



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Reduce Reliance on Congregate Care

RFP No. 115714 O3
June 14, 2023

Technical Proposal

Myers and Stauffer LC
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**MYERS AND
STAUFFER** LC
CERTIFIED PUBLIC ACCOUNTANTS



June 14, 2023

Ms. Dana Crawford-Smith
State of Nebraska Department of Health and Human Services
301 Centennial Mall S
Lincoln, NE 68508

Dear Ms. Crawford-Smith and Members of the Evaluation Committee:

Myers and Stauffer LC (Myers and Stauffer) is pleased to provide our Technical Proposal in response to the *Request for Proposal (RFP) #115714 O3: Reduce Reliance on Congregate Care* for the Nebraska Department of Health and Human Services (DHHS or State). Myers and Stauffer acknowledges receipt of *Addendum One, Questions and Answers*, issued May 30, 2023.

For more than 45 years as a national consulting and certified public accounting (CPA) firm, Myers and Stauffer has been providing services exclusively to state, local, and federal government agencies. Backed by disciplined professionals who work hard to meet the highest ethical and compliance standards, we have earned a reputation for being knowledgeable, courteous, and timely. Our experience and history of strong performance with services like those requested in this RFP, including our current and previous engagements with DHHS, demonstrate our ability to successfully accomplish the objectives of this RFP. We are passionate about sharing our knowledge and experience with our state partners, and we look forward to assisting DHHS by providing recommendations to incentivize independent living for Nebraskans served on the Comprehensive Developmental Disabilities (CDD) waiver.

It is our sincere hope our proposal clearly demonstrates that Myers and Stauffer is uniquely qualified and eager to provide you with not only the services that meet the specifications of the RFP, but also the level of expertise, insight, and professionalism that will benefit DHHS beyond your expectations. If you require additional information or would like a presentation of our capabilities, please contact me at meganfrenzen@mslc.com or 866.758.3586.

Sincerely,

Megan Frenzen, PhD, MBA, MSc
Principal



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Corporate Overview (RFP Section VI.A.1)

Bidder Identification and Information (VI.A.1.a)

Myers and Stauffer, one of the most experienced health care consulting and audit vendors in the nation, has been providing consulting, accounting, auditing, pricing, and analytical services to government agencies for more than 45 years. With active engagements in 49 states, including Nebraska, and nearly 900 professionals who work exclusively with government health and human service programs, our understanding of these complex programs and the ever-changing landscape of government health care is unsurpassed. Highly regarded for our professional objectivity, innovation, quality people, and unparalleled service, we bring skill, value, and heart to what we do every day because we know our work impacts the beneficiaries of government-sponsored health and human services programs. Whether it is ensuring proper stewardship of taxpayer money that funds programs, enforcing program integrity, or improving quality and service delivery, when we help our clients succeed, some of the most vulnerable populations and fragile communities in the nation benefit. We believe it, and so do the millions of individuals helped by the clients we serve—clients like DHHS.

At a Glance

- 

More than 45 years as a national consulting and CPA firm providing services exclusively to state and local agencies and the federal government.
- 

Deep policy expertise and extensive health care knowledge, combined with our commitment to serving our clients and their stakeholders.
- 

Strong working relationship with Nebraska DHHS since 1998.
- 

Working knowledge of DDD’s existing waivers, data resources, staff, and external stakeholders.
- 

Multi-disciplinary staff, dedicated to assisting states with all aspects of public health and human services including policy, stakeholder engagement, project management, and financing.
- 

Unlike our competitors, we do not accept engagements with providers or other commercial entities, thereby eliminating any real or perceived conflict of interest.

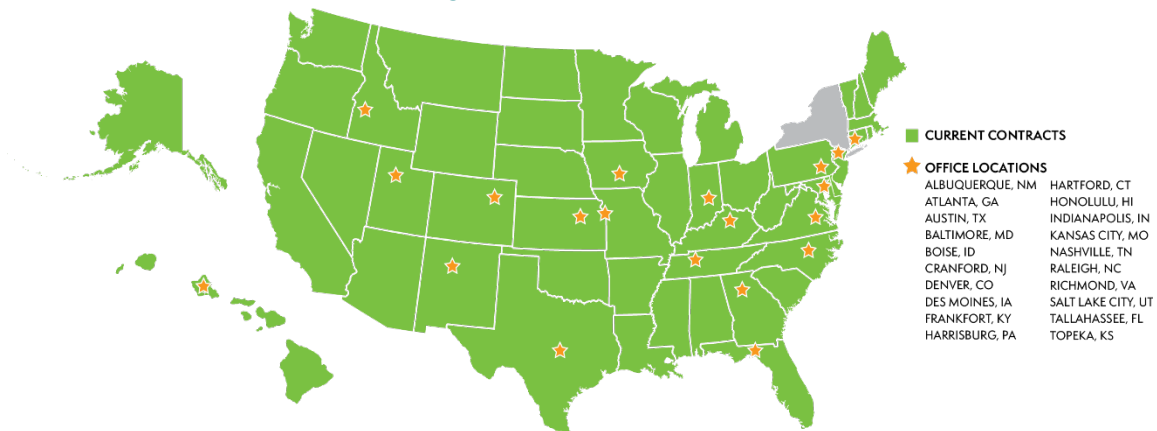
Our mission to promote the quality of care and efficiency of delivery of publicly-sponsored programs recognizes the uniqueness of each of our clients, yet allows us to leverage our experience and best practice insights gained from having supported Medicaid and social services programs in all 50 states, the Centers for Medicare & Medicaid Services (CMS), and many other public benefit programs. This depth and breadth of experience is unrivaled in the government-consulting industry.



Most of our client engagements have continued for more than 15 years—a clear indication of our clients’ satisfaction with the services we provide and our team’s commitment to our clients’ success. Our exemplary track record has allowed us to develop a dedicated team of highly qualified health care and Medicaid consulting professionals committed to providing the highest quality client service, while staying abreast of emerging health care innovations and industry changes. Throughout our firm’s history, we have partnered with clients to improve the quality, efficiency, and integrity of Medicaid and other government-sponsored health and human services programs.

As a national firm, we have nearly 900 staff members, including 40 partners, located throughout the United States. Myers and Stauffer staff includes health-policy specialists, health economists, attorneys, data analysts, clinicians, CPAs, and former human service/health care providers. Many of our professionals are also former state agency executives and CMS leaders. While top talent and leadership from our Atlanta offices will support this engagement, we are able to leverage additional firm-wide resources when necessary to ensure the State’s expectations are met. *Figure 1* illustrates our extensive nationwide presence with active contracts in 49 states and 20 office locations.

Figure 1. Nationwide Presence



Unlike most of our competitors, Myers and Stauffer does not contract or provide services to any individual, corporations, health care providers, or other vendors—we exclusively serve government clients, thereby eliminating any real or perceived conflicts of interest. This is an important differentiator, particularly with respect to government health care programs, because conflicts of interest can compromise the fundamental integrity of these programs, erode public trust, and result in legal ramifications. Our independence and professional objectivity mean we will always perform our work with the utmost integrity, free of bias, and in accordance with the highest ethical standards. We are exceptionally sensitive to the public scrutiny, performance expectations, and accountability expected of government agencies and policy makers. Myers and Stauffer is proud of our service record and the reputation we have built for strong business ethics.

We are uniquely positioned to perform the work DHHS has outlined in this RFP. Our team has worked closely with DHHS and specifically the Division of Developmental Disabilities (DDD) on initiatives



including waiver evaluation and redesign, functional assessments and level of care determinations, rate setting, compliance, and policy. Our subject matter experts are extremely familiar with DDD's existing waivers, data resources, staff, and external stakeholders.

Leveraging our existing knowledge of DHHS, DDD, and the "Nebraska Way" will enable our team to immediately initiate the project tasks required to perform the work described in this RFP.

Our qualifications include the following:

- **Knowledge and Track Record with Nebraska.** *Our firm has a long-standing relationship with Nebraska, having supported a broad range of engagements. Our historical and current work with the State demonstrate that we understand the Nebraska-specific environment, including its challenges and opportunities. Through our collaboration with DHHS, we have learned invaluable lessons that can only be gained through direct experience. In addition to the excellent working relationships we have developed with Nebraska state agencies, we have also established a respectful and professional relationship with the provider community and many of the families and individuals served by DHHS.*
- **Multi-Decade Experience in Home- and Community-Based Services (HCBS) Related Work.** *Our experience in HCBS is broad, having served more than 35 state clients on HCBS related initiatives. This experience will provide DHHS and the families and individuals it serves with a skilled, knowledgeable, and experienced partner in this important work. Our policy expertise and extensive health care knowledge, combined with our commitment to serving our clients and their stakeholders, positions us to perform the work requested in this RFP efficiently and to the highest standards. Our team understands the critical importance of thoughtfully structured waiver programs, helping members attain necessary services while maximizing access, reducing cost, and improving the service experience. We not only have the experience and expertise to fulfill the provisions of this RFP, but we also offer a commitment that goes beyond the role of a typical consultant because we view ourselves as a valuable partner to our state agency clients. We understand the importance of waiver programs and seek not just to fulfill the requirements of our consulting contracts, but also to be a reliable resource our clients can depend on to assist them in maximizing the resources they manage.*
- **Flexible Solutions.** *The outcome of this project will enable DHHS to select the most appropriate combination of solutions for reducing reliance on congregate care by incentivizing independent living. There is rarely a one-size-fits-all approach to adjusting public health programs. We can assure DHHS that the solutions our team proffers will be well-researched, tailored to the unique needs of the populations DDD serves, suitable in the broader context of the "Nebraska Way," and focused on quality of care.*
- **Excellent Oversight and Proactive Leadership.** *Our firm's partner-level leadership, including those who will be assigned to this engagement, have an average tenure of more than 25 years with Myers and Stauffer continuously serving government clients. This exceptional continuity has*



We have never accepted providers, health plans, or individuals as clients, therefore avoiding potential conflicts of interest in NEBRASKA.



facilitated the development of client relationships and comprehensive knowledge of our clients' challenges and concerns.

- **Lack of Conflicts.** *Unlike our competitors, we intentionally restrict our practice to supporting government clients—in other words, we do not contract with human service or health care providers, individuals, or corporations. This model allows us to avoid any real or perceived conflicts of interest and would protect DHHS from potential public scrutiny and conflict-related performance expectations.*
- **Best Practices.** *Our firm's multi-disciplinary team of professionals has extensive experience providing analytical problem solving and troubleshooting support to state and federal government health care and human services agencies. We have a demonstrated ability to understand and utilize both quantitative and qualitative data including, but not limited to peer-reviewed research, stakeholder input, national program/policy best practices, claims data, reference data, and financial data within state systems. Leveraging this experience, we routinely perform a wide variety of analyses for clients as they consider new or modified initiatives, respond to stakeholder inquiries, and assess existing programs or policies. While every project is unique, we recognize the importance of grounding our analyses in strong hypotheses; reasoning using facts, logic, and validated data; and assembling knowledge in a manner that produces new, actionable insight, rather than simply restating what was learned. In support of this approach, our proposed project team is comprised of subject matter experts (SMEs) with decades of Medicaid experience, who are aware of what works, what does not, and why. We do not simply track best practices; we help our clients produce them.*

Winning Partnership
Policy and Strategy Team from CBIZ Optumas Joins Myers and Stauffer

Myers and Stauffer and CBIZ Optumas have a long history of successful collaboration, especially in the state of Nebraska. On January 1, 2023, the Policy and Strategy Team from CBIZ Optumas officially joined Myers and Stauffer's Consulting Engagement Team, allowing for an even better experience for our clients. Functioning now as one team, we can more readily share best practices, collaborate on innovative solutions, create smarter efficiencies, and streamline client communication. We are proud to offer DHHS this highly capable and experienced team—the same team that has been working together to serve Nebraska on these recently completed and current DHHS engagements:

- ✓ *DDD System Evaluation*
- ✓ *Americans with Disabilities Act (ADA) Covered Populations Compliance Consulting*
- ✓ *Aged and Disabled Waiver Rate Study*
- ✓ *HCBS Waiver Redesign*

Myers and Stauffer commits to continuing its long-term partnership with DHHS for this project. Our experience will support your vision, and we are fully committed to your success.

Full Name, Company Headquarters, and Date Established

Myers and Stauffer is a nationally-based consulting and CPA firm, providing health care compliance and consulting services since 1977 (as Myers and Stauffer Chartered; Myers and Stauffer, Inc.; and currently



Myers and Stauffer LC). Our headquarters is located at 700 W. 47th Street, Ste. 1100, Kansas City, MO 64112.

Entity Organization and State of Incorporation

Myers and Stauffer specializes in consulting, accounting, program integrity, and operational support services to public health care and human service agencies. We are a limited liability company organized in the state of Kansas. Myers and Stauffer is wholly owned and managed by its partners and does not have parent or subsidiary companies.

We have elected to operate our firm under an alternative practice structure, as defined by the American Institute of Certified Public Accountants (AICPA). Under this structure, our staffing resources are obtained through a contract with the publicly traded company Century Business Services, Inc. (CBIZ). All the staff we obtain through this relationship work exclusively for Myers and Stauffer. Specifically, in 1998, we entered a transaction with CBIZ, which resulted in the creation of CBIZ M&S Consulting Services, LLC. CBIZ M&S Consulting Services, LLC is wholly owned by CBIZ, Inc. As part of this business model, Myers and Stauffer acquires office space, personnel, and other business resources from CBIZ M&S Consulting Services, LLC. These resources, including personnel and consultants, are assigned exclusively to serve the clients of Myers and Stauffer. AICPA professional standards provide specific guidance regarding independence within alternative practice structure firms. These professional standards are published in the Independence, Integrity, and Objectivity section of the AICPA Code of Professional Conduct at ET Section. 1.220.020. We fully comply with this and all other professional standards.

Financial Statements (VI.A.1.b)

We have nearly 900 associates located in 20 offices nationwide who collectively manage active engagements with public agencies in 50 states and the District of Columbia, as well as the federal government. There are no judgments, pending or expected litigation, or other real or potential financial reversals that might materially affect the viability or stability of our organization.

Myers and Stauffer is financially stable. For more than 45 years, we have conducted our business in a fiscally responsible manner. Through long-term strategic planning and responsible spending in both good and bad economic times, we have built a solid fiscal foundation. Evidenced by our longstanding client relationships, we proactively plan for fiscal challenges, including monitoring operation costs, controlling expenditures, reviewing and realigning costs, and maintaining financial reserves. While turmoil in many economic sectors has created challenging conditions for businesses, Myers and Stauffer remains, and will continue to be financially viable.

As a CPA firm, we do not have audited financial statements. To provide evidence of financial stability, we have included the firm's internally prepared financial statements for the past two fiscal years in our *Proprietary Information* submission.



The contact information for our bank reference is:

Matthew Buzzelli, Senior Vice President/Senior Relationship Manager
Global Commercial Banking
Bank of America
1375 E 9th Street, Suite 1300
Cleveland, OH 44114
216.776.4853/matthew.buzzelli@bofa.com

This financial information supports the assurance that Myers and Stauffer has more than adequate resources to perform this engagement.

Change in Ownership (VI.A.1.c)

No change in ownership or control of the company is anticipated within the 12 months following the proposal due date. We understand that any change of ownership to an awarded bidder will require notification to the State.

Office Location (VI.A.1.d)

Pursuant to an award of a contract with the State, the office location responsible for the performance will be:

Myers and Stauffer
1349 W. Peachtree St. NE, Ste. 1600
Atlanta, GA 30309

As needed, we will supplement our proposed staff with subject matter experts and other experienced staff from our team of national health care experts.

Relationships with the State (VI.A.1.e)

Our long history of supporting DHHS has provided us with the opportunity to learn invaluable lessons and develop institutional knowledge that can only be gained through direct experience. Myers and Stauffer has worked with agencies in the state of Nebraska since 1998. *Table 1* lists our contracts with DHHS during the past three years.

