

## TECHNICAL PROPOSAL

# Public Consulting Group LLC

## REDUCE RELIANCE ON CONGREGATE CARE

RFP #: 115714 O3

June 14, 2023 | 02:00PM CST

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



# Cover Letter

June 14, 2023

Dana Crawford-Smith  
Department of Health and Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

**Solicitation Title: Reduce Reliance on Congregate Care**  
**Solicitation Number: RFP 115714 O3**

Dear Dana Crawford-Smith:

Public Consulting Group LLC (PCG) is pleased to submit to the Nebraska Department of Health and Human Services (DHHS) this proposal for the above-referenced services described in the Request for Proposal (RFP) released on May 1st, 2023. We are prepared to execute the work as described in this RFP and look forward to providing evaluation, analysis, and recommendations to incentivize independent living to the State of Nebraska. PCG strongly believes in self-determination and in supporting individuals and state agencies in achieving this.

As DHHS reads our proposal, please note the following highlights, which make PCG unique in our ability to meet these goals of this program:

1. **PCG brings unequaled HCBS and intellectual and developmental disabilities (I/DD) experience to this engagement:** The proposed staff for this work have direct experience working in state government with a multitude of health and human services, including HCBS programs. Additionally, PCG has worked with all 50 states and holds current contracts with many states and their Medicaid programs. We have supported states with program evaluation and analysis, implementation of new initiatives, stakeholder engagement, and recommendations that support community integration or individuals receiving services.
2. **We are a Person-Centered Organization:** PCG's team includes staff trained in person-centered thinking and our Engagement Manager is an Ambassador for Charting the LifeCourse. We are a person-centered organization and apply person-centered principles in all of our work. This foundation will help us in developing recommendations for systems change and in engaging with stakeholders.
3. **We have been a partner to the Nebraska DHHS since 2018:** PCG currently has a contract with DHHS and has supported other Nebraska state agencies with multiple scopes of work. Our work has included evaluation, analysis, and recommendations for program improvements; rate development for vocational rehabilitation; and support for self-directed options.

PCG looks forward to this opportunity and hopes that the submitted proposal will be reviewed favorably. If for any reason you have any questions regarding this submission, please do not hesitate to contact our Engagement Manager, Brittani Trujillo at (720) 547-5305 or [btrujillo@pcgus.com](mailto:btrujillo@pcgus.com).

As Practice Area Director of Human Services, I am authorized to bind PCG contractually with this bid.

Sincerely,



Kathleen Fallon  
Public Consulting Group LLC.



# Request for Proposal Contractual Services Form

**REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES**

**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.

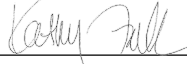
Per Nebraska’s Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ 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:	Public Consulting Group LLC
COMPLETE ADDRESS:	148 State Street, 10 <sup>th</sup> Floor Boston, Massachusetts 02109
TELEPHONE NUMBER:	(617) 426 - 2026
FAX NUMBER:	(617) 426 - 4632
DATE:	6/14/2023
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Kathleen Fallon (Human Services Practice Area Director)



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# I. CORPORATE OVERVIEW

- a. Bidder Identification and Information
- b. Financial Statements
- c. Change of Ownership
- d. Office Location
- e. Relationship with the State
- f. Bidders Employee Relations to State
- g. Contract Performance
- h. Summary of Bidders Corporate Experience
- i. Summary of Bidders Proposed Personnel & Management Approach
- j. Subcontractors



**a. Bidder Identification and Information**

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

Find below in Table A.1 PCG's corporate identification and information.

Bidder Identification and Information	
<b>Full Company Name</b>	Public Consulting Group, LLC (PCG)
<b>Headquarter Address</b>	148 State St, 10 <sup>th</sup> Floor, Boston MA 02109-2510
<b>Entity Organization</b>	Delaware single-member limited liability company (LLC)
<b>Incorporated State</b>	Massachusetts
<b>Year Organized</b>	1986
<b>Name &amp; Form Change</b>	Public Consulting Group LLC was formerly organized as Public Consulting Group, Inc., an S Corporation in Boston, MA.

***Table A.1: PCG Identification and Information***

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## b. Financial Statements

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*The bidder should provide financial statements applicable to the firm.*

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

*If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization.*

*Additionally, a non-publicly held firm should provide a banking reference. The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist. The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.*

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Public Consulting Group LLC (PCG) is a privately-owned limited liability corporation. We have submitted proof of our financial stability with our two most recent audited financial statements for Fiscal Year 2021 and 2022, which can be found in **Appendices A** and **B** of the Appendix. Additionally, please find our banking reference letter in **Appendix C** of the Appendix. These are proprietary and confidential PCG corporate financial documents and are thus marked as such.

PCG asserts that we do not have any judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the firm.

### c. Change of Ownership

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

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PCG is not anticipating a change in ownership or control of the company during the twelve (12) months following the proposal due date. If there is any unexpected change of ownership, PCG will notify the State.

#### **d. Office Location**

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

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PCG will designate the firm's headquarters located in Boston as the primary office responsible for the performance of this contract. The address for PCG's Corporate headquarters is listed below:

Public Consulting Group, LLC  
148 State Street  
10<sup>th</sup> Floor  
Boston, MA 02109

**e. Relationship with the State**

*The bidder should describe any dealings with the State over the previous three (3) years. If the organization, its predecessor, or any Party named in the bidder’s proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.*

Project Title	Project Dates	Contract Number	Description
<b>NE DHSS Address Validation</b>	May 2023 – Present	103297(O4)	PCG is providing one-time address validation of Medicaid and Children’s Health Insurance Program (CHIP) clients for public health emergency unwinding regarding the COVID pandemic and the ending of the federal public health emergency that it caused.
<b>NE Winnebago Tribe Policy and Procedures Development</b>	July 2022 – Present	10003192	PCG is reviewing, analyzing, and updating existing policies and procedures to determine if any changes to existing policies and/or any additional policies are required to ensure that the department is striving to achieve its mission/vision.
<b>NE DHSS School-Based Medicaid</b>	June 2022 – Present	110145(O3)	PCG provides Medicaid school-based claiming by applying Random Moment Time Study (RMTS) methodology and cost settlement processes to support proper Medicaid reimbursement for both direct medical services and administrative activities.
<b>NE DHSS Establishing the Infrastructure to Support Self-Direction</b>	February 2020 – Present	87262(O4)	This project is a component of PCG’s existing contract with NE DHSS for Modernizing Systems Consulting Services. PCG’s work is focused on establishing the infrastructure to support self-direction and preparing to procure a vendor Fiscal Agent (FA) consistent with Nebraska’s HCBS Spending Plan approved by the Centers for Medicare and Medicaid Services (CMS) under the American Rescue Plan Act (ARPA).
<b>NE DHSS CFS Support</b>	August 2019 – Present	87262(O4)	PCG’s support of the CFS Division added to the existing NE DHSS Modernizing Systems Consulting Services contract.
<b>NE DHSS Modernizing Systems Consulting Services</b>	August 2019 – Present	87262(O4)	PCG provides a broad range of consulting services, assisting with the establishment and management of multiple transformational initiatives. The scope of work encompasses the entire project life cycle including planning, implementation, and certification. Our services focus on strategy and policy advisory, project management, business consulting, and technical assistance.

<b>NE DHHS – AVS</b>	September 2018 – Present	NESCSO 12017	PCG provides e-AVS through a stand-alone portal to the State of Nebraska.
<b>NE VR Self Employment Cost Methodology Study</b>	October 2022 – March 2023	00043224	PCG developed a rate-setting methodology to determine the actual costs of providing self-employment services. This included a comprehensive review of self-employment activities currently provided, a review of industry standards, a collection of provider costs and analysis, rate recommendations for services, and projected fiscal impact to the agency.
<b>NE DHHS Cost Allocation and RMTS</b>	August 2021 – January 2023	P21334445	PCG implemented our proprietary web-based services, EasyRMTS™ and AlloCAP™. As part of this engagement, PCG met with DHHS key staff to review and evaluate the existing RMS processes and implemented updated RMS policies to ensure compliance.
<b>NE Family Support Network Pyramid Hosting</b>	May 2019 – June 2020	00019782	PCG provided secure website hosting, data management, report modifications, help desk assistance, and software modifications to the Family Support Network.

**Table E.1: PCG’s Relationship with Nebraska**

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## **f. Bidders Employee Relations to State**

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

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

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PCG declares that no party named in this proposal response is or was an employee of the State within the past two (2) years. PCG also declares that no employee of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder.

## g. Contract Performance

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*If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below.*

*Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.*

*It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter.*

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

*The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.*

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PCG has not had a contract terminated for default and non-allocation of funds and does not otherwise consistently track contracts that are terminated for convenience. Otherwise, for the sake of transparency, PCG discloses that:

- In 2023, with the end of the public health emergency, the New Jersey Department of Health ended its statewide program of COVID-19 contact tracing services, which PCG had successfully managed throughout its term. As a result, NJ DOH terminated its contract with PCG for convenience.
- In 2022, rather than require a third amendment to PCG's 2021 contract providing a broad range of services, Broward County Public Schools decided to terminate the contract for convenience and execute a new contract with PCG. The new contract maintains the same term as the original contract (through June 2024), calls for many of the same software services and associated compensation as the original contract, and promotes compliance with certain procurement requirements.
- In 2022, the California Department of Corrections and Rehabilitation terminated a staff augmentation contract for two positions for convenience. PCG continues to provide substantial services to the agency pursuant to other contracts.
- PCG also discloses that in May 2022, a contract to provide Independent Verification and Validation Services for the Office of Systems Integration of the California Health and Human Services Agency was terminated for convenience after being extended twice to allow a reprourement process to be completed, and after the compensation amount was increased. PCG successfully completed all requested services, and the client agency paid PCG for those services.
- Effective in July 2019, PCG entered into a one-year contract with the Mississippi Department of Rehabilitation Services (MDRS), to provide individualized pre-employment transition services



(Pre-ETS) for students with disabilities. While the contract was renewed by MDRS for an additional year, MDRS later sought to exponentially expand Pre-ETS and issued a new request for proposal. MDRS again awarded PCG the expanded procurement. As a result, in February 2021, MDRS executed a new Pre-ETS contract with PCG that both incorporated its old contract and the newly procured services and terminated for convenience the original Pre-ETS contract with PCG.

Additionally, although PCG does not believe it has committed an ethical violation as described in RFP Section I.F, for the sake of transparency, PCG discloses that it cooperated in a State of Illinois civil investigation relating to its compliance with certain business enterprise program provisions in a 2014 contract to support the State's efforts to seek additional social security benefits for children in foster care. The matter was resolved by agreement in December 2022. PCG did not admit to any wrongdoing and agreed to temporarily not participate in new Illinois state agency contracts. This resolution explicitly did not apply to contracts with county, municipal, or other local government units, or with any school district, in the State of Illinois, and did not affect the delivery of services under any current state agency contracts.

## h. Summary of Bidders Corporate Experience

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

*ii. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Request for Proposal. These descriptions should include:*

- a) The time period of the project*
- b) The scheduled and actual completion dates*
- c) The bidder's responsibilities*
- d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address) and*
- e) Each project description should identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.*

*iii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.*

*iv. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.*

## PCG Corporate Overview

Public Consulting Group LLC (PCG) is a nationally recognized expert in the evaluation, implementation, and delivery of Long-Term Services and Supports (LTSS) programs and has worked with Medicaid and HCBS State agencies in 40+ states, exposing us to leading trends and best practices.

**Our work with individuals with intellectual and developmental disabilities (I/DD) is grounded in over 35 years of experience partnering with State health and human services departments on transformational changes to improve health and human service delivery.**

Founded in 1986 and headquartered in Boston, Massachusetts, PCG is a consulting, operations, and technology firm that has dedicated itself almost exclusively to serving the public sector for more than 35 years. As a result, the firm has developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We are honored

to have helped thousands of public sector organizations improve outcomes for individuals. PCG's 1,900+ employees have extensive experience and subject matter knowledge in a range of government-related

**PCG's mission:**  
**To be the market leader in providing financial and operational results for education, health, and human services governments and public clients to further promote improved outcomes for communities.**

topics, from child welfare, public assistance, and Medicaid and Medicare policy to special education, literacy and learning, and school-based health finance.



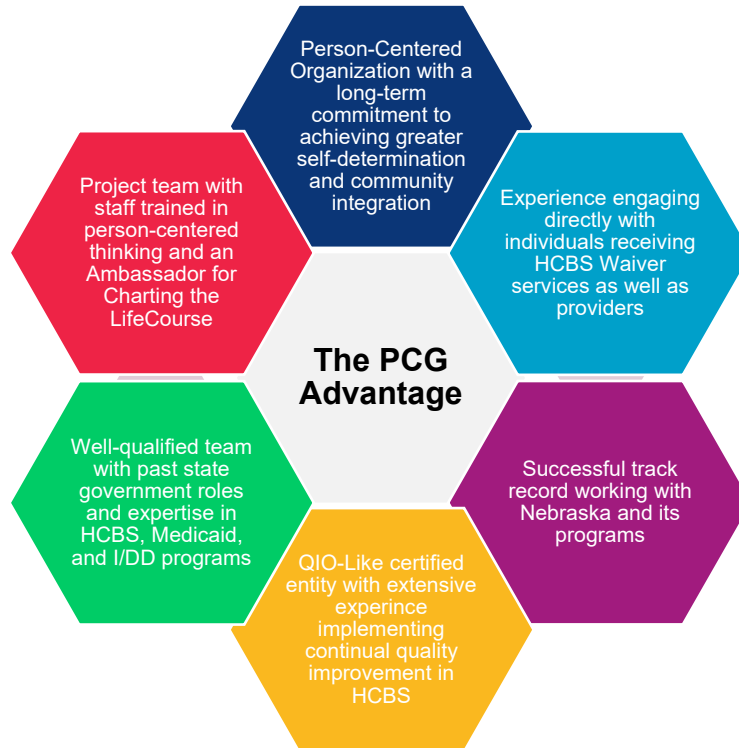
**Figure H.1: PCG's Depth of Experience**

### Why PCG?

We are honored to have helped thousands of public sector organizations maximize resources, make better management decisions using performance measurement techniques, improve business processes, achieve and maintain federal and state compliance, and most importantly, improve outcomes for individuals receiving services. Thanks to decades of experience supporting state and local governments, PCG understands the challenges public sector clients face. PCG works with our clients to understand their needs and constraints and offers the resources, tools, and processes of a large company, while still providing the unique, personalized services and solutions typically found in smaller agencies.

