to be handled.

- There is a risk that System Testing and Acceptance Testing will be inadequate for the Comprehensive Assessment under circumstances where regression testing for a defect identified within an individual module is insufficient to demonstrate that there has been no adverse impact to the overall Comprehensive Assessment (or other individual modules therein).
- There is a risk to the User Acceptance Testing schedule, that there will be insufficient time available to complete retest for the Comprehensive Assessment under circumstances where multiple defects are identified within multiple individual modules.
- There is a risk to the adequacy of User Acceptance Testing and project schedule under circumstances where multiple defects are identified within multiple individual modules necessitating unanticipated retest efforts for the Comprehensive Assessment functionality.

IV&V continues to observe that test activities are not being conducted within the confines of the approved governance plans – Master Test Plan, System Test Plan, Defect Management Plan. IV&V further observes that SIT Exit Criteria becomes moot when deployments are made concurrently into SIT and UAT as the "parallel" testing approach dictates. Although there are mandates for SIT exit criteria to be met in advance of the initiation of UAT as specified through the contract, contract amendments, and test management plans, evidence that SIT exit criteria have been met in advance of UAT will not

be possible. Any evidence that SIT exit criteria being met "after the fact" is not meaningful and defeats the purpose of exit criteria.

2.2 Drug Prescriber Tool

The Drug Prescriber Tool project risk remains low in [redacted]. The [redacted], [redacted], and IV&V are monitoring the stabilization phase of the [redacted].

2.3 Electronic Visit Verification

The EVV project risk remains medium in [redacted] due to data issues. [redacted] as well as the [redacted] continue to work through the data challenges and lack of release management documentation. During the month of [redacted], the EVV Team focused on preparation for the CMS Certification Final Review (FR), which was held on September 30, 2021. IV&V observed that both the vendors and [redacted] were well prepared for Certification and participated in numerous dry run and preparation sessions during the month of [redacted]. CMS and their partner MITRE sent questions in advance of the FR and there was intelligent conversation during the call regarding data and the Departments policy. [redacted] demonstrated the Systems for CMS and MITRE. The conversation focused on the Key Performance Indicators (KPIs) and how they are captured and reported on. There are a minimal number of follow-ups for the [redacted]. Once follow up items are completed, CMS will provide their written response to the FR.

2.4 MMIS Core Re-procurement

During [redacted] IV&V did not participate in any activities related to this project. Based on the current status of the Invitation to Negotiate (ITN), IV&V will not be actively involved in this project until the [redacted] requests support. This project will be removed from future monthly reports and IV&V monthly briefings with the [redacted] until IV&V is re-engaged.

2.5 [redacted] Reprocurement

During [redacted], IV&V did not participate in any activities related to this project. Based on the current status of the Invitation to Negotiate (ITN), IV&V will not be actively involved in this project until the [redacted] requests support. This project will be removed from future monthly reports and IV&V monthly briefings with the [redacted] until IV&V is re-engaged.

3 Findings and Recommendations

IV&V opened one new finding for [redacted]. Four findings remained open across all projects.

3.1 New Findings

CCM

[redacted]

IV&V finds the [redacted] weekly status report is lacking details for the Product Gap and Assessment tabs but is also lacking details in the other status tabs.

Impact: Without the details needed it is difficult for the [redacted] to track where the Product Gaps and Assessments are in the testing process, and what defects are currently affecting those specific items. It is also difficult to identify where the Product Gaps can be tested in UAT.

Recommendation:

- Product Gaps: identify the testing strategy for each gap and provide traceability to where these gaps will be tested in UAT. Additionally, add columns indicating whether the functionality is released to UAT, the number of severity 1 or 2 defects, current version/release, and whether UAT passed.
- Assessments: identity which assessments are now included in the Comprehensive Module. Add columns indicating whether functionality is released to UAT, the number of severity 1 or 2 defects, current version/release and whether UAT passed.
- All other status report tabs: Add columns indicating whether functionality is released to UAT, the number of severity 1 or 2 defects, current version/release, and whether UAT passed.

Status:

[redacted]: Finding has been opened. IV&V recommended changes to the Product Gap tab in the [redacted], status meeting and recommended adding more details to the Assessments tab with the [redacted], biweekly IV&V

meeting. In those meetings, some of the recommendations above were mentioned, but this formal recommendation includes all items that should be added to the status report.

3.2 Closed Findings

CCM

[redacted]

IV&V finds that the status reporting provided by [redacted] is frequently not current and cannot be substantiated. In multiple instances [redacted] deficiencies and inaccuracies in status reports have mandated that the Report be updated and re-released after inaccuracies have been identified during the Weekly Status or Defect Review Meetings.

Impact: The [redacted] is unable to ascertain the true status of the project.

Recommendation:

- IV&V recommends that [redacted] disclose the source data that is used to prepare the Weekly Status Report
- IV&V recommends that [redacted] initiate formal quality reviews in advance of releasing status reports to the [redacted]

Status:

[redacted] This finding will be closed. Inaccuracies have been resolved.

[redacted] Finding remains open. IV&V has observed significant improvement in the quality of status reporting. IV&V will continue to monitor status report quality.

[redacted] Finding opened.

EVV

[redacted]

[redacted] does not provide the [redacted] sufficient time to review releases and identify test impacts to the MMIS, BIDM, and external stakeholders.

Impact:

- Production releases may contain untested features or unknown defects.
- The [redacted] could potentially deny claims in error when hard editing is enforced if they are unaware of the stakeholder impacts.

Recommendation:

Consider the following to mitigate this finding.

- Require [redacted] to develop and deliver a release management plan that outlines release planning and schedule.
- Request release notes and testing results in advance of each release, preferably five business days before.
- Develop a regression test deck to perform against each release to ensure correct processing.

Status:

[redacted] Per the [redacted] Monthly Briefing, this finding was closed.

[redacted]: [redacted] is requiring that a release management process be provided to them as part of their get to green requirements of [redacted]

[redacted]: [redacted] leadership is actively working with [redacted] leadership to address the release process and provide guidance on [redacted] expectations on how they will be handled in the future.

[redacted]: The [redacted] is reviewing internally and determining next steps.

[redacted] agrees with this finding and will determine priority based on current defects.

[redacted]: Finding opened.

3.3 Open Findings

Four prior findings remain open – three related to the CCM project and one related to EVV.

CCM

Finding [redacted]

IV&V finds that releases from DEV into SIT, and from SIT into UAT are inconsistent, poorly planned, and inadequately documented.

Impact:

The project will be unable to adequately test the CCM system.

Recommendation:

IV&V recommends that an Executive Stakeholder meeting take place to:

- Establish a baseline for which CCM version and assessment modules are to be deployed into each environment, with the date of anticipated deployment.
- Provide release notes for every release to include an inventory of defects addressed for the release

Status:

[redacted] This finding remains open. At the end of the month, issues arose with release management and version control.

[redacted]: The finding remains open. The vendor has established a twice weekly release cadence. IV&V continues to monitor the cadence and release content through the weekly status reports.

[redacted]: This finding remains open. The project is implementing a twice-weekly release strategy. IV&V will monitor the impact of this change during the next reporting period.

[redacted]: Finding opened.

Finding [redacted]

IV&V finds that once a defect in a tested Assessment module has been identified and recorded, it is not possible to track the status of the defect through the resolution cycle.

Impact:

The project will be unable to determine when retesting of defects can be incorporated into the UAT schedule, making it difficult to manage testing resources and workloads.

Recommendation:

IV&V recommends that an Executive Stakeholder meeting be held to:

- Set mandates for the frequency of defect reports
- Set mandates for the content of defect reports
- Mandate release notes for each release identifying the identifier of each defect that is ready for retest in that release

Status:

[redacted]: Finding remains open. There have not been any changes to the tracking and reporting of defects within [redacted]. The difficulty in tracking a defect from beginning to end remains.

[redacted]: Finding remains open. The vendor continues to struggle to provide adequate reporting of defects. IV&V considers this an urgent issue.

[redacted]: Finding remains open. The [redacted] team has pushed the vendor for more transparency in the defect reporting process, but the vendor has not yet implemented any changes recommended by the [redacted] and IV&V. IV&V will monitor the impact of this change during the next reporting period.

[redacted]: Finding opened.

Finding [redacted]

IV&V finds that the UAT cycle is taking place prior to verifying that SIT Exit Criteria have been met.

Impact:

Acceptance testing cycles will be expended to identify defects that should have been resolved earlier in the test cycle.

Status

[redacted]: Finding remains open. The [redacted] verified and approved SIT criteria at the beginning of the month; however, at the end of the month a release went in without receiving verification and approval due to a misunderstanding.

[redacted]: Finding remains open. Reporting against exit criteria is now occurring and is reviewed by the [redacted] prior to approval of releases into UAT

[redacted]: Finding remains open. The [redacted] is not enforcing the SIT exit criteria in the statement of work.

[redacted]: Finding opened.

4 Assessments

IV&V is monitoring planning, execution, testing, and certification activities for the CCM, Drug Prescriber Tool ([redacted]), MMIS/BIDM Procurement, and EVV projects. Although specific plans may not have been delivered or assessed in all areas for this month, IV&V may make a finding or recommendation in a particular area based on other documentation, direct observation, or interviews with project participants. Findings are highlighted in the relevant sections but are numbered sequentially irrespective of section for tracking purposes.

IV&V provides the project teams and leadership with observations, best practices, and other recommendations via emails and through meetings or individual discussions throughout each month. IV&V did not perform any deliverable assessments during [redacted]

5 IV&V Risks and Issues

IV&V participates in the risk process and tracks the risks that are identified. Additionally, risks and issues are part of the discussions held with the project managers on a scheduled basis.

The Risk Registers for CCM, EVV, MMIS/BIDM Procurements, and the Prescriber Tool are stored on [redacted] in SharePoint. Each project reviews risks during recurring project meetings or more often and are following the established process. IV&V participates in the standard risk management process and adds risks through the established procedure for the project.

5.1 New Risks and Issues

IV&V submitted the following risks for the [redacted] consideration.

Risk/Issue Title	Description
CCM Project –Risk related to inadequate testing (regression)	IV&V recommends that the [redacted] add a new Risk to the Risk Register. There is a risk that Acceptance Testing will be inadequate under circumstances where regression testing for a defect identified within an individual module is insufficient to demonstrate that there has been no adverse impact to the overall Comprehensive Assessment (or other individual modules therein).
CCM Project – Risk related to test schedule	IV&V recommends that the [redacted] add a new Risk to the Risk Register. There is a risk to the Acceptance Testing schedule, that there will be insufficient time available to complete retest for the Comprehensive Assessment under circumstances where multiple defects are identified within multiple individual modules.
CCM Project – Risk related to inadequate retesting	IV&V recommends that the [redacted] add a new Risk to the Risk Register. There is a risk to the adequacy of Acceptance Testing (also might be considered a schedule risk) under circumstances where multiple defects are identified within multiple individual modules necessitating unanticipated retest effort for the Comprehensive Assessment functionality.

5.2 Ongoing Risks and Issues

The following tables reflect the key risks and issues identified by each project team and that IV&V identifies as critical for project success.

CCM

Risk/Issue ID#	Risk/Issue Title	Description	Status
CCM #17	CCM System Timely Implementation	Due to a combination of late project start and quality issues with vendor deliverables, there is a risk that the [redacted] and Vendor will be unable to meet the implementation deadline for the Care and Case Management System.	The implementation has been split into Soft Launch [redacted], and Full implementation [redacted]. Since previous dates were missed for Soft Launch, an issue was opened for that risk Last risk log update: [redacted].
CCM #18	UAT Functional Releases	Functional releases, beyond the first functional release, may have only partial functionality available for testing. Incomplete functionality in the user acceptance testing environment will lead to retesting of the same functionality across multiple releases in addition to adding scope to later UAT phases that will culminate in extensive testing needed	Vendors have been unable to deliver planned functionality timely which resulted in another push to the Soft Launch date to [redacted] Contract discussions continue for an updated Amendment. Last risk log update: [redacted]

Risk/Issue ID#	Risk/Issue Title	Description	Status
		during end-to-end testing. Delays to full functional testing will impact [redacted] resource availability for testing as well as impact the availability of functionality for training development.	
CCM #20	Lack of understanding of reporting capabilities and access to Data	[redacted] system reporting capabilities within PowerBI is unclear. It is unclear how and what types of reporting will be available for the [redacted] and Case Management Agencies on an ad hoc or recurring basis. It is also unclear if the reports will be exportable to Excel format, as is needed for [redacted] and CMA analysis. Risk to overall reporting abilities and access to data.	This Risk appears to have been mitigated. A decision made to standardize reporting using the Tableau tool. A decision was made to provide BIDM with a full data dump for Soft Launch. [redacted] is reviewing files and trying to reorganize for UAT testing. Last risk log update: [redacted]

Risk/Issue ID#	Risk/Issue Title	Description	Status
CCM #30	Data Interface Between the Bridge and CCM	The data interface between the Bridge and the CCM tool may not be able to match the appropriate member record.	If the data interface cannot match member records between the Bridge and CCM, inaccurate information could be loaded to the incorrect member and manual clean up and processing may be required which would be a huge time issue. There is no impact to Soft Launch. The merge will happen prior to Go-Live. Last risk log update: [redacted]
CCM #36	Pull Forward Functionality	The lack of pull forward functionality within the LOC and other modules will have a negative quality impact. reporting abilities and access to data.	If information cannot be pulled forward, there could be an impact to accuracy and quality of data. Added to the registry at the end of September.

6.1.4 CMS and MITA Compliance

RFP Section V. B. 4. c. Proposal Responses and Attachment A Req # CMC-1
The bidder should include the following in the proposal:
xii. 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.

Table 13. CMS and MITA Compliance

	Requirements
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 Outcomes-Based Certification (OBC).
	PK RESPONSE: Many of our management consultants have Medicaid expertise, both at the enterprise and program level. Our staff are well versed in MECT and the evolving CMS certification requirements and movement toward outcome-based measures. We remain abreast of changing guidance and information updates around streamlined modular and outcomes-based certification processes.
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.
	PK RESPONSE: PK's approach to IV&V projects incorporates requirements for periodic progress reporting to CMS. As DHHS progresses through the projects identified in this RFP, PK will be ready to support you by providing objective progress reports that identify project strengths and weaknesses as well as recommendations for correcting identified weaknesses. PK is experienced in producing CMS-approved reporting, and we are familiar with the CMS IV&V Progress Report Template including the embedded Risk Register Template and the MMIS Programmatic Critical Success Factors Report (Attachment A) and the Medicaid Enterprise Certification Checklists (Attachment B) to prepare these reports. We understand these reports are typically prepared quarterly, and in advance of MMIS certification milestone reviews with CMS. Our IV&V approach is

Table 13. CMS and MITA Compliance

	Requirements
	intentionally adaptable so we can respond to new Certification guidance from CMS.
3	Must submit the monthly IV&V report to CMS.
	PK RESPONSE: PK will submit the Monthly IV&V reports to CMS at the same time they are presented to DHHS. This includes draft report submissions and final report submissions if required.
4	Must participate in meetings with CMS as directed by CMS or DHHS.
	PK RESPONSE: PK actively participates in regular meetings with CMS on our other Medicaid projects and we are ready to participate in requested CMS and DHHS meetings. PK is experienced in participating in meetings with our state clients and CMS to define certification approaches, develop timelines, and provide appropriate guidance and feedback as needed.
5	As directed by DHHS, must coordinate and participate in the planning, preparation, and performance of CMS project reviews (readiness reviews, certification reviews, etc.).
	PK RESPONSE: PK stands ready to support DHHS in the coordination, planning, preparation, and performance of CMS project reviews. PK will work with the DHHS Certification Team to prepare for readiness reviews and certification reviews by providing guidance for meeting CMS' certification requirements. This includes established OBC criteria and KPIs for EVV and other projects that have been designated as OBC projects. We will monitor and provide DHHS with guidance on the evolving Streamlined Modular Certification (SMC) that applies to other module system certification. SMC guidance will be provided for the intake form population, which consists of responses and evidence to satisfy the criteria within the Conditions for Enhanced Funding, CMS Required Outcomes, State Specific Outcomes, and Metrics. The evidence needed for ORRs is generated form the system's test environment and is organized into a presentation format which is reviewed with CMS during the review session(s). We will provide

Table 13. CMS and MITA Compliance

	Requirements
	guidance and direction based on our extensive experience from past and current ORR activities in other states.
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.
	PK RESPONSE: Selecting a vendor with certification experience is crucial to efficient, stress free, successful certification milestone reviews. PK's experience in this work ranges from full big bang Medicaid MMIS implementations to smaller modules like EVV systems. PK has extensive experience with evaluating documents, evidence, working modules, code applicable to the particular review, and with completing reviewer comments portion of the relevant Medicaid Enterprise Certification Checklists. We are also familiar with the process for submitting completed checklists and understand the importance of delivering these reports with the necessary lead time as required by CMS.
7	Must periodically submit project progress data to the CMS dashboard on a schedule required by CMS.
	PK RESPONSE: PK is experienced and has established working relationships with CMS Regional and State Officers (SO). PK will leverage these relationships to work with the Nebraska SO along with DHHS to establish a schedule for the submission of initial progress data as well as recurring progress data to the CMS dashboard.
8	Must assess impacts of projects to MITA business, informational, and technical architecture maturity.
	PK RESPONSE:

Table 13. CMS and MITA Compliance

	Requirements
	PK will leverage our experience with MITA business, informational, and technical architecture maturity to assess the impacts of projects on these maturity standards.
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.
	PK RESPONSE: PK's understanding of federal programs regulations gives us insight into projects that rely on federal funding, like many of the projects that DHHS is pursuing in this RFP. Our proactive approach allows flexibility to quickly adapt to and navigate complexities of changing federal guidance and standards, including new state initiatives or timelines for system modernizations. PK will be your liaison to advise and guide the DHHS team to satisfy requirements and communicate with federal partners. We will ensure that we 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.
10	Must perform all functions required by CMS for all CMS reviews.
	PK RESPONSE: PK has extensive experience with CMS reviews. We will leverage this experience to support DHHS in these reviews by performing all functions required by CMS. PK will plan for these functions and build them into project schedules for visibility and timely planning.
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.
	PK RESPONSE: Strong planning and coordination are vital to successful certification milestone reviews. PK will leverage our experience and lessons learned from other state certifications to build comprehensive certification schedules that allow for sufficient time to not only evaluate artifacts, but also make recommendations about the state artifacts.