20+ years working with the state of **Nebraska** – and specifically DHHS.

We bring **state-specific knowledge** and **expertise**.

Table 1. Myers and Stauffer Contracts with DHHS

Myers and Stauffer Contracts with DHHS	
Contract Number and Duration	Project Title and Brief Description
86273 O4* 2022 – 2023	Aged and Disabled Waiver Rate Study: Myers and Stauffer provided cost survey development, data collection, quality assurance, and additional project-related support.



Myers and Stauffer Contracts with DHHS	
Contract Number and Duration	Project Title and Brief Description
100632 O4 <i>2022 – Present</i>	ADA Covered Population Compliance Consulting: Myers and Stauffer reviews ADA compliance practices and current service array options available to ensure adequate services are available to all populations within Nebraska.
86273 O4* <i>2022 – Present</i>	DDD Evaluation: Myers and Stauffer is providing support to the developmental disabilities (DD) system evaluation project, which includes research and report authorship.
102967 O4 <i>2023</i>	Behavioral Health Division Assessment: Myers and Stauffer assessed the organizational structure of the Division of Behavioral Health (DBH) by conducting a review of its current structure and identifying best practices and recommendations. We considered the current system of care in Nebraska, the roles and responsibilities of DBH within DHHS, and the DBH strategic plan for behavioral health services to propose three potential organizational structures and the desired qualities for the Director of DBH that might best serve the future of DHHS.
97637 O4 <i>2022 – Present</i>	Financial Auditing Services of Medicaid Managed Care: Myers and Stauffer assists the DHHS in its oversight responsibilities by performing CMS Protocol 5 (validation of encounter data) for the State’s three Medicaid managed care organizations (MCOs).
95290 O4 <i>2021 – Present</i>	Long-Term Care Reimbursement: Myers and Stauffer performs field and desk audits for long-term care facilities, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), tribal nursing facilities, and other regional care centers as identified by the State. We also review their current nursing facility case mix reimbursement system, identify strengths and weaknesses of the system, and make recommendations based on the State’s goals and objectives. Other reimbursement consulting includes developing and implementing HCBS reimbursement, assisting the State implement reform initiatives related to the inclusion of nursing facility services in a managed care arrangement and methods to incorporate quality incentives into the reimbursement system.
92734 O4 <i>2020 – Present</i>	Program Evaluation Qualified Vendor List for DHHS: Myers and Stauffer is part of the pool of vendors who are pre-qualified to perform evaluations and related services of programs, including the comprehensive cancer control, core sexual violence and injury prevention program, Nebraska violent death reporting system, prescription drug overdose prevention for states, Nebraska childhood lead poisoning prevention program, and Medicaid eligibility and enrollment system.
90564 O4 <i>2020 – 2021</i>	HCBS Waiver Redesign: Myers and Stauffer supported the State’s efforts to merge all HCBS 1915(c) waiver operations and administration under a single organizational structure.
67958 O4 <i>2009 – 2021</i>	Independent Certified Examination of Disproportionate Share Hospital Payments: Myers and Stauffer conducts independent, certified audits of the Nebraska Medicaid Program that provides disproportionate share hospital (DSH) payments to eligible Nebraska hospitals. The annual independent audits must certify that each DSH hospital qualifies for payment; DSH payments do not exceed allowable uncompensated care costs; and the hospital accurately reported payments, spending, and utilization for the purpose of DSH payment methodology.
95290 O4 <i>2021 – Present</i>	
65079 O4 <i>2010 – 2021</i>	Supplemental Payments Determination: Since 2010, Myers and Stauffer has determined and calculated the quarterly fee-for-service supplemental payments and managed care directed payments for hospital-based physicians. We also advise the State on changes to the calculation methodology to ensure compliance with fee-for-service upper payment limit guidance from CMS and managed care directed payment rules.
95290 O4 <i>2021 – Present</i>	
Subcontractor Agreement	Data Management and Analytics Services: Myers and Stauffer, as a subcontractor to Nebraska’s data management and analytics (DMA) contractor, has worked with Nebraska’s



Myers and Stauffer Contracts with DHHS	
Contract Number and Duration	Project Title and Brief Description
January 30, 2018 for RFP 5330 Z1 2018 – Present	team to implement and operate a DMA solution for long-term care Medicaid enterprise over a five-year period.
103700 O4 2023	Investigatory and Forensic Accounting: Myers and Stauffer provides analysis and agreed-upon procedures to assist DHHS, Division of Children and Family Services, Adult Protective Services by providing forensic and fraud investigative services for suspected financial exploitation of vulnerable adults.

**Current contract held by CBIZ Optumas with Myers and Stauffer as a significant subcontractor. The Policy and Strategy Team from CBIZ Optumas, who staff these contracts in collaboration with Myers and Stauffer, transitioned to Myers and Stauffer, effective January 1, 2023.*

Bidder’s Employee Relations to State (VI.A.1.f)

No relationship exists or has existed between any of the personnel named in our proposal and the state of Nebraska. Additionally, Myers and Stauffer does not employ or have any subcontract relationships with any current employees of any agency of the state of Nebraska.

Contract Performance (VI.A.1.g)

Myers and Stauffer has never had a contract terminated for default, convenience, non-performance, non-allocation of funds, or any other reason.

Summary of Contractor’s Corporate Experience (VI.A.1.h)

For more than 45 years, Myers and Stauffer has assisted state government clients, including the state of Nebraska, with an extensive range of services including government-sponsored health program strategic planning, stakeholder engagement, environmental assessments, gap analyses, policy development and analysis, business process reengineering, alternative delivery systems, program administration and oversight, care coordination, health care quality measurements, and improving health outcomes. Our historical engagements with Medicaid and other human services agencies span all 50 states. We also support several federal agencies, including CMS and the Department of Justice (DOJ), in addition to our state engagements.

Throughout our firm’s history, we have partnered with clients to improve the quality, efficiency, and integrity of Medicaid and other government-sponsored health care and social service programs. We have used our national expertise to assist clients with a diverse portfolio of initiatives designed around specific state health care objectives and needs. We appreciate the opportunity to draw from our experience with other similar state programs; however, we also recognize the needs and environment of each state. Our extensive exposure to these programs throughout the nation enables us to leverage those experiences to address the unique requirements of Nebraska.



We have supported numerous states in the design, implementation, and evaluation of their HCBS programs, including providing support related to person-centered planning, developing a reimbursement system design that supports policy initiatives and goals, conducting stakeholder engagement, drafting and negotiating waivers and state plan amendments (SPAs), developing financial reporting tools, and providing training to support implementation of these initiatives. Moreover, our team has a deep understanding of individual HCBS programs and what they entail. For example, several of our proposed team members have prior experience administering HCBS programs within state agencies, and as a result, we understand that individuals served through HCBS programs may have a wide range of acuity levels and needs that must be considered and incorporated into the rate setting process. We also have a complement of clinical staff to support this understanding and the development of incentive programs related to HCBS quality. Our project team brings to Nebraska tested methods for conducting comprehensive assessments and the experience and skills to develop actionable recommendations to implement new strategies.

Myers and Stauffer closely monitors the federal health care statutory and regulatory environment and maintains an ongoing dialogue with CMS executives, state health and human services officials, and industry leaders across the nation to best support our clients. We also stay current on national trends and best practices by regularly attending national conferences, webinars, and training so our staff members are current and well-diversified in their knowledge. In addition, many of our staff members are former state Medicaid, behavioral health, and CMS employees with direct experience developing, implementing, and administering state and federal laws and policies. This depth of experience uniquely positions our firm to anticipate and interpret changes in the industry, communicate the implications of such changes to our clients, and provide a full scope of policy and compliance services.

Client Summary Matrix

Beginning on the following page, the client summary matrix in *Table 2* highlights our engagements similar in size, scope, and complexity and most relevant to this proposed scope of work. While not an exhaustive list of clients, it is a thorough demonstration of the breadth and depth of experience we can offer DHHS.



Table 2. Myers and Stauffer Client Summary Matrix

Myers and Stauffer Client Summary Matrix								
Relevant Experience (Congregate Care, Long-Term Services and Supports [LTSS], HCBS, Individuals with Developmental Disabilities, Brain Injury)								
Consulting Services								
Waiver Support								
Stakeholder Engagement								
Research and Recommendations								
Data Collection and Analysis								
Reports								
Project Management								
Clients								
✓	✓		✓	✓	✓	✓	✓	Arizona Health Care Cost Containment System
✓	✓	✓	✓	✓	✓	✓	✓	Arkansas Department of Human Services
				✓	✓	✓	✓	CMS
✓	✓	✓	✓	✓	✓	✓	✓	Colorado Department of Health Care Policy and Financing
✓		✓	✓	✓	✓	✓	✓	Connecticut Department of Social Services
✓			✓	✓	✓		✓	Florida Agency for Health Care Administration
✓	✓		✓		✓			Georgia Department of Community Health
	✓	✓	✓	✓		✓	✓	Hawaii Department of Human Services
			✓	✓		✓	✓	Idaho Department of Health and Welfare
✓	✓			✓	✓		✓	Illinois Department of Healthcare and Family Services
✓				✓	✓			Indiana Family and Social Services Administration
✓	✓		✓	✓	✓		✓	Iowa Department of Health and Human Services
✓				✓	✓		✓	Kansas Department for Children and Families
✓	✓		✓	✓	✓	✓	✓	Kentucky Cabinet for Health and Family Services
	✓		✓	✓	✓	✓	✓	Louisiana Department of Health
✓			✓	✓	✓	✓	✓	Maine Department of Health and Human Services
✓				✓	✓		✓	Maryland Developmental Disabilities Administration
✓	✓		✓	✓	✓	✓	✓	Michigan Department of Health and Human Services
✓				✓	✓		✓	Minnesota Department of Human Services
✓	✓		✓	✓	✓	✓	✓	Mississippi Division of Medicaid
✓	✓	✓	✓	✓	✓	✓	✓	Nebraska Department of Health and Human Services
✓	✓	✓	✓	✓	✓	✓	✓	Nevada Department of Health and Human Services
✓	✓	✓	✓	✓	✓	✓	✓	New Hampshire Department of Health and Human Services
	✓		✓	✓	✓	✓	✓	New Jersey Department of Human Services
✓	✓		✓	✓	✓	✓	✓	New Mexico Human Services Department
✓	✓		✓	✓	✓		✓	New York Office of People with Developmental Disabilities
	✓			✓	✓		✓	North Carolina Department of Health and Human Services
✓	✓		✓	✓	✓	✓	✓	North Dakota Department of Human Services
✓	✓			✓	✓			Ohio Department of Medicaid
✓	✓	✓	✓	✓		✓	✓	Oregon Health Authority
✓			✓	✓	✓	✓	✓	Pennsylvania Department of Military and Veterans Affairs
✓	✓		✓	✓	✓	✓	✓	South Dakota Department of Social Services
✓				✓	✓			Tennessee Department of Finance and Administration
		✓	✓	✓	✓	✓	✓	Texas Health and Human Services Commission
✓			✓	✓	✓		✓	Utah Department of Health
✓	✓		✓	✓	✓	✓	✓	Vermont Department of Health Access



Myers and Stauffer Client Summary Matrix							
Relevant Experience (Congregate Care, Long-Term Services and Supports [LTSS], HCBS, Individuals with Developmental Disabilities, Brain Injury)							
Consulting Services							
Waiver Support							
Stakeholder Engagement							
Research and Recommendations							
Data Collection and Analysis							
Reports							
Project Management							
Clients							
	✓		✓	✓		✓	Virginia Department of Medical Assistance Services
	✓	✓	✓	✓	✓	✓	Washington Health Care Authority
✓			✓	✓	✓	✓	West Virginia Department of Health and Human Resources
✓				✓	✓	✓	Wisconsin Department of Health Services

Narrative Project Descriptions

In addition to the client summary matrix, *Table 3* includes more extensive details for three of our most relevant contracts. As you will see, numerous proposed team members have worked together on these projects and will bring their knowledge and expertise to bear on this scope of work, if selected.

Myers and Stauffer enjoys a reputation of being professional, knowledgeable, courteous, and timely with our projects. We encourage the evaluation committee to contact these references for more information about the project or more details regarding their experience with Myers and Stauffer.

Table 3. Narrative Project Descriptions

Nebraska DHHS: DDD System Evaluation	
a. Time Period	2019 – Present
b. Scheduled/Actual Completion Dates	Ongoing
c. Bidder’s Responsibilities	<p>Myers and Stauffer, as a significant subcontractor to CBIZ Optumas, is contracted to conduct an independent evaluation of the current system of DD programs and services in Nebraska. The project includes providing a comprehensive evaluation of the system, including stakeholder engagement, peer state comparisons, and recommendations for improving access to services for disabled individuals and their families. Specific tasks include:</p> <ul style="list-style-type: none"> ■ Current Waivers Analysis: Develop a comprehensive list of DHHS’ 1915(c) waivers, Medicaid State Plan (MSP) services, Medically Handicapped Children’s Program, Lifespan Respite Program service arrays, and other supports to children/aged/disabled populations served. Emphasis is on maximizing impact, effectiveness, and cost efficiencies. ■ Services Comparison: Develop a comparison and analysis of Nebraska and comparative states’ service array of MSP services, waivers services, or other mechanisms to support persons with developmental disabilities.



Nebraska DHHS: DDD System Evaluation	
	<ul style="list-style-type: none"> ■ Registry/Waitlist Comparison and Stakeholder Feedback: Analyze Division of Developmental Disabilities existing program registries and wait lists and compare them to other comparable states. Stakeholder engagement planning, survey, focus groups, and key informant interviews for stakeholders on concerns, issues, and improvement ideas. ■ Draft Report of Evaluation Findings, Recommendations, Implementation Plan, and best practices to support people with DD. ■ Final Evaluation Report incorporating DHHS and stakeholder feedback with recommendations for consideration. Report to be submitted to DHHS, the Governor’s DD Advisory Committee, and legislature per LB376.
d. Customer Contact Information	<p>Jennifer Clark, Deputy Director of Community Services Nebraska DHHS, Division of Developmental Disabilities PH: 402.471.7909/F: N/A Email: Jennifer.J.Clark@nebraska.gov</p> <p>Kristen Smith, Deputy Director of Eligibility, Policy, and Quality Nebraska DHHS, Division of Developmental Disabilities PH: 402.471.8704/F: N/A Email: Kristen.Smith@nebraska.gov</p>
e. Project Description	<p><i>Role:</i> Optumas, Prime*/Myers and Stauffer, Sub <i>Current Budget:</i> \$500,000 <i>Current Completion Date:</i> Ongoing <i>Note that all scheduled completion dates and budgets have been met.</i></p>
Proposed Team Members with Supervisory Roles on this Project	<p>Megan Frenzen Julia Kotchevar Jacquelyn George Valerie Hoffman</p>
<p><i>*Current contract held by CBIZ Optumas with Myers and Stauffer as a significant subcontractor. The Policy and Strategy Team from CBIZ Optumas who staff this contract in collaboration with Myers and Stauffer, transitioned to Myers and Stauffer, effective January 1, 2023.</i></p>	

Nebraska DHHS: ADA Covered Populations	
a. Time Period	2022 – Present
b. Scheduled/Actual Completion Dates	Ongoing
c. Bidder’s Responsibilities	<p>Myers and Stauffer is contracted to assist the Department to assess compliance with the ADA and provide targeted solutions designed to create a system of care that is supportive and accessible to Nebraskans who need assistance. Specific tasks include:</p> <ul style="list-style-type: none"> ■ Conduct an agency-wide review of ADA-covered populations’ disability tracking, service array, and service use. ■ Conduct agency-wide policy support for ADA-covered populations’ disability identification process flow and structure. ■ Conduct an agency-wide review and development of integrated ADA population tracking options and provide recommendations for additional tracking options.