Our seasoned professionals work closely with agency leaders and stakeholders to provide specific recommendations that achieve more effective and efficient business, human, and systematic processes by:

- ▶ Analyzing and assessing program operations and needs;
- ▶ Researching nationwide best practices;
- ▶ Evaluating and designing programs, services, and systems;
- ▶ Engaging stakeholders for feedback



**Figure H.2: The PCG Advantage**

Please find below our team’s approach:

- ▶ **We listen.** We sell solutions, not products. This requires appreciating the context of your work and focusing on the results you want.
- ▶ **We engage.** We build genuine human connections that lead to shared aims and shared trust.
- ▶ **We deliver.** We work hard to make sure that your investment pays off. This means delivering positive, sustainable change—not simply reports.
- ▶ **We have expert knowledge.** Our proposed team members have direct experience working with state government agencies and their stakeholders. This includes a focus on providing technical assistance to the highest levels of leadership as they strive to develop systems and practices that improve experiences for individuals receiving services.
- ▶ **We collaborate.** We are well-versed in how to present the exact information you need in a concise, readable format. We have national expertise with HCBS and Long-Term Services and Supports, including I/DD programs and Medicaid state plan services. We will work with the Department of Health and Human Services, Division of Developmental Disabilities (DHHS-DDD) to share best practices while working within your program structures.
- ▶ **We research.** We know how to conduct research and collect information that meets your needs. We know that all states are not the same; what works well in one state may not work in another.

## PCG Experience

With PCG, Nebraska gains a leading government health and human services consulting firm that is deeply engaged in the evaluation, improvement, and oversight of LTSS and 1915 (c) HCBS Waiver programs. Our

team is comprised of individuals with leadership experience managing LTSS programs at the state and county levels, in addition to extensive experience engaging stakeholders and providing state governments with direct technical assistance in designing waiver programs that meet the needs of individuals across the LTSS continuum.

PCG's deep programmatic knowledge, subject matter expertise, and experience relative to LTSS and HCBS delivery systems, waiver evaluation and redesign, and stakeholder engagement is unmatched and affords us unique access and insights to support Nebraska's effort to increase participation in the Comprehensive Development Disability (CDD) Waiver and meet state community integration priorities.

**PCG has over 25 years of experience evaluating and making Long Term Services and Supports (LTSS) Program recommendations.**

### National Medicaid and LTSS Experts

For more than a quarter century, PCG has supported state agencies in the administration and operation of their essential programs. **Our enterprise-wide Medicaid experience is unparalleled**, touching every aspect of the program, from service design and payment reform to provider enrollment and individual eligibility, to service delivery quality assurance, to person-centered service planning and services. PCG stands shoulder-to-shoulder

with Medicaid and partnering agencies, which serve specialized populations. We understand the scrutiny states are under to support individuals to live in an HCB setting of their choice. We also know that achieving community integration goals requires a continuum of service offerings that meet and support individuals where they are.

### Evaluation Research Leaders

PCG understands that DHHS-DDD is looking for an assessment of the CDD Waiver grounded in rigorous evidence and best practices. **We are a full-service evaluation firm, specializing in outcomes evaluation and impact analysis of health and human services interventions.** PCG is a trusted partner to state and local government agencies, including Medicaid agencies, health departments, human services departments, and Developmental Disabilities agencies in collecting, analyzing, and interpreting social science data. Our team of social scientists use quantitative and qualitative data analysis and mixed methods evaluation strategies to engage stakeholders, gather meaningful data, uncover gaps, and provide actionable, evidence-based recommendations aligned with client objectives.

### LTSS System Reform Expertise

For decades, PCG has supported states in navigating system transformations. This work includes providing support in understanding the impact of changing HCBS requirements and implementing systemic reforms to comply with HCBS federal rules. Additionally, we have extensive experience analyzing I/DD and other HCBS waiver programs, identifying service gaps and barriers to access, performing needs assessments, and providing CMS-compliant, evidence-based recommendations to improve outcomes for individuals receiving services. Our experience with diverse waiver programs and populations nationwide has exposed us to leading best practices and emerging trends. We also know that there is no one-size-fits-all solution that meets the unique needs of each LTSS population. **With PCG, Nebraska will have a partner that identifies goals and tailored approaches that meet statewide needs.** We will lean on our deep experience to offer solutions designed with DHHS-DDD in mind.

**To this end, our team is familiar with and recognizes community integration barriers and understands how to support states in identifying and addressing them.** We have experience evaluating and analyzing a full range of factors contributing to integration outcomes, including service

definitions and components, service plan development, and community organizations and services not funded by Medicaid. We strive to understand not only what resources and opportunities are available to individuals but also the mechanisms and supports that exist to identify, capture, and support them in meeting their goals and needs. Our familiarity with these, and other factors impacting integration levels gives us the critical expertise required to develop recommendations that help states promote inclusion and achieve community integration goals.

### A Trusted Partner to I/DD Stakeholders

PCG knows stakeholder engagement is the key to ensuring policy recommendations and program implementations reflect the perspectives, needs, and preferences of Nebraska's I/DD population. **We understand fully the sophisticated orchestration required to work effectively with multiple agencies, interested parties, and stakeholder groups.** PCG is experienced in a variety of engagement strategies, including facilitating large workgroups, conducting one-on-one interviews, hosting focus groups, and survey creation and distribution. We strategically tailor our approach to suit the unique needs of target stakeholder groups. Our awareness of system complexity combined with our passion for the work yields a solution-oriented mindset essential for assessing system gaps and identifying innovative solutions.

We are experts in helping others understand and maintain compliance with federal HCBS requirements, and we take our role advocating for and supporting individuals receiving services seriously. We believe in supporting individuals in achieving greater self-determination and in taking advantage of opportunities to integrate with the community in whatever ways are consistent with and reflect their unique wants and needs. We have worked extensively with providers to redefine community integration and to help facilitate understanding of how it looks different for each individual.

### Person-Centered Advocates

Our employees' deep experience in LTSS is rooted in the desire to make a difference and improve the quality of life for people receiving services. **Our team's training in the principles of person-centered planning, person-centered thinking, and person-centered systems shapes our approach to working with state health and human services agencies, individuals, their families, and providers.** Engagement with stakeholders drives every aspect of our work. Additionally, PCG is committed to diversity, equity, and inclusion and respects the role of social science research to highlight the experiences and perspectives of marginalized and disadvantaged groups and promote social justice and equity. By conducting research that is inclusive and representative of diverse perspectives and experiences, our team ensures that our policy and practice recommendations are fair, equitable, and responsive to the needs of the communities we serve.

### Subject Matter Experts

Throughout this proposal, we will demonstrate how **PCG alone offers the subject matter expertise, evaluation experience, stakeholder experience, and familiarity with nationwide best practices necessary to help Nebraska evaluate and strengthen the CDD Waiver and ensure it meets Nebraskan's needs for decades to come.** We offer a proposed project team comprised of LTSS and program management experts with expertise built on a foundation of decades of nationwide experience. This foundation of knowledge will enable our team to quickly familiarize themselves with the intricacies of the CDD Waiver and state priorities and quickly begin meeting the needs of the state upon contract execution. Details about the subject matter expertise and experience brought by each key project team member can be found in Section I of this Corporate Overview.

### PCG Project Narratives



**State of Colorado, Department of Health Care Policy and Financing, Evaluation of Respite Care Services**

In October 2022, the Colorado Department of Health Care Policy and Financing (HCPF) selected PCG to complete an Evaluation of Respite Care Services Study and Evaluation to understand the gaps and barriers to accessing and utilizing Medicaid respite care in the State. During this engagement, PCG identified stakeholders, conducted key informant interviews, hosted focus groups, and distributed surveys to stakeholders across the State. Additionally, this scope includes researching best practices in existing respite program models in both Medicaid and non-Medicaid models, Medicaid policy on existing respite services/benefits in Colorado, peer state analyses of respite care programs currently in place, and respite care utilization. PCG is also conducting a Medicaid Waiver review and recommendations report to make policy and programmatic recommendations with projected costs and timelines for the State of Colorado.

<b>CO HCPF Evaluation of Respite Care Services – Timeline &amp; Budget</b>	
<i>Timeline</i>	
<i>Scheduled Start</i>	<i>Actual Start</i>
October 2022	October 2022
<i>Scheduled Completion</i>	<i>Currently Planned Completion</i>
January 2024	January 2024
<i>Budget</i>	
<i>Scheduled Budget</i>	<i>Currently Planned Budget</i>
\$252,400	\$252,400

**Table H.1: CO HCPF Evaluation of Respite Care Services – Timeline & Budget**

<b>CO HCPF Evaluation of Respite Care Services – Client Contact Information</b>	
<b>Name &amp; Title</b>	<i>Karin Stewart, HCBS Benefits Supervisor</i>
<b>Agency</b>	<i>Colorado Department of Health Care Policy and Financing</i>
<b>Phone Number</b>	<i>(303) 866-2993</i>
<b>Email</b>	<i>Karin.stewart@state.co.us</i>

**Table H.2: CO HCPF Evaluation of Respite Care Services – Client Contact Information  
 State of Massachusetts, Commission for the Blind, Vocational Rehabilitation Research and Additional Initiatives**



PCG completed several research initiatives for the Massachusetts Commission for the Blind (MCB) under one original umbrella contract, Vocational Rehabilitation Research Initiatives. This work included various needs assessments and feasibility studies focused on determining the specific needs of target populations. PCG conducted research, data collection and analysis, community

engagement focus groups, and key informant interviews with diverse stakeholders. Following each initiative, PCG provided MCB with a report of results, analyses, and recommendations for development, improvement, and expansion. Below find descriptions of relevant initiatives:

- ▶ **Comprehensive Statewide Needs Assessment** – PCG conducted a Comprehensive Statewide Needs Assessment (CSNA) of individuals who are blind or visually impaired. This initiative aimed to determine the rehabilitation needs of individuals in this population who seek employment or career advancement, especially those who are unserved or underserved. The assessment provided valuable insight into the impacts of MCB program outreach and operations, highlighted the current state of programs available to individuals served by MCB, and identified opportunities to improve and expand these services. PCG’s tasks included:
  - Researching the status of services by examining existing primary and secondary data sources provided by MCB or other sources.
  - Developing an MCB-approved implementation plan to complete an all-inclusive CSNA.
  - Developing, identifying, and refining contact-based assessment methodologies, processes, instruments, and materials.
  - Completing data analysis, fact-finding, interviews, and field operations.
  - Sharing a report of the results, analysis, and recommendations with MCB for review and approval prior to public release.
  
- ▶ **Vocational Rehabilitation Needs Assessment & Pre-ETS Needs Assessment** – PCG successfully completed two needs assessments, one for individuals receiving vocational rehabilitation services and another for individuals receiving Pre-Education and Training Services. These assessments focused on identifying the diverse and specific needs of each of these groups. PCG’s tasks included:
  - Conducting and evaluating the results of participant and non-participant surveys, and surveys administered to businesses and stakeholders.
  - Conducting focus groups with diverse stakeholder groups.
  - Sharing reports of the results, analysis, and recommendations with MCB for review and approval prior to public release.
  
- ▶ **Study of Tax Tables and Development of Incentive Guides** – PCG conducted comprehensive research at local and national levels on tax tables and deductions specifically pertaining to blind consumers. Our team identified and quantified data related to businesses that benefit from deductions by employing legally blind individuals and examined information from the Department of Revenue (DOR) and Internal Revenue Service (IRS) to determine the types of businesses leveraging these benefits. As a result, PCG developed two tax incentive guides tailored to two distinct audiences: businesses and MCB consumers.
  - The **MCB Employer Tax Guide** communicates the value proposition of hiring MCB Vocational Rehabilitation (VR) consumers and promotes the increased use of state and federal tax credits for hiring MCB VR participants.
  - The **MCB Consumer Tax Guide** communicates the value of leveraging tax credits and other incentives by consumers and promotes the increased use of state and federal tax credits by MCB consumers.

## **MA VR Research and Additional Initiatives – Timeline & Budget**



<b>Initial Initiatives Timeline</b>	
<b>Scheduled Start</b>	<b>Actual Start</b>
February 2020	February 2020
<b>Scheduled Completion</b>	<b>Actual Completion</b>
September 2020	September 2020
<b>Initial Initiatives Budget</b>	
<b>Scheduled Budget</b>	<b>Actual Budget</b>
\$431,020.20	\$431,020.20
<b>Additional Initiatives Timeline</b>	
<b>Scheduled Start</b>	<b>Actual Start</b>
March 2020	March 2020
<b>Scheduled Completion</b>	<b>Actual Completion</b>
September 2020	September 2020
<b>Additional Initiatives Budget</b>	
<b>Scheduled Budget</b>	<b>Actual Budget</b>
\$210,630.00	\$210,630.00

**Table H.3: MA VR Research and Additional Initiatives – Timeline & Budget**

<b>MA VR Research and Additional Initiatives – Client Contact Information</b>	
<b>Name &amp; Title</b>	Mary Otiato, Chief of Staff/Director of Policy
<b>Agency</b>	Massachusetts Commission for the Blind
<b>Phone Number</b>	(617) 874-6023
<b>Email</b>	mary.otiato@state.ma.us

**Table H.4: MA VR Research and Additional Initiatives – Client Contact Information  
 State of Wyoming, Department of Health, Home and Community-Based Services  
 Waiver Support**



PCG contracted with the Wyoming Department of Health (DOH) to support the implementation of their amended Community Choices Waiver, provide recommendations for the review of increased budget requests for two Intellectual and Development Disability (I/DD) Waivers, and develop recommendations and a project plan to implement

a new level of care tool for waivers and institutions. In addition, PCG developed participant and case manager training and materials for participant-directed services and provided recommendations for the implementation of an Organized Health Care Delivery System (OHCDS). This work included:

- ▶ Developing qualifications for case management agencies and case managers, including their roles, responsibilities, and training requirements.
- ▶ Developing and delivering training for case management agencies and case managers on new requirements and processes.
- ▶ Providing recommendations for reviewing requests for increased funding and support for individuals with intellectual and developmental disabilities based on research of WY’s current process and practices in other states.
- ▶ Developing materials for Participant-Directed tools, including person-centered planning training for case managers and providers and budget calculation tools for participants and case managers.
- ▶ Developing an Employee Handbook for participants opting for the participant-directed service delivery option.
- ▶ Soliciting conversations with national experts from both the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and ADVancing States.
- ▶ Researching other states’ approaches to implementing a new Level of Care tool and providing recommendations and an implementation plan.
- ▶ Investigating how other states have implemented an OHCDS and offering recommendations to the state on developing and implementing an OHCDS that aligns with the specific needs of WY.