Table 13. CMS and MITA Compliance

	Requirements
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.
	PK RESPONSE: Remaining up to date on the most current CMS documentation, guidance, and rules applicable to the projects we serve is an expectation at PK. We know that to best serve our clients we need to continually acquire knowledge and maintain our skills. PK has a Health and Medicaid Community of Practice (CoP) that addresses this requirement specifically. In this CoP PK management consultants discuss new or updated guidance and rules as they are promulgated by CMS. This workgroup also serves as a platform for discussion and information sharing about what we learn at conferences like MESC, State Health Care IT Connect, and AWS Summit. Our clients value this and have come to recognize PK as trusted industry leaders. PK will review all new or updated CMS documentation, guidance, and rules applicable to the project and provide summary impacts to the project along with any recommendations.
13	Must perform any IV&V services and roles required by CMS or DHHS necessary to secure the enhanced funding.
	PK RESPONSE: PK has a thorough understanding of federal programs regulations. We are adept at analyzing what changes mean for the state program and IV&V service delivery for the project. PK will be your partner and advise and guide the DHHS team to satisfy requirements and communicate with federal partners. During our engagement with Nebraska, we will perform the necessary IV&V services and roles required by CMS or DHHS to secure enhanced funding.

RFP Section V. B. 4. c. Proposal Responses and Attachment A Req # CMC-2
xiii. Describe the bidder's understanding of CMS' expectations for an IV&V contractor and approach to compliance with CMS expectations.

PK understands that CMS expects IV&V contractors to represent their interests and provide an independent and unbiased perspective on the progress of project development and the integrity and functionality of the system(s) in question. CMS expects IV&V contractors to

participate in projects throughout the system development lifecycle and inform the project and CMS of significant risks or issues as the systems or modules are planned, developed, and deployed.

PK's approach to compliance with CMS expectations is well developed and based on extensive experience in many states across several different types of modules and certification approaches (MECT and OBC). PK's approach begins with gaining an understanding of the specific project and working closely with the project management team to establish our IV&V processes and approach in a manner that meets the specific projects' needs.

Our experience with IV&V services means that we understand the rules of engagement when it comes to ensuring independence. We will deliver reports simultaneously to the CMS SO and the designated DHHS contact.

RFP Section V. B. 4. c. Proposal Responses and Attachment A Req # CMC-3
xiv. Describe the bidder's approach to assessing the impacts of a project on MITA maturity levels.

PK has an innovative approach to solving problems. Our consultants move beyond being satisfied with the status quo. We provide meaningful alternatives to the typical overused approaches to oversight of large and small IT projects. Our innovation comes from being active in promoting change in how states implement MMIS solutions. Long before Streamlined Modular Certification (SMC) and Outcomes Based Certification (OBC), we participated to review the CMS Medicaid Enterprise Certification Checklists (MECC) with a focus on outcomes rather than IT system functionality. We also pioneered an alternative approach to conducting MITA assessments that reduces the burden on state staff. We have significantly streamlined the process to conduct MITA 3.0 State Self-Assessment (SS-A) by reducing the time and cost by almost half, without sacrificing desired outcomes. PK will leverage our experience in this area as needed to assess the impact of the State's projects on MITA maturity levels.

RFP Section V. B. 4. c. Proposal Responses and Attachment A Req # CMC-4
xv. Describe the bidder's approach to monitoring for documentation, guidance, and regulations from CMS.

PK's approach to monitoring for documentation, guidance, and regulations from CMS is to be engaged and active. We have regular meetings with CMS where we discuss changes and the implication of changes on our services. We maintain a Health and Medicaid Community of Practice (CoP) that focuses on sharing information among other PK-staffed Medicaid and certification projects. The CoP members actively monitor the CMS website for guidance, Letters to Medicaid Directors, and updates to policy or new policies or regulations. The

Community of Practice meets every month to discuss what is happening in the industry and for information sharing by our management consultants. Our management consultants also are active participants in industry conferences and web meetings (State Healthcare IT Connect, MESC, AWS Summit, etc.). This engagement is recognized by our clients and has made us trusted partners and a great source of information.

We maintain a monthly Health and Medicaid Community of Practice to share State project status and CMS information.

6.1.5 Operational and System Readiness

RFP Section V. B. 5. c. Proposal Responses and Attachment A Req # OSR-1
The bidder should include the following in the proposal:
xvi. 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.

Table 14. Operational and System Readiness

	Requirements
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.
	PK RESPONSE: **Integration Testing and Test Plans** For Integration Test, the PK verification process confirms that the application processes as designed, when integrated into the overall environment in which it is expected to function, and that interfaces with external systems are exchanging data as designed and intended. The oversight and validation of Integration Test include: • Validation of system behavior within the context of the operational environment • Interchange of data between new system and legacy systems is functioning appropriately and as designed • Verification that the source data for Integration Test, at a minimum, contains a representative sample of converted data

Table 14. Operational and System Readiness

Requirements
PK reviews the Test Plans and performs an evaluation of the testing process, review of the test work products, review of the integration of the individual testing tasks and an evaluation of the test results. High level project Test Plans are expected to contain the following items and are reviewed accordingly. • Identification and explanation of the scope of the testing effort • Description of the overall test approach and strategy • Identification of the types of tests to be performed • Identification of the data requirements for the test • Identification of required hardware, support software, and test tools to be used for testing • Document the entrance and exit criteria for each test • Traceability from Requirements to Final Test Results • High-level test schedules • Test Metrics on defect resolution and disposition Each subordinate test plan is expected to show progressively more detail, with individual test cases showing the most detail, particularly in the area of identification of data required for the test, entry criteria and exit criteria. By applying our rigorous testing standards to the review of the DDI Vendor's test products, it provides the level of verification to confirm the test process, structure and details are complete. This allows DHHS to determine the approach of the DDI Vendor to the test tasks and select the IV&V recommendations best suited to improving it. **Test Deliverable Reviews** PK reviews final test deliverables produced by the DDI Vendor related to the validation and tracking of project requirements. Further, we provide necessary oversight to verify that the DDI Vendor is applying methods and procedures that ensure delivered test artifacts are appropriate and complete. The verification and review of test deliverables is responded to with a detailed review and assessment of the test approach, test artifacts and test results. **Comprehensive Test Coverage** PK is highly sensitive to the need for and application of rigorous testing methodologies. Our IV&V experience shows that projects often advocate for a diminished testing timeframe as a solution for schedule slippage, usually to the detriment of the project. As we assess your project's approach to, and results from Systems and Integration Testing, Performance Testing, and User

Table 14. Operational and System Readiness

Requirements
Acceptance Testing, we also evaluate whether sufficient test coverage, time and resources were applied to the testing activities. Based upon our experience in testing a portfolio of MMIS Projects, we anticipate that these classes of testing will include Structured Data Testing, System Testing, Regression Testing, User Acceptance Test (UAT), Operational Readiness Test (ORT) Testing. These are typical classes of testing required by a system of the size and complexity of the portfolio of NE MMIS Projects. **Structure Data Tests** For Structured Data Tests, the PK validation methodology guides the review and assessment of the characteristics of the test data pool, how the test data is managed, evaluation of the adequacy of the test data, and the content and adequacy of test scenarios developed by the DDI Vendor (and any additional provided by DHHS) for inclusion in the Structured Data Tests. For those tests where DHHS has provided test cases or scenarios, PK verifies the coordinated incorporation of those test scenarios into the overall execution of the test activities to strive for acceptable coverage of test cases and test scenarios. IV&V activities during test execution include, monitoring and reporting on the test activities, and monitoring and reporting on the defect reporting, management and the defect test and re-test processes. When Structured Data Tests are completed, the report produced by the DDI Vendor is reviewed and a DOR is produced assessing the contents of the report. **Regression Testing** For Regression Testing, the PK verification process confirms that the portfolio of MMIS Projects is capable of processing transactions and is technically ready for the conversion from the system being replaced. The verification methodology employed covers the items identified for System Testing as well as verification of these additional items: • The DDI Vendor is executing the test in the production environment • The input data for the test consists of previously adjudicated claims possessing the necessary claim characteristics • The MMIS is capable of processing input data to specification • Monitoring and reporting on the test execution activities • Monitoring and reporting on the defect reporting, management and fix processes • Monitoring of the DDI Vendor reporting for quality and content

Table 14. Operational and System Readiness

	Requirements
	Operational Readiness Testing For Operational Readiness Testing assessment activities (ORT), the PK verification includes a review and DOR for each Operational Readiness Assessments outlined in the DDI RFP. These combined assessments are expected to become constituents of the final Operational Readiness Test Report delivered by the DDI Vendor, and subject to IV&V Deliverable Review. IV&V participation in the ORT activities allows for observation of the real-world performance behavior of the replacement MMIS modules, and its operational characteristics. This verification process includes working with the DHHS personnel to give them the opportunity to gather information about how operational and maintenance tasks are executed, observing and annotating situations where using the new MMIS differs significantly from current practices. **Validation of System Integration Testing** For Integration Testing, the PK verification process ensures that the project testers have validated that all related systems maintain data integrity and can operate in coordination with other systems in the same environment. The goal of this validation process is to determine whether software satisfies the specified business requirements, and thus meets the client's needs.
2	Must assess defect resolution and retesting activities to validate defect was appropriately resolved.
	PK RESPONSE: **Test Artifacts** PK has extensive experience in designing test plans, test cases, and testing environments, and in executing rigorous and comprehensive system testing routines. We can assist DHHS and the development vendor with the creation of artifacts and test execution. PK is prepared to meet with both DHHS and the DDI vendor to further define where our expertise and testing experience can be of the greatest benefit to the success of the project. **Test Cases and Scenario Verification** PK reviews Test Cases and Test Scenarios to verify that the information contained within these artifacts is adequate for a comprehensive and repeatable test effort.

Table 14. Operational and System Readiness

Requirements
A comprehensive IV&V effort typically verifies that there is a Test Case or Test Scenario for each business rule implemented to meet the agreed upon requirements. Because of the complexity and size of Nebraska's portfolio of MMIS Projects, PK will select a sample of Test Cases and Test Scenarios for review. This selection is not random but is weighted so that the selected Test Cases and Scenarios are those which exercise business rules and requirements based upon the criticality of the requirement or rule. Typically, weighted selection criteria contain test cases and scenarios from all business areas for review, but has a larger selection related to those business processes considered to have the greatest criticality. An example of selection criteria follows, shown in a decreasing level of criticality. • Critical to CMS Certification • Critical to claim payment process • Critical to Pharmacy POS • Claim type to process (based on historical claim payment count history) • Member Management • Provider Management Test Cases and Test Scenarios are reviewed to verify that when followed, the test will completely and adequately validate that a specific MMIS functionality is behaving as designed and meets the agreed upon requirements. These artifacts must contain specific data elements to ensure that the results from the test are accurate and repeatable. At a high level, test cases and test scenarios are reviewed for the following mandatory items: • Unique Test Case Identifier • Test Case Description • Test Case Evaluator and Date • Functional Area (Name and/or number) • Use case / Requirement subject to test • Entry Criteria / Prerequisites to Test • Test Execution Procedure • Expected Test Results / Pass/Fail Determination • Final Exit Criteria • Ability of tester to append ad-hoc test criteria **Regression Testing**

Table 14. Operational and System Readiness

	Requirements
	Regression Testing identifies areas that may have been affected by changes or fixes to defects or bugs encountered during testing. The objective confirms that changes do not adversely impact tests which have been successfully completed prior to the change.
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.
	PK RESPONSE: Our IV&V team understands the importance of a system and business operations readiness review (ORR) plan. A comprehensive ORR plan helps identify blind spots. PK's ORR plan is customized to each project's needs. The plan includes input from the entire project team (project owner, vendors, and users). We collaborate with the MLTC project manager to provide ORR timing and frequency recommendations. The IV&V team confirms expectations align and verifies system and business operations readiness improves over time. We submit the ORR plan for DHHS approval a minimum of 90 days prior to the acceptance testing schedule date in the project work plan.
4	Must conduct a system and business operational readiness review and assessment and provide the results to DHHS.
	PK RESPONSE: The IV&V team will conduct system and business operational readiness review and assessment for each MLTC project. We use quality metrics including: • Scope and time management metrics such as work completed and the quality of work, cost and time performance indicators such as actual costs and actual durations, and comparisons of planned start and finish dates to actual activities • Technical performance measures such as software development velocity rates, release management statistics, and the number of unplanned change requests over time • Test management performance measures such as the number of test cases and test scripts completed versus expected, number of defects and defect severities, percent of recurring defects, and test cases passed

Table 14. Operational and System Readiness

Requirements
• Operational readiness measures such as preparation of staff for change, training and knowledge transfer, systems and operations transition readiness, and operational monitoring The operational readiness results report is provided to DHHS and project stakeholders.

RFP Section V. B. 5. c. Proposal Responses and Attachment A Req # OSR-2
xvii. Describe the bidder's approach to operational and systems readiness.

PK participates in System and Business Operations Readiness reviews from planning to execution and testing to implementation. PK uses a variety of Operational Readiness Checklists depending on the program and the CMS ORR criteria for that program. We consider the vendors' contractual requirements for ORR development and execution. PK has assisted states through this process in multiple IV&V Eligibility and Enrollment engagements, EVV Claims and Provider modules, and other MMIS modular based program implementations. Our ORR checklist and process provide the checks and balances an independent review of an ORR process requires.

The ORR contains an inventory of stakeholders and criteria to check that the ORR Plan aligns with the project Implementation Plan (Go-Live Plan). The IV&V ORR Report Checklist verifies that the project Implementation Plan (Go-Live Plan) has been approved by the applicable stakeholders and that it contains a summary assessment of the readiness of the project to transition into production. The schedule and status of activities for the transition to operations and that it contains a Plan of Action, a step-by-step checklist of activities which must be completed for the proper transition to operations.

The ORR identifies the processes for ensuring that the necessary resources required for the transition to operations have been trained, for confirming that cultural change activities have been completed, and evaluating resource preparedness for the transition. The ORR IV&V review provides processes and procedures for verifying the readiness of the production environment (hardware, software, etc.) for the transition to operations. Our method includes checking processes and procedures for verifying the readiness of the network (security configurations, firewalls, identities, etc.) for the transition to operations.

The Operational Readiness Report IV&V checklist will verify the ORR contains specifications (exit criteria) for verifying the quality of the final data conversion effort and the readiness

of converted data for the transition to the new system. PK's IV&V Team will verify the ORR defines escalation processes for use when an issue related to the transition to operations occurs.

RFP Section V. B. 5. c. Proposal Responses and Attachment A Req # OSR-3
xviii. Provide an example of a readiness review plan utilized for other projects.

Remainder of the page intentionally left blank.

Operational Readiness Report

For:

[redacted]

[redacted]

[redacted]

PublicKnowledge

ADVISING GOVERNMENT AGENCIES

1911 SW Campus Drive, #457
Federal Way, WA 98023
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Contact: [redacted]

PublicKnowledge

General Information

Instructions: *This section includes the general information for the progress report.* ***IV&V contractor*** *is to fill out* ***all sections*** *of this IV&V tab. Please ensure information provided here matches with the Project Partnership Understanding (PPU). For all dates, please use MM/DD/YYYY format.*

State/Territory	[redacted]	**State Primary POC**	[redacted]	**Submitter Email**	[redacted]	**PPU Completed & Sent to CMS?**	
Project Name	[redacted]	**State Primary POC Email**	[redacted]	**Submitter Phone**	[redacted]	**Date PPU Sent to CMS**	
Program Name	E&E	**Submitter Name**	[redacted]	**Submitter Company Name**	Public Knowledge	**Date IV&V on Board**	[redacted]
Progress Report Date	[redacted]	**Submitter Title / Role**	Project Manager			**Next Progress Report Date**	
Select Report Type	R2 - Operational Milestone Review						

Summary of Project Progress and Status

Instructions: *Briefly summarize the state's status and its progress. The summary should cover entire project, not just the modules and/or phases which are planned to be reviewed during a milestone review.*

UAT Cycle 2 is about halfway completed. The project continues to have blocked test cases due to unresolved defects. The SI Contractor delivered the User Acceptance Test (UAT) Requirements Traceability Matrix (RTM). It is being reviewed for accuracy and gaps.
Over the last few months, the project approved some design changes. These design changes relate to the Supplemental Nutrition Assistance Program (SNAP) Recertification and the redesign of the income screens. The design for SNAP was approved and the code is being tested as part of UAT. The income redesign is using an agile approach for design and development.
[redacted] Phase 2 completed in [redacted]. The [redacted] received positive feedback about the system from field staff. To date, the business processes around [redacted] operations have not been determined. This could impact the work management processes for the [redacted]

Budget & Schedule Metrics

Instructions: *Provide budgetary and schedule measurements below.*
- Earned Value metrics are the CMS-preferred metrics for budget and schedule. If the state uses Earned Value metrics, enter the information in row#23 for entire project.
- However, if the state does not use Earned Value metrics, please enter the metrics the state does use (not every row needs to be filled), variance against the state's expected or target value for each, and the most recent measurement for each state metric (rows # 27 and below)
- For each state metric listed, indicate whether that metric is for modules and/or phases or project as a whole.
- States are encouraged to discuss with their E&E analysts which metrics they intend to track so that the IV&V contractor can report them here.
- Example industry metrics are shown for reference.

Total Budget	[redacted]	Earned Value (EV)		Cost Variance (%)	12.0%	Schedule Variance (%)	-0.9%

Example Metrics for Considerations	Name of State Metric	Value	Variance Against Expected or Target Value	Name of the Applicable Module and/or Phase / E&E Project
Planned value Actual cost Return on Investment Cost performance index Cost of managing processes Planned hours of work vs actual Overdue project tasks Schedule performance index Percentage of missed milestones Percentage of tasks complete	Schedule performance index (SPI)	0.981		
	Schedule variance (days)	-6.27		

Comments	The [redacted] is provided to IV&V on a monthly basis for analysis. The schedule information presented above is based on the IPS dated [redacted] The last baseline date of the [redacted] occured on [redacted] Since IV&V's R1 review, the schedule was increased in [redacted] Wave 3 implementation was cut from the schedule to ensure a [redacted]. During IV&V's R2 review, the [redacted] reduced the Pilot from 4 months to 3 months, to accommodate suffcient UAT testing and complete development of critical systems. The new Pilot date is now [redacted]. The schedule variance and [redacted] above do not reflect this change at this time. The schedule change will not impact the overall budget of the [redacted], as the 30 days will be taken from the Pilot timeline to reduce it from 4 months to 3 months. The project is currently operating within the baselined budget and intends to remain under budget for the remainer of the project. The SI Contractor [redacted] The budget information presented above was taken from the [redacted] budget report distributed from the State to IV&V.