Nebraska DHHS: ADA Covered Populations	
	<ul style="list-style-type: none"> ■ Agency-wide review of ADA enhanced case management with a particular focus on individuals with serious mental illness (SMI). ■ Develop a communications strategy and provide DOJ expert assistance for DHHS ADA-covered populations and services. ■ Provide recommendations for a community-based mental health system (CBMHS) to enhance safe discharge and diversion. ■ Provide implementation support for the identified strategic priorities. ■ Provide targeted ad-hoc support for system changes and strategic system modifications in response to DOJ investigation activities.
d. Customer Contact Information	<p>Tony Green, Director Nebraska DHHS, Division of Developmental Disabilities PH: 402.471.6038/F: N/A Email: Tony.green@nebraska.gov</p>
e. Project Description	<p><i>Role: Prime</i> <i>Current Budget: \$2,556,330</i> <i>Current Completion Date: Ongoing</i> <i>Note that all scheduled completion dates and budgets have been met.</i></p>
Proposed Team Members with Supervisory Roles on this Project	<p>Megan Frenzen Julia Kotchevar Caleb Lavan Jacquelyn George</p>

Idaho Department of Health and Welfare: Medicaid Audit Services	
a. Time Period	<p>1992 – Present Note: While this contract has been active since 1992, the HCBS work described has been performed for the State since 2016 and is ongoing.</p>
b. Scheduled/Actual Completion Dates	<p>Ongoing</p>
c. Bidder’s Responsibilities	<p>Myers and Stauffer has supported the state of Idaho since 1992. In 2016, we were engaged to define service descriptions and administrative parameters for unbundled residential habilitation, person-centered planning, community-based habilitation, pre-vocational supports, career planning, and non-medical transportation to support the State’s move to individual-based budgets and to better allow clients the opportunity to select services they choose to use. We worked with individual provider stakeholders, and representatives of HCBS associations, as well as state agency representatives to review best practices and methodologies used by other states. We also developed recommendations to pay for services, using the results of a prior cost survey we developed for other HCBS. For this earlier engagement, we collected cost data for a number of provider types: supported living services (residential habilitation), children’s developmental disabilities, personal care agencies, and personal care services provided in an assisted living facility. We developed a unique cost survey with input from the client and provider industry, provided training on completion of the surveys, collected surveys, and compiled the results. We used this cost information to assist the State in its rate calculations.</p>
d. Customer Contact Information	<p>Jacque Smithley, MPA, MLIS, Provider Audit and Reimbursement Manager Idaho Department of Health and Welfare</p>



Idaho Department of Health and Welfare: Medicaid Audit Services	
	PH: 208.364.1931/F: 208.334.6558 Email: jacqueline.smithley@dhw.idaho.gov
e. Project Description	<i>Role: Prime</i> <i>Current Budget: \$72,695 (for this part of the larger contract)</i> <i>Current Completion Date: Ongoing</i> <i>Note that scheduled completion dates and budgets were met.</i>
Proposed Team Members with Supervisory Roles on this Project	Julia Kotchevar

Summary of Bidder’s Proposed Personnel/Management Approach (VI.A.1.i)

Myers and Stauffer is highly regarded for its professional objectivity, innovation, exceptional staff, and unparalleled service. This level of service requires commitment to always properly plan, perform, supervise, review, document, and communicate to clients in accordance with professional standards, regulatory authorities, and project requirements. Our exceptional staff delivers these services based on the highest levels of professionalism and integrity, communicating clearly, responding timely, and supporting solution-oriented decision-making.

We have organized a highly-qualified engagement team based on qualifications, expertise required for this work, and availability. All members of the proposed project team have supported program implementations and operational redesigns, waiver applications and amendments, rate setting and reimbursement methodology reviews, as well as quality and outcomes analyses for numerous states. This combination of relevant and wide-ranging skills means DHHS can count on us to deliver exceptional results.

Our practice is well-rounded in terms of services provided; therefore, we do not experience the workload compression that other firms might experience during particular busy seasons. This results in better client service and a more timely completion of the engagement. We are able to staff any engagement immediately with a tenured team and have the flexibility to reallocate staff, as needed, to further support the requirements of our engagements. Because Myers and Stauffer is dedicated to providing services specifically to public health and human service agencies, our staff are not pulled on to other non-health care or human services engagements. We structure each engagement with staff that have availability, and we develop a detailed internal work plan that our senior managers and staff review and approve so that staffing availability/capacity is not an issue. We also use project tracking software that holds staff and managers accountable to timelines.

If the project increases in size or additional resources are required, we will assess the staffing needs and reformulate the staffing strategy as needed. We will use our internal scheduling system to dedicate the proper resources to this project at the necessary times, which ensures we optimize project management, meet all milestones, and provide quality and responsive services to DHHS.



Your Engagement Team: Management and Organization

The foundation of our project management approach is the designation of a highly experienced project team comprised of senior-level staff with direct, hands-on experience with projects of comparable size and scope. The Myers and Stauffer team understands DHHS requires an experienced contractor to assist with developing recommendations for provider-focused options that will assist people living independently, as applicable to the Comprehensive Developmental Disabilities 1915(c) HCBS waiver.

We are pleased to offer the following key elements to providing the required services. We understand that you need:

- **Client Communication.** *We will work closely and collaboratively to maintain open lines of communication with the Department. We will bring recommendations or issues to the attention of the Department in a timely manner. Our project management approach, which includes recurring status meetings, will provide transparency into any issues or risks, along with recommended risk mitigation strategies and plans to address issues.*
- **Project Work Plan.** *We will create and maintain a comprehensive project plan and employ strong project management discipline. Our project manager will work collaboratively with the DHHS point of contact to track deliverables throughout the engagement. Our project manager will receive feedback on performance, identify opportunities for improvement, and work with our internal team to make any necessary adjustments.*
- **Experienced Subject Matter Expertise.** *We have extensive experience providing research, analysis, consulting, and rate build up rate setting services. Our professionals have the experience to bridge the gap that often exists between research and policies and actual practice. To help address this gap, we have developed toolkits, briefs, logic models, and other collateral to support changes to how care is delivered.*

Our team has considerable experience assessing HCBS services and programs designed to serve older adults and persons with disabilities. When conducting program redesign or updated HCBS waivers, we frequently assess the needs of these populations to ensure the service array continues to meet those needs. In addition to our consulting experience, many of the proposed team members are former state employees who have direct experience in service systems.

We have assembled a project team extremely familiar with DHHS and specifically DDD. Our team recently concluded providing support for waiver rate designs for the Aged and Disabled waiver including the development of rate models and proposed changes to rates. Team members included in this proposal assisted DDD by developing service rates for the Aged and Disabled waiver, Traumatic Brain Injury waiver, Comprehensive Developmental Disabilities waiver, and Developmental Disabilities Adult Day waiver. Setting these rates required a detailed knowledge of Nebraska's service offerings and service delivery network, and that knowledge would be brought to this project, requiring little to no start up time for our team to get up to speed.



Additionally, we currently provide ongoing support for the HCBS Waiver Redesign project where we have assisted the Division in implementing new tools for waiver eligibility, provided comprehensive assessments of the division operations, and have provided training and staff support as needed on selected topics. The team has also been engaged to provide a comprehensive review of the DD system as part of LB376. These projects have allowed the team to work closely with the division and gain a sound understanding of the internal processes as well as the external perception of the system from stakeholdering work that included participants, advocates, and providers.

We believe all projects are unique and require project management methods designed to meet the specific requirements of the client and the project. With a strong base of project management knowledge, we will customize a unique methodology based on what will work best for DHHS.

The Nebraska Way
Our Team Is Committed to Your Success

Since our first engagement with the State 25 years ago, we have developed strong working relationships with DHHS and have partnered with the Agency and the local community in meaningful and productive ways. We live and work in similar communities, share common values, and care about what happens to Nebraska’s most vulnerable populations. We understand the “Nebraska way” and are committed to providing DHHS with the superior quality and service you have come to know and expect from Myers and Stauffer.

A key element of the management plan for this project is the organizational structure of the project team. *Figure 2* illustrates the structure of our proposed team and its lines of authority. Establishing these lines of authority and communication is critical to achieving a successful project outcome. Accountability is established and key positions are clearly delineated.

Project Director, Dr. Megan Frenzen, and Project Manager, Ms. Julia Kotchevar, will provide overall project oversight and ensure client satisfaction. Both bring extensive experience with projects of comparable size and scope and in-depth knowledge of Nebraska’s health care landscape.

Ms. Kotchevar will also provide more in-depth project management, while also ensuring our team delivers high-quality work in a timely manner. While project deliverables are evaluated at multiple levels of personnel within the project team, Ms. Kotchevar, as the Project Manager, will be responsible for ensuring the deliverables meet or exceed DHHS’ expectations. She will review each deliverable and measure progress against the project time schedule. Control mechanisms, such as status reports, will apprise the Project Director of progress with all key facets of the project and will ensure goals are met.

As needed, additional managers and senior/staff associates who have extensive health care consulting experience will be assigned based on the needs of each case.

Proposed Engagement Team

Overview

Our approach to staffing and time commitments ensures that we assign the right people with the right expertise and level of experience to meet the objectives of each investigation in the most economical



and effective way possible. We staff each project to exceed our clients’ expectations, including meeting all required deadlines. In addition, once an engagement is set, it is the policy of the firm to consistently maintain the same staff on engagements to ensure continuity for the client. This will allow us to maximize efficiencies and reduce the learning curve of a new engagement team. We will only modify staff if necessary with an equivalent or more experienced professional, and only with written approval from the State.

Our proposed organizational chart in *Figure 2* depicts the reporting structure and includes names and project roles for the team members who will be assigned to this engagement.

Figure 2. Organizational Chart

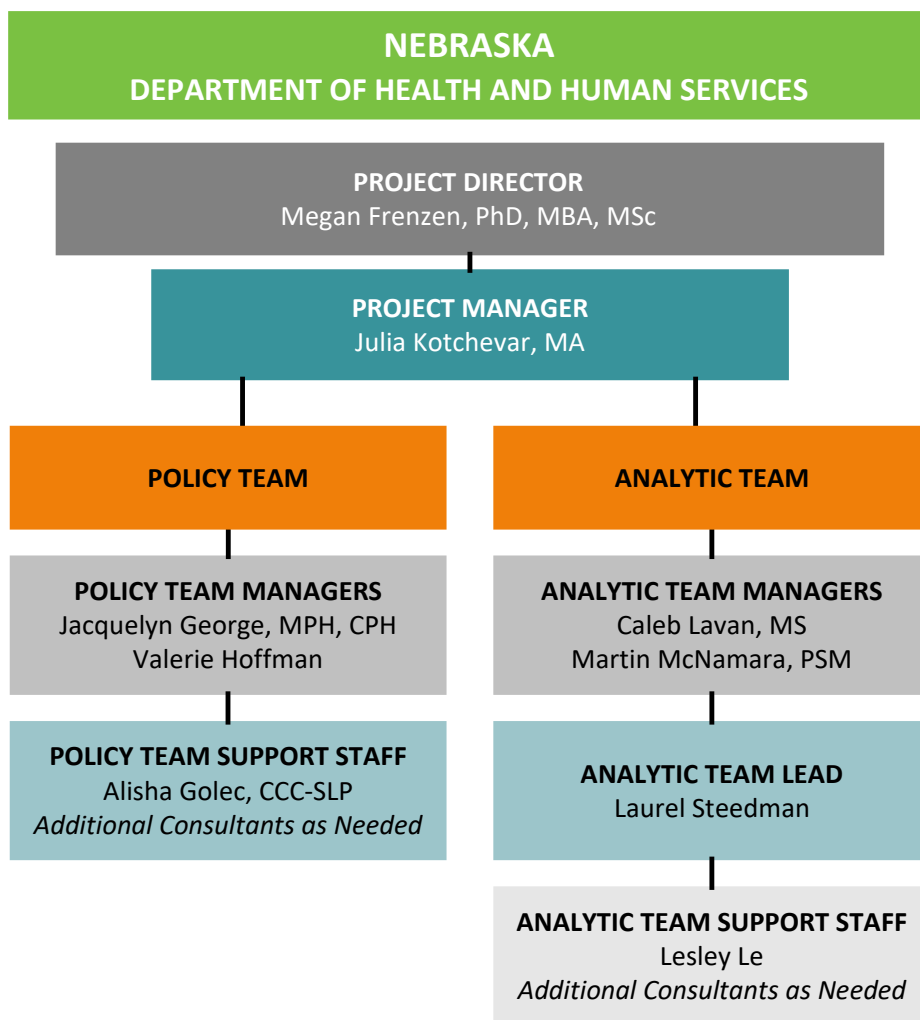


Table 4 provides highlights of our proposed engagement team, including a description of the team leadership, interface and support functions, and the primary work assigned to each person. Resumes for each team member follow the table.



Table 4. Engagement Team Qualifications

Myers and Stauffer Proposed Engagement Team	
Team Member/Role	Qualifications and Experience
<p>Megan Frenzen, PhD, MBA, MSc <i>Principal</i></p> <p>Role: Project Director Responsible for all aspects of the project, ensuring client satisfaction, and establishing the overall delivery approach. Responsible for reviewing deliverables and coordinating professional resources based on the work plan. Works with the Project Manager to ensure successful service delivery and performance under this engagement.</p>	<ul style="list-style-type: none"> • More than 16 years of professional experience in health care analytics, strategy, and policy in the public health sector with extensive experience in state-level rate development initiatives, programmatic- and policy-related HCBS waiver work, and complex project management. • Specialization lies in program structuring and resource allocation for marginalized patient populations, especially the intellectually and developmentally disabled. • Currently managing large-scale resource allocation initiatives for Eastern and Midwestern clients. She also assists clients in revising assessment procedures and redesigning program and service structure. With a strong background in social psychology and behavioral analytics, her focus on the intersection of policy and incentives benefits her clients and the populations they serve. • Prior to her role with Myers and Stauffer, Dr. Frenzen served as a Managing Director at CBIZ Optumas where she oversaw projects for state Medicaid programs, private insurers and health plans, and county-level public health programs. • Extensive experience in stakeholder engagement and highly values the role of qualitative data in health care decision making.
<p>Julia Kotchevar, MA <i>Director, HCBS and Behavioral Health</i></p> <p>Role: Project Manager Works directly with the Project Director to direct the day-to-day activities of the project team, including project coordination, technical directions, and supervision of staff. Responsibilities include planning and development of procedures and work flows necessary to perform the project tasks.</p>	<ul style="list-style-type: none"> • More than 22 years of professional experience related to the delivery and financing of long-term care services and supports, behavioral health services, and public health services. • Prior to joining Myers and Stauffer, she served as Administrator of the Nevada Division of Behavioral and Public Health and as the State Health Official and the Mental Health Director. She oversaw the operations of the public health agency, health care regulatory and planning functions, the substance abuse and treatment system, and the adult behavioral health services program. • Also served Nevada as the Deputy Director of the Nevada Department of Health and Human Services, the Deputy Administrator and Chief of Disability Services in the Division of Aging and Disability Services where she oversaw the operations of all the Nevada HCBS programs serving elders, persons with disabilities, persons with intellectual disabilities, and the early intervention system for infants and toddlers with disabilities.
<p>Jacquelyn George, MPH, CPH <i>Health Care Manager</i></p> <p>Role: Policy Team Manager Provides support of policy initiatives related to waiver and system modifications and impact to the overall system. Works directly with the Project</p>	<ul style="list-style-type: none"> • More than 10 years of experience in the public health and public policy arenas. • Responsible for contributing to multiple HCBS projects, specifically those related to policies and systemic improvements for individuals with disabilities. • Current engagements include assisting state clients with assessing and evaluating disability services and programs, maintaining compliance with the Americans with Disabilities Act, supporting state eligibility processes,