<b>WY HCBS Waiver Support – Timeline &amp; Budget</b>	
<i>Timeline</i>	
<i>Scheduled Start</i>	<i>Actual Start</i>
March 2020	March 2020
<i>Schedule Completion</i>	<i>Actual Completion</i>
April 2022	April 2022
<i>Budget</i>	
<i>Scheduled Budget</i>	<i>Actual Budget</i>
\$486,646	\$486,646

**Table H.5: WY HCBS Waiver Support – Timeline & Budget**

<b>WY HCBS Waiver Support – Client Contact Information</b>	
<b>Name &amp; Title</b>	Lee Grossman
<b>Agency</b>	Wyoming Department of Health

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<b>Phone Number</b>	(307) 777-7460
<b>Email</b>	Lee.grossman1@wyo.gov

***Table H.6: WY HCBS Waiver Support – Client Contact Information***

**Summary Matrix of PCG Experience**

PCG has experience conducting the services outlined in the scope of this RFP for Health and Human Service agencies nationwide. Find below in Table H.7 a summary matrix of PCG's experience providing states with services similar to the scope of this RFP, including the evaluation and development of recommendations for I/DD and HCBS programs and services. Please note that the projects highlighted in yellow are the narratives discussed in the previous section.

State and Project	Person-Centered Planning Experience	IDD Program/Service Experience	Research, Evaluation, Development, and Recommendation Experience				Stakeholder Engagement Experience
			Needs Assessment & Gap Analysis	Implementation Recommendations & Strategies	Policy Analysis & Development	Peer-State Analysis	
Alaska – Person-Centered Medical Home Consultant Services	✓			✓			✓
Arizona – Refugee Resettlement Assessment			✓	✓	✓	✓	✓
California – Home Health Consulting Services			✓	✓			✓
California – Person-Centered Planning	✓	✓		✓	✓		✓
California – Statewide Transition Policy Support	✓			✓	✓	✓	✓
Colorado – Respite Service Evaluation			✓	✓	✓	✓	✓
Indiana – Home Health Policy Enhancement				✓	✓		✓

State and Project	Person-Centered Planning Experience	IDD Program/ Service Experience	Research, Evaluation, Development, and Recommendation Experience				Stakeholder Engagement Experience
			Needs Assessment & Gap Analysis	Implementation Recommendations & Strategies	Policy Analysis & Development	Peer-State Analysis	
<b>Kansas – VR Needs Assessment</b>		✓	✓	✓	✓		✓
<b>Massachusetts – Vocational Rehabilitation Initiatives</b>		✓	✓	✓	✓		✓
<b>Minnesota – LTSS Eligibility Business Process Review</b>		✓		✓			✓
<b>New York – HCBS Statewide Transition Plan Implementation</b>	✓						✓
<b>New York – Person-Centered Planning Comprehensive Training Initiative</b>	✓	✓					✓
<b>South Carolina – HCBS Assessments</b>			✓	✓			✓
<b>Texas – Evaluation of Independent Living Services</b>		✓		✓			✓
<b>Texas, City of Austin – Quality of Life Study</b>		✓	✓	✓			✓

State and Project	Person-Centered Planning Experience	IDD Program/ Service Experience	Research, Evaluation, Development, and Recommendation Experience				Stakeholder Engagement Experience
			Needs Assessment & Gap Analysis	Implementation Recommendations & Strategies	Policy Analysis & Development	Peer-State Analysis	
Vermont – Needs Assessment for Adults with I/DD	✓	✓					✓
Wyoming – HCBS Waiver Support	✓	✓		✓	✓	✓	✓

**Table H.7: PCG’s Experience Providing Similar Service**

## i. Summary of Bidders Proposed Personnel & Management Approach

*The bidder should present a detailed description of its proposed approach to the management of the project. The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Request for Proposal.*

- *The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.*
- *The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Request for Proposal in addition to assessing the experience of specific individuals.*
- *Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.*

## PCG Personnel Management and Approach

PCG is excited for the opportunity to continue assisting DHHS in its work related to improved community integration for individuals served through the CDD waiver. PCG has worked with DHHS since 2019 on a variety of scopes of work and will continue to approach contract performance as we have done for these projects. Below we lay out our approach to project management and how we will meet the RFP's goals and objectives.

For this project, we have the staff on hand to meet each aspect of the scope of work. With the proposed project team, we are confident that the combined expertise of our team will require no learning curve, enabling us to immediately dive into this work. PCG will provide and Engagement Manager, Brittani Trujillo, who will be the primary point of contact for PCG's performance under the contract. Ms. Trujillo has the authority to make decisions on behalf of PCG. PCG's project team will be comprised of experts in each of the areas of work combined with research staff. Ms. Trujillo will be aware of the activities being performed in each area and will be able to provide reports regarding PCG's progress on the effort and ensure that PCG is meeting DHHS's needs.

## PCG Project Team Roles and Responsibilities

PCG recognizes the importance of bringing together a team with different areas of subject matter expertise, experience, and skills and has comprised a cross-functional team designed to effectively meet the needs of DHHS-DDD as described in the RFP.

The proposed PCG team has decades of experience helping states nationwide evaluate 1915(c) and 1115 Medicaid waivers and LTSS systems, analyze policy, engage stakeholders, and conduct social

**The project team is well-versed in coordinating and implementing policy and operations to meet state goals and timelines.**

science research to provide recommendations for reform. Team members bring subject matter expertise in HCBS and I/DD programs, person-centered planning, system rebalancing and community integration, stakeholder engagement strategies, project management, and data analysis. Our organizational chart for this project is below, with additional details about key staff’s professional and educational experience in the attached resumes.

See Figure I.2 below for the project team organizational chart and Table I.1 below for a summary of the project team’s responsibilities.



**FIGURE I.2: ORGANIZATIONAL CHART**

Staff	Project Role	Responsibilities
<b>Brittani Trujillo</b>	Engagement Manager	Responsible for contract negotiations, contract management, staffing, and project oversight to support deliverables and meet contract requirements.
<b>Angelene Willetts-Carvi</b>	Engagement Manager	Supports contract negotiations, contract management, staffing, and project oversight to support deliverables and meet contract requirements.
<b>Margot Jones</b>	SME Project Advisor	Provides subject matter expertise related to Medicaid HCBS waivers, HCBS compliance standards, project management, stakeholder engagement strategies, and outreach and communications strategies.
<b>David Horvath</b>	SME Project Advisor	Provides subject matter expertise related to NE Waiver programs and Self-Direction.
<b>Sarah Harrigan</b>	Project Manager	Responsible for the day-to-day delivery of work, ensuring the project remains on schedule, and promptly escalating and addressing issues with the client. Serves as primary contact with DHHS project leadership. Provides subject matter expertise related to I/DD and HCBS programs and policies.



<b>Lisa Wurm</b>	Stakeholder Engagement Lead	Responsible for leading stakeholder engagement and data collection efforts, including the design and coordination of stakeholder surveys, interviews, focus groups, facilitating stakeholder engagement, and the development of recommendations.
<b>Van Crawford</b>	Data Analytics Lead	Responsible for leading the development and programming of data collection tools along with analysis of data and supporting the development of recommendations.
<b>Monica Villarreal</b>	Policy Assessment Lead	Responsible for review of CDD Waiver, statewide evaluation and collected data and information, peer state research, and development of recommendations.

**TABLE I.1: STAFF ROLES AND RESPONSIBILITIES**

In addition to the above proposed key personnel, PCG has a large bench of experienced staff with extensive HCBS and LTSS experience who will provide project support with policy assessment, stakeholder engagement, and data analytics.

## KEY STAFF RESUMES

### Brittani Trujillo

Ms. Trujillo will fill the role of Engagement Manager for this engagement. In this role she will provide HCBS expertise to the team performing the work and oversee the terms of the contract.

Ms. Trujillo has over 19 years of Long-Term Services and Supports experience and brings to the project extensive experience in a vast array of health and human services programs with specific focus on aging and disability services, stakeholder engagement, system redesign, and public policy. She has a proven history working with multiple state staff, as well as their self-advocates, families, advocates, providers, and other stakeholders with knowledge of the political and programmatic structure.

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

## RELEVANT PROJECT EXPERIENCE

**State of New Mexico – Department of Health** *September 2022 – Present*  
Developmental Disabilities Supports Division, Rate Study and Provider Capacity Assessment  
*Subject Matter Expert*

Develop and conduct a rate study for three Home and Community Based Services waivers for children and adults. Develop and review rate study tools. Provide project team with guidance and expertise related to waivers and New Mexico programs. Support stakeholder engagement. Assist in analysis of data related to cost of services and provider capacity. Review and edit reports.

**State of Minnesota – Department of Human Services** *June 2022 – Present*  
Disabilities Services Division, LTSS Business Process Review  
*Project Manager*

Conduct onsite review of 15 lead agencies' processes regarding eligibility, assessment, and support planning for LTSS programs. Conduct reviews of documents and other materials, shadow staff, survey staff, individuals/families, conduct process mapping, and conduct focus groups. Provide 15 individualized recommendations reports for each agency and one report for the state agency. Develop a handbook for individuals and families and translate into 15 different languages.

**State of California – Department of Developmental Services** *January 2020 – September 2022*  
Home and Community Based Settings Site Assessments  
*Project Manager/Quality Assurance Lead*

Work with internal team on site assessment tool development, as well as work with stakeholders. Develop quality assurance metrics for site assessors and quality assurance staff. Provider oversight and direction for quality assurance of site assessment reports. Provide recommendations to the agency regarding provider site compliance. Review provider self-assessments and documentation to determine final compliance.

**State of Wyoming – Department of Health** *March 2020 – April 2022*  
Home and Community Based Services Waiver Support  
*Project Manager*

Develop materials for case management agencies and case managers to support the changes made in the amended waiver, to include a handbook for participants and training for case managers. Provide recommendations for changes to the review of requests for increased funding and supports for individuals

with intellectual and developmental disabilities. Develop materials for Participant Direction, to include materials for participants and case managers. Develop training materials for the HCBS Settings Final Rule for providers and case managers. Research and provide recommendations on the implementation of a new level of care assessment tool for multiple HCBS waivers. Research and provide recommendations on the implementation of an Organized Health Care Delivery System for I/DD waivers.

## **PROFESSIONAL BACKGROUND**

**State of Colorado – Department of Health Care Policy and Financing, Denver, CO**  
*November 2013 – January 2020*  
*Entry Point and Case Management Section Manager*

**State of Colorado – Jefferson County Department of Human Services , Golden, CO**  
*January 2009 – November 2013*  
*Case Manager Supervisor; Eligibility Supervisor*

## **EDUCATION**

**University of Colorado – Denver 2011**  
*Master of Business Administration*  
*Concentration: Change Management*

**University of Northern Colorado 2006**  
*Master of Arts in Community Counseling*

**Metropolitan State College of Denver 2001**  
*Bachelor of Arts in Psychology*

## **CERTIFICATIONS**

*Person-Centered Thinking*  
*Charting the Life Course Ambassador*

## **PRESENTATIONS**

**HCBS Conference, 2014**  
*Redesigning Assessment in Colorado: Lessons for Other States Trying to Comply with the NEW CMS HCBS Regulations and Supporting Systems Change*

**HCBS Conference, 2015**  
*Making the Transition to Conflict-Free Case Management in Alaska, Colorado, and Wyoming: Lessons from the Front Lines*

**Reinventing Quality Conference, 2016**  
*Conflict of Interest and Case Management: State Experiences in System Redesign*

**HCBS Conference, 2017**  
*Moving Towards Reliable and Valid Assessment Processes in Alaska and Colorado*

**HCBS Conference, 2018**  
*Solving the Case Management Conundrum: State Experiences in Innovative Solutions*  
*Stakeholder Engagement: Lessons Learned from the Field*

**HCBS Conference, 2021**  
*Supporting Lives We All Want: Using Employment for Integration and Success*

**NASDDDS Mid-Year Conference, 2022**

*Public Consulting Group – Your Partner in HCBS Transformation*

**HCBS Conference, 2022**

*Facing Change and Finding Joy – Panel Discussion*

**REFERENCES**

Lee Grossman  
Senior Administrator / State Medicaid Agent  
Division of Healthcare Financing  
Wyoming Department of Health  
122 W 25th St, 4 West  
Cheyenne, WY 82002  
Phone: (307)777-7908

Lori Miller  
Supervisor  
Minnesota Department of Human Services  
540 Cedar St.  
St. Paul, MN 55101  
Phone: (651)431-6370

Susan Crow  
Assistant Chief  
California Department of Developmental Disabilities Services  
1215 O St.  
Sacramento, CA 95814  
Phone: (916)654-2052

## Angelene Willetts-Carvi, MBA

Mrs. Willetts Carvi will serve as the engagement manager for this project, providing HCBS expertise to the team performing the work and overseeing the terms of the contract.

Angelene Willetts-Carvi is an Associate Solutions Manager at Public Consulting Group and is an executive leader with more than 25 years of experience in home and community-based services (HCBS). Angelene uses a continual quality improvement approach to improve HCBS outcomes using person-centered principles and advocacy. Through her management experience, Angelene excels at achieving objectives, developing practical solutions, and developing strong working relationships with stakeholders through communication of vision and principles. She is a results-driven leader who harnesses the synergy of her team of 150+ professionals dedicated to HCBS Quality to improve the lives of individuals receiving Medicaid and Medicare services. Angelene has led multiple projects during her tenure at PCG focused on providing oversight and quality improvement in Medicaid. Angelene is an expert in Medicaid Waiver Programs and is responsible for executive level decisions, long-range planning, operations, P&L oversight, and contract management.

### RELEVANT PROJECT EXPERIENCE

#### **State of Indiana - Family and Social Services**

##### Home Health Policy Enhancements

*Engagement Advisor* | August 2022-current

Oversee contract and consulting services to assist IN with evaluating and updating their Home Health program requirements and services. Engage with stakeholders throughout the state to ensure a thorough understanding of the state's landscape and priorities and communicate new approach. Research on best practices and facilitate multiple workgroups on all major components of Home Health services.

#### **State of Washington - Department of Social and Health Services**

##### Aging and Long-Term Support Administration Adult Protective Services Investigations

*Engagement Manager* | August 2022 – present

Oversee contract and operations providing a team of 50+ investigators to assist the state's Adult Protective Services team with eliminating their backlog of over 15,000 investigations for older vulnerable adults. Completing investigations to ensure health and welfare in instances of abuse, neglect, misappropriation, exploitation, and self-neglect.