Life Cycle Status and Schedule

Instructions: *This section aids CMS in planning milestone reviews. Dates are understood to be approximate and should be updated in future quarterly reports as state schedules become more refined. Start by selecting a Life Cycle Status from the drop-down menu.*
-- If you select Life Cycle Status as "No plans for development," then the R1, R2, R3 date cells will become gray and you do not need to fill out any dates.
-- If a state is transitioning into a late phase of the MEELC and its CMS E&E analyst has stated that a particular milestone will not be necessary, then select the status dropdown that indicates that milestone as completed and leave the date column for that milestone review and any reviews leading up to that review blank. For example, if the CMS analyst has said that R1 and R2 are not necessary, select "R2: Operational M.R. Completed" and leave the R1 and R2 date cells blank. The anticipated R3 date should be filled in.
-- For all other cases, use the drop-down menu to indicate the current status of the module and/or phase. Enter the anticipated or actual dates for each milestone, including future milestone reviews. Do not enter a date range. For all dates, please use MM/DD/YYYY.
-- After a milestone review has actually occurred, be sure to update the entry to reflect the last date of the milestone review (as it may have changed from the anticipated date) and update the Life Cycle Status drop-down selection.

	Life Cycle Status	Target or Actual IAPD Approval Date	Target or Actual Development Start Date	Target or Actual Date for R1	Target or Actual Date for R2	Target or Actual Go-Live Date	Target or Actual Date for R3
Eligibility & Enrollment	R2: Operational M.R. Completed			[redacted]	[redacted]	[redacted]	[redacted]

Comments	No comments.

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Risks

Instructions: *List important programmatic or technical risks across the* ***entire project****, not just for modules and/or phases to be reviewed during the next milestone review.*
Use a unique Risk ID and provide the risk title and a description, being sure to indicate if it is a project or module level risk. ***For previously reported risks, use the same Risk ID, title, and description and update the remaining fields****. Pick appropriate values from the probability (1 = Not Likely to 5 = Nearly Certain) and impact (1 = Minimal to 5 = Severe) drop-down menus. Based on your selection, the risk score will be calculated automatically.*
Provide the resolution date in the Target or Actual Resolution Date column (MM/DD/YYYY format).
Provide the mitigation plan information (include details) and its status in the Mitigation Plan and Status column.
(Due to Excel limitations, text boxes may not expand when filled with data beyond the size of the cell. Data will be captured even if not completely visible.)

Risk ID #	Risk Title	Description	Probability	Impact	Risk Score	Target or Actual Resolution Date	Mitigation Plan & Status
Issue [redacted] 10-001.02	UAT test coverage cannot be verified.	The project does not have a RTM to verify that all requirements will be tested.	5	5	5-5		
Issue [redacted] 09-001.03	Triaging UAT defects requires more staff time than planned.	The project is experiencing more defects than anticipated, thus increasing the amount of time to triage them.	5	5	5-5		
Issue [redacted] 11-001.01	Project progress is difficult to assess.	The project does not have an up to date schedule and cannot use the schedule to manage resources.	5	3	5-3		

Risk [redacted] 10-002.02	Late system modifications may impact the overall quality of the system.	The project approved CRs while UAT is in progress.	5	5	5-5		
Risk [redacted]- 08-002.04	Data conversion may not be completed in the planned time frame.	Data conversion may not be ale complete within the weekend data conversion window.	5	5	5-5	[redacted]	This will need to be resolved by pilot. The project continues to test data conversion and is working on a contingenty plan if the weekend window is not achievble.
Risk [redacted]- 01-002.02	Functional security testing may not validate all roles on all screens.	The project plans to test fuctional security in UAT, but cannot be verified what test cases address this.	3	5	3-5	[redacted]	The project is actively working on verifying fuctional security will be adequately tested before pilot.
Issue [redacted]- 03-004.04	The [redacted] resource management process does not provide leadership the necessary information to determine if tasks are appropriately resourced.	The project accepted this risk.	5	5	5-5		

Issue [redacted]-07-001.03	A comprehensive view of design is not available for the [redacted].	The project accepted this risk.	5	5	5-5		
584114	Outlook slowness is causing delays in processing requests in [redacted]	This is a project issue and not an IV&V logged issue. "Although many 'non-admin' staff are experiencing Outlook slowness, the admins are specifically having issues getting requests executed. Their Outlook inbox and calendars regularly freeze and say ""Not Responding."" This is keeping them from being able to process requests in a timely manner. It keeps them from being able to complete additional tasks they would normally have	5	5	5-5		Closure criteria: [redacted]) should not have Outlook freeze with a message of "Not Responding" multiple times a day, for multiple days in a week. Outlook freezing periodically (once a day for 30 seconds) is considered routine. Outlook should not have meeting updates apply to only certain calendars (staff

		time for, if it were not for waiting on Outlook to respond. This is an issue that has effected them for months. We have laptops in cache mode and without. Both have problems. [redacted] office is also experiencing slowness."					and meeting rooms).
610780	U1 (Legacy Mainframe) Environment Readiness	This is a project issue and not an IV&V issue. The U1 environment was expected to be built-out by [redacted]; however, missed scope caused the batch scheduler to fall behind schedule. The batch scheduler, batch jobs, and code are not compiled which puts the U1	5	5	5-5		Closure criteria: "All jobs migrated from T1 to U1. U1 operational by [redacted] modified to UAT start."

		environment at risk of not being ready by [redacted]. The automated jobs are now expected to be completed by [redacted], which impacts testing and validation of the U1 environment for the Legacy Business Analysts and Pre-UAT testing.					

635213	[redacted]-09-001.01 Defect Backlog	This is a project issue and not an IV&V issue.	5	5	5-5		• Response Plan: 1. Hold additional triage meetings and streamline the process. 2. [redacted] (Tier 1) to review and validate defects on a daily basis. 3. [redacted] to prep for the Tier 2 triage meetings and provide a recommended solutions for the defects, so that the team can move quickly during the meeting. 4. [redacted] to deploy 80 to 120 defects each week. 5. UAT Test Managers and [redacted] to monitor the BI Reports daily. Once the response plan is executed and the issue is resolved we will close.

653710	[redacted]-10-001.01 It cannot be determined if UAT test coverage is comprehensive	This is a project issue and not an IV&V issue. "Findings: • UAT tests cases are not traced to requirements. A traceability crosswalk is scheduled to be completed in [redacted] • There is no UAT RTM and no formal method to identify gaps in UAT testing. There is no documented gap test case writing process. • [redacted] identified potential testing gaps. It is not yet known how many test cases will be required to address identified gaps. Consequences: • The project cannot determine if all	5	4	5-4		

		functionality was tested without traceability between requirements and test cases. If there is missing functionality or large numbers of defects, the system: o may not work as expected, which will require workarounds and additional training. o will cost more to fix after implementation than during testing. • Incomplete gap test cases may result in: o required functionality missing from the system at implementation . o unidentified defects may be present at go live. • It will not be possible to build an accurate UAT					

		Cycle 2 schedule without knowing the number of test cases to be developed and executed. Recommendations: The following are some best practices to consider in mitigating this risk: • Complete the RTM and crosswalk of test cases to requirements. • Document a complete list of test cases that must be executed in UAT Cycle 2. This should include business priority requirements. • Use the complete list of test cases to estimate the testing schedule. • Use the list of test cases to develop exit criteria for					

		Cycle 2 UAT. • Prioritize test cases for execution based on the UAT RTM and crosswalk. This will ensure that if UAT is stopped at any point, the most important requirements were tested. • Develop, document, and follow a gap test process."					
					-		
					-		
					-		
					-		
					-		
					-		
					-		

Recommendations

Instructions: *List programmatic or technical recommendations for the state regarding the overall project and/or any module in any phase of planning, development, deployment or operation.*
Recommendations can be based on cost, schedule, technical, risk, or other factors.
(Due to Excel limitations, text boxes may not expand when filled with data beyond the size of the cell. Data will be captured even if not completely visible.)

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Recommendation #	Date of Recommendation	Recommendation	Resolved?	Comments / Resolution
1	[redacted]	Complete the UAT RTM and ensure all requirements are tested before pilot.		
2	[redacted]	Evaluate the triage process to find areas of improvement and speed up resolution.		
3	[redacted]	Finalize a punch list of items that have to be completed prior to pilot. Use the punch list to guide project activities and assess progress on the remaining work.		
4	[redacted]	Be prepared with manual workarounds if income calculation is not ready prior to pilot.		
5	[redacted]	Establish busines contingency plans in the event conversion cannot complete in the planned timeframe.		
6	[redacted]	Test positive and negative security for all roles and all screens. Test access requirements during UAT.		

Programmatic Checklist

Instructions: *Review the state's compliance with each criterion and complete the IV&V columns. For all dates, please use MM/DD/YYYY format. If "Not Assessed' is selected from the Reviewer Assessment column, give a justification for this in the Reviewer Comments column. Due to Excel limitations, text box may not expand when filled with data beyond the size of the cell. Data will be captured even if not completely visible. If you need to review all data in a cell, double click the cell and use the down arrow from your keyboard to navigate.*

			IV&V Columns			
Category	**Ref #**	**Review Criteria**	**Review Date**	**Reviewer Name**	**Reviewer Assessment**	**Reviewer Comments**
Governance	S&C.MS.15	The state uses an SDLC.	[redacted]	[redacted]	Met	SDLC is documented in Section 2 of DEL2.1.2 Application Development Plan v1.3.
Governance	S&C.MC.1	State Medicaid Agency (SMA) develops it's MITA Roadmap and uses a completed MITA SS-A for evaluation of its As-Is and identification of its To-Be capabilities for Business, Information, and Technical Architectures and the Standards and Conditions for Medicaid IT.	[redacted]	[redacted]	Not Met	Neither the MITA As-Is, nor the To-Be assessment documentation were provided for IV&V review.
Governance	IA.DMS.1	The SMA demonstrates adoption of governance process and structure to	[redacted]	[redacted]	Not Met	No evidence of data governance, data stewards, data owners, data policy or redundancy controls provided. The status of the data dictionary is unknown.

		promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within the intrastate.				
Governance	IA.DS.3	The SMA documents information exchanges in trading partner agreements as specified in 45 CFR 162.915.	[redacted]	[redacted]	Met	Found in intial System Security Plan. MARS-E 2.0 controls AC-20 External Informaiton System, AC-21 Information Controls, AP-2 Purpose Specification documented as compliant and UL-2 Information Sharing with Third Parties. The most current system security plan was not available for IV&V review.
Outreach & Support	S&C.BRC.2	The SMA communicates effectively with providers, members, and the public.	[redacted]	[redacted]	Partially Met	The [redacted] was approved on [redacted]. QA progress reports continue to assess whether the plan, along with other deliverables such as the People Readiness Communication and Support Plan, are being followed and whether the communication appears to be effective. Current communication efforts include newsletters, talking points, FAQs, demonstrations, scenario briefings, and a robust internet page. Planning for external communication is under way.

Outreach & Support	S&C.BRC.9	The system of interest utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriatenes s of decisions.		[redacted]	[redacted]	Met	For the scope of the eligibility system, IV&V considers this met based on the assumption that this criterion relates to clients' ability to report changes and appeal decisions. Evidence supports sufficient avenues to allow clients and community partners to report changes to information related to pregnancies, addresses, households, work status, health care coverage, school, and immigration status. The evidence also provided support for allowing applicants/clients to specify how they would like to be contacted. Hearings and appeals will be handled outside of this system. However, correspondence generated from the system provides detail on how to submit an appeal.
Outreach & Support	S&C.RC.3	The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests.		[redacted]	[redacted]	Met	The performance testing and plan outlines the performance expecations, but it has not yet been fully tested.
Outreach & Support	S&C.RC.4	The SMA provides system decision logic and coding used by eligibility to the public.		[redacted]	[redacted]	Met	The Functional Detailed Design ([redacted]) covers decision logic and correspondence.

Outreach & Support	TA.FR.5	The system of interest provides online assistance to users to support effective use of data query, data analysis, and report formatting capabilities.	[redacted]	[redacted]	Met	DEL2.2.2.2 Reports Overview provides a summary of the design that describes the approach to reporting and business analytics. The solution also provides both on demand and scheduled reporting capabiltities to query the system. The user can trigger on demand reports by selecting values to report prompts. There is no function for ad hoc querying.
Outreach & Support	TA.LG.3	The system of interest provides services that manage the delivery of event messages to several business services and people / roles / contexts interested in a condition and change of behavior of interest.	[redacted]	[redacted]	Met	DEL 2.2.2 Task Inventory describes the lists of tasks available for case workers in the Worker Portal system. Additional details are available in the Worker Portal overview document.

Process	S&C.RC.5	The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.	[redacted]	[redacted]	Met	This criterion is met under the assumption that an error results a pended case. The evidence provides support for identifying, triaging, and resolving errors in pended cases. The design includes reports that identify and consolidated pended cases, including Count of Pending Cases Report, List of Pending Cases Past Due Report. There is also an IE Interface Exceptions Report to capture potential errors resulting from the interfaces. The Close/Reopen business process outlines the process for instances of closing benefits due to system or processing error. Evidence also supports auditing of decisions to address errors identified in cases.
Process	TA.BPM.2	The SMA aligns business workflows for Medicaid and Exchange business operations and requirements using BPM standards (e.g. Business Process Execution Language (BPEL).	[redacted]	[redacted]	Met	Detailed future state business process maps have been designed to align with the MITA business process EE01: Determine Member Eligibility. Enrollment processes are not in scope for this system.

Process	TA.CM.1	The SMA implements software configuration management practices and identifies intrastate configuration items and baselines.		[redacted]	[redacted]	Met	The structure for configuration management is detailed in the Technology Management Plan. The Application Development Plans provides the outline of the configuration management plan. The Application Configuration Management Plan contains information on software configuration management practices. The Technology Management Plan identifies intrastate configuration items at a high level. Interface control documents provide details on intrastate configuration items.
Process	TA.CM.3	The SMA uses build management, process management, and environment management through the SDLC.		[redacted]	[redacted]	Met	DEL 2.1.2 addresses many aspects of build and process management to be applied during design, development and system integration testing. DEL 2.7.3.4 elaborates build management / software migration procedures, access control for environments and servers. DEL 2.2.4 describes overall roles and responsibilities across many relevant project processes, and specifies environments across the SDLC. The Complete and Final Test Plan specifies, updates, and extends many relevant processes with considerations for UAT.

Process	TA.DAM.6.1	The SMA performs data management storage optimization and consolidation techniques.	[redacted]	[redacted]	Met	Per DEL2.3.4, technical optimizations strategies and techniques for data management include adding indices, use of generated columns, assignment of artificial primary keys, denormalization for performance, the addition of column data types and sizes, splitting a table or combining two tables based on current volumen and future capacity projections, adding redundant data, and the addition of columns for auditing. In addition, per DEL 2.7.3.3, maintenance operations for the database include integrity checks, rebuilding / reorganizing indexes, update of statistics, backup / restore, history cleanup and running SQL agent jobs that analyze, clean up, and optimize the database.
Process	TA.UT.1	The system of interest introduces versioning, mediation, and distributed systems.	[redacted]	[redacted]	Met	This criteria is met in section 8.4.1, 8.4.2, and 8.4.3 of the Technology Management Plan ([redacted]).
Process	MES.PR.1	In preparation for a milestone review, SMA has provided all artifacts required for that review (see Required Artifact List in the toolkit). If the names of the artifacts differ from what	[redacted]	[redacted]	Not Applicable	Reviewer has marked this item as Not Applicable because the Appendix B Artifact List in MEET is recommended but not required as it is for MECT milestones reviews.

		they are named in the Required Artifacts List, the SMA has provided a mapping between the Required Artifacts and what the state calls the artifacts.				
Reuse	S&C.LC.1	SMA participates in a multi-state effort and shares (or provides a method to share) it's reusable components, to promote sharing, leverage, and reuse of Medicaid technology and systems.	[redacted]	[redacted]	Not Applicable	This is a transfer system from another state, but this system is not being shared outside the [redacted] [redacted] [redacted].
Reuse	S&C.LC.5	SMA identifies and evaluates commercial or open-source solutions and plans for cloud computing.	[redacted]	[redacted]	Met	[redacted] is evaluating options related to disaster recovery in the cloud and using COTS products. The State used COTS products in the system. This system is not cloud based. [redacted]

Reuse	S&C.LC.8	SMA minimizes need for ground-up or customization solutions.	[redacted]	[redacted]	Met	This strategy was documented in the Business Case (Integrated_Eligibility_Determination_Business_Case_v1.5) for this system implementation project: '[redacted] leaders, acting in a fashion similar to [redacted] leaders on the [redacted] project, will support a strategy of minimizing the amount of customization required when [redacted]
RFP/Contract / Acquisition	IA.DS.4	As Per SMM Part 11: State documents and follows RFP development process, contract development process, and proposal evaluation plan.	[redacted]	[redacted]	Met	The procurement process for the project was captured in the [redacted] Project Management Plan. A special procurement was used for the [redacted] confirmed that the project adhered to [redacted] state procurement laws, policies and procedures. [redacted] also confirmed that the appropriate people were involved in the process, and communications throughout the execution of Amendment 5 was sufficient.
RFP/Contract / Acquisition	S&C.BRC.12	The SMA has service level agreements (SLAs) in place and evaluates system and contractor performance against those SLAs. When SLAs are not met, the SMA creates and executes plans of action with milestones (POAMs).	[redacted]	[redacted]	Met	Amendment 1 of the current contract [redacted]) specifies SLAs.