Myers and Stauffer Proposed Engagement Team	
Team Member/Role	Qualifications and Experience
<p>Manager to ensure timely completion of tasks.</p>	<p>as well as serving as a subject matter expert for developmental disability HCBS policy.</p> <ul style="list-style-type: none"> Managed policy-related operations for Ohio Department of Developmental Disabilities where she gained extensive state Medicaid experience related to stakeholder engagement, development and maintenance of federal waiver applications and state administrative code policies, and data analytics focused on ongoing federal assurance monitoring.
<p>Valerie Hoffman <i>Health Care Manager</i></p> <p>Role: Policy Team Manager Provides support of policy initiatives related to stakeholder engagement and participant perception of changes to the overall system. Works directly with the Project Manager to ensure timely completion of tasks.</p>	<ul style="list-style-type: none"> More than eight years of professional experience with specialization in health information technology (IT) focused stakeholder engagement, health data governance, technology project management, information security, and health program research. Provides subject matter expertise in health care research, stakeholder engagement, health information exchange (HIE), and health IT strategies. She is also involved in implementation; providing review and feedback in the analysis of stakeholder data; reviews and edits assessment reports; and conducts research on health care IT regulated policies. Worked with Nebraska DHHS, engaging with stakeholders and partners to inform state health program strategy and planning documents. Previously served as the State of Nevada Health IT Coordinator overseeing the state’s HITECH grant program and participated on the HealthIE Nevada health information exchange governance board.
<p>Caleb Lavan, MS <i>Health Care Senior Manager</i></p> <p>Role: Analytic Team Manager (Population and Caseload Analytics) Provides analytical support that examines population impacts and changes of potential policy choices. Responsibilities include providing analysis of data sets and ensuring accurate interpretation of data.</p>	<ul style="list-style-type: none"> Health care economist with more than 29 years of professional experience. Has worked as a forecaster and analyst for all areas of health and human services, developed marketplace assessment rates and Medicaid forecasts, and analyzed rates for long-term care services and supports, as well as for behavioral health services. Experience analyzing statewide data and is well versed in all methods of forecasting and analysis while employing current tools and best practices. Previously served as the Lead Medicaid Forecaster for the State of Oregon where he managed the semi-annual, multi-part caseload forecasts for Medicaid. In addition to forecasting, he provided policy reviews and fiscal impact estimates for several new programs and eligibility expansions.
<p>Martin McNamara, PSM <i>Senior Manager</i></p> <p>Role: Analytic Team Lead (Reimbursement) Provides analytical support of the provider network and how changes to policy may impact reimbursement.</p>	<ul style="list-style-type: none"> More than 11 years of professional experience working with health care and Medicaid rate setting and data analysis. Experience with data manipulation and analysis, HCBS waiver programs, and rate model development. Worked on a variety of projects during his career, including data validation, processing, and summarization, HCBS program assistance, developing actuarially sound rate ranges, determination of incurred but not paid reserves, 1915 and 1115 waiver assistance, and evaluation of the impact of retrospective and prospective program changes.



Myers and Stauffer Proposed Engagement Team	
Team Member/Role	Qualifications and Experience
	<ul style="list-style-type: none"> Contributed insights in data analysis to projects such as review of pharmacy claims for validation of cost savings estimates, determining appropriate capitation rate structures, and developing models to estimate budgetary impacts of health care reform, expansion, and program initiatives. Using tools such as SAS and WPS, Martin performs data mining, analysis, and summarization of claims, encounter, and eligibility data to ensure that Optumas’ analyses have a firm data-driven foundation, while ensuring that higher-level goals of analyses are also met.
<p>Alisha Golec, CCC-SLP <i>Health Care Senior Consultant</i></p> <p>Role: Policy Team Support Staff Provides support, research, and subject matter expertise in support of policy initiatives. Works directly with Policy Managers to research and identify supporting information.</p>	<ul style="list-style-type: none"> More than 16 years of experience in a variety of health care and educational environments working with people with complex medical needs of all ages. Responsible for providing creative, client-focused solutions, maintaining project analytics, project management, and creating client-ready deliverables. Along with practical experience working directly with stakeholders, Ms. Golec has developed experience in stakeholder engagement, accessibility, assistive technology, and health care and education consulting related to Medicaid eligible services.
<p>Laurel Steedman <i>Manager</i></p> <p>Role: Analytic Team Lead Provides analytical support and analysis. Works directly with Analytic Managers to facilitate data transfers and analysis.</p>	<ul style="list-style-type: none"> More than 13 years of professional experience leveraging data and reporting for improved workflows to make a difference in the health care industry. Focused on programmatic- and policy-related HCBS waiver initiatives. Background in data and applied business intelligence, she has served in a support capacity to state leadership when drawing upon data insights to inform policy decisions. Responsible for updating and developing reimbursement methodology for new Medicaid service lines, including market research and relevant rate and fiscal impact analyses. Guided the state Medicaid operations for the Ohio Department of Developmental Disabilities through policy changes and worked with CMS in updating the waiver amendments.
<p>Lesley Le <i>Health Care Senior Consultant</i></p> <p>Role: Analytic Team Support Staff Provides support, research, and subject matter expertise in support of analytical initiatives. Works directly with Analytic Team Lead to research and identify supporting information.</p>	<ul style="list-style-type: none"> More than four years of professional experience in data manipulation and analysis, rate development, resource allocation, and risk adjustment. Experience developing risk adjusted rates for Colorado, Kansas, and Oregon as well as assisting Colorado and Maryland in the revision of statewide developmental disability rates. Experience summarizing various analyses and communicating results to diverse audiences. Prior to her role with Myers and Stauffer, Ms. Le’s experience with CBIZ Optumas was working on an assortment of projects that included data processing and validation, developing actuarially sound rates, review of rate methodologies, evaluating the impact of various program changes, risk corridor calculations, developing resource allocation tools,



Myers and Stauffer Proposed Engagement Team	
Team Member/Role	Qualifications and Experience
	determining incurred but not paid reserves, and developing inpatient diagnosis-related group (DRG) reimbursement rates.

Resumes

We offer an exceptionally qualified, experienced, and multi-disciplinary team that combines Nebraska-specific experience with national expertise. Highly regarded for professional objectivity, integrity, innovation, expert staff, and quality service, we are focused on finding ways to maximize our public clients’ scarce resources while improving health outcomes. We have the experience, expertise, and resources to meet your needs and exceed your expectations.

We are proud of our professionals’ talent and experience, and we are pleased to present this level of expertise to the State. Resumes for each proposed team member begin on the following page.



Megan J. Frenzen, PhD, MSc, MBA

Principal/Partner

Summary

Dr. Frenzen has more than 16 years of experience in health care analytics, strategy, and policy in the public health sector. She currently serves as a Principal at Myers and Stauffer. She has extensive experience in state-level rate development initiatives, programmatic- and policy-related HCBS waiver work, and complex project management. Dr. Frenzen's area of specialization lies in program structuring and resource allocation for marginalized patient populations, especially the intellectually and developmentally disabled.

Prior to her role with Myers and Stauffer, Dr. Frenzen served as a Managing Director at CBIZ Optumas where she oversaw projects for state Medicaid programs, private insurers and health plans, and county-level public health programs. Dr. Frenzen's expertise in public health and Medicaid financing has positioned her to support clients in making difficult policy and programmatic decisions around rate setting processes and Total Cost of Care (TCOC) analyses. Dr. Frenzen uses her state-level experience to support clients in the pursuit of improving quality and patient outcomes.

Dr. Frenzen's career has included the development of risk adjusted rates in Alabama, Colorado, Maryland, Nebraska, New York, and North Dakota. Her work in these states has included overseeing calculations of MCO capitation rates under 1115 waivers, carve-out rates, behavioral health rates, TCOC for accountable care organizations, managing of budget neutrality parameters, the resetting of risk adjustment factors, trend analyses, and forecasting. These projects have required the use of multiple data sources, including detailed claims and eligibility data, incomplete encounter data, financial statements, historical cost data, and other publicly available data. Additionally, Dr. Frenzen has extensive experience in stakeholder engagement and highly values the role of qualitative data in health care decision making. Dr. Frenzen's academic background has positioned her well to utilize and synthesize multiple data sources to improve processes and outcomes based on the needs of her clients.

Currently, Dr. Frenzen is managing large-scale resource allocation initiatives for Eastern and Midwestern clients. She also assists clients in revising assessment procedures and redesigning program and service structures. With a strong background in social psychology and behavioral analytics, her focus on the intersection of policy and incentives benefits her clients and the populations that they serve.

Education

Ph.D., Marketing, University of Massachusetts at Amherst

M.Sc., Health Economics and Policy, London School of Economics

M.B.A., University of Vermont

B.S., Business Administration, University of Vermont

Experience

16 years of professional experience



Relevant Myers and Stauffer¹ Client Experience

Nebraska Department of Health & Human Services (2018 – Present)

Structural Review

Myers and Stauffer is currently engaged with DHHS on a variety of projects inclusive of the following:

- HCBS Redesign: Focused on providing policy and programmatic support in the areas of eligibility and enrollment, service planning, and targeted case management.
- Nebraska ADA-Covered Populations Review.
- Nebraska DDD System Evaluation for LB376.

Responsibilities:

- Oversee and support client efforts to streamline administrative waiver functions, improve Department-wide ADA compliance.
- Oversee training and implementation support for new assessments and related processes.
- Manage monthly client reporting.

Nebraska Department of Health & Human Services (2022 – 2023)

Aged and Disabled Waiver Rate Study

CBIZ Optumas and Myers and Stauffer were engaged to provide support to the Nebraska Aging and Disabled Waiver Rate Study project regarding cost survey development, data collection, quality assurance, and additional project-related support as needed.

Responsibilities:

- Oversaw a study of the Aging and Disabled and Traumatic Brain Injury waiver rates.
- Evaluated cost surveys.
- Reviewed stakeholder content.

Colorado Department of Health Care Policy and Financing (2022 – Present)

Tiered Rates

CBIZ Optumas and Myers and Stauffer are providing health care reform project consulting to revamp the payment methodologies for several residential programs within Colorado Medicaid, including qualified residential treatment programs (QRTPs), residential child care facility (RCCF), residential treatment center (RTC), and alternative care facilities (ACF). This project includes a review of the national landscape of tiered rates and the assessments used to place individuals in the appropriate tiers and a recommendation report; development of tiers and associated levels of care; review and development of assessment tool; and rates and rate methodologies for each residential program.

Responsibilities:

- Oversee research and methodological processes developed to support tiered residential rates.
- Review project reporting and documentation.
- Support client communication.

Colorado Department of Health Care Policy and Financing (2020 – Present)

Person-Centered Budget Algorithm (PCBA)

Myers and Stauffer, as a subcontractor to CBIZ Optumas, is engaged to develop an algorithm for use by Colorado Medicaid to include variable weights, stratification thresholds, and output code. The algorithm will serve as the department's resource allocation approach for LTSS programs. The final PCBA will be

¹ Experience includes contracts currently held by CBIZ Optumas. The Policy and Strategy Team from CBIZ Optumas transitioned to Myers and Stauffer, effective January 1, 2023.



based on best practices of assigning individuals a budget based on their individual assessed needs.

Responsibilities:

- Oversee research and methodological processes.
- Review project reporting and documentation.
- Support client communication.

New York Office of People with Developmental Disabilities (ODWDD) (2022 – Present)

Resource Balancing Model

CBIZ Optumas assists with developing, testing, and finalizing a model designed to aid resource balancing among the intellectually and developmentally disabled population OPWDD serves.

Responsibilities:

- Oversee and facilitate stakeholder engagement.
- Coordinate with OPWDD leadership on external communication related to public-facing deliverables.

References

Jill Pettinger, Deputy Commissioner of Statewide Services

New York State Office for People with Developmental Disabilities/44 Holland Avenue/Albany, New York
12229
518.474.3558

Cassandra Keller, HCBS Benefits Supervisor

Colorado Department of Health Care Policy & Financing/1570 Grant Street/Denver, CO 80203
303.866.5181

Dr. Adam Atherly, Seymour and Ruth Perlin Professor of Health Administration and Internal Medicine

Virginia Commonwealth University, College of Health Professions/900 E. Leigh Street/Richmond, VA
23298-0203
804.828.9466



Julia Kotchevar, MA

Health Care Senior Manager

Summary

Ms. Kotchevar provides policy and analytic support to clients related to the delivery and financing of long-term care services and supports, behavioral health services, and public health services. Prior to joining Myers and Stauffer, she served as Administrator of the Nevada Division of Behavioral and Public Health. She also served as the State Health Official and the Mental Health Director. She oversaw the operations of the public health agency, health care regulatory and planning functions, the substance abuse and treatment system, and the adult behavioral health services program.

Ms. Kotchevar also served Nevada as the Deputy Director of the Nevada Department of Health and Human Services, the Deputy Administrator and Chief of Disability Services in the Division of Aging and Disability Services where she oversaw the operations of all the Nevada HCBS programs serving elders, persons with disabilities, persons with intellectual disabilities, and the early intervention system for infants and toddlers with disabilities. Ms. Kotchevar served as an Executive Branch Auditor for the Division of Internal Audits, and as an Analyst in the Nevada Division of Child and Family Services. Additionally, Ms. Kotchevar worked internationally doing relief work related to the development of primary health and maternal and infant care in disaster areas or underserved regions.

Education

M.A., Organizational Management, University of Phoenix
B.S., Elementary and Special Education, University of Nevada, Reno

Experience

22 years of professional experience

Affiliations

Healthcare Information Management Systems Society

Relevant Myers and Stauffer Client Experience

Nebraska Department of Health & Human Services (2022 – Present)

Structural Review

Myers and Stauffer is currently engaged with DHHS on a variety of projects inclusive of the following:

- HCBS Redesign: Focused on providing policy and programmatic support in the areas of eligibility and enrollment, service planning, and targeted case management.
- Nebraska ADA-Covered Populations Review.
- Nebraska DDD System Evaluation for LB376.

Responsibilities:

- Project manager for the assessment of the current organizational structure and development of recommendations to support the HCBS redesign efforts of the state.
- Implementation and training of service coordinators on the use of a standardized assessment tool for level of care.
- Development of new regulations, processes, and fiscal operations to support a system redesign.



Nebraska Department of Health & Human Services (2021 – 2022)

Nebraska Hospital Delivery System Redesign

Myers and Stauffer will provide a comprehensive resource evaluation of the Beatrice State Development Center, the Lincoln Regional Center, and the Norfolk Regional Center for purposes of providing a comprehensive system assessment and redesign recommendations report.

Responsibilities:

- Subject matter expert for the evaluation of the hospital system and development of the redesign recommendations.

Colorado Health Care Quality and Financing (2021 – Present)

Case Management Rate Study for Home- and Community-Based Services

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for case management services offered through their HCBS programs.

Responsibilities:

- Subject-matter expert for a study of the state's current methodology for developing payment rates for HCBS, comparing the methodology to those used by other peer states, and making recommendations for change.
- Working with an advisory group of stakeholder representatives to evaluate options.

Connecticut Department of Social Services (2020 – Present)

Waiver Rate Study of Home and Community-Based Services

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for HCBS provided through their 1915(c) waivers.

Responsibilities:

- Project manager for a study of the state's current methodology for developing payment rates for HCBS, comparing the methodology to those used by other peer states, and making recommendations for change.
- Working with an advisory group of provider representatives to evaluate options.