#### **State of Ohio – Department of Medicaid (ODM) (March 2015 – Current)**

##### Home and Community Based Services Provider Oversight

*Engagement Manager* | April 2021- Current

Oversee contract and operations of all oversight operations of ~100 staff members conducting critical incident investigations, provider compliance reviews, site visits of medium and high-risk enrolling providers, revalidation site visits, provider enrollment, provider education, and provider recruitment.

##### HCBS Provider Oversight

*Director* | April 2016 –April 2021

Effectively run daily operations conducting 1,200+ investigations, 250+ reviews, 400+ enrolled providers, and 50+ onsite screenings each month. Submit 15+ fraud referrals monthly to Attorney General for criminal investigation of providers. Develop and oversee work committees for staff training, quality assurance, team building, fraud, understanding Ohio Administrative Codes, and provider training. Built investigation program for Supported Recovery Services Program. Integrated Home CHOICE (Money Follows the Person) Investigations into existing programming. Worked with State to develop efficiencies and cost savings. Oversaw special project assisting ODM conduct setting assessment reviews for CMS Community Integration Final Rule.

##### Incident Investigations

***Investigation Manager*** | March 2015- April 2016

Effectively manage team of 30 investigators and supervisors to complete 950+ incident investigations per month for Ohio Department of Medicaid (ODM), Long Term Services and Supports for Ohio Home Care, MyCare, and Home CHOICE (Money Follows the Person Program) Waivers. Oversight of quarterly provider training throughout the state. Maintain protocol for investigations according to direction from ODM, develop and maintain protocol for supervisors. Updated quality assurance tool and lead dispute process. Developed new quarterly bonus structure that became the model for all other business lines in the project.

**State of North Carolina - Division of Health Benefits****Provider Investigations and Oversight*****Engagement Advisor*** | July 2020 – Current

Managed the partnership with NC DMA Program Integrity whereby PCG has partnered with North Carolina Medicaid Program Integrity to redesign their operations to increase productivity and improve efficiency, with a focus on Personal Care Services and other Home and Community Based Services. PCG began in 2008 by establishing a Prepayment Review, followed by a Post Payment Review in 2010, conducting more than 2,000 reviews that resulted in more than \$300 M in identified overpayments, \$165 M in cost avoidance, \$27 M in fraud referrals, and a 95% uphold rate in appeal. In 2014, PCG redesigned the PI process to develop a more focused investigation and ongoing review, focused on cost avoidance and prevention, implementing Case Tracking System, with an increased utilization of Data Analytics. PCG has also designed a pre-enrollment onsite screening process to ensure ACA compliance, screening 2,000+ providers before enrollment, resulting in a projected cost avoidance of millions.

**State of Michigan - Department of Health and Human Services****Statewide Monitoring Review of the Home Help Program*****Engagement Manager*** | January 2019-current

Oversaw all aspects of the contract, including implementation and ongoing operations of case record reviews, development of recorded training sessions for case managers, and data analytics and reporting on findings. Collaborated with client develop training to improve the compliance of case records. Expanded training offerings to include education targeted at consumers directing their Home Help Services. Developed Targeted Case Read process to help improve overall quality of Adult Service Worker's Case Management. Performed Health Equity Data Analysis of program to assist the state with reducing discrepancies in services.

**State of North Carolina - Division of Health Benefits****Prior Authorization and Due Process Business Process Redesign*****Engagement Advisor*** | July 2020– Current

When overwhelmed by a backlog of prior authorization appeals of adverse notices, PCG conducted a full operational assessment and business process redesign of the due process workflow. PCG redesigned the workflow and developed and implemented case tracking system with document management functionalities and a backend database for analysis and reporting. This transitioned from a paper-based system to an electronic system, allowing multiple internal and external stakeholders to access all hearing documentation in one central location. This redesign and implementation allowed NC Medicaid to eliminate in five weeks a backlog of several hundred appeals that accumulated over several months. The new process and system reduced their appeal time by half, reducing administrative costs, as well as saving the state more than \$10 million each year in Maintenance of Service, which allows denied or reduced services to continue until the end of the appeal process.

**State of Illinois – Healthcare and Family Services****Home and Community Based Services Quality Reviews*****Engagement Manager*** | March 2018 – February 2023

Oversaw implementation and operations for Quality Improvement Organization (QIO) services to the State of Illinois to five of its nine Medicaid Home and Community Based Services Waiver (HCBS) programs. This included a series of quality improvement and monitoring initiatives to advance and improve the state's

approach to ensuring federally mandated waiver assurance requirements and quality improvement initiatives. In close collaboration with HFS, PCG assists HFS in its administrative role as the State Medicaid Agency to ensure effective oversight of community-based services in five waivers. Oversaw special project assisting IL Department of Developmental Disabilities conduct Heightened Scrutiny reviews for Community Integration Final Rule.

**State of California – Department of Health Care Services (DHCS)**

HCBS Community Settings Statewide Transition Plan Site Assessments

*Engagement Manager* | July 2020 – June 2022

As part of California’s statewide transition plan to satisfy the HCBS Community Settings requirements, PCG is providing subject matter expertise within the HCBS community by conducting 349 site visit assessments for residential providers that offer Residential Care for the Elderly (RCFE), Adult Residential Facilities (ARF) and Congregate Living Facilities (CLHF) throughout the State of California. Site assessments conducted, final setting reports completed, heightened scrutiny reviews conducted, and final compliance recommendations provided to DHCS.

**State of California – Department of Developmental Disability Services (DDS)**

HCBS Community Settings Statewide Transition Plan Site Validations

*Engagement Advisor* | May 2022- January 2023

As part of California’s statewide transition plan to satisfy the HCBS Community Settings requirements, PCG is providing subject matter expertise within the HCBS community by conducting approximately 2,700 site visit validations for residential and non-residential settings in the State of California.

**PROFESSIONAL BACKGROUND**

**GOODWILL COLUMBUS – Developmental Disabilities Services**

Supported Living- Director, Quality Assurance Administrator, Manager  
 April 2000- December 2014

**MORNING VIEW CARE CENTER- Developmental Disabilities Services**

Supported Living- Program Specialist, House Manager, Habilitation Specialist

**EDUCATION**

**Capital University**

*Bachelor of Arts in Psychology* 199

**Clark University**

*Master of Business Administration* 2021

**REFERENCES**

Tara Stokes, Contract Manager at Ohio Department of Medicaid  
 50 W Town St. Columbus, OH 43215  
 (614) 752-2916 [tara.stokes@medicaid.ohio.gov](mailto:tara.stokes@medicaid.ohio.gov)

Abbey Brooks, Home Help Field Liasson at Michigan Department of Health and Human Services  
 400 S Pine St. Lansing, MI 48933  
 (989) 400-1227 [BrooksA2@michigan.gov](mailto:BrooksA2@michigan.gov)

Rebecca Mead, Sr Policy Advisor at Washington State Adult Protective Services  
 4500 10<sup>th</sup> Ave SE Lacey, WA 98503  
 (360) 801-9934 [rebecca.mead@dshs.wa.gov](mailto:rebecca.mead@dshs.wa.gov)

## **MARGOT R JONES, PMP**

Ms. Jones will serve as an SME Project Advisor for this project. In her role as subject matter expert and project advisor, Margot will support all components of the project to ensure alignment with project goals and assist in developing assessment and engagement strategies that help ensure a comprehensive review of the State's program.

Margot Jones is a Senior Consultant at Public Consulting Group. She has led and or engaged in a variety of public health projects spanning the topics of provider oversight, CMS rule compliance, HCBS quality, and stakeholder engagement. As a skilled PMP-certified project manager and lean six sigma certified professional, Margot excels at identifying and implementing strategies to accomplish business objectives that satisfy our health clients' public health goals. Margot holds a Bachelor of Arts from the University of Notre Dame and a Masters in Public Relations and Corporate Communications from Georgetown University.

### **RELEVANT PROJECT EXPERIENCE**

#### **State of Indiana - Family and Social Services Administration**

##### Home Health Waiver Redesign (November 2022 – Present)

As the Project Manager for Stakeholder Engagement, Margot is responsible for coordinating with the Family and Social Services Administration to develop a stakeholder engagement strategy that incorporates the voices of individuals receiving services and their family members/guardians in the process of evaluating the State's current Home Health policies. This work will include distribution of surveys and facilitation of focus groups across the State to engage stakeholders in this healthcare transformation.

#### **State of Ohio - Department of Medicaid**

##### Provider Expansion Project (May 2022 – Present)

As the Project Manager for the Ohio Provider Expansion Project, Margot was responsible for overseeing the implementation of a multi-medium project strategy aimed at recruiting, training, and retaining Ohio's in-home service providers. In her role, she manages all project activities, focusing specifically on enhanced communication strategies to engage prospective and existing in-home service providers. This includes development of grassroots communication strategies, an online web portal that connects providers with individuals needing services, and consulting services to support the development of new provider agencies across Ohio. In this role she manages a team of over 12 staff.

#### **State of Ohio - Department of Health**

##### COVID-19 Case Interview and Contact Tracing Project (February 2021 – Present)

As the Project Manager, Margot served as the primary point of contact for the client to ensure execution of project deliverables and timelines. Ms. Jones was responsible for oversight of project management functions, including recruiting, training, performance management, and quality assurance, with a particular focus on project/program operations and stakeholder management. In addition to her standard project management duties, she collaborated closely with the Ohio Department of Health, local health departments and internal contact tracing management staff to streamline and standardize contact tracer operations across 60+ local health departments to ensure an efficient and effective statewide enterprise operation.

#### **State of Arkansas - Department of Health**

##### Arkansas Contact Tracer Initiative (July 2020 – Present)

As the Clinical Investigation Team Manager and Onboarding Lead, Margot oversaw the daily operations of a team of 14 nurses responsible for alerting cases of positive COVID diagnosis and providing education and resources for quarantining and isolation. In this role, she was responsible for all supervisory functions of the team to ensure operational efficiency. Margot also served as the lead for onboarding on the Arkansas Contact Tracing Initiative. In this role, she was responsible for devising processes and procedures to ensure efficient onboarding of 150+ contact tracers. In this work, she collaborates with IT and HR units to ensure



system access and training completion.

### **State of New York - Department of Health**

#### New York State Contact Tracer Initiative (May 2020 – September 2020)

Margot Served in a communications/public relations capacity as the Candidate Support Services Team Lead for the New York Tracer Initiative. In this role, she was responsible for envisioning and standing up an operation to ingest and respond to email inquiries about the NYS initiative from over 65K applicants and the general public. In this role, she developed an extensive cross-functional workflow illustrating hand-offs between internal and external project partners which provided the basis for her development of processes and procedures to manage the intake, triage, and response of emails. This work, to support the daily ingest of over 550 emails was executed in four days' time. Jones was responsible for managing a team of 13 staff who support this initiative, providing managerial support and training, and serving as the lead on quality assurance on the team.

### **State of California - Department of Health Care Services**

#### HCBS Compliance and State Transition Plan Remediation (March 2020 – March 2021)

As Associate Project Manager and State Transition Plan Remediation Support Lead, Margot was responsible for coordinating with DHCS, as well as their sister agencies, to help bring the State Transition Plan into compliance with CMS regulations and requirements. In this role, she coordinates with agencies on editing work and timelines to satisfy project goals and timelines. Jones also served as associate project management by managing timelines, tasks, and team responsibilities to help ensure on-time within scope completion of the work.

### **State of Colorado - Department of Health Care Policy and Finance**

#### HCBS Final Rule Support Project (January 2020 – December 2020)

As Project Manager, Margot lead a project to assist the State of Colorado in support of its efforts to comply with the federal HCBS Final Rule. In this role she was responsible for ensuring timely, within scope and on budget completion of all project deliverables. Additionally, Margot was responsible for coordinating and executing outreach activities associated with the project's deliverables.

### **State of Arkansas - Department of Human Services**

#### Electronic Visit Verification Pilot Implementation (February 2019 – December 2019)

In her role as the Manager of the Education and Outreach Team, Margot managed the strategy, development and execution of provider outreach and education activities during the EVV pilot. She was responsible for developing a communication cadence and messaging strategy, managing the development of training materials, and providing public relations expertise. This role focused on ensuring appropriate, tactful and complete messaging on implementation progress and system roll-out procedures.

### **State of Michigan - Department of Health and Human Services**

#### Home Help Case Read Monitoring Program (January 2019 – June 2020)

As Project Manager for implementation on a multi-year program, Jones lead the development of a statewide, in-person case review operation intended to provide oversight over the State's Home Help program, which serves the home and community-based services population. In this role, Margot was also responsible for developing a training development process to ensure on-time, within-scope delivery of training materials for support workers, as well as numerous reporting mechanisms on case review completions.

### **State of North Carolina - Department of Health and Human Services, Division of Medical Assistance**

#### North Carolina Medicaid and Health Choice Provider Training Project (August 2015 – November 2018): Training Manager

As Training Manager, Margot developed North Carolina's only required training course for newly enrolling and revalidating Medicaid and Health Choice providers, completed by over 8,000 medical professionals annually. Solely responsible for analyzing prior versions of the course, determining course objectives and

outcomes, rewriting the training content, and overseeing the developed of live, action, video-based modules. Data showed over a 40% reduction in the time to complete the course, and an average 93% positive course satisfaction rating.

### **PROFESSIONAL BACKGROUND**

#### **Public Consulting Group LLC**

Asheville, NC

2015 – Present

#### **University of Notre Dame**

South Bend, IN

2011 – 2015

### **EDUCATION**

#### **Georgetown University**, Washington, D.C

Master of Professional Studies, Public Relations and Corporate Communications, 2022

#### **University of Notre Dame**, *South Bend, IN*

Bachelor of Arts, American Studies and Computer Applications, 2015

### **CERTIFICATIONS/PUBLICATIONS/SPECIAL SKILLS**

Project Management Professional Certification – Estimated 2017

Green Belt Certified (Lean Six Sigma) - 2014

### **REFERENCES**

Michelle Martin

Michigan Department of Health and Human Service

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Tara Stokes

Ohio Department of Medicaid

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50 West Town Street, Columbus Ohio 43215

(614) 752-2916

Leah Pogoriler

Colorado Department of Health Care Policy and Financing

[leah.pogoriler@state.co.us](mailto:leah.pogoriler@state.co.us)

1570 Grant Street, Denver, CO 80203

(303) 866-6470

## DAVID HORVATH

Mr. Horvath will serve as a Subject Matter Expert Project Advisor for this project. He will provide expertise regarding Nebraska HCBS waivers and self-direction.