RFP/Contract / Acquisition	S&C.MS.5	Modularity is adequately accounted for in the SMA acquisition process.	[redacted]	[redacted]	Met	Modular in that it has distinct technology components. See figure 82 on page 134 of the Technology Management Plan. This was not a modular procurement so is not made up of traditional modules.
RFP/Contract / Acquisition	S&C.MS.6	RFP does not impose technology specific solutions and will allow for evolving requirements.	[redacted]	[redacted]	Not Applicable	This item has been marked as Not Applicable by the IV&V reviewer because there is no RFP related to the IE Project. The business case for this project [redacted]) included an alternatives analysis that considered four potential approaches, and the state proceeded with an approach of extending the [redacted] to support non-MAGI Medicaid eligibility, SNAP, TANF, and ERDC determinations.
Security	TA.SP.64	The system of interest conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards.	[redacted]	[redacted]	Not Assessed	The System Security Plan was not provided for IV&V review and this criteria could not be assessed.

Security	TA.SP.65	For the system of interest's use of Public Key Infrastructure (PKI), the solution follows standard practices such as the use of accepted certification authorities, documented Certificate Policy (CP), and Certification Practice Statement (CPS), which includes key escrow strategy. The System of Interest's PKI implementation uses foundational technical standards such as X.509 Certificate format and Public Key Cryptography Standard (PKCS).	[redacted]	[redacted]rtin	Not Assessed	The System Security Plan was not provided for IV&V review and this criteria could not be assessed.

Security	TA.SP.75	The system of interest employs malicious code protection mechanisms at IT system information system entry and exit points and at workstations, servers, or mobile computing devices on the network to detect and eradicate malicious code. The system of interest utilizes network scanning tools, intrusion detection and prevention systems, and end-point protections such as firewalls and host-based intrusion detection systems to identify and prevent the use of prohibited functions, ports, protocols, and services.		[redacted]	[redacted]	Not Assessed	The System Security Plan was not provided for IV&V review and this criteria could not be assessed.
Security	TA.SP.78	The system allows only authorized staff		[redacted]	[redacted]	Not Assessed	The System Security Plan was not provided for IV&V review and this criteria could not be assessed.

		members to do manual deletes and overrides of alerts/edits.					

RFP Section V. B. 5. c. Proposal Responses and Attachment A Req # OSR-4
xix. Provide examples of operation and system readiness review reports used on previous projects.

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DELIVERABLE REVIEW REPORT
FOR CARE CASE MANAGEMENT [redacted]

Document Information:			
Document Name	Operational Readiness Checklist	Document Version	1.01
Document ID	[redacted]	Date Published	[redacted]
Document Author, Vendor, or Organization	[redacted]	Date(s) Revised	

[redacted] Review Information	
Document Receipt Date:	[redacted]
Review Comments Submitted Date:	[redacted]
[redacted] Analyst(s):	[redacted]
Recommended Action:	Accept current version of artifact ☐ Accept with revisions addressing deficiencies X Reject and return for major revisions ☐ No acceptance action required ☐

Key Observations/Recommendations:	For this review, IV&V reviewed the Operational Readiness Checklist (ORC) against the criteria for an Operational Readiness Report (ORR) to provide an overview of items that would normally be included in the ORR. The ORC does provide a listing of critical functionality and interfaces that must be completed successfully but does not include several critical components that should be confirmed prior to go-live. IV&V recommends that for each item noted as not met in the checklist below, the ORC should be updated to include confirmation that the topic areas are ready for production.

Quality Checklist:

The Quality Checklist for reviewing the Operational Readiness Report was derived by the [redacted] IV&V Team from the requirements outlined in the Contract / Statement of Work. In addition, the IV&V Team relies on best practice examples and industry standards. Specifically, the quality criteria were derived from:

- *Operational Readiness Review; Centers for Medicare & Medicaid Services (xlc)*
- *Planning and Conduct of Operational Readiness Reviews; US DOE STD-3006-2000*
- *IT Infrastructure Library (ITIL); Reference Process Map v3 2001, Templates*
- *Information Technology Service Management; ISO/IEC 20000-1:2011*
- *Project Management Body of Knowledge, 5th Ed*

Criteria Met Legend

X	Indicates that the Deliverable did not meet the Quality Checklist criteria.
✓	Indicates that the Deliverable met the Quality Checklist criteria.
P	Indicates that the Deliverable partially met the Quality Checklist criteria or met some aspects of the criteria.

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
1.0	Document Characteristics			
1.01	The Operational Readiness Report contains an introduction and explanation of its purpose	✓		
1.02	The Operational Readiness Report contains a title page	✓		
1.03	The Operational Readiness Report contains revision, version history, and approval information	✓		
1.04	The Operational Readiness Report contains the date of issuance	✓		

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
1.05	The Operational Readiness Report contains a Table of Contents	✓		
1.06	The Operational Readiness Report contains uniquely identifiable sections that can be easily referenced from other project documentation	✓		
1.07	If appropriate, the Operational Readiness Report contains assumptions and constraints	✓		
1.08	The Operational Readiness Report contains (or incorporates by reference) a glossary of terms	✓		
1.09	The Operational Readiness Report contains (or incorporates by reference) a dictionary of acronyms or acronyms are spelled out in the first instance	P	Some of the Acronyms are not spelled out on their initial use or within the document. Additionally, one of the line items did not have the definition in the Acronyms table. Section 1.6.	
1.10	The Operational Readiness Report is free of spelling and grammar errors	✓		

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
1.11	The document flow and structure are logical for the audience to follow	✓		
1.12	References to products, terminology, etc. are consistently used throughout the document (e.g., proper nouns are capitalized)	✓		
1.13	All hyperlinks have been tested and work	✓		
1.14	The audience for the Operational Readiness Report is described thoroughly and accurately	✓		
1.15	The Operational Readiness Report header contains standard information (e.g., logo, project name, document title) and is consistently used and formatted throughout the Plan	✓		
1.16	The Operational Readiness Report footer contains standard information (e.g., page number, date) and is consistently used and formatted throughout the Plan	✓		

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
1.17	Section headings match standard font, color, and size styles	✓		
1.18	Body text match standard font, color, and size styles	✓		
2.0	General Operational Readiness Report Characteristics			
2.01	The Operational Readiness Report contains an inventory of stakeholders	✓		
2.02	The Operational Readiness Report aligns with the project Implementation Plan (Go-Live Plan)	✓		
2.03	The Operational Readiness Report verifies that the project Implementation Plan (Go-Live Plan) has been approved by the applicable stakeholders.	✓		
2.04	The Operational Readiness Report contains a summary assessment of the readiness of the project to transition into production	✓		

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
2.05	The Operational Readiness Report summarizes the schedule and status of activities for the transition to operations	✓		
2.06	The Operational Readiness Report schedule of transition activities aligns with the tasks in the Implementation Plan	✓		
2.07	The Operational Readiness Report schedule of transition activities aligns with tasks in the Project Plan / Schedule	✓		
2.08	The Operational Readiness Report contains a Plan of Action (step-by-step checklist) of activities which must be completed, in order, for the transition to operations	✓		
2.09	The Operational Readiness Report identifies the necessary project resources required for the transition to operations, and details their roles and responsibilities	✓		

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
2.10	The Operational Readiness Report identifies any external resources required for the transition to operations, their contact information, and details their roles and responsibilities	✓		
2.11	The Operational Readiness Report identifies the processes for ensuring that the necessary resources required for the transition to operations have been trained, for confirming that Cultural Change activities have been completed, and evaluating resource preparedness for the transition	P	The in depth process for training for resources is not discussed in the Operational Readiness Checklist, but training is described as a part of readiness throughout the document in many places.	
2.12	The Operational Readiness Report provides processes and procedures for verifying the readiness of the production environment (hardware, software, etc.) for the transition to operations	X	The Operational Readiness Checklist document only provides a listing of items by department that need to be successful but does not define conditions or requirements for "success".	
2.13	The Operational Readiness Report provides processes and procedures for verifying the readiness of the network (security configurations, firewalls, identities, etc.) for the transition to operations	X	Processes and procedures for verification of the readiness of the network are not provided within the Operational Readiness Checklist.	

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
2.14	The Operational Readiness Report provides an inventory of all external interfaces that must be in place for the transition to operations, and a process for verifying the readiness of each interface	✓		
2.15	The Operational Readiness Report defines the process for verifying that pertinent documentation has been completed and distributed, and is available to staff supporting the transition to operations	X	The Operational Readiness Checklist does not define processes for verifying that pertinent documentation has been completed and distributed and available.	
2.16	The Operational Readiness Report contains specifications (exit criteria) for verifying the quality of the final data conversion effort, and the readiness of converted data for the transition to the new system	X	Section 4 of the ORC provides a listing of items that need to be accomplished successfully but does not define an exit criterion. Are all items required or are there items that if not completed the project would consider moving forward with Go-Live?	
2.17	The Operational Readiness Report contains specifications for validating the refresh, back-up, and restore strategies for the final data conversion	X	The checklist does not mention refresh, back-up, or restore strategies for final conversion.	

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
2.18	The Operational Readiness Report contains processes and procedures for validating the exit criteria from User Acceptance Testing have been met, and for confirming that the application has been approved for release into the production environment	X	Section 4.1 does define that "UAT completed successfully" but does not define UAT exit criteria within this document.	
2.19	The Operational Readiness Report contains an inventory of known application defects after completion of User Acceptance Testing, that necessary workarounds have been documented, and end user training for the workarounds has been completed	X	The Operational Readiness Checklist does not define reports of defects or end user training for the workarounds other than in 3.2 [redacted] • User Documentation • Support Documentation	
2.20	The Operational Readiness Report contains processes and procedures for establishing and validating the security roles and responsibilities for system administration have been established in the production application and environment	X	The Operational Readiness Checklist does not discuss the validation of the security roles and responsibilities for system administration.	
2.21	The Operational Readiness Report contains processes and procedures for validating the credentialing, roles,	X	The Operation Readiness Checklist does not mention the validation of role-based security.	

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
	and responsibilities for end users have been established in the production application			
2.22	The Operational Readiness Report contains processes and procedures for validating the credentialing, roles, and responsibilities for end users have been established for the production environment and application (as applicable)	X	The Operation Readiness Checklist does not mention the validation of environmental security.	
2.23	The Operational Readiness Report contains processes and procedures for validating the credentialing, roles, and responsibilities for testers, developers, and other super users have been removed from the production application	X	The Operation Readiness Checklist does not mention the validation of role-based security.	
2.24	The Operational Readiness Report contains processes and procedures for validating the credentialing, roles, and responsibilities for testers, developers, and other super users have been removed from the production environment	X	The Operation Readiness Checklist does not mention the validation of role-based security.	

Quality Checklist for Operational Readiness Report				
Criteria ID #	Quality Criteria	Criteria Met	IV&V Comments	Project Response and Date
2.25	The Operational Readiness Report describes the tools and processes to be used to systematically monitor the processes and activities taking place for the transition to operations	X	The Operation Readiness Checklist does not mention tools or processes to be used to systematically monitor the transition to operations.	
2.26	The Operational Readiness Report defines escalation processes to be used when an issue related to the transition to operations occurs	X	The Operation Readiness Checklist does not provide escalation processes.	

6.1.6 IV&V Deliverables and Work Products

RFP Section V. B. 6. c. Proposal Responses and Attachment A Req # IDW-1
The bidder should include the following in the contractor's proposal:
xx. 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.

Table 15. IV&V Deliverables and Work Products

	Requirements
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 • Requirement traceability matrix updates • CMS and MITA compliance activities • IV&V work plan updates • IV&V work products
	PK RESPONSE: PK will fulfill required IV&V activity and work product responsibilities by completing and submitting monthly deliverable reports as scheduled. The monthly deliverable will include a list of the IV&V activities and tasks performed during the month. An assessment summary list of the work products and deliverables performed and completed for the month are included, along with the assessment of the project schedule, budget, scope, and quality status. Updates will be done for risks and issues, requirement traceability matrix, the IV&V work plan, and any CMS and MITA compliance activities. Monthly staffing and schedule will also be contained in the report.
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.
	PK RESPONSE:

Table 15. IV&V Deliverables and Work Products

	Requirements
	In accordance with the approved IV&V work plan schedule, deliverables will undergo a multi-step process: **Develop Draft Deliverable.** The PK project team uses the contract requirements, and approved report templates to guide the collaborative development of the deliverable document. Completed drafts are submitted for an internal quality assurance process to ensure order, clarity, conciseness, style, and terminology. The IV&V Project Manager reviews all deliverables before submission to the client. **Submit Draft Deliverable.** Once the deliverable is complete and has passed our internal quality review, the PK Project Manager will mark it as DRAFT version and submit it to the state Project Manager and designated stakeholders with a comment log. This provides the client the ability to request verification of facts and clarification of information contained in the deliverables. Receive State Feedback. Within a number of agreed upon days of receiving a draft deliverable, the state Project Manager will gather review comments and provide them via a single comment log to the PK Project Manager. **Submit Updated Deliverable**. Within a number of agreed upon days of receiving the states written comments on the draft deliverable, the PK Project Manager will remedy any deficiencies in the deliverable and present an updated deliverable version along with the comment log. The state Project Manager responds letting us know the deliverable is acceptable or providing additional comments. If additional comments are provided, we will again update the deliverable and comment log. If the deliverable is acceptable, we will provide a Deliverable Acceptance Form (DAF).
3	Must provide a tracking capability for tracking of work product and deliverable submission and review status.
	PK RESPONSE: A tracking log will be created and maintained for the life of the project that will list letters, memos, and deliverables and their status. Updated status will be provided in the log once an artifact is submitted, returned, updated, accepted and or processed.
4	Must submit any changes to previously approved deliverables for approval through the review process.

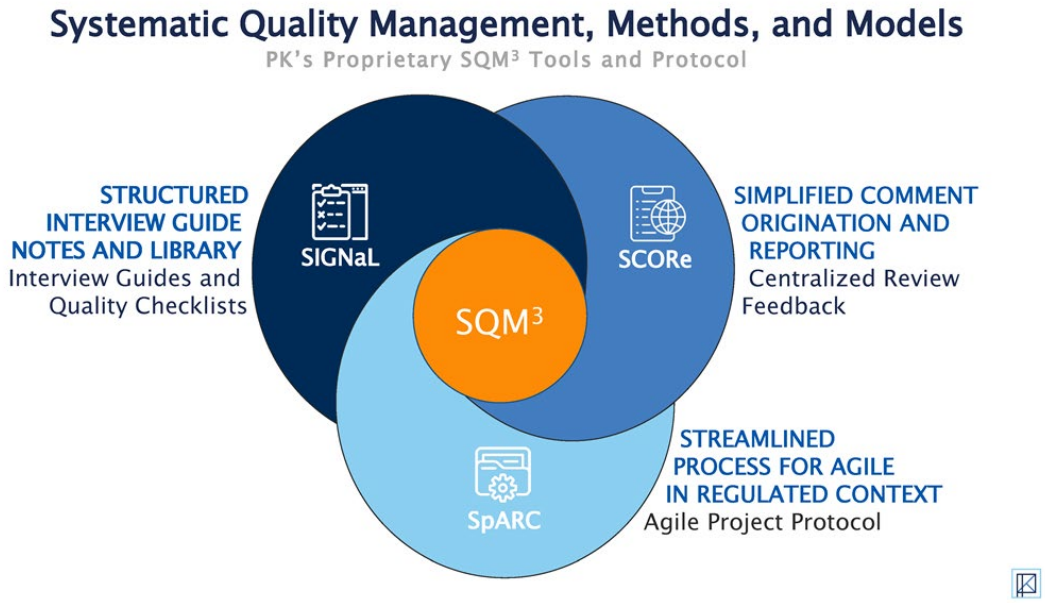
Table 15. IV&V Deliverables and Work Products

Requirements
PK RESPONSE: Changes or updates that are required to approved deliverables will be completed and submitted as to the project for review and acceptance. Any written comments from the state review process will be addressed and resubmitted for approval.

6.2 Proposed Development Approach (b)

The PK IV&V Methodology is a collection of practices and resources to empower our consultants to deliver their scope in a manner appropriate for each contract, client needs, and project type. The methodology is supported by tools, protocols, and best practices intended to strengthen the execution of our work and promote efficiency. Our proven methodology is built upon the Institute of Electrical and Electronics Engineers (IEEE) standards and expanded to include others from International Organization for Standardization (ISO), Capability Maturity Model Integration (CMMI), National Institute of Standards and Technology (NIST), and Project Management Body of Knowledge (PMBOK®). PK's proprietary Systematic Quality Management, Methods, and Models (SQM3) methodology delivers value by adapting to our customers' development approaches rather than forcing their projects to adapt to our assessment methods.

Figure 5. PK's SQM³ Methods and Models



Our well-established and effective IV&V processes and tools benefits DHHS by providing insightful artifact and vendor deliverable reviews. We tailor our process to the specifics of each MLTC project as part of IV&V's project initiation activities, and then continue through each phase of the project.

We have an extensive repository of interview questions and IV&V checklists for the various types of deliverables produced and tasks performed on software development projects. PK's Structured Interview Guide Notes and Library (SIGNal) is an automated tool for creating interview question and deliverable checklist items by topic area. It is built on a knowledge base compiled from the combined experience of PK staff over many years. The checklists are based on the specific industry standards applicable to each deliverable and process under review. Interview questions and deliverable checklists are frequently enhanced with items relevant to each project's status and needs. Our assessments include findings regarding the completeness and correctness of the deliverable and process for each IV&V checklist item. Where items are found lacking, we propose recommendations for improvement.

PK's comment extraction tool, SCORe, is an automated tool that extracts comments from Microsoft® Word, Excel, and PowerPoint documents. It can also extract tracked changes from Microsoft® Word into a comment table. The tool eliminates the need to manually consolidate comments made by multiple reviewers, offering significant time saving benefit to our clients and ourselves.

Interviews

Our staff conduct interviews to identify concerns, risks, issues, documenting as-is and to-be information, gathering trends, concerns, themes, understanding client needs and goals, and collecting lessons learned. Interviews give unique insight because they draw out information, concerns, perceptions, and opinions that individuals may not feel comfortable expressing in larger project meetings.

Deliverables

We conduct reviews of designated project documentation and vendor deliverables and provide written feedback in a detailed and formal deliverable review report (DRR). The DRR contains the IV&V team's findings and recommendations for each deliverable reviewed against the previously defined and agreed-upon standards. It also provides our overall recommendation for deliverable acceptance.

A DRR results from the IV&V team's detailed analysis and review of the deliverable, with significant input from project staff and, where appropriate, other project stakeholders. Our completed DRR includes the vendor's deliverable with comments inserted via PK's

comment extraction tool and comment log. Our tool allows us to organize and record deliverable review response information using standardized processes for documenting errors, omissions, and other deficiencies directly into the deliverable provided in Word, Excel, or PowerPoint format. We make our comments substantive, actionable, and focused on recommendations for improving the deliverable.