New Mexico, Office of the Superintendent of Insurance (OSI) (2021 – Present)

Health Care Affordability Fund

Myers and Stauffer was contracted to support the newly developed Health Care Affordability Fund, designed to lower health care costs for New Mexicans. OSI identified several policy areas that could benefit from targeted assistance to help make coverage for individuals and for small businesses more affordable. Myers and Stauffer was contracted to gather stakeholder feedback on the initiative as well as to provide technical assistance and policy advice on the available options.

Responsibilities:

- Project manager for overall project to coordinate the deliverables and project work with the client.
- Hold stakeholder engagement meetings to obtain the opinions of stakeholders throughout the state about the design of the program and how it could make coverage for individuals and for small businesses more affordable.
- Provide research on health care policy options and technical assistance on health policy topics as needed.



South Dakota Department of Social Services (2020)

Peer Support Research Project

Myers and Stauffer was engaged to conduct research and provide a summary report on the development and implementation of mental health peer support services.

Responsibilities:

- Conduct research on the implementation of peer support services within the South Dakota behavioral health service delivery system.
- Meet with internal and external stakeholders to design options that best meet the needs of participants and the policy direction of the department.
- Estimate the potential utilization and costs of peer support services.
- Draft and present final report that included peer state research, best practices for tribal programs, and an implementation work plan.

Prior Relevant Experience

State of Nevada:

- Division of Public and Behavioral Health, (2018 – 2019): Administrator
- Department of Health and Human Services
(2017 – 2018): Deputy Director, Programs
(2017): Analyst/Primary Care Health Workforce Manager
- Aging and Disability Services Division
(2014 – 2017): Deputy Administrator
(2013 – 2014): Nevada Early Intervention Services, Clinical Program Manager II
(2011 – 2013): Chief of Disability Services

References

Colin Baillio, Director of Coverage Affordability and Expansion

New Mexico Office of the Superintendent of Insurance/6200 Uptown Blvd. NE/Albuquerque, NM 87110
505.490.3178

Pam Diez, CPA, Deputy Undersecretary

Louisiana Department of Health/ 628 N. 4th Street/Baton Rouge, LA 70802
225.342.1315

Sophia Stich, Senior Management Analyst II- SES

Division of Medicaid/Bldg. 3 Rm 2425/2727 Mahan Dr./Tallahassee, FL 32308
850.412.3685



Jacquelyn George, MPH, CPH

Health Care Manager

Summary

Ms. George is a Health Care Manager with Myers and Stauffer and brings to the firm more than 10 years of experience in the public health and public policy arenas. She contributes to multiple HCBS projects, specifically those related to policies and systemic improvements for individuals with disabilities. Current engagements include assisting state clients with assessing and evaluating disability services and programs, maintaining compliance with the Americans with Disabilities Act, supporting state eligibility processes, as well as serving as a subject matter expert for developmental disability HCBS policy. Ms. George has extensive state Medicaid experience related to stakeholder engagement, development and maintenance of federal waiver applications and state administrative code policies, and data analytics focused on ongoing federal assurance monitoring.

Education

M.P.H., New York University

B.A., International Relations & Affairs, The American University

Experience

10 years of professional experience

Affiliations

National Board of Public Health Examiners

Relevant Myers and Stauffer Client Experience

Nebraska Department of Health & Human Services (2022 – Present)

Structural Review

Myers and Stauffer is currently engaged with Nebraska DHHS on a variety of projects inclusive of the following:

- HCBS Redesign: Focused on providing policy and programmatic support in the areas of eligibility and enrollment, service planning, and targeted case management.
- The Nebraska ADA-Covered Populations Review.
- The Nebraska DDD System Evaluation for LB376.

Responsibilities:

- Support DDD's implementation of new policies and program elements, in addition to providing staff augmentation.
- Review and recommending best practices in support of the ongoing DOJ Americans with Disabilities Act investigation.
- Facilitate stakeholder discussions, conducting peer state research, and evaluating the developmental disability service system in Nebraska.

Colorado Department of Health Care Policy & Finance (2022 – Present)

Tiered Rates

CBIZ Optumas and Myers and Stauffer are providing health care reform project consulting to revamp the payment methodologies for several residential programs within Colorado Medicaid, including QRTPs, RCCF, RTC, and ACF. Within the existing residential programs for both adults and children, there are a



myriad of support needs for the individuals being served. This project will include a review of the national landscape of tiered rates and the assessments used to place individuals in the appropriate tiers and a recommendation report; development of tiers and associated levels of care; review and development of assessment tool; and rates and rate methodologies for each residential program.

Responsibilities:

- Research rate models specific to HCBS aging services, psychiatric residential treatment facilities, and qualified residential treatment programs.
- Review standard and non-standard assessment tools to determine appropriateness for use in eligibility determinations.
- Recommend approaches to correlating assessment tools with a tiered-based rate methodology.

Relevant Prior Experience

Ohio Department of Medicaid (2018 – 2021): Policy Administrator

- Managed policy-related operations for Ohio Department of Developmental Disabilities (DODD); confirmed federal/state regulation compliance/programmatic requirements and proper application submission to CMS.
- Developed Ohio Administrative Code (OAC) rules and partnered with stakeholders focused on expansion of 1915(c) disability program; oversaw issuance of non-compliance corrective actions while overseeing more than \$1 billion annual expense reporting tasks.
- Cultivated robust internal/external network of business relationships all operating towards identifying and implementing feasible advancements in accessibility to vital health care services for citizens across Ohio (more than \$40 thousand).
- Routinely consulted with Waiver Workgroup Committee, Ohio Developmental Disability Council Members, Ohio Nursing Coalition, Family Caregiver Professional Advisory Council, and Ohio Developmental Disability Council.
- Maintained consistent communication with the Ohio Department of Medicaid Legislative Affairs unit/senior leadership group to aid in evaluation of proposed legislation/respond to 1915(c) program-related inquiries.

Key Accomplishments:

- Designated as Head of OhioRISE 1915(c) OAC regulation and waiver development for program serving thousands of young individuals with behavioral issues (“slated for submission to Medicaid”).
- Selected as Vice Chair of Membership Committee for the Development Disabilities Council and as Medicaid Health Systems Admin II to provide Ohio Department of Aging and multi-system youth policy support.
- Contributed to continuous improvement efforts for Adult Day/Employment services as workgroup member during 12-month initiative; facilitated access to nursing care for adult support facilities.

Ohio Department of Medicaid (2014 - 2018): Data Reporting Manager

- Developed SAS programming to enhance analysis of performance measures for federal reporting (372s), critical incident quarterly reporting, and metrics related to contacts for case management agencies.
- Delivered cost-neutrality data to CMS for one Ohio Home Care (OHC) and three DODD 1915(c) waiver programs and satisfied up to 30 internal ad-hoc requests per month.



Key Accomplishments:

- Designed SAS program/excel formula to conduct extensive analysis of OHC program enrollees; displayed pattern of potential prescription abuse/pinpointed 10 individuals and reported findings to clinical unit.
- Developed cost-neutrality demonstrations for DODD and maintained full responsibility of OHC 1915(c) waivers and CMS federal 372 reporting for six 1915(c) waiver programs operating in Ohio.

Presentations

“Medicaid Early/Periodic Screening, Diagnostic & Treatment Plans,” OACB Winter Conference, 2021.

“1915(c) Programming,” 2020.

“Executive Development Program,” Ohio Association of County Boards.

“Appendix K COVID-19 PHE Flexibilities,” Breaking Silences Advocacy Group.

References

Colin Baillio, Director of Coverage Affordability and Expansion

New Mexico Office of the Superintendent of Insurance/6200 Uptown Blvd. NE/Albuquerque, NM 87110
505.490.3178

Cassandra Keller, Community Options Benefits Section Manager

Office of Community Living, Colorado Department of Health Care Policy and Finance/1570 Grant St./
Denver, CO 80203
303.866.5181

Pam Diez, CPA, Deputy Undersecretary

Louisiana Department of Health/ 628 N. 4th Street/Baton Rouge, LA 70802
225.342.1315



Val Hoffman

Health Care Consulting Manager

Summary

Ms. Hoffman is an experienced professional with specializations in health program and information technology-focused stakeholder engagement, project management, health data governance, information security, and health policy research. She provides subject matter expertise in health care programs, provider rate research, stakeholder engagement, and overall project management. She is also involved in implementation; providing review and feedback in the analysis of stakeholder data; reviews and edits assessment reports; and conducts research on health care-related policies.

Since 2022, she has worked on several engagements, including projects with the Colorado Department of Health Care Policy and Financing, North Dakota Department of Human Services, and Nebraska Department of Health and Human Services engaging with stakeholders and partners to inform state health program strategy and planning documents. Ms. Hoffman previously worked for the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy and the Division of Public and Behavioral Health as a Deputy Administrator coordinating cross-division Medicaid projects. She also served as the State of Nevada Health IT Coordinator overseeing the state's HITECH grant program and participated on the HealthIE Nevada health information exchange governance board.

Education

A.A., General Education & Information Technology, Truckee Meadows Community College

Experience

8 years relevant professional experience in health policy and information

25+ years professional experience coordinating programs and project management

Relevant Myers and Stauffer² Client Experience

Nebraska Department of Health and Human Services (2022 – Present)

Structural Review

Myers and Stauffer is currently engaged with Nebraska DHHS on a variety of projects inclusive of the following:

- HCBS Redesign: Focused on providing policy and programmatic support in the areas of eligibility and enrollment, service planning, and targeted case management.
- The Nebraska ADA-Covered Populations Review.
- The Nebraska DDD System Evaluation for LB376.

Responsibilities:

- Provided General subject matter expertise in stakeholder engagement strategies.
- Assisted with health policy strategy, data analysis, data management, and governance.
- Reviewed DHHS' tracking, reporting, and monitoring, quality oversight processes for HCBS waiver data management.

² Experience includes contracts currently held by CBIZ Optumas. The Policy and Strategy Team from CBIZ Optumas transitioned to Myers and Stauffer, effective January 1, 2023.



- Assist with recommendations for streamlining and enhancing data systems and/or tracking tools.

Colorado Department of Health Care Financing and Policy (2022 – Present)

Tiered Rates

CBIZ Optumas and Myers and Stauffer are providing health care reform project consulting to revamp the payment methodologies for several residential programs within Colorado Medicaid, including QRTPs, RCCF, RTC, and ACF. Within the existing residential programs for both adults and children, there are a myriad of support needs for the individuals being served. This project will include a review of the national landscape of tiered rates and the assessments used to place individuals in the appropriate tiers and a recommendation report; development of tiers and associated levels of care; review and development of assessment tool; and rates and rate methodologies for each residential program.

Responsibilities:

- Provided general subject matter expertise in stakeholder engagement strategies.
- Assist with the analysis of state documents and reports to evaluate access and quality of the state's programs.
- Participate in stakeholder engagement with internal state staff as well as external stakeholders, to elicit information about the residential programs.

North Dakota Health and Human Services (2022)

North Dakota Department of Justice Rate Study

CBIZ Optumas provided HCBS program reform consulting utilizing experience in health program, business operations strategy, process, and rate analysis. We are conducting research on HCBS healthcare best practices and data analysis to provide recommendations on program improvements and suggest strategies to align reimbursement rates for nursing facilities and QSPs (agencies and individuals) sufficiently to encourage reduction or elimination of disparities in wages paid to staff providing the same or similar services in different settings, considering factors such as certifications, overtime, commuting times, benefits offered, etc.

Responsibilities:

- Conducted research on key issues of interest to the state, including review of North Dakota and other comparable states' Medicaid 1915(c) and 1915(i) waivers disability programs' reimbursement practices.
- Drafted and developed research papers and charts that summarize findings from environmental scans for consideration to the state.
- Assisted with cost survey development for QSPs to determine discrepancies in rates paid to in-home providers and skilled nursing facility staff.
- Assisted with QSP rate innovations and gap analysis with the aim to identify innovative ways to adjust QSP rates so that services with potential high impact on access to HCBS for older adults and people with disability are better incentivized.

Relevant Prior Experience

As the Deputy Administrator coordinating cross-division Medicaid projects, Ms. Hoffman worked on the following relevant projects for the state of Nevada:

- **Nevada Department of Agriculture (2019-2022):** Nevada Child Nutrition Eligibility project.
- **Nevada Department of Health and Human Service (2015-2019):** Nevada DHHS Data Governance project, Office of Analytics Data Request Tracking System, SMHP HITECH Updates



and HIT Roadmap, Nevada HIE Sustainability Assessment, Public Health IT Security, Nevada Certified Community Behavioral Health Clinic (CCBHC) Medicaid 1115 Demonstration Waiver.

- **HealthIE Nevada Steering Committee Board (2018-2019):** HIE steering committee board participation.

References

Jennifer Clark, Deputy Director of Community Services

Nebraska DHHS, DDD/301 Centennial Mall South/Lincoln, NE 68509
402.471.7909

Kristen Smith, Deputy Director of Eligibility, Policy, and Quality

Nebraska DHHS, DDD/301 Centennial Mall South/Lincoln, NE 68509
402.471.8704

Margot Chappel, Senior Manager

Myers and Stauffer/1349 W. Peachtree St. NE, Ste. 1600/Atlanta, GA 30306
866.758.3586



Caleb Lavan

Health Care Senior Manager

Summary

Mr. Lavan is an experienced health care economist who has worked as a forecaster and analyst for all areas of health and human services. He has developed marketplace assessment rates and Medicaid forecasts, analyzed rates for long-term care services and supports, as well as for behavioral health services. He has extensive experience analyzing statewide data and is well versed in all methods of forecasting and analysis while employing current tools and best practices.

Prior to joining Myers and Stauffer, Mr. Lavan was the Medicaid Forecaster for the State of Oregon, where he managed the semi-annual, multi-part caseload forecasts for Medicaid. In addition to forecasting, he provided policy reviews and fiscal impact estimates for several new programs and eligibility expansions. Mr. Lavan also served as a forecaster and analyst at the Nevada Department of Health and Human Services during the Affordable Care Act expansion.

Education

M.S., Economics, University of Wisconsin

M.S., Mechanical Engineering, Carnegie Mellon University

B.S., Applied and Computational Mathematical Science, University of Washington

B.S., Economics, University of Washington

B.S., Aeronautical and Astronautical Engineering, Massachusetts Institute of Technology

Experience

29 years of professional experience

Relevant Myers and Stauffer³ Client Experience

Colorado Department of Health Care Policy and Financing (2022 – Present)

Nonmedical Transportation Structural Review and Redesign

Myers and Stauffer is reviewing services to identify strengths, weaknesses, opportunities, and threats in current Medicaid non-medical transportation system for Medicaid waiver recipients.

Responsibilities:

- Environmental scan of current system and processes as well as existing utilization.
- Develop and circulate survey of members, providers, case managers, and other stakeholders to determine the current state of non-medical transportation in Colorado.
- Compare and contrast Colorado with other state systems for non-medical transportation. Evaluate for best and promising practices.

New York Office of People with Developmental Disabilities (2022 – Present)

Resource Balancing Model

CBIZ Optumas assists with developing, testing, and to finalize a model designed to aid resource balancing among the intellectually and developmentally disabled population OPWDD serves.

³ Experience includes contracts currently held by CBIZ Optumas. The Policy and Strategy Team from CBIZ Optumas transitioned to Myers and Stauffer, effective January 1, 2023.



Responsibilities:

- Statistical analysis of significant assessment variables in the prediction of total hours of services received.
- Creation of resource balancing models to determine the best estimates of the appropriate level of services given available assessment data.
- Verification of model accuracy using holdout samples to check for overfitting and consistency.

Oregon Health Authority (2023)

Marketplace Assessment Rate Setting

As a significant subcontractor to CBIZ Optumas, Myers and Stauffer provided analytical support to determine the appropriate assessment rate for plans in the marketplace.