Mr. Horvath is a Senior Advisor at Public Consulting Group. David Horvath is a nationally recognized expert in self-direction with 37 years of experience in disability services and over a decade of experience managing information and assistance and financial management services in ten states. David was the lead author of the SELF Waiver Support Broker Training for the Ohio Division of Developmental Disabilities. He is currently the lead consultant on the redesign of self-direction in Nebraska home and community-based services.

### RELEVANT PROJECT EXPERIENCE

#### **State of New Jersey - Department of Health and Human Services**

Third-Party Administration and Fiscal/Employer Agent: Manager

Project: Oversight of FMS and I&A services for over 20,000 self-directing participants across multiple Medicaid and state-funded programs and three divisions of state government.

#### **State of West Virginia - Department of Health and Human Resources**

Fiscal/Employer Agent & Resource Consulting: Manager

Project: Oversight of FMS and I&A services for over 5,000 self-directing participants across three Medicaid waiver programs.

#### **State of Ohio - Department of Health**

Third-Party Administration: Manager

Project: Oversight of third-party administration services for Ryan White HIV/AIDS Part B Program.

#### **State of Maryland - Department of Health and Mental Hygiene**

Fiscal Management Services: Manager

Project: Oversight of FMS for over 1,400 self-directing participants receiving Medicaid long-term care services, including nursing home transitions.

### PROFESSIONAL BACKGROUND

#### **Public Consulting Group**

Senior Advisor | 2019-current

David Horvath is a nationally recognized leader in the field of self-direction with over 35 years of experience in public sector disability services. Mr. Horvath is responsible for internal and external consulting in the design and implementation of self-direction and related supports for Medicaid home and community-based services with an emphasis on public policy.

#### **Public Partnerships LLC**

Director of Policy and Regulation | 2018-2019

Responsible for policy analysis and consultation in home and community-based services for aging and disabled populations focusing on self-direction, direct workforce issues, and statewide systems change.

Manager | 2006-2018

Responsible for support of Financial Management Services (FMS) and Information and Assistance (I&A) support for self-direction in 10 states. Mr. Horvath managed over \$40M in annual revenue and over 200 employees.

#### **West Virginia University**

Center for Excellence in Disabilities Morgantown, WV

(2003-2006)

Disability Policy Specialist

**Greene Arc**

Greene County, PA  
Executive Director

(1997-2002)

**Virginia Department of Rehabilitative Services**

Richmond, VA  
State Transition Coordinator

(1992-1997)

**Woodrow Wilson Rehabilitation Center**

Fishersville, VA  
Transition Coordinator

(1986-1992)

**EDUCATION**

**West Virginia University**

Morgantown, WV

Completion of Doctoral Program in Educational Leadership & Policy Studies with an emphasis in Disability Studies (ABD) 1996

Master of Science in Rehabilitation Counseling & Vocational Evaluation 1986

Bachelor of Science in Recreation & Parks Management with Emphasis in Therapeutic Recreation 1985

**ACTIVITIES & HONORS**

Peer Reviewer – Centers for Medicare and Medicaid Services, Real Choice Systems Change for Community Living Grant Program (2004-2006)

Peer Reviewer – United States Department of Education Discretionary Grant Program (1996-2002)

Certified Incident Investigator – Pennsylvania Department of Public Welfare (2001)

Administrator of the Year – Virginia Association Vocational Education Special Needs Personnel (1997)

Professional Fellow – Virginia Collaborative Leaders Program, Academy for Educational Development, Institute for Educational Leadership (1997)

Member – President's Committee on Employment of People with Disabilities (1988-1991)

President – Virginia Vocational Evaluation & Work Adjustment Association (1988)

**PUBLICATIONS**

Public Consulting Group (2020). Service Needs Assessment, Planning and Monitoring in Nebraska Medicaid State Plan Personal Assistance Services and Social Services for Aging and Disabled. Nebraska Department of Health and Human Services.

Public Consulting Group (2020). Establishing the Infrastructure to Support Self-Direction in Nebraska Home and Community-Based Services. Nebraska Department of Health and Human Services.

Horvath, D.R. (2016). Self-Empowering Life Funding (SELF) Waiver Support Broker Training Curriculum. Ohio Department of Developmental Disabilities.

Horvath, D.R. (2009). Research Brief: Consumer Satisfaction with Self-Direction in West Virginia Personal Options. Boston, MA: Public Partnerships, LLC.

Horvath, D.R. (2006). The Direct Care Workforce: Medicaid Funded Personal Assistance Services in West Virginia. Morgantown, WV: Center for Excellence in Disabilities, West Virginia University.

Horvath, D.R. (2006). Survey Reveals Information on Direct Support Workforce. Developments: Center for Excellence in Disabilities, West Virginia University, 6(1), 1-2.

Horvath, D.R. (2005). Real Choice Grant Activities Support Olmstead Plan. Morgantown, WV: Center for Excellence in Disabilities, West Virginia University.

Burchfiel, S., and Horvath, D.R. (2005). Next Steps: Transition Planning. Morgantown, WV: Center for Excellence in Disabilities, West Virginia University.

Horvath, D.R. (2004). Finding Common Ground: Creating Inclusive Communities in West Virginia. Morgantown, WV: Center for Excellence in Disabilities, West Virginia University.

Horvath, D.R. (1996). Transition planning: Preparing for Tomorrow Today! OUTLOOK: Learning Disabilities Association of Michigan, 28(3), 1-4.

Hanwit, J.M., English, T.W., et.al. (1996). Manual for the Team Builder: A guide for creating peaceful and productive community transition councils. Norfolk, VA: Virginia Department of Education.

DeMoss, S., and Horvath, D.R. (1992). Integrating academics in vocational assessment, education, and training. Sixth National Forum on Issues in Vocational Assessment: The Issues Papers.

Horvath, D.R., and Ashley, J.M. (1992) Implementation of vocational assessment results in transition planning. Fifth National Forum on Issues in Vocational Assessment: The Issues Papers, 233-238.

## REFERENCES

Name: Tony Green  
Position: Director, Nebraska DHHS, Division of Developmental Disabilities  
Phone: (402) 471-6038  
Email: [Tony.Green@Nebraska.Gov](mailto:Tony.Green@Nebraska.Gov)  
Relationship: Current Client, Fiscal Agent Project

Name: Randall Hill  
Position: Director, West Virginia DHHR, Bureau for Medical Services, HCBS  
Phone: (304) 352-4301  
Email: [Randall.K.Hill@WV.Gov](mailto:Randall.K.Hill@WV.Gov)  
Relationship: Former Client, Financial Management Services

Name: Suzanne Crisp  
Position: Senior Advisor, Public Partnerships LLC  
Phone: (501) 232-8738  
Email: [scrisp@pcgus.com](mailto:scrisp@pcgus.com)  
Relationship: Colleague

## Sarah Harrigan

Ms. Harrigan, will serve as the Project Manager for this project, providing the day-to-day support to ensure that timelines are met, action items are clearly identified and feedback from the DDD leadership team and stakeholders are incorporated into high quality deliverables. Ms. Harrigan brings nearly 15 years of experience helping government and nonprofits improve their health and human service programs. Ms. Harrigan is a skilled project manager and has successfully led over a dozen major state government initiatives related to Long Term Care reform and home and community-based services (HCBS) expansion. Ms. Harrigan's success in these projects is rooted in core project management strategies such as detailed work plans, risk & decision logs and strong collaboration with project partners. Examples of recent project management work include the Massachusetts HCBS Grants Management project, where she oversees the development and implementation of 13 separate grant programs funded through HCBS ARPA. Prior to joining PCG, she worked for the State of Rhode Island, where she gained subject matter expertise in Long Term Services and Supports. She provided subject matter expertise, strategic development, and project management to the multi-year LTSS System reform, which redesigned consumer experience for LTSS services by implementing a No Wrong Door system and conflict free case management.

### RELEVANT PROJECT EXPERIENCE

#### **State of Massachusetts - Executive Office of Health and Human Services**

HCBS Grants Management Duration | September 2022 – current

Role: Project Manager

Project Manager for the PCG team supporting MA EOHHS in the design, development and review of eleven one-time grants made available through ARPA HCBS funding. Grants include HCBS and Human Service Workforce Development; Hospital to Home Transition Program; Respite Innovations grant and Behavioral Health Urgent Care grant. PCG works with the Commonwealth program lead for each grant to develop the RFA, terms and conditions, FAQs, communication material, application questions and review criteria. PCG works closely with MA A&F IT Vendor, MTX, to build the application into the MA A&F Salesforce system to align grant application, review, awards, contracting and monitoring.

#### **State of Massachusetts - Executive Office of Elderly Affairs**

Enhanced Project Management for ARPA HCBS Projects Duration | November 2022 – current

Role: Project Manager

Project Manager for PCG team providing project management support to the MA Executive Office of Elderly Affairs for each of its 13 ARPA funded initiatives. For each project, PCG is establishing standard workplans, project charters, and budgets for each initiative. To support EOEA leadership oversight, PCG is developed an interactive Power BI dashboard to track the progress of project workplans, including tasks, subtasks and milestones. The team also supports the quarterly CMS fiscal and narrative reports required for HCBS ARPA funding and manages the program spending for internal budget reporting.

#### **State of Minnesota Department of Human Services**

LTSS Business Process Review Duration: August 2022 | current

HCBS Grants Management:

Role: Co-Project Manager

Project Manager and site lead. Conduct onsite review of 16 lead agencies' processes regarding eligibility, assessment, and support planning for LTSS programs. At each site visit, PCG reviewed and analyzed policies and procedures, shadowed staff, conducted interviews and facilitated process mapping sessions for intake, assessment, financial eligibility and case management. Outside of the interviews, PCG also surveyed survey staff as well as individuals/families. Using the data from surveys, the site visits and national best practices, PCG provide individualized recommendations reports for each agency and one report for

the state agency. Additionally, PCG is developing a handbook for individuals and families and will translate the handbook into 15 different languages.

### **State of Rhode Island - Executive Office of Health and Human Services**

#### LTSS No Wrong Door Implementation Duration | 2018-2022

Role: Subject Matter Expert and Workstream Lead

Provided support as a subject matter expert and a director of Implementation develop and eight-year strategic plan to redesign the Rhode Island LTSS System of Care. The vision for the LTSS system is to foster a more person-centered, balanced, equitable, and sustainable continuum of long-term care services that delivers the right support, at the right time, and the right value, while promoting choice, equity, community engagement, and quality of life for older Rhode Islanders & people with disabilities. The plan was grounded in the priorities of person-centeredness, quality and resilience and outlines changes that need to be made in technology systems, business process, training, and regulations.

As part of this initiative, provided senior leadership guidance to analyzing, developing a problem statement and implementing a workplan to improve Rhode Island's two self-directed long-term services and supports program for the aged and disabled population. This process involved overseeing the analysis of qualitative data from complaints and customer satisfaction surveys as well as quantitative data on eligibility timeliness, costs per person, and preventative hospitalizations. Established a series of options for program improvement and will develop a workplan for the required legislative and regulatory changes, system enhancements and state plan amendments.

## **PROFESSIONAL BACKGROUND**

### **State of Rhode Island - Executive office Of Health and Human Services**

#### Director of Interagency Project Implementation | 2021-2022

Led project management for Long Term Services and Supports initiatives, including managing regular briefings for the six Cabinet-level directors who made up the LTSS executive committee. Responsible for continuing to implement No Wrong Door initiatives and HCBS Final Rule compliance. Implemented structural reform to the Assisted Living Medicaid Payment system to promote quality and increase access to Medicaid members. Co-drafted Rhode Island's HCBS ARPA spending plan to CMS and helped create the governance structure for implementing the ARPA initiatives and reporting to CMS.

### **State of Rhode Island - Department of Human Services**

#### Administrator, LTSS | 2017-2021

Managed the daily operations for the 54 staff of the RI Long Term Care Medicaid eligibility unit by supporting a culture of continuous improvement as the unit adapted to a new computer system and different business processes. Was responsible for reviewing and enforcing state and federal Medicaid regulations and served as the primary state lead for design, development and implementation of over two dozen United Health Infrastructure (UHIP) system enhancements.

### **State of Rhode Island - Department of Health**

#### Chief, Health Professional Boards and Commissions | 2015-2017

Managed team of 13 Board Managers and Investigators to review, investigate and adjudicate complaints against health professionals. Responsible for the staffing and oversight of 34 health professional boards. Participated in LEAN Kaizen events to improve the complaint and investigation process. Drafted legislation and regulations to streamline processes and enhance efficiencies.

### **State of Rhode Island - Department of Health**

#### Chief of Staff, RI Department of Health | 2013- 2015

Provided general oversight and strategic direction to the Department's 440 employees. Managed business process improvement projects including a reorganization of functional units to maximize management

capacity. Supervised the Department's role in hiring and disciplining employees across three unions. Supported union and management dispute resolution.

## **EDUCATION**

### **The Ohio State University**

Columbus, Ohio  
Masters in Public Administration, 2012

### **McGill University**

Montreal, Quebec  
B.A. International Development and Political Science, 2005

## **CERTIFICATIONS**

LEAN six sigma yellow belt, 2016

## **REFERENCES**

Minnesota Department of Human Services  
Lori Miller  
Supervisor, Assessment & Support Planning Team | Disability Services Division  
[lori.miller@state.mn.us](mailto:lori.miller@state.mn.us)  
651-431-6370

Massachusetts Executive Office of Health and Human Services  
Christine Peterson  
Senior Manager of Integrated Fiscal Strategy  
[Christine.Peterson@state.ma.us](mailto:Christine.Peterson@state.ma.us)  
617-413-4389

Rhode Island Executive Office of Health and Human Services  
Ann Martino  
Director of Health Care Policy and Strategy  
[Ann.Martino@ohhs.ri.gov](mailto:Ann.Martino@ohhs.ri.gov)  
401-439-0530



## Lisa Wurm

Ms. Wurm will serve as the Stakeholder Engagement Lead for the NE Project to Reduce Reliance on Congregate Care for the I/DD population. Ms. Wurm has worked extensively with stakeholder groups in the disability field. She has a detailed understanding of the balanced approach needed to successfully execute community integration.

Ms. Wurm has over 15 years of policy experience with over 5 years specializing in disability and mental health rights. She has considerable experience in the drafting and development of legislation and policy writing at the state level. She is skilled in project management, strategic planning, and managing coalitions.

Ms. Wurm has experience in home and community-based waiver systems. She has worked directly with people with disabilities to help them lead independent and self-directed lives when they are ready. She has advocated at the federal level for disability rights and helped to secure funding for protection and advocacy programs.

### RELEVANT PROJECT EXPERIENCE

#### State of California - Department of Aging

Bridge to Recovery | 2023

Role: Project Lead

Assisting with leading a grant implementation and review team for the Bridge to Recovery program made available through ARPA HCBS funding. Provides support to design and execute processes for project execution and manages expenditure reporting, which helps determine implementation strategies and effectively facilitates client relationships.