Our findings and recommendations are a comprehensive presentation of the deliverable's status and enable the Project Management Team to make an overall determination regarding the adequacy of the deliverable. At a minimum, the deliverable review report:

- Verifies that the format of the deliverable is compliant with the RFP requirements
- Provides a summary assessment of the deliverable
- Provides findings and recommendations about the deliverable contents
- Validates compliance with quality checklist criteria, quality standards, and industry best practices
- Provides independent verification of the data reported in the vendor deliverable
- Provides a recommendation for acceptance or rejection of the vendor deliverable. In the case of rejection, we provide specific recommendations to achieve approval

This allows a process of consistent deliverable review and reporting. We customize our library of deliverable checklists to meet the requirements and standards of DHHS and the MLTC project to facilitate reliable, transparent review criteria.

Part of our deliverable review process includes ongoing monitoring and reporting of the vendor's responses and subsequent deliverable resubmissions. The IV&V team monitors the progress of vendor's deliverables under review using a spreadsheet, which identifies the deliverable, the selected quality checklists, evaluation standards, and the monitoring of activities expected during the quality review process.

PK is committed to a proactive and collaborative approach to project deliverable assessment. We find that in addition to providing a deliverable expectation document (DED), open and frequent communication regarding deliverable progress helps to reduce the need for rework after our review. We also find that providing fact-based findings and actionable recommendations increases our credibility with the project team.

CMS Certification Approach

To gain insight into CMS federal regulations and guidance changes that may impact IV&V services approach and Medicaid programs and system implementations, PK maintains open and ongoing communication with CMS at the national, regional, and state officer levels. As CMS guidance shifts or changes during the IV&V contract term, PK is adept at analyzing what the changes mean for Nebraska's Medicaid Program and IV&V service delivery.

We also maintain direct communication with the leadership at CMS Division of State Systems (DSS) and Data Systems Group (DSG). We participate in quarterly one-on-one calls with the State Systems Director, Technical Director, and staff from CMS and MITRE. These regular discussions with the DSS and DSG team provide PK a direct opportunity to learn more about the current CMS guidance and regulations as well as possible future direction and changes. During these meetings, we have an opportunity to ask questions and make recommendations.

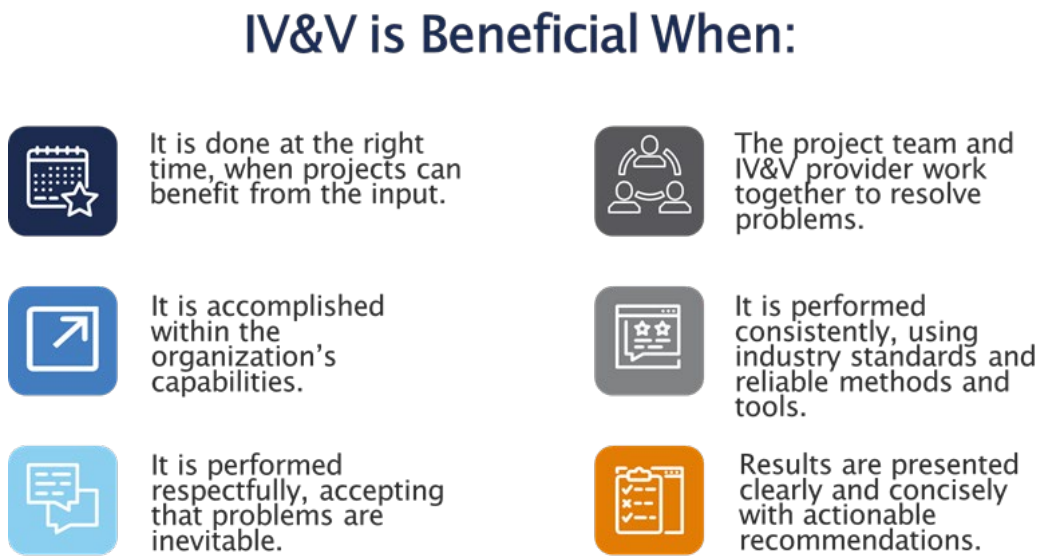
Our system certification experience and approach help our clients navigate the complexities of federal guidance for attaining enhanced funding for modernized systems. We use the states' MITA SS-A to assess current capabilities and operations that helps them develop strategic transition plans to meet target capabilities. We remain abreast of current and emerging certification methods and tools including Medicaid Enterprise Certification Toolkit (MECT), Medicaid Eligibility and Enrollment Toolkit (MEET), outcomes-based certification (OBC), and streamline modular certification (SMC). Our IV&V team assists agency staff with certification review and participation expectations.

PK assists DHHS by being proactive in determining certification activities that should not wait until the end of a project to consider certification needs. We believe that understanding the outcomes-based and streamlined modular certification federal assessment standards and requirements up front will reduce risk to the funding stream.

6.3 Technical Considerations (c)

The traditional purpose of IV&V services is to verify and validate that a system will comply with its stated requirements, organizational standards, and meet expected outcomes. At PK, we believe IV&V is most beneficial under the following circumstances:

Figure 6. Circumstances Where IV&V is Most Beneficial



Our IV&V teams assess aspects and technical considerations of each MLTC projects contract requirements. We invest significant time in creating and reviewing the work products, documentation, and formal deliverables of each project. Building and assessing the quality of a product or solution, using agreed upon acceptance criteria throughout its development, helps projects stay on track and avoids costly and time-consuming rework. These product quality procedures help to hold all parties accountable to understand and meet contractual requirements.

We understand waterfall, Agile, and hybrid methodologies and modify our quality checklists to meet each MLTC projects' requirements and type such as custom, commercial off the shelf (COTS), software as a service (SaaS), cloud-based, and on-premises data center solutions. PK's IV&V team consistently reviews our projects to promote accuracy and product quality. Our SIGNaL tool has more than 35 technical analysis areas that can be used to verify reliable and performance system outcomes leveraging modern design principles and best practices. Example focus areas include Business Rules Management, Coding Standards, Configuration Management, Design Standards, Disaster Recovery, Interface Management, Information Security, Requirements Management and Test Management.

> We bring over 35 technical analysis areas used to verify reliable and performance system outcomes, leveraging modern design principles and best practices.

Being a pro-active IV&V services provider, we are forward-thinking and communicate risk-focused process observations for quick feedback to project processes. We understand the importance and value of independent assessment of risks and opportunities for

improvement. As such, we deliver fair and efficient quality control assessment feedback that focuses on essential management processes and positive project outcomes. PK has found that ongoing and effective IV&V teams bring consistency, repeatability, and timely actions, addressing impediments to project success in real time. In our experience, a team that is continuously engaged and aware of technical and business considerations and project progress and challenges provides the most expeditious and timely recommendations for improvement.

6.4 Detailed Project Work Plan (d)

Figure 7. Project Work Plan

Task Name	Duration	Start	Finish
Nebraska DHHS MLTC Medicaid Projects IV&V Work Plan			
IV&V Initiation and Planning	**30 days**	**Fri 4/1/22**	**Thu 5/12/22**
Project Kick-Off Meeting	3 days	Sun 4/10/22	Tue 4/12/22
Update Work Plan to align with project schedule	20 days	Wed 4/13/22	Tue 5/10/22
Establish shared document repository	20 days	Wed 4/13/22	Tue 5/10/22
Provide project reporting templates	20 days	Wed 4/13/22	Tue 5/10/22
IV&V Management Plan (first 30 days)	**39 days**	**Wed 4/13/22**	**Mon 6/6/22**
Submit Deliverable Expectation Document (DED) to State IV&V Contract Manager for review	5 days	Wed 4/13/22	Tue 4/19/22
State review of DED	2 days	Wed 4/20/22	Thu 4/21/22
Incorporate feedback on DED format	2 days	Wed 4/27/22	Thu 4/28/22
Draft IV&V Management Plan	12 days	Wed 4/13/22	Thu 4/28/22
Deliver Draft IV&V Management Plan	1 day	Fri 5/13/22	Fri 5/13/22
State review Draft IV&V Management Plan	5 days	Mon 5/16/22	Fri 5/20/22
Incorporate feedback on Draft IV&V Management Plan	5 days	Mon 5/23/22	Fri 5/27/22
Deliver revised IV&V Management Plan	1 day	Mon 5/30/22	Mon 5/30/22
DELIVERABLE IV&V Management Plan Approved	5 days	Tue 5/31/22	Mon 6/6/22
Weekly Review Activities	**9 days**	**Fri 4/1/22**	**Wed 4/13/22**
Review Project Artifacts	3 days	Fri 4/1/22	Tue 4/5/22
Attend Project and Governance meetings	3 days	Wed 4/6/22	Fri 4/8/22
Review Project Info for Metrics	3 days	Mon 4/11/22	Wed 4/13/22
Identify project risks	3 days	Wed 4/6/22	Fri 4/8/22
Conduct IV&V assessment	3 days	Wed 4/6/22	Fri 4/8/22
DELIVERABLE IV&V Weekly Report (Occurs 232 times)	1 day	Fri 4/1/22	Fri 4/1/22
Prepare and Deliver Weekly Reports	**3 days**	**Fri 4/8/22**	**Tue 4/12/22**
State review of Draft Weekly IV&V Report	2 days	Fri 4/8/22	Mon 4/11/22
Incorporate feedback on Draft Weekly IV&V Report	1 day	Tue 4/12/22	Tue 4/12/22
Monthly Review Activities	**1040 days**	**Fri 4/1/22**	**Thu 3/26/26**
Review Project Artifacts	12 days	Mon 5/2/22	Tue 5/17/22
Review phase entrances and exits	2 days	Wed 5/18/22	Thu 5/19/22
Attend Project and Governance meetings	22 days	Wed 5/18/22	Thu 6/16/22
Review Project Info for Metrics	20 days	Wed 5/18/22	Tue 6/14/22
Identify project risks	20 days	Wed 5/18/22	Tue 6/14/22
Conduct IV&V assessment	1 day	Wed 5/18/22	Wed 5/18/22
Prepare and Deliver Monthly Report	1 day	Fri 4/1/22	Fri 4/1/22
Develop Monthly IV&V Report	3 days	Thu 5/19/22	Mon 5/23/22
Deliver Draft Monthly IV&V Report	1 day	Mon 4/4/22	Mon 4/4/22
State review of Draft Monthly IV&V Report	5 days	Tue 5/24/22	Mon 5/30/22
Management Briefing	1 day	Tue 5/31/22	Tue 5/31/22
Conduct onsite or virtual briefing of Draft Monthly IV&V Report	3 days	Wed 5/18/22	Fri 5/20/22
Incorporate feedback on Draft Monthly IV&V Report	2 days	Mon 5/23/22	Tue 5/24/22
DELIVERABLE IV&V Monthly Report (Occurs 48 times)	1 day	Thu 3/26/26	Thu 3/26/26
State CMS MMIS IV&V (Certification) Quarterly Progress Report	**1041 days**	**Sun 4/10/22**	**Mon 4/6/26**
Develop CMS MMIS IV&V Quarterly Progress Report	20 days	Sun 4/10/22	Thu 5/5/22
Incorporate State APD information	20 days	Fri 5/6/22	Thu 6/2/22
Finalize CMS MMIS IV&V Quarterly Progress Report	5 days	Fri 6/3/22	Thu 6/9/22
Deliver Final CMS MMIS IV&V Quarterly Progress Report	1 day	Fri 6/10/22	Fri 6/10/22
MMIS Certification Progress Report (Occurs 16 times)	1 day	Fri 6/10/22	Fri 6/10/22
DELIVERABLE: Initial MMIS IV&V Certification Progress Report Approved (deliver to CMS and IV&V Contract Manager)	1 day	Fri 6/10/22	Fri 6/10/22
Develop IV&V Review Checklists	**28 days**	**Fri 5/6/22**	**Tue 6/14/22**
Conduct gap analysis of MECC templates to PK Checklist library	12 days	Fri 5/6/22	Mon 5/23/22
Resolve identified gaps	5 days	Tue 5/24/22	Mon 5/30/22
Submit Draft IV&V Review Checklists	1 day	Tue 5/31/22	Tue 5/31/22
State review of Draft IV&V Review Checklists	5 days	Tue 5/31/22	Mon 6/6/22
Incorporate feedback into Review Checklists	4 days	Tue 6/7/22	Fri 6/10/22
Deliver Final IV&V Review Checklists	1 day	Mon 6/13/22	Mon 6/13/22
DELIVERABLE: Initial IV&V Checklists	1 day	Tue 6/14/22	Tue 6/14/22
Debriefing & Observation Report	**5 days**	**Wed 6/15/22**	**Tue 6/21/22**
Prepare debriefing from latest Observation Report(s)	1 day	Wed 6/15/22	Wed 6/15/22
Schedule debreifing onsite or remote	5 days	Wed 6/15/22	Tue 6/21/22
Deliver debriefing	1 day	Wed 6/15/22	Wed 6/15/22
DELIVERABLE: Debriefing & Observation Report	1 day	Wed 6/15/22	Wed 6/15/22
Archive Documents	**26 days**	**Sun 3/1/26**	**Mon 4/6/26**
Project Closeout	**26 days**	**Sun 3/1/26**	**Mon 4/6/26**
Archive Documents	1 day	Sun 3/1/26	Sun 3/1/26
Deliver Archived Documents	10 days	Mon 3/2/26	Fri 3/13/26
Conduct Lessons Learned Meeting(s)	10 days	Mon 3/16/26	Fri 3/27/26
Develop Lessons Learned Report	4 days	Mon 3/30/26	Thu 4/2/26
Deliver Lessons Learned Report	1 day	Fri 4/3/26	Fri 4/3/26
Develop Project Closeout Report	1 day	Mon 4/6/26	Mon 4/6/26

6.5 Deliverables and Due Dates (e)

Deliverable	Frequency
Privacy and Security Plan	One time
Disaster Recovery/Back Up Plan	One time
IVV Project Management Plan(s) for each project assigned	Within 30 days of project start and quarterly updates
IVV Project Schedule(s)	Max 30 days after project start and quarterly updates
QA Assessments (Risks, issues, and opportunities/recommendations)	Monthly
Independent assessment of issues where there is disagreement between implementation contractors and DHHS project management	As needed
Develop and monitor project performance metrics for tracking project completion against milestones	As needed
Submit Criteria for approval for defining a Critical Incident	One time
Provide a Contractor Critical Incident Report for each critical incident	As needed
Weekly Status Report	Weekly
Facilitate a weekly IV&V Status meeting with DHHS	Weekly
Monthly IV&V Report	Monthly
Facilitate a Monthly IV&V Meeting	Monthly
Create agenda and take minutes for any IV&V Meetings	Ongoing
IV&V Services to support MECL/OBC Certification	Per Module
Certification Progress Report	Quarterly
Submit monthly IV&V Reports to CMS	Monthly

Deliverable	Frequency
Coordinate and participate in CMS project reviews (readiness/certification)	As needed
Evaluate documents, evidence, and any working modules, code applicable to the review	As needed
Submit project progress data to CMS Dashboard on CMS required schedule	Quarterly
Track Traceability of project activities and requirements through entire project to CMS CSFs and Cert checklist criteria to secure ongoing enhanced funding	Periodically or as needed
Must coordinate certification activities for the project. Evaluate and make recommendations about the state artifacts that are required for MMIS Certification milestone reviews	As needed per module
Assess project testing activities including test scenarios, cases, and results including traceability of testing to project requirements	As needed per module
Assess defect resolution and retesting activities to validate defect was appropriately resolved	As needed per module
Develop and submit a comprehensive System and Business Operations Readiness Review plan work product for each project	Submit 90 days prior to the acceptance testing schedule date in the project work plan
Conduct system and business operational readiness review and assessment and provide results to DHHS	Per project/module

7 Organizational Staffing

RFP Section V.C.3. Proposal Responses.
The bidder should include the following in their proposal:

PK's technical proposal addresses RFP Section V.C.3. Proposal Responses, Organizational Staffing requirements in the following sections. PK's organizational staffing approach includes investing in the initial team's professional development (PD) which results in better outcomes for your project. The PD requirement encourages our consultants to maintain their credentials and qualifications, and it enhances our expertise around best practices, innovative approaches, and federal and state regulatory changes. Consultants have flexibility to pursue certifications, education, and research that best equip them to meet their client's needs. PK's Practice and Development Framework also provides a structured consulting continuum, communities of practice, and monthly firm-wide Knowledge Shares and project manager meetings. Twice a year, PK holds a staff training to support team relationships and competency building around topics and issues that affect our service areas and our clients.

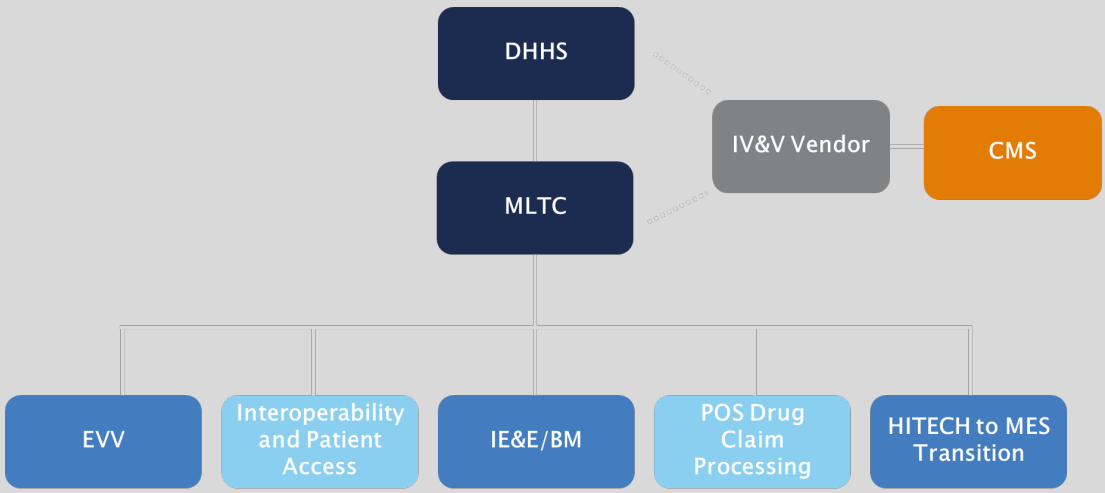
7.1 PK's Approach to Meeting Each Requirement

xxi. 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.