Responsibilities:

- Extracted and cleaned enrollment count data for both medical and dental plans; dealt with incomplete and or missing data; and created enrollment, revenue, and expenditure forecasts.
- Created budget models that incorporate the forecasts as well as investment income and other regulatory limits to determine fund balance over the next two biennium.
- Recommended appropriate assessment rates for both medical and dental plans.
- Presented recommendations to executives and state advisory committee.

University of Maryland Baltimore County Hilltop Institute (2022 – Present)

Maryland Developmental Disabilities Administration (DDA) Rate Support

As a significant subcontractor to CBIZ Optumas, Myers and Stauffer performs the execution of the Maryland DDA rate-support activities.

Responsibilities:

- Review the rate structure for provider rates for community-based services.
- Develop, distribute, collect, and analyze cost reports to providers of community-based services.
- Lead the rate review and adjustment as well stakeholder communication and feedback.

References

Chiqui Flowers, Director of the Oregon Health Insurance Marketplace

Oregon Health Authority/500 Summer St./Salem, OR 97301
503.884.6017

Christin Diehl, Director, Aging and Disability Studies

University of Maryland Baltimore County Hilltop Institute/Sondheim Building, 1000 Hilltop
Cir/Baltimore, MD 21250
410.455.6517

Christine Muller, Director of Program Research and Data Analytics, Division of Statewide Services

New York State Office for People with Developmental Disabilities/44 Holland Avenue/Albany, NY 12229
518.486.9887



Martin McNamara, PSM

Senior Manager

Summary

Mr. McNamara is pursuing his Associate of the Society of Actuaries (ASA) designation and has 11 years of experience working with healthcare and Medicaid rate setting and data analysis, currently as a Senior Manager. He has experience with data manipulation and analysis, HCBS waiver programs, and rate model development.

Mr. McNamara has worked on a variety of projects during his career, including data validation, processing, and summarization, HCBS program assistance, developing actuarially sound rate ranges, determination of incurred but not paid reserves, 1915 and 1115 waiver assistance, and evaluation of the impact of retrospective and prospective program changes.

Mr. McNamara has also contributed insights in data analysis to projects such as review of pharmacy claims for validation of cost savings estimates, determining appropriate capitation rate structures, and developing models to estimate budgetary impacts of health care reform, expansion, and program initiatives. Using tools such as SAS and WPS, Mr. McNamara performs data mining, analysis, and summarization of claims, encounter, and eligibility data to ensure that Optumas' analyses have a firm data-driven foundation, while ensuring that higher-level goals of analyses are also met.

As part of Myers and Stauffer, Mr. McNamara has worked on Resource Allocation models for developmental disabilities HCBS programs in Eastern and Midwestern states. He has familiarity with several assessments, including the Inventory for Client and Agency Planning (ICAP), the SIS, the DDP2, and New York's Coordinated Assessment System, which is based on interRAI's assessments. Using those assessments, he has led analytics to compare assessments to service utilization and develop resource balancing models.

Additionally, Mr. McNamara has used statistical methods to provide his clients with insights into their program data. This includes the use of R programming to determine splits in populations using Automatic Interaction Detection, and visualization of data using Tableau.

Mr. McNamara brings his analytical skills to the Myers and Stauffer team through his work with data management and has been an influential participant on the Myers and Stauffer team throughout our work on HCBS rate projects.

Education

P.S.M., Nanoscience, Arizona State University
B.S., Physics, Arizona State University

Experience

11 years of professional experience

Relevant Myers and Stauffer Client Experience

Colorado Department of Health Care Policy and Financing (2022 – Present)
Tiered Rates



CBIZ Optumas and Myers and Stauffer are providing health care reform project consulting to revamp the payment methodologies for several residential programs within Colorado Medicaid, including QRTPs, RCCF, RTC, and ACF. Within the existing residential programs for both adults and children, there are a myriad of support needs for the individuals being served. This project will include a review of the national landscape of tiered rates and the assessments used to place individuals in the appropriate tiers and a recommendation report; development of tiers and associated levels of care; review and development of assessment tool; and rates and rate methodologies for each residential program.

Responsibilities:

- Develop rate methodology for tiered rate structure.
- Identify potential budgetary impacts of tiered rates.

Nebraska Department of Health & Human Services (2022 –2023)

Aged and Disabled Waiver Rate Study

Myers and Stauffer was engaged to provide support to the Nebraska Aging and Disabled Waiver Rate Study project regarding cost survey development, data collection, quality assurance, and additional project-related support as needed.

Responsibilities:

- Used cost report data to develop rates for HCBS services.
- Estimated budget impacts of proposed rates.

National Academy for State Health Policy (NASHP) (2021 –Present)

Estimated Impact of Vertical Integration by Hospital Systems on Commercial Insurance Premiums
Myers and Stauffer, as a subcontractor to CBIZ Optumas, is engaged to analyze All Payer Claims Database (APCD) data to estimate the impact of hospitals acquiring physician practices on costs for commercial insurers.

Responsibilities:

- Used Colorado APCD data to identify acquisitions of physician practices by hospital systems.
- Compared costs of non-acquired physicians to acquired physicians to estimate cost impacts.

References

Christine Muller, Director of Program Research and Data Analytics

New York State Office for People with Developmental Disabilities/44 Holland Avenue/Albany, New York
12229
518.486.9887

Lori Thompson, Care & Case Management System Improvement Unit Supervisor

Colorado Department of Health Care Policy & Financing/1570 Grant Street/Denver, CO 80203
303.866.5142

Tamara Powell, Administrator

Alabama Bureau of Children's Health Insurance/201 Monroe Street/Montgomery, AL 36104
334.206.5568



Alisha Golec, CCC-SLP

Health Care Senior Consultant

Summary

Ms. Golec is a Health Care Senior Consultant and has 16 years of experience in a variety of health care and educational environments working with people with complex medical needs of all ages. She is responsible for providing creative, client focused solutions, maintaining project analytics, project management, and creating client-ready deliverables. Along with practical experience working directly with stakeholders, Ms. Golec has developed experience in stakeholder engagement, accessibility, assistive technology, and health care and education consulting related to Medicaid eligible services.

Education

M.S., Communication Sciences and Disorders, University of Wisconsin Milwaukee
B.S., Communication Sciences and Disorders, University of Wisconsin Milwaukee

Experience

16 years of professional experience

Affiliations

American Speech-Language Hearing Association
Oregon Speech-Language Hearing Association

Licenses/Certifications

Certificate of Clinical Competency, Speech-Language Pathologist

Relevant Myers and Stauffer Client Experience

Nebraska Department of Health & Human Services (2022 – Present)

Structural Review

Myers and Stauffer is currently engaged with Nebraska (DHHS) on a variety of projects inclusive of the following:

- HCBS Redesign: Focused on providing policy and programmatic support in the areas of eligibility and enrollment, service planning, and targeted case management.
- The Nebraska ADA-Covered Populations Review.
- The Nebraska DDD System Evaluation for LB376.

Responsibilities:

- Support DDD's implementation of new policies, trainings and program elements, in addition to providing staff augmentation.
- Review and recommend best practices to improve service access for individuals with behavioral health care needs in response to the ongoing DOJ investigation.
- Facilitate stakeholder discussions, conduct peer state research, and evaluate the developmental disability service system in Nebraska.

Colorado Department of Health Care Policy and Financing (2022 – Present)

Tiered Rates

CBIZ Optumas and Myers and Stauffer are providing health care reform project consulting to revamp the payment methodologies for several residential programs within Colorado Medicaid, including QRTPs, RCCF, RTC, and ACF. Within the existing residential programs for both adults and children, there are a



myriad of support needs for the individuals being served. This project will include a review of the national landscape of tiered rates and the assessments used to place individuals in the appropriate tiers and a recommendation report; development of tiers and associated levels of care; review and development of assessment tool; and rates and rate methodologies for each residential program.

Responsibilities:

- Research current practices and best practices related to reimbursement of ACF and QRTP services and design a tool to align assessments to acuity and geographic based tiers for reimbursement.
- Provide recommendations of which assessments are the best fit for the proposed tier criteria.
- Recommend best practices for tiered rates and other services to improve HCBS and residential services offered.

Illinois Department of Healthcare and Family Services (2022 – Present)

Rate Methodologies and Reimbursement Services

Myers and Stauffer was engaged by the Department of Healthcare and Family Services to design, update, and implement reimbursement methodologies for hospitals, physicians, pharmacies, nursing facilities, home- and community-based waiver services, and other provider categories.

Responsibilities:

- Research current policies, procedures, regulations, practices, and service capacity.
- Provide resources needed to complete the Substance Abuse and Mental Health Services Administration Planning Grant proposal.
- Review existing services and provide recommendations for CCBHC implementation.

Oregon Health Authority (2023 – Present)

Market Scan Support for 1915(i)

CBIZ Optumas and Myers and Stauffer were selected by OHA to complete a review of current assessment tools in use nationally to assess individuals for eligibility for a 1915(i) and complete person-centered planning.

Responsibilities:

- Conduct research on which assessments were being utilized for similar purposes and populations nationwide.
- Analyze the various assessment tools to determine if they provided sufficient information to determine eligibility and create person-centered service plans for individuals with behavioral health care needs.

Relevant Prior Experience

Northwest Regional Education Service District (2017 – 2022): Augmentative Communication Specialist and Speech-Language Pathologist

- Assessed individuals with complex communication needs to determine the best communication system to support access to their educational environment; worked with schools, families, and funding sources to support implementation.
- Traveled between multiple school districts in four counties of rural and urban northwest Oregon: trained teachers, families, school staff, and speech-language pathologists on implementation strategies, assistive technology use, and data collection procedures.



- Coordinated multi-disciplinary teams to best meet the needs of individuals with complex medical, physical, communication, cognitive, behavioral health, and sensory access needs to participate fully in their school, home, and community environments.
- Participated in budgetary decision-making for adaptive equipment and assistive technology to be included in the regional lending library, available to support individuals with disabilities.

Key Accomplishments:

- Creation of an online augmentative and alternative communication resource library to support school teams across a large geographic area.
- Creation of online trainings and virtual support structures to empower district staff and reduce the amount of travel and the wait times for services for individuals in rural districts.
- Built strong relationships within the regional provider network, where school-based providers felt supported and encouraged to engage with augmentative communication specialists collaboratively to best support students and families.

References

Colin Baillio, Director of Coverage Affordability and Expansion

New Mexico Office of the Superintendent of Insurance/6200 Uptown Blvd. NE/Albuquerque, NM 87110
505.490.3178

Cassandra Keller, Community Options Benefits Section Manager

Office of Community Living, Colorado Department of Health Care Policy and Finance/1570 Grant Street/
Denver, CO 80203
303.866.5181

Alicia Jansen, Senior Manager

Myers and Stauffer/800 East 96th St., Ste. 200/Indianapolis, IN 46240
800.877.6927



Laurel Geist Steedman

Manager

Summary

Ms. Steedman has worked in health care for more than 13 years. She has experience leveraging data and reporting for improved workflows to make a difference in the health care industry. Ms. Steedman's Medicaid work focused on programmatic- and policy-related HCBS waiver initiatives. With a background in data and applied business intelligence, she has served in a support capacity to state leadership when drawing upon data insights to inform policy decisions. She has been responsible for updating and developing reimbursement methodology for new Medicaid service lines, including market research and relevant rate and fiscal impact analyses. Ms. Steedman also guided the state operations teams through policy changes and worked with CMS in updating the waiver amendments.

Education

M.H.A., The Ohio State University

B.S., Health Services, Health Management, The Ohio State University

Experience

13 years of professional experience

Relevant Prior Experience

Cigna Medicare Provider Operations, Data Installation and Quality (2021 – 2023): Provider Data Manager, Medicare Operations (Band 4)

- Responsible for data loading Cigna's Southeast Medicare markets: Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina.
- Led division specific and cross-matrix efforts to standardize data loading practices.
- Planned, directed, and coordinated work of team members in the provider claim system data loading unit, and provider directory information and network adequacy unit.
- Developed solutions process related workflow deficiencies.
- Acted as subject matter expert in data-related projects and liaison to non-technical partners.

State of Ohio Department of Developmental Disabilities (2018 – 2021): Senior Manager, Medicaid Operations (Manager 3)

- Planned, directed, and coordinated work of 30 team members in three units: Medicaid Claims & Reimbursement, Provider Network Enrollment/Certification, and Customer Support.
- Provided leadership to teams through identifying shared objectives and working collaboratively to meet the state of Ohio's goals.
- Provided support to team leaders who onboard, train, coach, and secure resources to assist their staff in reaching team objectives and deadlines.
- Acted as subject matter expert in data-related projects and liaison to non-technical partners.
- Set timelines, deliverables, and benchmarks and gives updates to upper management.
- Advanced strategic initiatives through working with IT staff to develop new/unconventional complex reporting from various datasets.



- Designed key performance measures and analysis outlines for critical operations and policy projects.
- Managed complex and sensitive issues, including personnel matters.
- Administered significant payment and provider network changes to enhance recruitment and sustain network viability in response to COVID-19.

State of Ohio Department of Developmental Disabilities (2016 – 2018): Medicaid Waiver Technical Manager

- Responsible for policy development for three Medicaid 1915(c) waiver programs serving 50,000 Ohioans with developmental and intellectual disabilities, including coverage for services and requirements for the provider network.
- Communicated complex ideas, data, and information in an understandable format to diverse stakeholder audiences.
- Reported on federal compliance updates including quarterly program submissions, federal information requests, and milestone updates for nationwide initiatives.
- Served as top-level technical and functional contributor and lead for Medicaid waiver services data.

State of Ohio Department of Developmental Disabilities (2013 – 2016): Business Intelligence/Analytics Manager

- Department internal liaison to determine analytic reporting needs and provide training and support on network performance applications and reporting tools.
- Responsible for data integrity stewardship and system oversight.
- Interpreted service line reporting needs and developed reports to meet ad-hoc, reoccurring, and operational meets.
- Used relational databases for data mining and reporting for cost forecasting, auditing, billing, utilization, conducting research and preparing reports.
- Investigated data discrepancies and effectively communicated findings to IT.
- Requested new data, new data structures, and novel data elements/calculations from IT.
- Oversaw team response to user division/department/county level data needs.
- Translated business workflows and recommended reports to improve efficiency.

College of Public Health, The Ohio State University, (2010 – 2013): Center for Health Outcomes, Policy, and Evaluation Studies

- Monitored and streamlined study design development, implementation, analysis, interpretation.
- Managed data collection, cleaning, and descriptive analysis; with an emphasis on qualitative data.
- Responsible for HIPAA compliance.

References

Paula Rabidou, Co-Director of Leadership Education in Neurodevelopmental Disabilities
Nisonger Center, Ohio State Wexner Medical Center/1581 Dodd Drive/Columbus, OH 43210
614.688.8472



Steve DeVoyd, IT Claims Lead

Ohio Department of Developmental Disabilities/30 E. Broad Street/Columbus, OH 43215
614.370.1430

Stacy Collins, Assistant Deputy Director, Quality and Innovation Team

Ohio Department of Developmental Disabilities/30 E. Broad Street/Columbus OH 43215
614.466.6612



Lesley Le

Health Care Senior Consultant

Summary

Ms. Le is a health care senior consultant with experience in data manipulation and analysis, rate development, resource allocation, and risk adjustment. She has experience developing risk-adjusted rates for Colorado, Kansas, and Oregon, as well as assisting Colorado and Maryland in the revision of statewide Developmental Disability rates. Additionally, she has experience summarizing various analyses and communicating results to diverse audiences. Drawing from her experience within the different projects, Ms. Le adapts her knowledge and skills to meet the unique challenges that arise within each individual program in conjunction with clients and their goals.

Prior to her role with Myers and Stauffer, Ms. Le's experience with CBIZ Optumas was working on an assortment of projects that include data processing and validation, developing actuarially sound rates, review of rate methodologies, evaluating the impact of various program changes, risk corridor calculations, developing resource allocation tools, determining incurred but not paid reserves, and developing inpatient DRG reimbursement rates.