#### State of Ohio - Community Integration Litigation

Ball v. DeWine | 2019

Role: Communications and Policy Lead

During the implementation and resolution of long-standing community integration litigation, coordinated and directed the communications. Consulting with a communications firm, which helped ensure stakeholders, the public, and legislators were made aware of the decision and its implications.

### PROFESSIONAL BACKGROUND

Public Consulting Group

Consultant | April 2023- Present

Disability Rights Ohio

Director of Policy, Communications, and Advancement | 2017-2020

Ohio Department of Mental Health

Legislative Liaison | 2010-2011

### EDUCATION

#### The Ohio State University

Columbus, Ohio

Political Science and Communications, Bachelor's Degree, 2005

### REFERENCES

Name: Michael Kirkman

Position: Michael Kirkman Law LLC

Phone: 614-214-9985  
Email: michaelkirkmanlaw@gmail.com  
Relationship: Former Director, Disability Rights Ohio

Name: Sandra Stephenson  
Position: Southeast Healthcare; Director, Integrated Healthcare  
Phone: (614) 225-0990  
Email: stephensons@southeastinc.com  
Relationship: Former Director, Ohio Department of Mental Health

Name: Brittani Trujillo  
Position: Senior Consultant, PCG  
Phone: (720) 547-5305  
Email: btrujillo@pcgus.com  
Relationship: Supervisor

## Van Cranford

Van Cranford is a Manager of Business Operations Analytics at PCG, specializing in data analysis and performance reporting. Van has been with PCG since 2013 and in the field of data analysis since 2011.

For this project, Van will lead the development and programming of data collection tools, data analysis, and support the team in the development of recommendations. During his tenure at PCG, Van has served as the Lead Data Analyst or in a similar role in projects in several states, including North Carolina, Washington D.C., Ohio, and Michigan.

### RELEVANT PROJECT EXPERIENCE

#### **Commonwealth of Massachusetts** – Executive Office of Health and Human Services

##### Predictive Modeling Managed Support Services (2017– Present)

###### *Lead Data Analyst*

PCG provides predictive modeling service through and with its subcontractor BAE. Van is chiefly responsible for all data analysis aspects of PCG's role in the project including predictive modeling, analysis management and coding, and analytic deliverables. Also was instrumental in the upgrade of NetReveal from version 6.5 to 8.4.

#### **State Of Ohio** – Department of Medicaid

##### Home and Community Based Services Provider Oversight (2013 – Present)

###### *Lead Data Analyst*

PCG provided oversight of Medicaid waiver providers through provider enrollment, incident investigation, structural reviews, and onsite visits. Performed a variety of data analytics functions that revolved around performance management and quality. Van manages all aspects of the data analytics team, including performance reporting, production reporting, and financial analysis.

#### **State of Hawaii** – Department Human Services

##### Health Plan Reporting, Data Quality Strategy, and Project Management (2022 – Present)

###### *Lead Data Analyst*

PCG provides data quality support and validation through the use of automated tools that help health plans improve data quality. Van is responsible for creating and implementing validation tools that ensure data quality and congruency of health plan submissions.

#### **State of New York** – Department of Health

##### COVID-19 Contact Tracing (2020 - 2022)

###### *Lead Data Analyst*

PCG provided COVID-19 contact tracing, including fielding inbound and outbound calls, performance reporting, and project management. Van leads a team of analysts to provide a myriad of performance and productivity reporting to demonstrate progress towards departmental goals.

#### **State of Illinois** – Department of Healthcare and Family Services

##### HCBS Waiver Review Services (2017 - 2023)

###### *Lead Data Analyst*

PCG provides desk and onsite review of HCBS providers to ensure compliance with state regulations. Van developed quarterly and monthly reports to show counts of reviews completed during the reporting period. Van also developed an automated review tool to help streamline desk and onsite reviews.

#### **State of North Carolina** – Department of Health and Human Services

##### Provider Investigation and Oversight (2014 – Present)

###### *Lead Data Analyst*

PCG provides oversight of Medicaid providers through the investigation of provider complaints and data analytic initiatives. Van is chiefly responsible for all data analysis aspects of the project including database creation and management and internal and external performance reporting.

### **United Autoworkers Retiree Medical Benefits Trust**

#### Low Income Subsidy Enrollment (2014 – Present)

##### *Lead Data Analyst*

Enroll United Autoworkers retirees into the Medicare Extra Help program. Provided this enrollment on behalf of the United Autoworkers Retiree Medical Benefits Trust. Van is responsible for all data reporting on both a weekly and monthly basis. Created batch files to submit directly to the Social Security Administration for enrollment.

### **Washington, D.C. – Department of Health Care Finance**

#### Program Integrity Assessment (2014)

##### *Data Analytics and Data Mining Team Lead*

PCG assessed all functions of Program Integrity at the Department of Health Care Finance, including policies and procedures, staffing, workflow, and data analytics. Van was responsible for the evaluation of state of data analytics and datamining of Program Integrity at the Department of Health Care Finance. Evaluation included an appraisal of both personnel and systems. Identified problems and proposed recommendations.

## **PROFESSIONAL BACKGROUND**

### **Public Consulting Group LLC**

Raleigh, NC

May 2013 – Present

### **Haven House Services**

Raleigh, NC

September 2012 – April 2013

### **North Carolina Museum of Art**

Raleigh, NC

July 2011 – August 2012

## **EDUCATION**

### **Dakota State University**

*Madison, SD*

Master of Science, Analytics

### **North Carolina State University**

*Raleigh, NC*

Master of Public Administration

### **Dakota State University**

*Madison, SD*

Bachelor of Science, Computer Science

### **North Carolina State University**

*Raleigh, NC*

Bachelor of Science, Business Administration

## **SKILLS**

- ▶ SQL
- ▶ SAS

- ▶ Python
- ▶ R
- ▶ Access
- ▶ Excel
- ▶ Tableau
- ▶ Power BI
- ▶ C, C++
- ▶ Visual Basic
- ▶ Visual Studio

## REFERENCES

Susan Dyer, UAW Retiree Medical Benefits Trust  
PO Box 14309, Detroit, MI 48214  
Phone: (313) 324-5984

Brendan Crosby-Leonard, Massachusetts Executive Office of Health and Human Services  
1 Ashburton Place, 11<sup>th</sup> Floor,  
Boston, MA 02108  
Phone: (207) 723-7450

Kate Allen, Hawaii Department of Human Services  
1390 Miller Street,  
Honolulu, HI 96813  
Phone: (808) 900-6523

## Monica Villarreal

Ms. Villarreal will fill the role of Policy Assessment Lead in this engagement. In this role she will be responsible for reviewing CDD Waiver, statewide policies and collecting data and information, conducting peer state research, and developing recommendations. Ms. Villarreal will bring her experience evaluating and analyzing state policies impacting individuals with disabilities to inform the final recommendations.

Monica Villarreal, a consultant in Austin, TX, has experience in helping individuals with disabilities access HCBS settings and developing policies and processes that promote community integration. She has experience developing, reviewing, and evaluating policies, programs and services to improve outcomes for individuals with disabilities. With over 5 years of experience in an array of health and human services programs with specific focus on disability services, stakeholder engagement, and public policy.

She has a proven history working with Arizona, Wisconsin, and Massachusetts state staff assisting in the grant management of their American Rescue Plan Act (ARPA) funds to organizations serving individuals who receive home and community-based services. Prior to Ms. Villarreal joining PCG, she worked as a staff member for the Texas Governor's Committee on People with Disabilities coordinating and facilitating stakeholder workgroups and reviewing existing disability policy to develop recommendations to the Texas Legislature. Similarly, Ms. Villarreal worked at the Texas Health and Human Services Commission participating in the implementation of legislation addressing access to behavioral health services.

### RELEVANT PROJECT EXPERIENCE

#### **State of Arizona - Arizona Health Care Cost Containment System**

Arizona HCBS Grants Management | January 2023 – present

Grant Review Lead

Leading the development of the grant application and scoring process for the Arizona ARPA grant fund distribution. Responsible for ensuring timely and accurate review of grant applications, providing technical assistance to applicants and awardees.

#### **State of Texas - Texas Workforce Commission (TWC) Vocational Rehabilitation**

Fee Structure Analysis | December 2022 – March 2023

Stakeholder Outreach Team Member

Organizing and facilitating focus groups with TWC Vocational Rehabilitation staff to gather information that will inform the recommendations for the vocational rehabilitation service fee structure at TWC. Responsible for scheduling and conducting interviews with staff, observing trends that can inform improvements to the agency's fee structure.

#### **State of Nebraska - Division of Vocational Rehabilitation (VR)**

Nebraska Self-Employment Rate Study | November 2022 – March 2023

Stakeholder Outreach Coordinator

Organizing meetings with service providers to gather information informing the recommendations to the Nebraska Division of Vocational Rehabilitation. Responsible for scheduling and conducting interviews with self-employment VR providers and compiling trends to inform rate setting recommendations to the VR Division.

#### **State of Massachusetts - Executive Office of Health Human Services**

Massachusetts HCBS Grants Management | October – November 2022

Grant Reviewer

Participated as grant reviewer for the different HCBS grant programs distributing the ARPA funds for the state. Responsible for reviewing applications submitted requesting funds and using knowledge of HCBS services to inform decisions.

#### **State of Wisconsin – Wisconsin ARPA**

Wisconsin ARPA HCBS Grants | September – October 2022

## Grant Reviewer

Participated in the team reviewing the ARPA HCBS grant applications. Responsible for reviewing applications submitted requesting funds and using knowledge of HCBS services to inform decisions.

**PROFESSIONAL BACKGROUND****Texas Governor’s Committee on People with Disabilities**Austin, TX | January 2020- August 2022

## Research Specialist

Staff and assist the Governor’s Committee on People with Disabilities in developing policy recommendations to address the ten issue areas in the committee’s scope of work and present these to the Texas Legislature in a biannual report. Worked with different stakeholder groups to develop issue specific research projects that address larger problems like guardianship, CoNavigators for individuals who are Deaf/Blind and the recruitment of deaf interpreters for the K-12 education setting.

**Texas Health and Human Services Commission**Austin, TX | June 2018- January 2020

## Program Specialist

Staff the newly created Mental Health Condition and Substance Use Disorder Parity Workgroup and assist the members in developing the strategic plan for the implementation of mental health condition and substance use disorder parity in Texas.

**Every Texan**Austin, TX | July 2016- June 2018

## Hogg Foundation Mental Health Policy Fellow

Use research and policy analysis to evaluate the impact of mental health parity rules and regulation on the Texas insurance markets, identifying gaps and providing concrete recommendations to improve people’s ability to access healthcare services. Work during 85th Texas Legislative Session, leading a working group on mental health parity and collaborating with legislative staff to successfully pass a bill. Research, analyses and evaluate the health care delivery system for people in need of substance use disorder services to identify opportunities for improvements and making recommendations for policy solutions. Write and synthesize complex policy statutes, rules, and regulations into easy digestible materials like one-pagers and policy briefs.

**American Institutes for Research**Austin, TX | March- May 2016

## Research Associate – Disability and Rehabilitation Policy

Assist staff in the review, identification, and development of scholarly information describing disability and rehabilitation research information findings. Participate in the collection, analysis, and review of research and evaluation data.

**Disability Rights Texas**Austin, TX | May- August 2015

## Policy Analyst – Special Education Policy

Monitor the Texas legislative session and assist with advocacy for the improvement of special education in the state. Conduct a review of the legislative session and prepare an analysis of bills passed affecting public education. Manage a data project to identify low-performing school districts in the area of special education.

**EDUCATION****University of Texas, Austin – LBJ School of Public Affairs**

Master of Public Affairs, 2016

**University of Texas, Austin**

Bachelor of Arts, Government & Latin American Studies, 2014

**REFERENCES**

Dara Johnson, Arizona Health Care Cost Containment System  
801 E Jefferson St, Phoenix, AZ 85034  
(602) 417-4000

Mary Matusiak, Nebraska VR-Nebraska Department of Education  
500 South 84th Street, 2nd Floor, Lincoln, NE 68510-2611  
402-405-6561

Cheryl Fuller, Texas Workforce Commission  
101 E. 15th Street, Austin, Texas 78778-0001  
(512) 936-3701



## **j. Subcontractors**

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*If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:*

- v. name, address, and telephone number of the subcontractor(s)*
  - vi. specific tasks for each subcontractor(s)*
  - vii. percentage of performance hours intended for each subcontract; and*
  - viii. total percentage of subcontractor(s) performance hours.*
- 

PCG will not use subcontractors in our provision of services for the State of Nebraska.



## II. TECHNICAL APPROACH

- a. Understanding of the Project Environment
- b. Understanding of the Project Requirements
- c. Proposed Bidder Requirement Approach
- d. Detailed Project Planning & Management Plan
- e. Deliverables and Due Dates

## a. Understanding of the Project Environment

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

- a. Understanding of the project environment*
  - b. Understanding of the project requirements;*
  - c. Proposed bidder requirements approach.*
  - d. Detailed project planning and management plan; and*
  - e. Deliverables and due dates*
- 

The Nebraska Department of Human Services, Division of Developmental Disabilities (DHHS-DDD) administers and funds the Home and Community Based Services Comprehensive Developmental Disabilities (HCBS-CDD) waiver. The CDD waiver supports individuals of all ages with intellectual and developmental disabilities (I/DD) by providing services and supports that aim to maximize their independence. In addition, the waiver provides residential habilitation for 2,577 individuals. This service may be provided in a Continuous Home, Host Home, or Shared Living. All living options include 24-hour support and are provided in a congregate setting. The HCBS-CDD waiver also offers Independent Living as a service, which cannot be provided on the same day residential habilitation is provided and billed. While congregate living is a necessary option for some individuals, there is a movement across the country to support more individuals with independent living. This shift requires not only engagement with, but also collaboration with individuals receiving services and providers to understand what each wants and how each can be supported so individuals can be successful living independently.

In an effort to support individuals with independent living, the Nebraska DHHS-DDD is seeking assistance to find ways to incentivize agency providers to encourage independent living for individuals rather than remaining in 24-hour residential care. DHHS-DDD seeks a report that will identify policy, practice, or waiver amendment strategies for Nebraska to consider, that promote independence through a less restrictive living environment when appropriate and desired by the individual seeking services.