Table 16. Organizational Staffing Plan

Organizational Staffing Requirements	
1	Must provide an organizational structure which reflects coordinated activities among DHHS, IV&V, and other contractors.
	PK RESPONSE: The IV&V Lead and Project Manager will work with DHHS and other contractors' project managers to coordinate activities. The following organizational structure indicates PK's communication and activities relationship. If coordination concerns arise, our IV&V Project Manager will communicate with MLTC project leadership for resolution.

Table 16. Organizational Staffing Plan

Organizational Staffing Requirements


2	Must provide criminal background investigations on all personnel and follow-up investigations every five years. Must report on individuals who have criminal activity identified to DHHS.
	PK RESPONSE: PK policies and procedures are documented in our Employee Handbook, which is provided, reviewed, discussed, and agreed to during the employee onboarding process. We require all employees to undergo background investigations at the time of hire and annually thereafter. We have determined that such investigations are imperative to maintain our independence and integrity and may be required by law or contract. Therefore, staff positions are contingent upon meeting the job requirements and passing all requisite background investigations. Investigations may include at a minimum: Driver's License and Motor Vehicle Records, Criminal History, Court Records, and any other checks that management may deem necessary, in accordance with applicable law. Employees are required to complete an annual background form questionnaire and to report sudden changes that may affect their annual background check immediately, unless otherwise required by applicable law. Failure to timely report may have negative consequences.

Table 16. Organizational Staffing Plan

	Organizational Staffing Requirements
	If client organizations request that employees submit to a background screen, employees are expected to provide the requested information.
3	Must provide all key positions identified IV.C.1.
	PK RESPONSE: We have intentionally proposed a small team of professionals for the five key positions identified in RFP Section V. Project Description and Scope of Work, C. Organizational Staffing, 1. Overview, Scope of Work. This model provides cost efficiency to DHHS and a cohesive core team that will develop deep knowledge of the Program's needs and can apply lessons learned iteratively throughout the process. In our experience from similar projects, we have found continuity of staff builds trust with project teams and stakeholders, leading to favorable outcome and project success. Our core IV&V team, however, has access to subject matter experts within our firm as needed.
4	Must maintain an Organizational Chart and project contact list.
	PK RESPONSE: The IV&V team maintains an organizational chart and communication contact list throughout the project's duration. Changes are reflected in an updated IV&V Management Plan and delivered to DHHS and designated MLTC project leads as needed.
5	Must acquire DHHS approval for key staff and key staff replacements.
	PK RESPONSE: PK understands that DHHS must approve proposed IV&V key personnel after contract award. In the event of necessary replacement or employee turnover, key staff substitutes will follow DHHS process for proposing and onboarding new resources. Prior to assigning new consultants to your projects, we provide them with training and support to learn the tools and systems PK uses internally and for DHHS services and deliverables. Before a new consultant joins the IV&V team, the project manager reviews his or her qualifications, conducts an interview to confirm proper fit, and submits the consultant's resume to DHHS for approval. The project manager facilitates early access needs after written DHHS approval, and the consultant provides information for completion of required state background checks. We prepare the resource for their

Table 16. Organizational Staffing Plan

Organizational Staffing Requirements	
	responsibilities with an individual orientation, and a knowledge transfer and shadow approach to train the new staff. This process provides a seamless transition to the PK IV&V team and MLTC project.
6	Must not reassign or replace key personnel without the prior written approval of DHHS.
	PK RESPONSE: In the event of employee turnover, we draw from dozens of qualified PK IV&V analysts to replace the unavailable resource with someone of equal capability and experience. Any staff replacements will follow DHHS process for proposing and onboarding the new resource with prior written approval.
7	Must provide monthly IV&V staff as proposed.
	PK RESPONSE: Our five proposed IV&V consultants are committed to your project throughout its duration. We assure DHHS the required key roles will be present on each project in the portfolio.

7.2 Key Staff Names and Roles

xxii. Names and resumes of the bidder's key staff for the five key positions.

We describe the PK IV&V staff and provide their resumes in proposal section 4.10. The five key personnel and roles for the MLTC portfolio of projects are:

- IV&V Lead–Chuck McLaughlin
- Project Manager–Angela Torres
- IV&V Business/Test Analyst–Ivan Miller
- IV&V Business/Test Analyst–Valerie Henry
- IV&V Technical Analyst/Architect–Erik Dorsett

7.3 Staffing Plan

xxiii. The bidder's staffing plan for each project.

Quality service depends on competent providers. When you procure an IV&V vendor, the proposed team's qualifications and abilities play a significant role in your decision. Your project requires exceptional and consistent performance throughout, and PK delivers.

When we consider project staffing, our two primary concerns are qualifications and availability. We verify resource skills and qualifications as well as their availability to support your project. We draw from dozens of qualified PK IV&V analysts and use a resource utilization tracking and forecasting tool to select staff who are both highly qualified and available to do the work.

> We bring the right mixture of knowledge, relevant experience, and skills to effectively assist DHHS in achieving the MLTC projects' goals.

Our five proposed consultants meet the RFP key role qualifications and are committed to your project throughout its duration. We assure DHHS these required key roles will be present on each of MLTC's portfolio projects. We understand that DHHS will determine the need for our key staff to complete IV&V work onsite in Lincoln depending on the nature of the project or project-related activity.

In the event hiring outside the firm is necessary, we work with our Human Resources (HR) department to post available positions. We are an equal opportunity employer who recruits and hires in compliance with Equal Employment Opportunity Commission (EEOC) Compliance standards. We value and seek to create a more diverse workforce and inclusion is a core PK value. We encourage women, minorities, veterans, people with disabilities, people with different sexual orientations, people with lived experience, and other diverse applicants. We identify and screen IT professionals with the appropriate skillset and experience for the recruited position. Potential candidates go through a pre-screen interview, management interview, employment application, reference checks, background check, and technical evaluation process.

> Inclusion is a core PK value. When hiring, we value and seek to create a more diverse workforce.

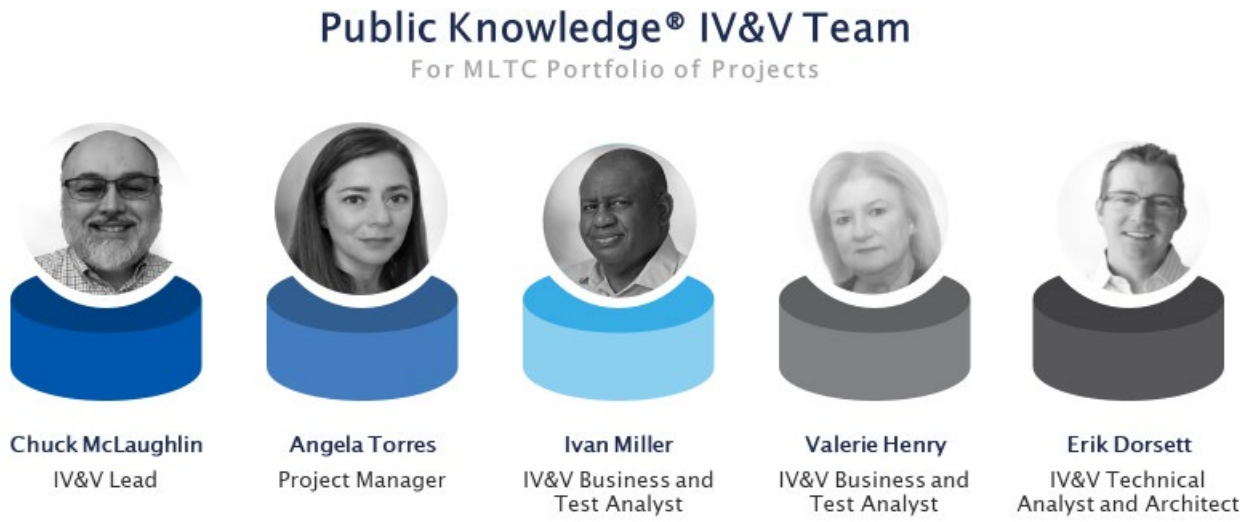
Whether additional or replacement staff, when new consultants are added to a project, we review qualifications, conduct an interview to determine proper fit, and submit the consultant's resume to DHHS for approval. We prepare them for their responsibilities with an individual orientation, a knowledge transfer and shadowing period, and additional training if needed. We get replacement staff up to speed at our expense, not yours. We follow the DHHS process for onboarding the new resource with written approval.

7.4 IV&V Team Organizational Chart

xxiv. The bidder's organizational chart for each project team.

The same key personnel identified in proposal section 4.10.2 organizational chart and listed in section 7.2, will comprise the IV&V team for each MLTC portfolio project.

Figure 8. IV&V Team



7.5 Key Staff Project Strategy

xxv. DHHS has required a minimum of five key staff positions for each project. Describe the strategy and approach to maintain the appropriate number of staff for each project.

PK's staffing is based on our decades of experience in this industry and includes the level of staffing required to successfully deliver the MLTC project IV&V services. Our proposed five key staff bring demonstrated experience with independent oversight and assessment of IT and Medicaid systems and certification support. This model provides cost efficiency to DHHS and a cohesive core team that will develop detailed knowledge of the Program's needs and can apply lessons learned iteratively throughout each project's lifecycle.

PK has a deep bench of qualified Medicaid modular subject matter experts available to support the Nebraska project when necessary.

We understand that multiple work efforts may occur simultaneously during the project and that written approval is required when proposing or assigning staff to support the IV&V team. Our Project Manager monitors project needs continuously to determine that the appropriate number of consultants, with the right skill sets, are in place and integrated into their roles on the project. PK maintains a staff skills, qualifications, and utilization database with a real-time listing of project workload, position, and upcoming availability. As such, we have a pool of qualified, skilled consultants readily available to support the proposed IV&V team during the project life cycle if needed.

8 Logistics

RFP Section V.D.3. Proposal Responses
The bidder's proposal should include the following:

PK's technical proposal addresses RFP Section V.D.3. Proposal Responses, Logistics requirements in the following sections.

8.1 PK's Approach to Meeting Each Requirement

xxvi. 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.

Table 17. Logistics Plan

Logistics Requirements	
1	Must store all work products in DHHS designated repository and using designated folder structure.
	PK RESPONSE: The IV&V team accesses DHHS and project information through the designated repository. We will follow Nebraska's state policy for accessing and storing information and will use required folder structures. If PK has a need for viewing or using confidential data, protected health information (PHI), or personally identifiable information (PII) during our IV&V contract, we will follow Nebraska's state policy. PK has company protocols and safeguards in place for handling confidential data. As such, the IV&V team will: • Avoid viewing or using PHI or PII data in our work • Access data through the client-secured system • Never download or save confidential client data on our personal computers, laptops, or mobile devices
2	Must have controlled access to all contractor facilities where any contract related work is performed in compliance with privacy and security requirements.
	PK RESPONSE: PK complies with current security and privacy laws, regulations, and policies including HIPAA, as a company standard. Our consulting teams further comply with state-specific rules and guidelines in performing contractual services.

Table 17. Logistics Plan

Logistics Requirements
Controlled access to Nebraska facilities will be obtained at contract start and the IV&V team will comply with Nebraska privacy and security facility requirements.

8.2 Staff Work Location Overview

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

PK's IV&V staff will perform work from their home offices when not onsite in Lincoln.

9 Privacy and Security

RFP Section V. E. 3. Proposal Responses
The bidder should include the following in their proposal:

PK's technical proposal addresses privacy and security requirements in RFP Section V. E. 3.

9.1 PK's Approach to Meeting Each Requirement

xxviii. 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.

Table 18. Privacy and Security Plan

	Privacy and Security Requirements
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 contractor's systems (i.e., email). The plan must be approved by DHHS prior to the contractor having access to project materials.
	PK RESPONSE: Upon contract execution, PK will develop and submit a Privacy and Security Plan work product for DHHS approval for project materials access. PK commonly uses client connected network systems and data. Our plan describes how we protect the client networks and data. We utilize host-based firewalls on all of PK's client work systems, and up-to-date malicious software and anti-virus detection and prevention applications. Multi-factor authentication is required to access systems and data controlled by Public Knowledge® including mobile computing devices. Bitlocker full-disk encryption is utilized to address threats of data theft or exposure from lost or stolen endpoint devices.
2	Must comply with all security and privacy laws, regulations, and policies, including HIPAA, and related breach notification laws and directives.
	PK RESPONSE: PK complies with current security and privacy laws, regulations, and policies including HIPAA, as a company standard. Our consulting teams further comply with state-specific rules and guidelines in performing contractual services. PK maintains a breach policy for incident reporting and breach handling processes. It also includes identifying and reporting client-required incident

Table 18. Privacy and Security Plan

Privacy and Security Requirements	
	identification and handling, and working closely with the security team, executive management, and legal department.
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.
	PK RESPONSE: Our firm provides annual Health Insurance Portability and Accountability Act (HIPAA) training and requires initial and annual cybersecurity and privacy training refreshes. PK requires employees to complete at least 60 hours of professional development each year. This requirement serves to maintain their credentials and qualifications as well as grow their expertise around best practices, innovative approaches, and federal and state regulatory changes and compliance guidelines. Staff maintain industry-standard certifications, such as the PMI's Project Management Professional (PMP), Scrum Alliance's Certified Scrum Master (CSM), Certified Risk and Information Systems Control (CRISC), and International Software Testing Qualifications Board (ISTQB-CTFL) for project management, risk management, software development, business analysis, testing, and security.
4	Must take all reasonable industry recognized methods to secure the system from un-authorized access.
	PK RESPONSE: PK uses due diligence to ensure that all computer and telecommunications systems and services, involved in its business to store, use, or transmit client data, is secure and protected from unauthorized disclosure, modification, use, or destruction. We achieve this through IV&V services that use common forms, policies, and procedures to protect both the client and PK from unauthorized receipt, processing, or use of client data. Methods include role-based access controls and appropriate authorization, and National Institute of Standards and Technology (NIST) guidelines for currently accepted risk management techniques and internal security plans, polices, and procedures to maintain security controls to prevent unauthorized access to protected data. At a minimum, we use NIST 800-53 (Security and Privacy Controls for Information

Table 18. Privacy and Security Plan

Privacy and Security Requirements	
	Systems and Organizations), 800-63 (Digital Identity Guidelines: Authentication and Lifecycle Management), 800-37 (Risk Management Framework for Information Systems and Organizations: A System Life Cycle Approach for Security and Privacy). PK also uses non-disclosure agreements, acceptable use policies, and signed code of ethics to maintain the confidentiality, integrity, and availability of all data. For public-facing systems, we utilize weekly and daily vulnerability assessments provided by the cybersecurity infrastructure security agency (CISA) to detect and mitigate vulnerabilities.
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.
	PK RESPONSE: If PK has a need for viewing or using confidential data, protected health information (PHI), or personally identifiable information (PII) during our IV&V contract, we will follow Nebraska's state policy. PK has company protocols and safeguards in place for handling confidential data. As such, the IV&V team will: • Avoid viewing or using PHI or PII data in our work • Access data through the client-secured system • Never download or save confidential client data on our personal computers, laptops, or mobile devices In our IV&V experience, most clients obfuscate or de-identify confidential and PHI-related data for testing purposes. If encountered, PK acknowledges and accepts DHHS' policy to permanently destroy any confidential data and PHI obtained for use during the IV&V contract term.

9.2 Security Strategy

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

To protect state data, PK's security strategy uses data encryption at rest and while in transit through technologies such as SSL/TLS, and AES encryption where applicable. Our strategy and due diligence help safeguard computer and telecommunications systems and

services for client data storage, use, or transmission and to be secure and protected from unauthorized disclosure, modification, use, or destruction. As a part of our commitment, security controls, and mitigation and vulnerability detection, all associated PK systems and infrastructure are scanned weekly to keep abreast of all current and future public-facing systems vulnerabilities.

In performing our IV&V role, we assess security requirements and verify that the security requirements and standards set forth by the Project are being implemented. It is critical to maintaining confidence that the system can reside on the state or other network without introducing threats of intrusion. In our evaluation of ensuring controlled systems and data access, the IV&V team examines each approach and implementation of security requirement including, at a minimum:

- User Authentication
- Role-Based Security
- Database Connectivity
- Password Validation
- Encryption
- Access Logging
- IRS Pub 1075
- HIPAA Privacy and Security training and practice

These requirements are evaluated for limiting both system and data access. We confirm that only the authorized individuals have appropriate access to the system, and they are granted access only to the data necessary to support their job function. The IV&V team reviews each module contractor's security plan against the MLTC projects' security and privacy standards and policies, including HIPAA regulations. This helps ensure the security of the system and the privacy of the member data. PK's IV&V information security plan checklist is derived from ISO/IEC 24762:2008 information technology security techniques and guidelines, for information and communications technology disaster recovery service.

9.3 Privacy and Security Plan Sample

xxx. Sample of a Privacy and Security Plan from a previous project.