Education

B.A., Secondary Education/Mathematics, Arizona State University

Experience

4 years of professional experience

Relevant Myers and Stauffer Client Experience

Colorado Department of Health Care Policy and Financing (2020 – Present)

Person-Centered Budget Algorithm

Myers and Stauffer, as a significant subcontractor to CBIZ Optumas, is engaged to develop an algorithm for use by Colorado Medicaid to include variable weights, stratification thresholds, and output code. The algorithm will serve as the department's resource allocation approach for LTSS programs. The final person-centered budget algorithm will be based on best practices of assigning individuals a budget based on their individual assessed needs.

Responsibilities:

- Develop rate methodology for tiered rate structure.
- Identify potential budgetary impacts of tiered rates.
- Assist in development of stakeholder engagement materials.
- Maintain communication with the state on timelines and project management issues.

Kansas Department of Health and Environment (2023 – Present)

Kansas DRG Rebasing Analytic Oversight and Support

As a significant subcontractor to CBIZ Optumas, Myers and Stauffer develops updated DRG rates for hospitals in Kansas to reflect the latest hospital cost reports and CMS Final Rule documentation.

Responsibilities:

- Intake and process more than 100 cost reports from hospitals.
- Process and prepare Kansas eligibility/claims data to run through 3M DRG grouper software.
- Interpret and apply changes to DRG grouper based on latest CMS Final Rule document.



- Develop analyses to adjust and develop final peer group rates for hospitals.
- Manage project timelines and communication with state team and hospitals.

Oregon Health Authority (2023 – Present)

Analytical Support for CY22 Risk Adjustment

As a significant subcontractor to CBIZ Optumas, Myers and Stauffer reviews and updates FY22 actuarial rates for risk adjustment changes in the Tri-County area.

Responsibilities:

- Develop risk score analysis for the Tri-County CCOs.
- Update rates model to reflect new adjustments.

University of Maryland Baltimore County Hilltop Institute (2023 – Present)

Maryland DDA Rate Support

As a significant subcontractor to CBIZ Optumas, Myers and Stauffer performs the execution of the Maryland DDA rate-support activities.

Responsibilities:

- Manage project timelines and communication with state team, other consultant firms, and stakeholders.
- Collaboratively identify rate issues with stakeholders and action a plan to review.
- Develop data collection tools and provide technical support to providers that help review identified issues.
- Intake, process, and analyze provider data and advise DDA on decisions pertaining to rate updates.
- Build budget models for DDA to help inform final rate decisions.
- Build, maintain, and update rate model for latest decisions or policy updates from DDA.
- Collaboratively create content for monthly meetings with representatives from the provider community to discuss rate issues and share DDA decisions.

References

Rowena Regier, Institutional Reimbursement Manager

Kansas Department of Health and Environment/1000 SW Jackson Street/Topeka, KS 66612
785.291.3625

Ling Cui, Managed Care Rates and Payment Reform Division Director

Colorado Department of Health Care Policy & Financing Finance Office, Payment Reform Section/1570
Grant Street/Denver, CO 80203
303.866.3328

Chelsea Guest, Manager, Actuarial Services

Oregon Health Authority/500 Summer Street NE/Salem, OR 97301
503.383.6260



Subcontractors (VI.A.1.j)

Myers and Stauffer will staff this project with existing personnel that specialize in the areas identified under the scope of work section of this proposal. The services identified in the scope of work represent core areas of business to Myers and Stauffer; therefore, we will not utilize the services of a subcontractor in completing any of the required tasks.



Technical Approach (RFP VI.A.2/Crosswalk to V. Project Description and Scope of Work)

Understanding of the Project Environment (VI.A.2.a/Crosswalk to V.A-B)

Our previous work with DHHS has allowed us to gain a comprehensive understanding of Nebraska’s waivers, develop significant institutional knowledge, and build relationships with DHHS stakeholders. The research, stakeholder engagement, and problem solving involved in our prior work for DHHS has provided the team with a multi-lens, foundational perspective of the waiver system currently in Nebraska, and detailed insight into DHHS’ HCBS waivers.

Myers and Stauffer staff have developed a thorough grasp of Nebraska’s service arrays, populations served, and waiver mechanics, all of which can be applied to promoting independence for waiver participants. We understand this project will require us to create solutions that present opportunities for the providers of 24-hour residential homes to expand their service offerings for independent living support. We have collaborated with providers in Nebraska enough to know that they want what is best for the individuals they serve. Realizing their potential objections may emerge from the more practical financial and safety implications of a model change, we will leverage our expertise in assessment, change management, and rate setting to identify options that can provide incentives without eliminating options for individuals who need more structured supports. Myers and Stauffer understands provider perspectives on challenges to expanding lines of business based on our firm’s core services in cost reporting and rate setting. We can speak fluently with providers about the specific expense or revenue differences from shifting focus in service delivery from congregate settings to independent settings.

Making an Impact

“We have worked with DHHS to review, evaluate, and illustrate the ways Nebraska is dedicated to upholding Olmstead principles through HCBS services. Ensuring appropriate access to the least restrictive environment will require identifying a constellation of supports that create a pathway to independent living for people currently residing in congregate settings. Helping to increase access and coverage to health care and social services makes a tangible difference in the lives of individuals and communities. I love seeing the impact of our work and look forward to helping your team accomplish its goals.”



*Julia Kotchevar, Director
Myers and Stauffer*

Experience and Knowledge of Comprehensive Developmental Disabilities (CDD) Waiver (V.C.4)

Myers and Stauffer has and continues to work closely with Nebraska DDD. Through our ongoing work with the Division, we have a substantial amount of knowledge of the current CDD waiver. Historically, we understand that the CDD waiver has an average slot capacity of 4,460 per year and serves individuals, birth through the lifespan, who meet an ICF/IID level of care (LOC). Depending on the waiver



year, the maximum number of individuals that may be served at any point in time on the CDD waiver ranges from 4,300 to 4,500 individuals. The CDD waiver currently offers 24 waiver services under the program's benefit package.

Additionally, we are extremely familiar with the services available under the CDD waiver. These services include residential services, as well as residential care to the participants that live in 24-hour residential group homes. Our understanding is that out of the 4,822 individuals currently being served under the CDD waiver, 2,577 are in 24-hour residential group homes, and 1,460 live independently with intermittent use of waivers. The 77 agency providers who deliver 24-hour residential services under the "Continuous Residential Habilitation" tiered service reimbursement structure are operational through 390 group homes.

As part of our ongoing work with Nebraska, we have had the privilege to examine the waiver eligibility process and criteria as well as the service array offered in the waiver. Currently, we are engaged in a comprehensive review of the service array across all five divisions of DHHS, which includes the 1915(c) waiver services and the CDD waiver. We developed charts which include definitions of services under specific programs, requiring an in-depth knowledge of CDD waiver services and the context in which those services are delivered. This foundational understanding will allow us to leverage that knowledge for a swift project start-up. We have worked directly with DHHS staff and engaged in extensive stakeholdering with participants, advocates, and providers as part of the current DD System Evaluation initiative. By reviewing the availability of services in Nebraska, our team not only knows what services exist but is also aware of potential service gaps and how services provided by different DHHS divisions, other state level departments, and local entities can be used to fully support the needs of individuals. The relationships we have built through listening sessions with CDD waiver members and their families have given us the opportunity to collaborate with Nebraska waiver program staff to assist with access issues and clarify points of policy. This system knowledge and connections to the overall community provide critical context and understanding of the current system so that the recommendations provided can better reflect what will work best in Nebraska and for Nebraskans.

As part of the HCBS Waiver Redesign project, we were able to design new processes, organizational structures, and administrative workflows for the waiver programs. Myers and Stauffer offers experience ranging from the delivery of waiver services to the state and federal administration of the waiver programs. We demonstrate working knowledge powered by years of concentrated effort supporting Nebraska as it continuously improves the HCBS and CDD waiver programs.

Experience Assisting and Implementing Strategies to Move towards Least Restrictive Living Environments to Participants (V.C.6)

In Nebraska, Myers and Stauffer has been a partner in strategies to move participants towards the least restrictive and most appropriate, person-centered environments. To assist Nebraska in developing roadmaps for existing facilities, we researched the developmental disability and behavioral health care continuums within the state. We reviewed previous assessments, strategic plans, legislation, researched



peer state best practices, and collaborated with external subject matter experts to identify opportunities and solutions for challenges and barriers identified. As a result, we constructed a set of recommendations presented as “immediate,” “short term,” and “long term,” as appropriate. We believe that initiatives that change settings in which people live are most successful when implemented using a phased approach.

Our policy team has considerable experience navigating the transition for states from congregate settings to smaller settings, specifically because of the CMS Settings rule. Several members of our team served in state Medicaid capacities that monitored, operationalized, and coordinated feedback from stakeholder, to state, to CMS, regarding settings rule transition. We have heard firsthand from both providers and waiver members the concerns about moving from one home to another. We understand that changes to settings require not only supportive waiver policies and payment, but a relationship with the providers’ communities.

Navigating the Transition from Congregate Care

Supportive Policies and Relationships

Our team can identify opportunities to support providers in this shift, while drawing upon federal regulations and CMS program requirements to encourage provider cooperation and ensure compliance with fully accessible community living.

Understanding of the Project Requirements (VI.A.2.b/Crosswalk to V.C-D)

Over the past several years, we have nurtured our relationship with Nebraska’s stakeholders. We routinely leverage these relationships with local organizations to ensure options and programs are evaluated from varying perspectives. We have worked directly with provider organizations as part of the DD System Evaluation project, including holding provider-specific focus groups. We have also worked with providers as part of our rate setting projects to seek their feedback on the collection of financial information as well as the policies and processes that impact their financial stability and business models.

While we engage in similar system redesign and rate setting projects in numerous states, our Nebraska-specific experience means we know and understand the providers and the challenges they face. Through these prior projects with the State, we have a working knowledge of the data available and the process for extracting and analyzing information. We understand that providers often object to system change because of potential financial impacts. Our experience with the Nebraska system of care and reimbursement structure ensures that we have a basis of knowledge from which to begin to tackle the difficult transitional issues presented in the effort to restructure residential supports.

The work to reach the goal set forth in this RFP will require a thoughtfully constructed scaffold of support and options for DHHS to consider in creating a service system that best supports Nebraskans. Our team has experience developing tools for Nebraska including, but not limited to level of care/assessment practices and policies, facilitation of CMS waiver approval for updated services, examination of the provider network and availability of services (including the services at the center of this RFP) and listening sessions with stakeholders to provide input on services. We can leverage this



system knowledge, as well as our relationships with stakeholders and providers, to thoughtfully examine barriers and present options that can operationally work within the local state environment.

Proposed Bidder Requirements Approach (VI.A.2.c/Crosswalk to V.C-D)

Assessment of Independent Living vs Residential Care (V.C.1/V.D.1)

Myers and Stauffer will begin the project by assessing the overall environment of independent living versus 24-hour residential care. We will identify, map, and link members to each 24-hour residential group home. We will add context to this current landscape by using existing program information to describe the circumstances surrounding the 24-hour residential care group homes. Our dedicated data analytics team will conduct an in-depth review of the services related to independent and congregate living to estimate, for example, duration, entry, and exit from group homes. This will include data analysis to determine the number of participants per home and number of homes managed by the providers. We will examine the data and use regression analysis to identify any factors which significantly differ between people who live independently vs congregate settings, and we will expand our dataset to link with data specifically related to choice of home. We will do this by collecting information on living arrangements, and the landscape review may include a brief survey of providers, depending on availability of descriptive data. Our experience with Nebraska data sources, report building, and code sets—including local codes specific to waiver services—provide us a strong starting foundation, which will allow us to use an advanced analytical strategy, blending multiple sources and types of data.

Using this data-driven assessment, our team will then draw on our existing experience with DHHS waiver services to build a description of the current state of residential services and the service planning aspect that identifies individuals as a good fit for 24-hour residential care. It is our understanding that Nebraska has work in process to support participants on their path towards independence at home. We will begin by using a person-centered lens to understand how independent and congregate living arrangements begin, sustain, and end. We will then use a provider lens to examine the rates that support those services.

We will conduct subject-matter expert interviews with administrative and program staff who have knowledge of the challenges an individual might face that relate to their living environment or the type of staffing they need. We will examine issues of health and safety, both with state staff and case managers of individuals who have moved back into congregate settings from independent settings and with providers who have encountered health and safety issues for clients who have moved into less supervised/lower staff settings. We will review the role of LOC assessments as they link to service planning for different residential settings and identify whether there are barriers for people who receive services in 24-hour residential care but are interested in accessing the other types of supporting housing. These barriers will be categorized as related or unrelated to the provider-controlled aspects of available residential care. This information will be critical in the conversations with provider agencies in pursuing practical changes that fall within the scope of what an agency can control.



Assessment of Barriers to Agency Providers (V.D.2)

Myers and Stauffer will utilize several different avenues to assess and document barriers for agency providers. We will implement a comprehensive data approach, combining traditional data sources with descriptive data. The outcomes of this robust landscape analysis and review will inform how the assessment of barriers will be best approached.

The landscape analysis will include a clustering component to group providers based on meaningful characteristics, such as size of provider or location of provider and area served. These groups will form the core components of our stakeholder engagement. We have found that grouping providers into cohorts based on descriptive characteristics can result in more meaningful interactions rather than having the feedback dominated by a larger provider or urban or rural providers only. Based on our experience developing rates and while working with Nebraska providers, we are very aware that different providers have different concerns and fiscal implications to their business models. Grouping them can help us to gain more complete information from the focus groups and interviews.

Myers and Stauffer will also conduct focus groups and in-depth key informant interviews with agency providers from the cohorts identified in the landscape review. We will approach the focus groups and interviews with a two-pronged purpose: 1.) help agency providers see the benefits of independent living and ways to move toward that when a person is ready, and 2.) understand the entanglements or commitments that may present challenges for providers seeking to reduce their service offerings in 24-hour residential care. The qualitative data gathered during this process will help inform our recommendations and ensure that those recommendations are practical and can be applied by Nebraskan providers. We would plan to engage with these cohorts several times throughout the process through both focus groups and in-depth individual interviews.

Stakeholder engagement would not be complete without also giving families, individuals, and advocates a voice. In our experience, we have found that providers may often try to provide their own feedback on what families and individuals want or what they may require as part of their services. Myers and Stauffer believes that the best information comes directly from the source whenever possible. We would include one additional focus group with families and participants on this specific issue to solicit feedback on their concerns and what they would need in place to make the transition to independent living.

Along with the data analysis, we will utilize the information gathered through surveys and stakeholder engagement to develop strategies for implementing incentives designed to encourage agency providers to transition services to independent living or least-restrictive living environments.

Practice of Data Collection and Analysis (V.C.2)

After developing a detailed overview of the 24-hour residential care homes, we will focus on the attributes of the provider agencies that deliver those services. Using available data, we can estimate the portion of provider revenue, and number and percentage of clients in 24-hour residential care. Our



dedicated Data Analytics Team has background not only in data collection, analysis, and interpretation, but also in Medicaid policy application.

Gather, Plan, and Examine the Current Data (V.D.3)

The team will gather data from multiple sources, including but not limited to service authorizations, assessment data, service plan data, quality data, provider data—enrollment and certification—and data related to the congregate residential setting tiered rates. Supporting documents, such as the methodology for the tiering assessment, will also be gathered to inform our understanding of the rate mechanics. These quantitative data sources will be supplemented by the qualitative data gathering during the stakeholder engagement phase of this work.