To implement this effort, Public Consulting Group LLC (PCG) understands that DHHS-DDD is looking for a vendor that has:

- Knowledge and understanding of the CDD waiver, along with knowledge and understanding of HCBS programs, federal policies, and independent versus residential care.
- Demonstrated expertise in conducting data collection and analysis activities, including data collection from multiple individuals/organizations.
- Experience engaging with stakeholders, including individuals with I/DD, their families, guardians, providers, and others.

### Understanding DHHS-DDD's Need

We understand that DHHS-DDD is seeking to increase participation in independent living settings for several reasons. While congregate settings offer an important option for individuals with developmental disabilities, they should be one of many options for individuals seeking services through the CDD waiver. Congregate care settings are more restrictive environments than some individuals on CDD waiver need, and an over reliance on these settings can lead to unnecessary costs for the state. Furthermore, PCG

recognizes that Nebraska, like many other states, is struggling with an HCBS workforce shortage. The *Lincoln Star* recently reported that direct care workers staff shortages are a leading cause of the waitlist for services. DHHS-DDD is managing a waitlist of more than 2,400 individuals with some waiting upwards of nine years to receive services.<sup>1</sup> Improving access to independent living settings with the right level of individual support will contribute to Nebraska's ongoing workforce improvement strategies.

Finally, supporting an individual's independence through less restrictive living environments is intrinsically valuable because it increases an individual's ability to exercise choice and control over their lives. The PCG team proposed for this project is trained in person-centered principles and values each individual's right to self-determination. We know that one of the most effective ways that states can improve their I/DD systems is to analyze the historical, cultural, and financial factors that impact an individual's choice of living setting and implement changes in policies and operations that better support individual's ability to live independently.

PCG understands that the strategies to promote independent living must be data-based, responsive to stakeholder feedback, and informed by national best practices. PCG's approach will result in a comprehensive analysis of qualitative and quantitative data and clear, actionable recommendations to increase participation in independent living environments across Nebraska.

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<sup>1</sup> Duncan, Chris. "Pillen Pledges Funds To Boost Staffing Of Developmental Disability Caregivers." *Lincoln Journal Star*. 4<sup>th</sup> May 2023.

## b. Understanding of the Project Requirements

### PCG Approach to Assessment Of Independent Living vs. Residential care

PCG understands that the proportion of CDD waiver participants in independent living vs. residential care setting is influenced by state policy and procedures, financial incentives, and cultural norms. To fully assess the factors influencing the choice of settings and identify recommendations to increase independent living opportunities, PCG will use a variety of data collection methodologies including documentation review, analysis of existing data sources, and qualitative data collection through interviews, surveys and focus groups. These steps are explained in further detail in the [Proposed Bidder Requirement Approach](#).

PCG's proposed project team includes team members with experience leading state government LTSS programs, state disability rights organizations and state commissions for individuals with developmental disabilities. We are well versed in the federal rules and regulations governing HCBS settings for individuals with developmental disabilities, and this experience informs our approach to the DDD system assessment and recommendation.

The team's state-level experience, combined with PCG's longstanding relationships with national state associations, provides PCG with an unparalleled understanding of community integration best practices across Medicaid programs. PCG will tap into this network to provide DHHS-DDD with recommendations that are tailored to their state and informed by national best practices.

### PCG Data Collection and Analysis

A crucial part to the development of any recommendations for systems change is to collect and analyze data from a multitude of sources and in a variety of methods. PCG has worked with multiple state agencies across the country to assess and analyze their current systems and structures with the goal of providing recommendations for improvement, compliance, and other state and department goals. PCG not only works with the state agency project team, but the agency's leadership along with individuals and their families, advocates, guardians, providers, and other interested people to develop an understanding not only of the current system but also individuals' experiences within that system. In Nebraska, PCG will utilize a variety of methods to conduct a thorough analysis of the various living settings and preferences for individuals on the CDD waiver using a variety of methods.

The steps recommended for this project include:

- Compiling and analyzing data obtained from stakeholders – reviewing survey, interview, and focus group data
- Collecting and analyzing existing support needs data to better understand the relationship between support needs and setting of choice
- Collecting and analyzing service authorization and utilization information and data regarding for residential services, supported family living, independent living, transportation, and day supports
- Providing examples of best practices in other state models and analyzing how they can be incorporated into Nebraska's CDD Waiver

### PCG Approach to Collaboration with DHHS-DDD

PCG is committed to regular and transparent communication with our state partners and project leads. Strong project management is the cornerstone of our approach to every project. PCG understands that the DHHS-DDD project lead and others will have critical input at every stage of the project. To ensure open communication, PCG recommends setting up bi-weekly check-in meetings at the time of project kick off. We collaborate with the project team to design an agenda that makes the best use of their time. At a minimum, this agenda will provide opportunities for updates and discussions about project milestones, including the opportunity to provide input on interview, survey, and focus group participants and questions,

as well as regular updates on the results of our data analysis. PCG will also provide DHHS-DDD with multiple opportunities to provide input on the final report. This includes providing a draft report as well as providing a series of presentations summarizing the findings of the report. PCG will implement feedback and recommendations from the state team prior to finalizing the report.

PCG has experience working with government organizations to produce comprehensive reports with clear and actionable recommendations. In 2022, PCG engaged with the City of Austin's Office of Civil Rights (OCR) and stakeholders living and working in Austin to understand what was important to their quality of life and where they felt improvements could be made. PCG worked collaboratively with the city and stakeholders to collect demographic data and develop an online survey. PCG administered the survey and analyzed the results. The resulting report highlights the factors affecting the quality of life of Austinites with disabilities. It also includes recommendations for future studies, partnerships, resource allocation, regulations, business practices, and service delivery.

PCG's proposed Engagement Manager and Project Manager have a combined 30 years of state government experience. We understand the DHHS team manages a variety of priorities in an ever-changing environment. We pride ourselves on our ability to stay flexible with our project approach and are able to adjust our strategy throughout the project to make sure we are helping DHHS achieve their goals.

### **Experience with Comprehensive Developmental Disabilities Waiver**

PCG understands that DHHS-DDD will benefit from a partner with extensive experience with the CDD waiver, particularly in Nebraska. This experience will allow the team to ramp up the project quickly and provide valuable insight. The proposed PCG team brings experience in 1915(c) and 1115 Waivers for populations with developmental disabilities across a number of states, including Nebraska. Most recently in Nebraska, PCG conducted a comprehensive assessment of opportunities for self-direction in all Home and Community-Based Services. PCG advised the Office of Medicaid and Long-Term Care (MLTC) on strategies to properly implement self-direction with an emphasis on stakeholder input, compliance with federal and state regulations, and consistency across divisions and programs.

Using the comprehensive knowledge of the state's CDD waiver, PCG developed a final report with recommendations for the redesign of self-direction in Nebraska Medicaid State Plan Personal Care, Medicaid waiver programs, and the Social Services for Aged and Disabled program. PCG also proposed revision of service needs assessment, service planning, and authorization for Nebraska Medicaid State Plan Personal Care and Social Services for Aged and Disabled.

In addition to work in Nebraska, PCG has provided setting and system assessments related to DD waivers in Vermont, New York, Minnesota, Kansas and California within the past five years.

### **Experience with Implementing Strategies to Move Toward Least Restrictive Living Environments**

PCG's proposed project team brings extensive experience in assessing HCBS settings and developing policies and processes that promote community integration. Examples of this work include supporting states' compliance with the HCBS Final Rule and supporting the implementation of person-centered policies and practices.

The **HCBS Final Rule** creates a fundamental emphasis on individuality, integration, personal control and choice. Implementation of the rule required states to systematically assess their providers for compliance, and work collaboratively with providers, individuals participating in services, and other stakeholders to achieve program change. The HCBS Final Rule is about the experience of people enrolled in HCBS waiver programs, and emphasizes that:

*“The setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community with the same degree of access as individuals not receiving Medicaid HCBS.” (CMS, “Regulatory Requirements for Home and Community-Based Settings.” March 19, 2014)*

PCG has helped numerous states in the implementation of the HCBS Final Rule with the goal of supporting individuals living in less restrictive settings with an increased focus on individual autonomy and choice.

In New York, PCG assisted the Department of Health (DOH) with the development and implementation of the HCBS Statewide Transition Plan in the following ways:

- Development of two site assessment tools: one for residential settings and one for non-residential settings;
- Development of a menu of remediation strategies for providers to use to come into compliance with the Final Rule;
- Development of tools to assess remediation progress;
- Creation of a training plan for providers to understand HCBS Final Rule requirements and remediation strategies;
- Execution of provider training sessions on HCBS Final Rule requirements and remediation strategies;
- Development of heightened scrutiny tools and evidentiary packet template;
- Completion of heightened scrutiny packages; and
- Consultation related to site assessments, remediation planning, heightened scrutiny, ongoing monitoring including changes to the existing surveillance practices, data gathering and management options, tracking of provider compliance, and transition planning for waiver participants when a setting does not achieve compliance.

PCG also worked with the California Department of Health Care Services to support HCBS Final Rule compliance for 301 settings licensed through the department. This scope of work included developing the assessment tool, determinant compliance, and developing a remediation work plan tool and a process to review settings' plans to come into compliance with the Final Rule. In addition, PCG developed and delivered training regarding person-centered thinking and practices to HCBS providers and provided technical assistance to providers. Our team also developed a person-centered service plan that complied with CMS regulations.

Beginning in 2020, PCG worked with the Colorado Department of Health Care Policy and Financing (HCPF) to develop a process for submission and review of provider settings identified for Heightened Scrutiny. PCG's role included the development of a review tool, online submission process, and review and assembly of documents for submission to CMS. In addition, we facilitated virtual public comment meetings, to solicit input on the settings from Colorado's stakeholders. Our team also provided training to providers regarding Heightened Scrutiny.

The New York Department of Health contracted with Public Consulting Group (PCG) to conduct statewide person-centered planning (PCP) training for all HCBS waiver programs in the State. PCG's role includes all recruitment, coordination, curriculum development, delivery, and reporting. The goal of this initiative is

to provide training in Person-Centered practice, planning and thinking as well as the development of the templates necessary to implement these practices across HCBS waiver service systems. In 2020, in response to the COVID-19 pandemic, the PCG team worked with the Department of Health to convert the primarily in-person training initiative to a fully virtual model. Over the course of the project, PCG has delivered more than 350 in-person and virtual training sessions. As of early 2023, more than 11,000 participants have attended these sessions, which have included half- and full-day in-person sessions and two-hour virtual instructor-led sessions. In addition to the trainings, PCG provided regular updates to and engage with the New York State HCBS Interagency group on the progress of the initiative. This group includes leaders from each State agency that oversees HCBS waivers in New York State. This engagement allows the PCG team to ensure that the training initiative is responsive to the needs of all HCBS waiver programs and stakeholders in New York State.



### c. Proposed Bidder Requirement Approach

PCG’s approach to the DHHS-DDD project to reduce reliance on congregate care settings is informed by our experience working in Nebraska and other states to expand person-centered HCBS settings and support community integration. Throughout the course of this project, we will connect regularly with the DHHS-DDD team and adjust our approach as necessary to meet the needs of this project.

Our approach includes four phases and occurs over an 18-month period.



We have provided details about each phase and the activities within each below.

#### Project Kickoff

**Timeline:** August 1, 2023 – September 15, 2023

PCG proposes kicking off the project within three weeks of the execution of the contract. PCG will work with the DHHS-DDD project lead to identify meeting participants and other stakeholders and schedule the initial kickoff meeting. We propose a hybrid kickoff meeting with a core group from PCG meeting with DHHS-DDD in-person and the remaining PCG team participating virtually. This hybrid approach will be contingent on Nebraska’s current workplace environment. If virtual and/or hybrid work is the norm, PCG is able to effectively conduct a completely virtual kickoff.

During this meeting we will align expectations on the specific project activities and timelines. We will also discuss PCG’s project management methodology and the project management tools that will be utilized. Following this discussion, PCG will submit preliminary information and material requests for relevant documents and data needed for this project. The request will be informed by our initial conversations, but we anticipate that it may include the following:

- Pertinent statutes, regulations, and fee schedules;

- Existing/previous research and/or reports on reducing the reliance of congregate care settings;
- Copies of options counseling and eligibility procedure manuals;
- CDD waitlist management protocols;
- De-identified support needs data for individuals on the CDD waiver and the waitlist; and
- Claims data related to congregate care vs. independent living support services.

PCG also recommends working with DHHS-DDD to develop and host a kickoff presentation with external stakeholders, such as individuals and families, the Nebraska Association of Service Providers, Disability Rights Nebraska, and others as identified by PCG and DHHS-DDD. We will work with DHHS-DDD to determine the best approach to the meetings, such as one large meeting for all, or separate meetings based on represented interest (e.g., individuals/families, providers, etc.) This meeting, referred to in our workplan as the Provider meeting and feedback session, will provide up-front transparency about the project and will help set expectations for the engagement we will have with individuals, families, and providers throughout the duration of the project.

**Deliverable:** Presentation for Provider Meeting and Feedback Session

**Due:** September 15, 2023

## Research and Analysis

**Timeline:** August 14, 2023 – February 9, 2024

PCG understands that recommended changes in policy and practice must be grounded in thorough data collection and analysis. The DHHS-DDD project to reduce reliance on congregate care requires analysis of available data points, as well as gathering additional data specific to the setting preferences of CDD participants and the barriers faced by providers in expanding independent settings. PCG's analysis of existing data points will be led by the HCBS Policy Lead. This work will include, at minimum, a review of the following documentation and data sets:

- Information obtained through the state information request, as listed above
- Housing availability data obtained through industry research

PCC will also work closely with DHHS-DDD to collect qualitative data through the following methods:

- Key stakeholder interviews
- Surveys
- Focus Groups

PCG's Stakeholder Engagement Lead will lead the qualitative data collection work alongside the Project Manager. The analysis of each data set will result in a deliverable that will inform the final recommendations report.

## Existing Data Sources

PCG will begin our work by fully reviewing and analyzing the existing statutes, waiver, rules, regulations, and fee structures currently in place for the CDD Waiver. This includes the waiver language itself and the published fee schedule for services provided under the CDD. Our HCBS policy experts will also review the statute and regulations pertaining to the CDD with an eye towards identifying any financial incentive for congregate care settings. This will include a comparison of the calculation of any individual contribution to the cost of care for each setting, which may be impacted by the personal needs allowance and room and board rates. PCG will also review any policies and procedures related to options counseling around the time of application and assessment. We will rely on our extensive experience with person-centered

practices to assess the instructions and resources front line workers have to provide individuals and families with their setting options early in their application process, and ongoing once receiving services.