[redacted] Electronic Heath Record (EHR) Project

IV&V Artifact Review of System Security Management Plan

[MM/DD/YYYY]

Document Information	
Document Name	System Security Management Plan
Document ID	
Document Author, Organization	
Document Version	
Date Published	[MM/DD/YYYY]
Date(s) Revised	[MM/DD/YYYY]

IV&V Review Information	
Date Document Received by PK for Review	[MM/DD/YYYY]
Date PK Comments Submitted	[MM/DD/YYYY]
PK Analyst(s)	
Recommended Action	Accept current version of artifact ☑ Accept with revisions addressing deficiencies ☐ Reject and return for major revisions ☐

Checklist

Checklist Key	Met Partially Met Not Met N/A (Not Applicable)

ID	Source	Checklist Item	Status	Notes
Contract Requirements				
[redacted] will provide a comprehensive System Security Management Plan based on the National Institute of Standards and Technology Special Publication that will include but not be limited to, the following:				
1.	R-40.5	System identification		
2.	R-40.5	General system description		
3.	R-40.5	System design description & security architecture		
4.	R-40.5	Define roles and responsibilities		
5.	R-40.5	System scans requested by the security architecture team		
6.	R-40.5	Schedule (timeline)		
7.	R-40.5	Technical specifications		
8.	R-40.5	Compliance requirements		
9.	R-40.5	System classification [redacted]		
10	R-40.5	Security controls		
11	R-40.5	Web-based applications [redacted]		
Artifact Specific Criteria				
12	NIST Special Publication 800-53a PM-1	Determine if the organization: Develops and disseminates an organization-wide information security program plan that: • provides an overview of the requirements for the security program; Provides a description of the: • security program management controls in place or planned for meeting those requirements; • common controls in place or planned for meeting those requirements; Includes the identification and assignment of:		

ID	Source	Checklist Item	Status	Notes
		• roles; • responsibilities; • management commitment; • coordination among organizational entities; • compliance; • reflects coordination among organizational entities responsible for the different aspects of information security (i.e., technical, physical, personnel, cyber-physical); • is approved by a senior official with responsibility and accountability for the risk being incurred to organizational operations, organizational assets, individuals, other organizations, and the Nation; • defines the frequency to review the security program plan for the information system; • reviews the organization-wide information security program plan with the organization-defined frequency; Updates the plan to address organizational: • changes identified during plan implementation; • changes identified during security control assessments; • problems identified during plan implementation; • problems identified during security control assessments; Protects the information security program plan from unauthorized: • disclosure; and • modification.		
13	NIST Special Publication 800-53a PM-2	Determine if the organization appoints a senior information security officer with the mission and resources to: • coordinate an organization-wide information security program; • develop an organization-wide information security program; • implement an organization-wide information security program; and • maintain an organization-wide information security program.		
14	NIST Special Publication 800-53a PM-3	Determine if the organization: • ensures that all capital planning and investment requests include the resources needed to implement the information security program plan;		

ID	Source	Checklist Item	Status	Notes
		• documents all exceptions to the requirement; • employs a business case/Exhibit 300/Exhibit 53 to record the resources required; and • ensures that information security resources are available for expenditure as planned.		
15	NIST Special Publication 800-53a PM-4	Determine if the organization: implements a process for ensuring that plans of action and milestones for the security program and associated organizational information systems: • are developed; • are maintained; • document the remedial information security actions to adequately respond to risk to organizational operations and assets, individuals, other organizations, and the Nation; • are reported in accordance with OMB FISMA reporting requirements; • reviews the plan of action and milestones for consistency with: • the organizational risk management strategy; and • organization-wide priorities for risk response actions.		
16	NIST Special Publication 800-53a PM-5	Determine if the organization: • develops an inventory of its information systems; and • maintains the inventory of its information systems.		
17	NIST Special Publication 800-53a PM-6	Determine if the organization: • develops information security measures of performance; • monitors information security measures of performance; and • reports information security measures of performance.		
18	NIST Special Publication 800-53a PM-7	Determine if the organization develops an enterprise architecture with consideration for: • information security; and • the resulting risk to organizational operations, organizational assets, individuals, other organizations, and the Nation.		
19	NIST Special Publication 800-53a PM-8	Determine if the organization: • addresses information security issues in the development, documentation, and updating		

ID	Source	Checklist Item	Status	Notes
		of a critical infrastructure and key resources protection plan.		
20	NIST Special Publication 800-53a PM-9	Determine if the organization addresses information security issues in the: • development of a critical infrastructure and key resources protection plan; • documentation of a critical infrastructure and key resources protection plan; and • updating of the critical infrastructure and key resources protection plan.		
21	NIST Special Publication 800-53a PM-10	Determine if the organization: • manages (i.e., documents, tracks, and reports) the security state of • organizational information systems and the environments in which those systems operate through security authorization processes; • designates individuals to fulfill specific roles and responsibilities within the organizational risk management process; and • fully integrates the security authorization processes into an organization-wide risk management program.		
22	NIST Special Publication 800-53a PM-11	Determine if the organization: • defines mission/business processes with consideration for information security and the resulting risk to organizational operations, organizational assets, individuals, other organizations, and the Nation; • determines information protection needs arising from the defined mission/business process; and • revises the processes as necessary until achievable protection needs are obtained.		
23	NIST Special Publication 800-53a PM-12	Determine if the organization implements an insider threat program that includes a cross discipline insider threat incident handling team.		
24	NIST Special Publication 800-53a PM-13	Determine if the organization establishes an information security workforce development and improvement program.		
25	NIST Special Publication 800-53a PM-14	Determine if the organization: Implements a process for ensuring that organizational plans for conducting security testing, training, and monitoring activities associated with organizational information systems:		

ID	Source	Checklist Item	Status	Notes
		• are developed; • are maintained; • continue to be executed in a timely manner; Reviews testing, training, and monitoring plans for consistency with: • the organizational risk management strategy; and • organization-wide priorities for risk response actions.		
26	NIST Special Publication 800-53a PM-15	Determine if the organization establishes and institutionalizes contact with selected groups and associations with the security community to: • facilitate ongoing security education and training for organizational personnel; • maintain currency with recommended security practices, techniques, and technologies; and • share current security-related information including threats, vulnerabilities, and incidents.	**Met**	
27	NIST Special Publication 800-53a PM-16	Determine if the organization implements a threat awareness program that includes a cross organization information-sharing capability.		
28	NIST Special Publication 800-53A PL-1	Determine if the organization: develops and documents a planning policy that addresses: • purpose; • scope; • roles; • responsibilities; • management commitment; • coordination among organizational entities; • compliance; • defines personnel or roles to whom the planning policy is to be disseminated; • disseminates the planning policy to organization-defined personnel or roles; • develops and documents procedures to facilitate the implementation of the planning policy and associated planning controls; • defines personnel or roles to whom the procedures are to be disseminated; • disseminates the procedures to organization-defined personnel or roles; • defines the frequency to review and update the current planning policy;		

ID	Source	Checklist Item	Status	Notes
		• reviews and updates the current planning policy with the organization-defined frequency; • defines the frequency to review and update the current planning procedures; and • reviews and updates the current planning procedures with the organization-defined frequency.		
29	NIST Special Publication 800-53A PL-2	Determine if the organization develops a security plan for the information system that: • is consistent with the organization's enterprise architecture; • explicitly defines the authorization boundary for the system; • describes the operational context of the information system in terms of missions and business processes; • provides the security categorization of the information system including supporting rationale; • describes the operational environment for the information system and relationships with or connections to other information systems; • provides an overview of the security requirements for the system; • identifies any relevant overlays, if applicable; • describes the security controls in place or planned for meeting those requirements including a rationale for the tailoring and supplemental decisions; • is reviewed and approved by the authorizing official or designated representative prior to plan implementation; • defines personnel or roles to whom copies of the security plan are to be distributed and subsequent changes to the plan are to be communicated; • distributes copies of the security plan and communicates subsequent changes to the plan to organization-defined personnel or roles; • defines the frequency to review the security plan for the information system; • reviews the security plan for the information system with the organization-defined frequency; • updates the plan to address:		

ID	Source	Checklist Item	Status	Notes
		• changes to the information system/environment of operation; • problems identified during plan implementation; • problems identified during security control assessments; • protects the security plan from unauthorized: • disclosure; and • modification.		
30	NIST Special Publication 800-53A PL-2(3)	Determine if the organization: • defines individuals or groups with whom security-related activities affecting the information system are to be planned and coordinated before conducting such activities in order to reduce the impact on other organizational entities; and • plans and coordinates security-related activities affecting the information system with organization-defined individuals or groups before conducting such activities in order to reduce the impact on other organizational entities.		
31	NIST Special Publication 800-53A PL-4	Determine if the organization: • establishes, for individuals requiring access to the information system, the rules that describe their responsibilities and expected behavior with regard to information and information system usage; • makes readily available to individuals requiring access to the information system, the rules that describe their responsibilities and expected behavior with regard to information and information system usage; • receives a signed acknowledgement from such individuals, indicating that they have read, understand, and agree to abide by the rules of behavior, before authorizing access to information and the information system; • defines the frequency to review and update the rules of behavior; • reviews and updates the rules of behavior with the organization defined frequency; and • requires individuals who have signed a previous version of the rules of behavior to read and resign when the rules of behavior are revised/updated.		

ID	Source	Checklist Item	Status	Notes
32	NIST Special Publication 800-53A PL-4(1)	Determine if the organization includes the following in the rules of behavior: • explicit restrictions on the use of social media/networking sites; and • posting organizational information on public websites.		
33	NIST Special Publication 800-53A PL-7	Determine if the organization: • develops a security Concept of Operations (CONOPS) for the information system containing at a minimum, how the organization intends to operate the system from the perspective of information security; • defines the frequency to review and update the security CONOPS; and • reviews and updates the security CONOPS with the organization defined frequency.		
34	NIST Special Publication 800-53A PL-8	Determine if the organization: • develops an information security architecture for the information system that describes: • the overall philosophy, requirements, and approach to be taken with regard to protecting the confidentiality, integrity, and availability of organizational information; • how the information security architecture is integrated into and supports the enterprise architecture; • any information security assumptions about, and dependencies on, external services; • defines the frequency to review and update the information security architecture; • reviews and updates the information security architecture with the organization-defined frequency to reflect updates in the enterprise architecture; Ensures that planned information security architecture changes are reflected in: • the security plan; • the security Concept of Operations (CONOPS); and • the organizational procurements/acquisitions.		
35	NIST Special Publication 800-53A PL-8(1)	Determine if the organization: • defines security safeguards to be allocated to locations and architectural layers within the design of its security architecture; • defines locations and architectural layers of its security architecture in which organization-defined security safeguards are to be allocated;		

ID	Source	Checklist Item	Status	Notes
		• designs its security architecture using a defense-in-depth approach that allocates organization-defined security safeguards to organization-defined locations and architectural layers; and • designs its security architecture using a defense-in-depth approach that ensures the allocated organization-defined security safeguards operate in a coordinated and mutually reinforcing manner.		
36	NIST Special Publication 800-53A PL-8(2)	Determine if the organization: • defines security safeguards to be allocated to locations and architectural layers within the design of its security architecture; • defines locations and architectural layers of its security architecture in which organization-defined security safeguards are to be allocated; and • requires that organization-defined security safeguards allocated to organization-defined locations and architectural layers are obtained from different suppliers.		
37	NIST Special Publication 800-53A PL-9	Determine if the organization: • defines security controls and related processes to be centrally managed; and • centrally manages organization-defined security controls and related processes.		
General Review Criteria				
38	PK (Industry)	The plan meets general quality review criteria as identified by PK (e.g., spelling accuracy, correct grammar, section completeness, pages numbered, formatting consistency).		
39	PK (Industry)	The plan is consistent with other artifacts already reviewed.		
40	PK (Industry)	The plan contains a Table of Contents.		
41	PK (Industry)	The plan identifies author or reviser, or both, with date and description of version.		
42	PK (Industry)	The plan contains a comprehensive Glossary with correct definitions.		
43	PK (Industry)	Diagrams are clear, concise, and value added.		
44	PK (Industry)	The plan is unambiguous (the use of “etc.”, “and so on” phrases are not seen).		
45	PK (Industry)	All essential topics are complete and all irrelevant topics have been left out.		

ID	Source	Checklist Item	Status	Notes
46	PK (Industry)	The technical level is appropriate for the level of audience.		
47	PK (Industry)	Page numbering is complete, sensible, and accurate.		
48	PK (Industry)	Examples are used where necessary and are clear and relevant.		
49	PK (Industry)	The terminology is clear and consistent throughout the document.		

Artifact Review Comments

ID	Reviewer	Section #	Section Title	Comment
1				
2				
3				
4				

9.4 Privacy and Security Plan Template

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

PK's privacy and security plan template were used in the development of the GLI Global security plan. It represents our security processes and company-wide policy. We created this security plan template to align with the ISO 27002:2005 standard and meet the statewide information security policy requirements. Template completion instructions and notes to agencies on adjusting information to meet their business environment are highlighted.

Remainder of the page intentionally left blank.

Information Security Plan

SAMPLE

Agency:

Date:

Contact:

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Introduction

Note to agencies – This security plan template was created to align with the ISO 27002:2005 standard and to meet the requirements of the statewide Information Security policy. Agencies should adjust definitions as necessary to best meet their business environment.

Information is an asset that, like other important business assets, is essential to an organization's business and consequently needs to be suitably protected. Information can exist in many forms. It can be printed or written on paper, stored electronically, transmitted by post or by using electronic means, shown on films, or spoken in conversation. In whatever form the information takes, or means by which it is shared or stored, it should always be appropriately secured.

Information security is the protection of information from a wide range of threats in order to ensure business continuity, minimize business risk, and maximize return on investments and business opportunities. Information security is achieved by implementing a suitable set of controls, including policies, processes, procedures, organizational structures, and software and hardware functions. These controls need to be established, implemented, monitored, reviewed and improved, where necessary, to ensure that the specific security and business objectives of the organization are met. This should be done in conjunction with other business management processes.

The objectives identified in this plan represent commonly accepted goals of information security management as identified by the ISO/IEC 27002:2005 *Information technology – Security techniques – Code of practice for information security management*, the recognized standard for Oregon state government. The plan is created and managed in accordance with the provisions of Oregon Revised Statute 182.122 and Oregon Administrative Rules 125-800-005 through 125-800-0020.

Terms and Definitions

Note to agencies – These definitions come from the ISO 27002:2005 standard and are presented here simply as an example. Agencies should adjust definitions as necessary to best meet their business environment.

asset	anything that has value to the agency
control	means of managing risk, including policies, procedures, guidelines, practices or organizational structures, which can be of administrative, technical, management, or legal nature
information security	preservation of confidentiality, integrity and availability of information; in addition, other properties, such as authenticity, accountability, non-repudiation, and reliability can also be involved
policy	overall intention and direction as formally expressed by management
risk	the likelihood of a threat agent taking advantage of a vulnerability and the resulting business impact
risk assessment	overall process of risk analysis and risk evaluation
risk evaluation	process of comparing the estimated risk against given risk criteria to determine the significance of the risk
risk management	coordinated activities to direct and control the agency with regard to risk

SAMPLE

threat a potential cause of an unwanted incident, which may result in harm to a system or the agency

vulnerability a weakness of an asset or group of assets that can be exploited by one or more threats

Authority

Statewide information security policies:

Policy Number	Policy Title	Effective Date
107-004-050	Information Asset Classification	1/31/2008
107-004-051	Controlling Portable and Removable Storage Devices	7/30/2007
107-004-052	Information Security	7/30/2007
107-004-053	Employee Security	7/30/2007
107-004-100	Transporting Information Assets	1/31/2008
107-004-110	Acceptable Use of State Information Assets	10/16/2007
107-004-xxx	Information Security Incident Response	draft

<agency> information security policies:

Policy Number	Policy Title	Effective Date

Roles and Responsibilities

Note to agencies – These role descriptions come from the statewide information security policies and are presented here simply as an example. Agencies should adjust these descriptions as necessary to best meet their business environment and include any additional roles that have been identified in the agency that apply such as Security Officer, Privacy Officer, etc.

Agency Director Responsible for information security in the agency, for reducing risk exposure, and for ensuring the agency's activities do not introduce undue risk to the enterprise. The director also is responsible for ensuring compliance with state enterprise

SAMPLE

	security policies, standards, and security initiatives, and with state and federal regulations.
Incident Response Point of Contact	Responsible for communicating with State Incident Response Team and coordinating agency actions in response to an information security incident.
Information Owner	Responsible for creating initial information classification, approving decisions regarding controls and access privileges, performing periodic reclassification, and ensuring regular reviews for value and updates to manage changes to risk.
User	Responsible for complying with the provisions of policies, procedures and practices.

Security Program

Information security is a business issue. The objective is to identify, assess and take steps to avoid or mitigate risk to agency information assets. Governance is an essential component for the long-term strategy and direction of an organization with respect to the security policies and risk management program. Governance requires executive management involvement, approval, and ongoing support. It also requires an organizational structure that provides an appropriate venue to inform and advise executive, business and information technology management on security issues and acceptable risk levels.

> *<detail on agency governance structure – identify who is responsible for managing information security for the agency, who is responsible for developing policy, who is responsible for assessing risk, who has the authority to accept risk, who is responsible for awareness, identification of any governing bodies such as management committees and work groups, etc. Include other related program areas such as business continuity planning, risk management, and privacy.>*

In order to implement and properly maintain a robust information security function, <agency> recognizes the importance of:

- Understanding <agency's> information security requirements and the need to establish policy and objectives for information security;
- Implementing and operating controls to manage <agency's> information security risks in the context of overall business risks;
- Ensuring all users of agency information assets are aware of their responsibilities in protecting those assets;
- Monitoring and reviewing the performance and effectiveness of information security policies and controls; and
- Continual improvement based on assessment, measurement, and changes that affect risk.

<detail agency information security goals including, where applicable, ties to business continuity planning, risk management, audit and assessment, and privacy>

SAMPLE

Security Components

Risk Management

Risk Management refers to the process of identifying risk, assessing risk, and taking steps to reduce risk to an acceptable level. Risk management is critical for <agency> to successfully implement and maintain a secure environment. Risk assessments will identify, quantify, and prioritize risks against agency criteria for risk acceptance and objectives. The results will guide and determine appropriate agency action and priorities for managing information security risks and for implementing controls needed to protect information assets.

Risk management will include the following steps as part of a risk assessment:

1. Identify the risks
    a. Identify agency assets and the associated information owners
    b. Identify the threats to those assets
    c. Identify the vulnerabilities that might be exploited by the threats
    d. Identify the impacts that losses of confidentiality, integrity and availability may have on the assets
2. Analyze and evaluate the risks
    a. Assess the business impacts on the agency that might result from security failures, taking into account the consequences of a loss of confidentiality, integrity or availability of those assets
    b. Assess the realistic likelihood of security failures occurring in the light of prevailing threats and vulnerabilities, and impacts associated with these assets, and the controls currently implemented
    c. Estimate the level of risks
    d. Determine whether the risks are acceptable
3. Identify and evaluate options for the treatment of risk
    a. Apply appropriate controls
    b. Accept the risks
    c. Avoid the risks
    d. Transfer the associated business risks to other parties
4. Select control objectives and controls for the treatment of risks

It is recognized no set of controls will achieve complete security. Additional management action will be implemented to monitor, evaluate, and improve the efficiency and effectiveness of security controls to support agency goals and objectives.

[ORS 182.122 requires agencies to conduct vulnerability assessments through self assessments, third party contractors, or, as resources are available, DAS through its Enterprise Security Office. The purpose of these assessments is to review/verify security of information systems. Agencies are required to provide assessment and audit results to the Enterprise Security Office.]