Reimbursement for these services is tiered based on the participant’s level of service need as determined by the ICAP assessment currently in use by DHHS. The five reimbursement tiers are: Basic, Intermediate, High, Advanced, and Risk. We will work closely with State staff to identify living arrangement data, including address, number of residents, and duration of residence. Understanding how budgets are created based on acuity, we will then gather and analyze data from assessments, service planning, and provision of services. These analyses can help identify trends based on level of acuity, geographic location, provider, and demographics of the participant. Each of these data points can help create a more comprehensive understanding of the population served and the service system array, as well as identify areas where providers are likely to experience greater financial risk and, therefore, may be more likely to resist transition to less structured settings.

In addition to service utilization data, assessment and demographic data, as well as provider certification data, are critical for understanding the current service system. For example, are individuals in a certain age group or who have certain guardianship arrangements more, or less, likely to be in a restrictive environment? Are there safety concerns with certain providers, historically, that make them more likely to be resistant to higher-risk situations such as those that may occur in more independent and less structured settings? While claims data may certainly provide insight into provider behavior, it is not the only factor to consider, which could impact how incentives are created and implemented.

Identify and Examine Existing Data Sources (V.D.4)

Our team will leverage our Nebraska-specific experience and understanding of the State’s existing catalog of data systems that track information about persons with disabilities. Our familiarity with the State’s data systems will enable us to quickly identify which systems have the most relevant information for completing the activities required by this RFP. We will work with the State to validate our assumptions and update, if necessary, our data systems inventory.

While much of our previous work has given us significant insight into the data available in Nebraska’s various systems, our team will identify a thorough list of data needed to complete our analyses. We will work with DHHS to finalize the research questions and data needed to inform the analyses and translate our findings into a detailed data request with specific systems and fields identified. Our goal would be to



make it as easy as possible for DHHS to provide the needed information with minimal development or processing time.

Collaboration with DDD to Produce the Report and Throughout the Process (V.C.3/5)

Over the course of prior engagements, our team and DHHS leadership have developed a highly efficient workflow process for document development, review, and revision. We are fortunate to maintain close working relationships with numerous DHHS staff. Our in-depth understanding of DHHS' needs and these existing connections will facilitate open communication and efficient progress on this important initiative.

As this project team has demonstrated on prior DHHS engagements, we will work through draft reports in close coordination with State staff. From initial outline to the final document, communication with staff will be a top priority, ensuring a thorough, thoughtful, and contextually appropriate assessment and recommendations report.

Our approach to evaluative work of this nature allows clients to closely track and measure the success of each project-related effort. To accomplish the tasks required for this initiative, the Myers and Stauffer Team will provide DHHS with the following project management tools during the term of the contract:

- **Task Plan.** *A work plan that identifies the specific work elements of each task, resources assigned to the task, time allotted to each task element, and deliverables associated with each task. When appropriate, a Gantt chart will be used to depict project, task, and timeline relationships.*
- **Status Report.** *A monthly progress report covering activities, opportunities, challenges, and recommendations related to this project. This report will follow the framework set forth in the project work plan, as amended and/or approved by DHHS.*

Regular Touchpoints for Feedback from DHHS

One of the key components in this process will be recurring discussions with DHHS staff. An "open feedback loop" approach to communication drastically improves the overall outcome of this type of work. While the Myers and Stauffer team benefits from a thorough understanding of DHHS' waiver programs, there will remain nuanced components of the State's experience that will play a critical role in this process. Weekly or bi-weekly virtual project update meetings between DHHS and the Myers and Stauffer team are recommended. As part of our work supporting DHHS' redesign of the HCBS waivers, we maintain weekly standing meetings and regularly scheduled, interim ad-hoc meetings to ensure we meet DHHS' deadlines. We recognize that DHHS' environment is dynamic and will continue to work to refresh our understanding of issues.

Strategies to Implement Incentives (V.D.5)

Strategies to implement incentives will specifically address how providers can be encouraged to deliver more independent living services. We are experienced in examining how expected costs vary according to different levels of service and can identify pivotal values at which certain staffing arrangements become more costly than others. We will identify any circumstances in which payments may incentivize



person-centered goals or inadvertently introduce challenges. Our team is familiar with projects in which staffing ratios drive costs and budgets, and as a result, will be ready to assess the data for trends in staffing needs and changes over time.

After working with DHHS to refine the proposals, we will return to the stakeholder workgroups to obtain feedback on feasibility, timeline, and implementation from the providers who will be impacted by the policy changes.

Detailed Project Planning and Management Plan/Deliverables and Due Dates (VI.A.2.d-e/Crosswalk to V.E-F)

In *Figure 3*, we have provided our initial Project Work Plan based on the scope of work and a contract start date of August 1, 2023. On contract execution, we will work with the Department to determine the start date and will maintain our Project Work Plan throughout the engagement to include the following date-sensitive information:

- *Originally scheduled start and end dates for all tasks, subtasks, and activities (including milestones and deliverables).*
- *Anticipated start dates for tasks, subtasks, and activities if schedule fluctuation has occurred.*
- *Anticipated end dates for tasks, subtasks, and activities if schedule fluctuation has occurred.*
- *Task durations.*
- *Actual start dates for all current and completed tasks, subtasks, and activities.*
- *Actual end dates for all completed tasks, subtasks, and activities.*
- *Descriptions of project tasks.*

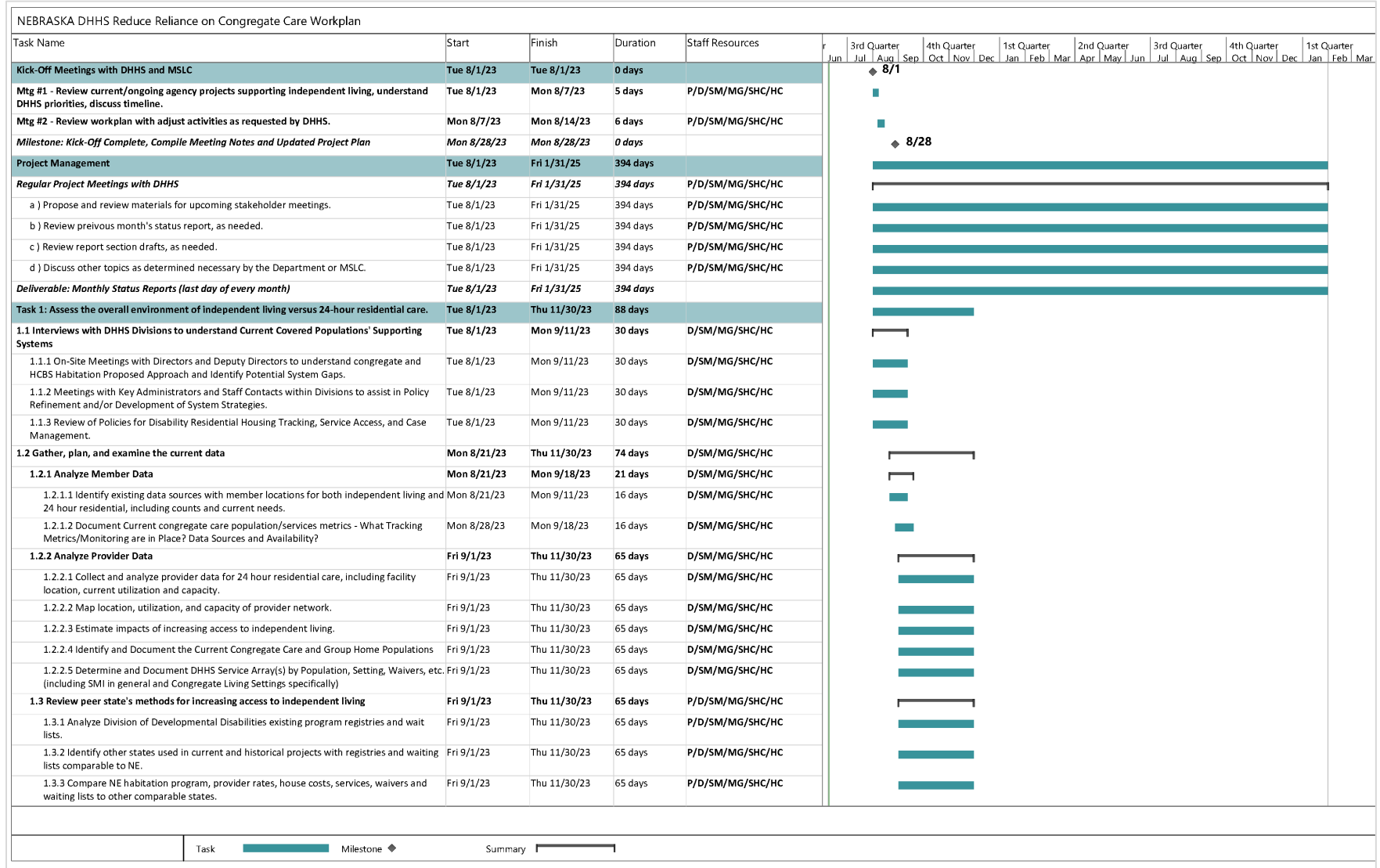
Please reference the following key for the Staff Resources column in our Gantt chart, beginning on the following page:

Staff Resources Key	
Partner	P
Director	D
Senior Manager	SM
Manager	MG
Senior Health Consultant	SHC
Health Consultant	HC

Also, please note that each staff resource in the Gantt chart is equivalent to one full-time employee staff position.



Figure 3. Project Work Plan





NEBRASKA DHHS Reduce Reliance on Congregate Care Workplan																									
Task Name	Start	Finish	Duration	Staff Resources	3rd Quarter			4th Quarter			1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			1st Quarter		
					Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
4.3.1 Public Health Congregate Licensing Planning to include meeting log, meeting notes, peer state resource library, best practice examples, and recommendations for licensing	Fri 12/1/23	Sun 3/31/24	86 days	D/SM/MG/SHC/HC																					
<i>Deliverable: Provide steps for the Division to move towards less restrictive residential settings. Incorporate into Draft Report.</i>	Fri 12/1/23	Sun 3/31/24	86 days																						
Task 5: Draft Report (within 9 months)	Mon 1/1/24	Tue 4/30/24	87 days																						
5.1 Draft Report	Mon 1/1/24	Tue 4/30/24	87 days	P/D/SM/MG/SHC/HC																					
5.1.1 Document future state for service expansion	Mon 1/1/24	Tue 4/30/24	87 days	P/D/SM/MG/SHC/HC																					
5.1.2 Identify gaps within current service array and delivery structures	Mon 1/1/24	Tue 4/30/24	87 days	P/D/SM/MG/SHC/HC																					
5.1.3 Compile a plan of action to facilitate successful transition to future state	Mon 1/1/24	Tue 4/30/24	87 days	P/D/SM/MG/SHC/HC																					
5.1.4 Evaluate the impact of risks/barriers to successful transition to future state	Mon 1/1/24	Tue 4/30/24	87 days	P/D/SM/MG/SHC/HC																					
5.1.5 Outline implementation steps	Mon 1/1/24	Tue 4/30/24	87 days	P/D/SM/MG/SHC/HC																					
<i>Milestone/Deliverable - Draft report complete.</i>	Tue 4/30/24	Tue 4/30/24	0 days																						
Task 6: Evaluate System Conditions for Service Expansion	Mon 4/1/24	Tue 12/31/24	197 days																						
6.1 Findings- Response Support	Mon 4/1/24	Tue 12/31/24	197 days	P/D/SM/MG/SHC/HC																					
6.1.1 Assist DHHS with responses to evaluation findings, to include (at the discretion of DHHS) written responses, marketing material, etc.	Mon 4/1/24	Tue 12/31/24	197 days	P/D/SM/MG/SHC/HC																					
6.2 Gap Analysis	Mon 4/1/24	Sun 6/30/24	65 days	P/D/SM/MG/SHC/HC																					
6.2.1 Document future state for service expansion	Mon 4/1/24	Sun 6/30/24	65 days	P/D/SM/MG/SHC/HC																					
6.2.2 Identify gaps within current service array and delivery structures	Mon 4/1/24	Sun 6/30/24	65 days	P/D/SM/MG/SHC/HC																					
6.2.3 Compile a plan of action to facilitate successful transition to future state	Mon 4/1/24	Sun 6/30/24	65 days	P/D/SM/MG/SHC/HC																					
6.2.4 Evaluate the impact of risks/barriers to successful transition to future state	Mon 4/1/24	Sun 6/30/24	65 days	P/D/SM/MG/SHC/HC																					
<i>Deliverable: Review findings and suggestions with division leadership prior to completing final report.</i>	Mon 4/1/24	Sun 6/30/24	65 days																						
Task 7: Facilitate Stakeholder Engagement Activities to Support Implementation	Mon 6/3/24	Fri 1/31/25	175 days																						
7.1 Conduct stakeholder engagement activities:	Mon 6/3/24	Fri 1/31/25	175 days	P/D/SM/MG/SHC/HC																					
7.1.1 Three advisory group sessions, facilitating a small group of no more than 15 attendees for a maximum of three hours per meeting	Mon 6/3/24	Tue 12/31/24	152 days	P/D/SM/MG/SHC/HC																					
7.1.1.1 Meeting 1: Identify desired services, barriers to access, experience with and goals for participant direction	Mon 6/3/24	Tue 12/31/24	152 days	P/D/SM/MG/SHC/HC																					
7.1.1.2 Meeting 2: Share landscape summary information and high level discussion on options	Mon 6/3/24	Tue 12/31/24	152 days	P/D/SM/MG/SHC/HC																					
7.1.1.3 Meeting 3: Share recommendations for expansion of services and discuss concerns, questions, or other feedback from advisory group	Mon 6/3/24	Tue 12/31/24	152 days	P/D/SM/MG/SHC/HC																					
7.1.2 Participation in existing Department stakeholder groups at the Department's request	Mon 6/3/24	Tue 12/31/24	152 days	P/D/SM/MG/SHC/HC																					
7.1.3 Compile results of stakeholder engagement, identify commonalities, summarize, and report back to the Department	Mon 6/3/24	Fri 1/31/25	175 days	P/D/SM/MG/SHC/HC																					
7.1.4 Develop NE DHHS Responses to Providers, Individuals, and Families or Other Identified Stakeholders.	Tue 10/1/24	Fri 1/31/25	89 days	P/D/SM/MG/SHC/HC																					
<i>Deliverable: Produce written responses, marketing material, or other communications relative to the evaluation findings.</i>	Mon 6/3/24	Fri 1/31/25	175 days																						
Task 8: Final Report (within 18 months)	Tue 10/1/24	Fri 1/31/25	89 days																						
<i>Milestone/Deliverable: Final Report Complete.</i>	Fri 1/31/25	Fri 1/31/25	0 days	P/D/SM/MG/SHC/HC																					

Task Milestone Summary



Completed Sections II-VI

Per Addendum One, Questions and Answers, we have included Completed Sections II–IV in a separate volume titled “Terms and Conditions.”

Section V: Project Description and Scope of Work

We have addressed Section V in *Technical Approach*.

Section VI: Proposal Instructions

We have addressed Section VI in *Corporate Overview* and *Technical Approach*.



Form A: Bidder Proposal Point of Contact

Per Addendum One, Questions and Answers, we have included Form A: Bidder Proposal Point of Contact with Completed Sections II-IV in a separate volume titled "Terms and Conditions."



Request for Proposal for Contractual Services Form

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal and agrees to the terms and conditions unless otherwise indicated in writing, certifies that contractor maintains a drug free workplace, and certifies that bidder is not owned by the Chinese Communist Party.


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 MANUALLY IN INK OR BY DOCUSIGN

BIDDER:	Myers and Stauffer LC
COMPLETE ADDRESS:	1349 W. Peachtree St. NE, Suite 1600, Atlanta, GA 30309
TELEPHONE NUMBER:	866.758.3586
FAX NUMBER:	404.524.0782
DATE:	6/13/2023
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Megan Frenzen, PhD, MSc - Principal