<detail on agency risk management structure – this should include roles and responsibilities for the steps involved in risk assessment, identification of a risk assessment methodology or minimum requirements/components, identification of those with the authority to acceptor transfer risks, and steps to be taken to meet the requirements of ORS 182.122.>

<detail agency risk management objectives and initiatives>

SAMPLE

Security Policy

The objective of information security policy is to provide management direction and support for information security in accordance with <agency> business requirements and governing laws and regulations. Information security policies will be approved by management, and published and communicated to all employees and relevant external parties. These policies will set out <agency> approach to managing information security and will align with relevant statewide policies.

Information security policies will be reviewed at planned intervals *<insert interval here, i.e. annually>* or if significant changes occur to ensure their continuing suitability, adequacy, and effectiveness. Each policy will have an owner who has approved management responsibility for the development, review, and evaluation of the policy. Reviews will include assessing opportunities for improvement of <agency's> information security policies and approach to managing information security in response to changes to <agency's> environment, new threats and risks, business circumstances, legal and policy implications, and technical environment.

[ORS 182.122 requires agencies to develop and implement policies and procedures based on enterprise-level policies.]

<detail agency security policy objectives and initiatives>

Organization of Information Security

Information security will be managed within <agency>. Management will approve information security policies, assign security roles, and coordinate and review the implementation of security across the agency. Information security will be coordinated across different parts of the agency with relevant roles and job functions. Information security responsibilities will be clearly defined and communicated. Security of <agency's> information assets and information technology that are accessed, processed, communicated to, or managed by external parties will be maintained.

<detail agency organizational objectives and initiatives, including information security management structure, governance, etc.>

Asset Management

The objective of asset management is to achieve and maintain appropriate protection of <agency> assets. All agency assets will be identified. Owners of information assets will be identified and will have responsibility for identifying the classification of those assets and maintenance of appropriate controls. To ensure information receives an appropriate level of protection, information will be classified to indicate the sensitivity and expected degree of protection for handling. Rules for acceptable use of information and information assets will be identified, documented, and implemented.

<This will likely be the largest component of the agency plan and it has ties to several statewide policies such as information asset classification, transporting information assets, and securing information assets. Detail agency asset management objectives and initiatives, processes to identify information assets and information owners, determine information sensitivity and classification, and risk assessment processes. Identify processes for determining appropriate levels of protection for information assets based on their sensitivity and classification. See requirements in the statement Information Asset Classification policy, #107-004-050. Include citation for legislation, regulations, policy compliance and/or contractual

SAMPLE

obligations that affect management of the information (such as HIPAA, IRS regulations, etc.). If processes are laid out in agency policy, cite policy and attach a copy as an appendix.>

Human Resources Security

All employees, volunteers, contractors, and third party users of <agency> information and information assets will understand their responsibilities and will be deemed suitable for the roles they are considered for to reduce the risk of theft, fraud or misuse. Security responsibilities will be addressed prior to employment in position descriptions and any associated terms and conditions of employment. Where appropriate, all candidates for employment, volunteer work, contractors, and third party users will be adequately screened, especially for roles that require access to sensitive information. Management is responsible to ensure security is applied through an individual's employment with <agency>.

<discuss background checks, drug testing, financial screening, use of confidentiality or non-disclosure agreements, signing of policies, information to be included in job descriptions, information to be reviewed during evaluations, etc.>

All employees and, where relevant, volunteers, contractors and third party users will receive appropriate awareness training and regular updates on policies and procedures as relevant for their job function.

<Discuss training programs, cycle/schedule, etc. Identify security awareness and training elements – topics to be covered, who will be trained, how much training is required.>

Procedures will be implemented to ensure an employee's, volunteer's, contractor's or third party's exit from <agency> is managed and the return of all equipment and removal of all access rights are completed.

<detail agency human resources security objectives and initiatives>

Physical and Environmental Security

The objective of physical and environment security is to prevent unauthorized physical access, damage, theft, compromise, and interference to <agency's> information and facilities. Locations housing critical or sensitive information or information assets will be secured with appropriate security barriers and entry controls. They will be physically protected from unauthorized access, damage and interference. Secure areas will be protected by appropriate security entry controls to ensure that only authorized personnel are allowed access. Security will be applied to off-site equipment. All equipment containing storage media will be checked to ensure that any sensitive data and licensed software has been removed or securely overwritten prior to disposal in compliance with statewide policies.

<discuss key card systems, badge requirements, guidelines, disposal and re-use requirements, etc.>

<detail agency physical security objectives and initiatives>

Communications and Operations Management

Responsibilities and procedures for the management and operation of all information processing facilities will be established. As a matter of policy, segregation of duties will be implemented, where appropriate,

SAMPLE

to reduce the risk of negligent of deliberate system or information misuse. Precautions will be used to prevent and detect the introduction of malicious code and unauthorized mobile code to protect the integrity of software and information. To prevent unauthorized disclosure, modification, removal or destruction of information assets, and interruption to business activities, media will be controlled and physically protected. Procedures for handling and storing information will be established and communicated to protect information from unauthorized disclosure or misuse. Exchange of sensitive information and software with other agencies and organizations will be based on a formal exchange policy. Media containing information will be protected against unauthorized access, misuse or corruption during transportation beyond <agency's> physical boundaries.

<Discuss restrictions related to use of portable and removable storage devices, procedures for handling and storing sensitive information, procedures for exchanging information, procedures for transporting information, etc. See requirements for Asset Management section of the security plan.>

To detect unauthorized access to agency information and information systems, systems will be monitored and information security events will be recorded. <agency> will employ monitoring techniques to comply with applicable statewide policies related to acceptable use.

<detail agency communications and operations management objectives and initiatives>

Access Control

Access to information, information systems, information processing facilities, and business processes will be controlled on the basis of business and security requirements. Formal procedures will be developed and implemented to control access rights to information, information systems, and services to prevent unauthorized access. Users will be made aware of their responsibilities for maintaining effective access controls, particularly regarding the use of passwords. Users will be made aware of their responsibilities to ensure unattended equipment has appropriate protection. A clear desk policy for papers and removable storage devices and a clear screen policy will be implemented, especially in work areas accessible by the public. Steps will be taken to restrict access to operating systems to authorized users. Protection will be required commensurate with the risks when using mobile computing and teleworking facilities.

<password policies, policies/procedures around access to systems (who controls it, the right to revoke access, etc.), best practice/policy for locking systems when not in use, use of automatic time-out feature on screen savers, clear desk/clear screen policies, telework policy, etc.>

<detail agency access control objectives and initiatives>

Information Systems Acquisition, Development and Maintenance

Policies and procedures will be employed to ensure the security of information systems. Encryption will be used, where appropriate, to protect sensitive information at rest and in transit. Access to system files and program source code will be controlled and information technology projects and support activities conducted in a secure manner. Technical vulnerability management will be implemented with measurements taken to confirm effectiveness.

[ORS 182.122 states that agencies are responsible for information security and security of their systems, applications, desktop, LANS, etc. The State Data Center is given explicit authority over security of the state network and systems within State Data Center control.]

SAMPLE

<This is IT-driven. Input is needed from IT group in the agency. Include such things as policies regarding use of encryption, reference to security in system development lifecycle methodologies, vulnerability assessment and penetration testing etc. Include steps to be taken to meet the mandate of ORS 182.122>

<detail agency acquisition, development and maintenance objectives and initiatives>

Information Security Incident Management

Information security incidents will be communicated in a manner allowing timely corrective action to be taken. Formal incident reporting and escalation procedures will be established and communicated to all users. Responsibilities and procedures will be established to handle information security incidents once they have been reported.

[ORS 182.122 requires agencies to develop the capacity to respond to incidents, including implementation of forensic techniques, implementation of remedial actions, and evaluation of lessons learned. Statute also requires agencies report incidents and planned actions to DAS through its Enterprise Security Office.]

<agency plan to comply with statewide incident response policy (still in draft); designated point of contact for incident reporting for the agency; point to incident response plan; detail process for required reporting; and steps to be taken to meet the mandates of ORS 182.122. >

<detail agency information security incident management objectives and initiatives>

Business Continuity Management

The objective of business continuity management is to counteract interruptions to business activities and to protect critical business processes from the effects of major failures of information systems or disasters and to ensure their timely resumption. A business continuity management process will be established to minimize the impact on <agency> and recover from loss of information assets to an acceptable level through a combination of preventive and recovery controls. A managed process will be developed and maintained for business continuity throughout the agency that addresses the information security requirements needed for <agency's> business continuity.

<pointer to agency BCP plan, etc.>

<detail agency business continuity management objectives and initiatives, including review and revision cycles and testing schedules>

Compliance

The design, operation, use, and management of information and information assets are subject to statutory, regulatory, and contractual security requirements. Compliance with legal requirements is necessary to avoid breaches of any law, statutory, regulatory or contractual obligations, and of any security requirements. Legal requirements include, but are not limited to: state statute, statewide and

SAMPLE

agency policy, regulations, contractual agreements, intellectual property rights, copyrights, and protection and privacy of personal information.

<list policies (statewide and agency), federal regulations, statutes, administrative rules that apply, etc.>

Controls will be established to maximize the effectiveness of the information systems audit process. During the audit process, controls will safeguard operational systems and tools to protect the integrity of the information and prevent misuse.

<identify internal audit roles and responsibilities re: information security, including audit of information systems and associated applications, business processes, etc.>

<detail agency compliance objectives and initiatives>

Implementation

[OAR 125-800-0005 through 125-800-0020 requires agencies to developing an information security plan based on the enterprise standard (as laid out in ORS 182.122, the cite OAR, and published statewide policy. Agencies are to submit security plans to the DAS Enterprise Security Office for certification and revise plans to meet certification requirements.]

<summary of initiatives, tactical plans and implementation initiatives to meet plan components, including timelines, performance measures, auditing/monitoring requirements for compliance, etc. >

SAMPLE

Approval

<approval sign off by agency decision makers, i.e. agency administrator, security officer, CIO, etc.>

By: _____ _____
Name, title Date

By: _____ _____
Name, title Date

By: _____ _____
Name, title Date

SAMPLE

9.5 Privacy and Security Awareness Description

xxxii. Description of how workforce privacy and security awareness is supported.

Our firm provides annual Health Insurance Portability and Accountability Act (HIPAA) training and requires initial and annual cybersecurity awareness training refreshes. Through continual cybersecurity awareness training we reinforce the importance of cybersecurity roles for the entire workforce. Policies and procedures on conduct and acceptable use further help enforce a cybersecurity mindset. Monthly simulated phishing campaigns are used to test and instill a security mindset within the GLI employee base. We require all users to understand their job description roles and responsibilities. GLI provides training to all employees on various topics including IT Security, harassment, General Data Protection Regulation (GDPR), and privacy awareness.

9.6 Security Violations Approach

xxxiii. 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.

PK maintains a detailed breach policy that includes incident reporting and breach handling processes. It includes identifying and reporting per the clients' requirements, incident identification and handling, and working closely with the security team, executive management, and legal. PK maintains an inventory list of all assets assigned to employees for quick determination of who is assigned an asset which can be deactivated at a moment's notice. PK utilizes a business continuity and disaster recovery plan to help mitigate the risks to business continuity from a violation or breach and provides a guided process to return to operating order.

10 Completed HIPAA Agreement

109035 O3

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 Heath 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 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: _____

11 Attachment A Business Requirement Traceability Matrix

Remainder of page intentionally left blank

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 completely 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.

Project Management

Business Requirements	
Req #	**Requirement**
PM-1	Describe Bidder's proven methodology, approach, and process for Project Management of Medicaid IV&V activities,
	Response: Traces to Public Knowledge® (PK) Technical Proposal Section 6.1.1 Project Management for RFP Section V. B. 1. c. i. Proposal Responses and Attachment A Req # PM-1
PM-2	Include an example of an IV&V project schedule utilized on similar projects.
	Response: Traces to PK Technical Proposal Section 6.1.1 Project Management for RFP Section V. B. 1. c. ii. Proposal Responses and Attachment A Req # PM-2
PM-3	Describe how the IV&V bidder's project management approach adapts to varying State governance models.
	Response: Traces to PK Technical Proposal Section 6.1.1 Project Management for RFP Section V. B. 1. c. iii. Proposal Responses and Attachment A Req # PM-3
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: Traces to PK Technical Proposal Section 6.1.1 Project Management for RFP Section V. B. 1. c. iv. Proposal Responses and Attachment A Req # PM-4, 1 through 3

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: Traces to PK Technical Proposal Section 6.1.2 Independent Assessment and Quality Assurance for RFP Section V. B. 2. c. i. Proposal Responses and Attachment A Req # IAQ-1, 1 through 17
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: Traces to PK Technical Proposal Section 6.1.2 Independent Assessment and Quality Assurance for RFP Section V. B. 2. c. ii. a., b., c. Proposal Responses and Attachment A Req # IAQ-2
IAQ-3	Explain past challenges and common issues along with the recommendations provided to address the issues.
	Response: Traces to PK Technical Proposal Section 6.1.2 Independent Assessment and Quality Assurance for RFP Section V. B. 2. c. iii. Proposal Responses and Attachment A Req # IAQ-3
IAQ-4	Provide examples of opportunities or positive risks reporting in past projects where the customer was able to capitalize.
	Response: Traces to PK Technical Proposal Section 6.1.2 Independent Assessment and Quality Assurance for RFP Section V. B. 2. c. iv. Proposal Responses and Attachment A Req # IAQ-4
IAQ-5	Provide examples of the bidder's deliverable review findings and issue assessments utilized on previous projects.
	Response: Traces to PK Technical Proposal Section 6.1.2 Independent Assessment and Quality Assurance for RFP Section V. B. 2. c. v. Proposal Responses and Attachment A Req # IAQ-5

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: Traces to PK Technical Proposal Section 6.1.3 IV&V Status Meetings and Reporting for RFP Section V. B. 3. c. vi. Proposal Responses and Attachment A Req # IVV-1, 1 through 6
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: Traces to PK Technical Proposal Section 6.1.3 IV&V Status Meetings and Reporting for RFP Section V. B. 3. c. vii. Proposal Responses and Attachment A Req # IVV-2
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: Traces to PK Technical Proposal Section 6.1.3 IV&V Status Meetings and Reporting for RFP Section V. B. 3. c. viii. Proposal Responses and Attachment A Req # IVV-3

IVV-4	Provide the bidder's status report templates, including instructions and procedures for completing the templates.
	Response: Traces to PK Technical Proposal Section 6.1.3 IV&V Status Meetings and Reporting for RFP Section V. B. 3. c. ix. Proposal Responses and Attachment A Req # IVV-4
IVV-5	Provide examples of similar weekly status reports used in previous projects.
	Response: Traces to PK Technical Proposal Section 6.1.3 IV&V Status Meetings and Reporting for RFP Section V. B. 3. c. x. Proposal Responses and Attachment A Req # IVV-5
IVV-6	Provide examples of the IV&V's previous monthly status reports from other projects.
	Response: Traces to PK Technical Proposal Section 6.1.3 IV&V Status Meetings and Reporting for RFP Section V. B. 3. c. xi. Proposal Responses and Attachment A Req # IVV-6

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: Traces to PK Technical Proposal Section 6.1.4 CMS and MITA Compliance for RFP Section V. B. 4. c. xii. Proposal Responses and Attachment A Req # CMC-1, 1 through 13

CMC-2	Describe the bidder's understanding of CMS' expectations for an IV&V contractor and approach to compliance with CMS expectations.
	Response: Traces to PK Technical Proposal Section 6.1.4 CMS and MITA Compliance for RFP Section V. B. 4. c. xiii. Proposal Responses and Attachment A Req # CMC-2
CMC-3	Describe the bidder's approach to assessing the impacts of a project on MITA maturity levels.
	Response: Traces to PK Technical Proposal Section 6.1.4 CMS and MITA Compliance for RFP Section V. B. 4. c. xiv. Proposal Responses and Attachment A Req # CMC-3
CMC-4	Describe the bidder's approach to monitoring for documentation, guidance, and regulations from CMS
	Response: Traces to PK Technical Proposal Section 6.1.4 CMS and MITA Compliance for RFP Section V. B. 4. c. xv. Proposal Responses and Attachment A Req # CMC-4

Operations and System Readiness

Business Requirements	
Req #	**Requirement**
OSR-1	Address the bidder's approach to meting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.
	Response: Traces to PK Technical Proposal Section 6.1.5 Operational and System Readiness for RFP Section V. B. 5. c. xvi. Proposal Responses and Attachment A Req # OSR-1, 1 through 4
OSR-2	Describe the bidder's approach to operational and systems readiness.

	Response: Traces to PK Technical Proposal Section 6.1.5 Operational and System Readiness for RFP Section V. B. 5. c. xvii. Proposal Responses and Attachment A Req # OSR-2
OSR-3	Provide an example of a readiness plan utilized for other projects.
	Response: Traces to PK Technical Proposal Section 6.1.5 Operational and System Readiness for RFP Section V. B. 5. c. xviii. Proposal Responses and Attachment A Req # OSR-3
OSR-4	Provide examples of operation and system readiness review reports used on previous projects.
	Response: Traces to PK Technical Proposal Section 6.1.5 Operational and System Readiness for RFP Section V. B. 5. c. xix. Proposal Responses and Attachment A Req # OSR-4

IV&V Deliverables and Work Products

Business Requirements	
Req #	**Requirement**
IDW-1	Address the bidder's approach to meting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.
	Response: Traces to PK Technical Proposal Section 6.1.6 IV&V Deliverables and Work Products for RFP Section V. B. 6. c. xx. Proposal Responses and Attachment A Req # IDW-1

12 Conclusion

Public Knowledge® is Nebraska's best choice for a proven healthcare IT system modernization and Medicaid enterprise IV&V provider. We offer decades of IV&V knowledge and experience of independent oversight responsibilities and differing roles as federal guidance, policies, and processes changes for large, complex IT systems. We bring a forward-looking vision, fresh ideas, and flexibility in addressing your program needs. Our collaborative incumbent transition plan approach serves to prepare project team members and stakeholders for a coordinated, efficient, and seamless transition to our IV&V team. PK's qualified consultants bring the subject matter expertise and deep experience to deliver effective IV&V service and quality to DHHS and MLTC's portfolio of projects. We look forward to partnering with you to support the Medicaid enterprise operational vision goals.