**Deliverable:** Policy matrix by setting

**Due:** September 30, 2023

In addition to policies and regulations, PCG will request access to de-identified claims data over the past five to seven years. Experienced PCG data analysts will utilize SPSS software to provide descriptive statistics for individuals by setting. This data analysis will provide a detailed baseline for the final report for DHHS-DDD. Additionally, it will help us begin to answer important research questions, such as:

- Is the utilization of congregate care in proportion to independent living situations static or increasing?
- What is the average annual cost of an individual in CDD congregate setting vs. independent living settings?
- What are the services most used by individuals (self-directed services, personal care assistants, etc.)
- How does utilization of other Medicaid services (such as ER visits or transportation) compare by setting?

In addition to claims data, PCG will request de-identified support needs data for individuals receiving services and those currently on the waiver waiting list. PCG's HCBS policy analysts will analyze the level of need by setting to gain a better understanding of whether individuals with greater support needs are statistically more likely to live in congregate care settings. These insights will help PCG and the DHHS-DDD team target interview and survey questions and ultimately tailor recommendations to meet the needs of individuals.

**Deliverable:** Descriptive statistics for CDD participants

**Due:** November 10, 2023

PCG understands that the availability and accessibility of housing options can be a key driver in individuals and their families' decisions about care settings. For this reason, PCG will request details on the number and location of the residential care facilities throughout the state. We will utilize this information to conduct a review of the geographic gaps in services as well as the cost of living and housing availability across Nebraska.

**Deliverable:** Summary of findings on housing availability

**Due:** December 1, 2023

Finally, PCG will conduct an analysis of best practices in states with a high percentage of individuals receiving DD services living independently. To complete this review, PCG will rely on internal expertise and research in addition to national resources such as NASDDDs (National Association of State Directors of Developmental Disabilities Services). PCG will work with DHHS-DDD to identify any states to include in this research.

**Deliverable:** Summary of Findings on State Best Practices

**Due:** December 1, 2023

## Stakeholder Engagement and Qualitative Data Collection

PCG's collaboration with stakeholders is extensive and an integral part of our work with states across the country. Evaluation and analysis of a system cannot be done without partnering with the people and agencies living and working in the system daily, nor can recommendations for change be well-developed if

you haven't heard from those people and agencies. State initiatives sometimes fail when there is little to no engagement and collaboration with stakeholders. Our project team has worked with stakeholders across various programs on various interests throughout the country. At the heart of any stakeholder engagement for programs supporting individuals, are the individuals themselves. We believe in including stakeholders throughout the project, not just at the beginning and the end.

Our experience helps our team develop a comprehensive stakeholder engagement plan for collecting qualitative information extrapolating findings to inform final recommendations. Our considerations include:

- Qualitative Data Collection
- Methodologies targeting hard-to-reach communities
- Data collection methodologies and mediums
- Stakeholder involvement and outreach

The stakeholder engagement plan will also include a discussion of potential benefits and challenges each method may present, including cost, timeliness of the effort, potential sources of error, low response, and other factors that may impact our research.

**Deliverable:** Stakeholder Engagement Plan

**Due:** September 18, 2023

### Qualitative Data Collection

Through the kickoff meetings, PCG will work with DHHS-DDD to develop the most effective methods for both communicating about the project and engaging stakeholders throughout the project. We want to know from DHHS-DDD what has worked in the past and what has not been as successful. PCG employs multiple modalities for engaging stakeholders, and will, at minimum, conduct the following activities:

- **Interviews:** PCG will conduct initial interviews to solicit a variety of opinions from subject matter experts throughout Nebraska. Our process will be intentional and collaborative. First, we will work with DHHS-DDD to identify stakeholders to interview about their experience with the CDD waiver and setting choices. PCG anticipates that this list will include DHHS-DDD staff members who lead the policy and financial work related to the waiver as well as leaders in the stakeholder community. PCG will develop an interview guide and questions to be reviewed and approved by DHHS-DDD project leads. We anticipate conducting up to 15 total interviews to help us gain a deeper understanding of the system including the historical, cultural, and systemic influences that impact an individual's setting choice.
- **Surveys:** PCG will develop up to three surveys. One for individuals and families, one for providers, and one as determined by PCG and DHHS-DDD, which may be staff. PCG's team will leverage our expertise in evaluation to craft survey questions for DHHS-DDD's review and approval. PCG will build the survey in Qualtrics (described in more detail below) and test the survey before distribution. Once the surveys are closed, PCG will analyze the results and provide a summary for DHHS-DDD's review.
- **Focus Groups:** Following the survey analysis, PCG will prepare recommendations and questions for focus groups to dive deeper into information obtained from the surveys. We anticipate up to 6 focus groups with 5-10 people per session. These focus groups may be in person or virtual. As in previous steps, PCG will draft a focus group guide and questions for DHS-DDD's review and approval. We will also work with DHHS-DDD to finalize the invitation list and, if the sessions will be in person, identify appropriate locations. PCG will complete a qualitative analysis of the information collected in the focus groups and will incorporate this summary into the final report.

## Methodologies Targeting Underserved and Hard-to-Reach Communities

PCG works with states and their programs across the country, providing services to individuals in urban, rural, Tribal, and frontier areas, individuals who are often underserved or hard to reach. We find that collaborating with local organizations helps us reach those individuals. PCG will work with DHHS-DDD to identify existing partnerships while also conducting research to identify other organizations with whom we can partner. Our team is experienced in developing communications to introduce PCG, the project, and our role within the project to solicit support in reaching individuals who do not often engage in opportunities such as this. PCG will leverage the relationships these partner organizations have with individuals, family members and guardians of individuals with I/DD to expand the reach of the survey and focus group opportunities. For example, PCG will share introductory information and the survey link with trusted community partners to share with their networks.

## Data Collection Methodologies and Mediums

As described above, PCG will employ multiple methods and mediums to conduct our research with stakeholders, while assuring a statistically significant sample. Key stakeholder interviews are our first method, as they help us shape survey questions that will yield the most useful response.

Surveys allow us the first opportunity to reach the largest audience. PCG will work closely with DHHS-DDD to design the survey with accessibility in mind. **A well-designed survey is accessible to all respondents, with and without disabilities.** PCG will use the Qualtrics survey platform which has many features to enhance accessibility. The “check survey accessibility” feature can diagnose the survey and determine which questions are inaccessible. This feature will provide recommendations for increased accessibility to meet the Web Content Accessibility Guidelines (WCAG) 2 Level AA conformance and Section 508 of the Rehabilitation Act (29 U.S.C. §794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220) compliance. Survey design considerations include:

- **Language.** Respondents may have varying reading levels. We will use simple language and shorter sentences, avoiding unnecessary jargon and acronyms.
- **Formatting.** The formatting toolbar in Qualtrics will allow PCG to use a larger size font, *italic* and **bold** to emphasize certain words within a sentence. We will avoid using grids and tables to provide easier navigation for those using a screen reader. Questions will be separated, and answer categories provided for each question individually.
- **Keyboard controls.** Respondents will be able to use the tab key to move between questions and answers to accommodate those not using a mouse.
- **Color and font.** There will be a clear contrast between the text and background with minimal if any, use of color. We will use a sans serif font such as Arial, Verdana, or Tahoma.
- **Images.** Currently, we don’t anticipate using any images in the survey. A text equivalent (alt attribute, transcript, etc.) will accompany an image so screen reader users can interpret them when needed.

Prior to distributing the survey, PCG will conduct user acceptance testing (UAT). During this process, we will test accessibility features and will make sure respondents can access the survey through their computer, tablet, or mobile device, which includes cell phones. We can also provide paper surveys for stakeholders who wish to provide input but do not have access to the internet.

Focus groups provide the next level of data collection, allowing us to take what we learned from the survey and seek additional information and/or understanding with focused conversations and specific questions. We will draft questions for focus groups and share them with DHHS-DDD prior to finalizing them.

**Our team is skilled in facilitation with stakeholders and our Stakeholder Engagement Lead has significant knowledge and experience of individuals with developmental disabilities and their service needs.** This helps us speak in the language and terms familiar to individuals so our conversations

can be robust. PCG proposes facilitating no more than six focus groups, of 90 minutes each with no more than 5-10 people in each. We propose organizing focus groups by stakeholder type. For example, providers would be offered different sessions than individuals with disabilities and their families. This structure will maximize individual comfort levels and increase the feedback we receive in each session. PCG is prepared to offer both virtual and in-person focus groups, including daytime and evening options. For virtual meetings, our team is experienced in multiple virtual meeting platforms, including Microsoft Teams, Zoom, and Webex. We can readily accommodate DHHS-DDD's preferences and/or stakeholder preferences. All platforms will provide a telephone call-in option so individuals who are unable to access the internet can still participate.

### Stakeholder Involvement and Outreach

To support stakeholder involvement and outreach, PCG will create a project-specific email address that stakeholders can use should they have questions, concerns, or wish to provide feedback. This email will also be used to communicate with stakeholders about the project and engagement opportunities.

Before sending a survey, we will collaborate with DHHS-DDD to obtain contact information for stakeholders, which may be emails or addresses. We will also work with the state team to identify existing community agencies that could help us reach individuals across the state. Our team will develop an introductory email and/or letter to send across Nebraska, outlining who PCG is, our role with DHHS-DDD, and high-level information about the opportunities for engagement.

In previous engagements, PCG has partnered with community agencies and agencies already involved with individuals with I/DD to have them share the PCG-created information. This helps mitigate concerns about lack of involvement, as individuals are receiving information from someone familiar. In addition, partnering with community agencies (e.g., churches) helps mitigate the lack of participation from hard-to-reach communities and those individuals who are underserved.

Additionally, PCG is experienced in developing materials that are accessible and available in other languages. In other projects, we have developed written materials for individuals seeking or receiving services and have translated those into multiple languages, based on the languages most spoken in the state. We also provide interpreter services for discussions with individuals when needed and/or requested, to ensure they have the same opportunities to participate and provide feedback or input. Stakeholders will have the opportunity to request this support when registering for focus groups.

**Deliverable:** Analysis of Survey Results

**Due:** December 15, 2023

### Draft Report and Implementation Workbook for DHHS-DDD Leadership

**Timeline:** February 12, 2024 – April 30, 2024

The next phase of work consists of creating a draft recommendation report for DHHS-DDD. PCG recognizes that this report should serve as a clear and detailed menu of options and road map for DHHS-DDD to improve access to independent living settings for CDD waiver participants. We leverage our combined experience in designing and implementing sustainable changes in state HCBS systems to develop recommendation reports that provide strong data analysis as well as insight into implementation options.

PCG's report will start with clear documentation of our research methodology followed by summaries of the lessons learned from the data analysis. This will include insights from the review of policies and procedures, the availability of affordable and accessible housing options, and the descriptive statistics from available claims data. PCG will also provide summaries from the qualitative analysis from the interviews, surveys

and focus groups. Where appropriate, tables, charts and graphs will be included to support visualization of the data.

Next, PCG will summarize clear, actionable steps that DHHS-DDD can implement to shift the reliance on congregate care settings in favor of promoting independent living options for CDD participants. Recommendations will be organized by categories such as policy, payment reform, and operations. Finally, PCG understands that DHHS-DDD will need to consider the cost, timeline, and effort involved in each recommendation before determining the action plan that will best help them meet their goals. To accompany the recommendations, PCG will develop an implementation workbook so DHHS-DDD and stakeholders can visualize the steps and timeframe involved in each recommendation.

**Deliverable:** Presentation of findings to project leadership

**Due:** March 15, 2024

**Deliverable:** Draft report and implementation workbook

**Due:** April 30, 2024

## Final Report

**Timeline:** May 1, 2024 – January 2025

Following the submission of the initial draft report, the PCG project team will meet with DHHS-DDD to review and discuss the recommendations and implementation workbook. After initial feedback from the state is incorporated into the recommendations and implementation workbook, PCG will set up a series of up to six presentations and feedback sessions with stakeholder groups including, but not limited to, individuals, families and guardians, providers and advocates. Our team is available to provide some or all of these presentations in person if preferred. We are also skilled at facilitating virtual workshops and listening sessions. In each presentation, we will review our research process and findings and provide an overview of our recommendations and solicit specific feedback. Stakeholder feedback will be documented and provided in the form of meeting notes for meeting participants and the DHHS-DDD team. At the conclusion of stakeholder feedback sessions, PCG will meet with DHHS-DDD to finalize the recommendations taking into account feedback from stakeholders, to include in the final report. Finally, PCG will provide DHHS-DDD the opportunity to review the draft report and provide feedback prior to submitting the final report.

**Deliverable:** Submission of final report and implementation workbook

**Due:** January 10, 2025

## d. Detailed Project Planning & Management Plan

PCG has a long history delivering superior, on-time, and on-budget projects for states and local government clients. The foundation of delivering a high-quality project is our proven project management methodology and is based on effective communication, proactive management, high-quality work, and timely delivery.

We layer fundamental project management techniques on this foundation, allowing us to keep projects on time and within budget; our approach to quality control is characterized by the high-integrity stewardship of public resources and trust through application of best practice project management tools and methods. PCG will draw upon our proven **Project Management Institute (PMI)** methodology and the extensive resources that our firm brings to this engagement to help DHHS achieve its goals and provide a high level of transparency and quality control. The PMI is project management's leading global professional association, and, as such, it administers a recognized, rigorous, and proven project management methodology.

We use the PMI-approved **Project Management Body of Knowledge (PMBOK) guidelines** as a common approach to project management. Our work with DHHS on this engagement will be no exception, and will benefit not only from PCG's industry expertise, but also our extensive knowledge of project management. PMBOK guidelines are designed to accommodate a variety of approaches and management styles. The cornerstones of our project management methodology are implemented from the first day of a project engagement. For every project we undertake, our project management activities are focused on the following tenets:

- Maintaining a proactive approach to identifying and overcoming risks and obstacles.
- Creating a collaborative and transparent process so that team members can thoughtfully participate in key project decisions.
- Establishing an effective communication process that covers all levels of stakeholders.
- Convening regular status meetings to review project progress and respond to challenges.

PCG's project management activities will begin with the initial project kickoff and will extend throughout the course of the project. Major steps for the project kickoff meeting include:

1. **Confirming Project Goals** – We will validate our understanding of the purpose of the project, stakeholders, governance structure, goals, deliverables, potential challenges, and, most importantly, what successful completion of the project looks like.
2. **Finalizing the Work Plan and Project Schedule** – We will confirm the project schedule and work plan and adjust the plans included in this response as needed.
3. **Establishing a Communication Plan** – This plan will set out the appropriate lines of communication between PCG and the project team and timelines for communication.
4. **Establishing a Status Reporting/ Initiative Check In Process** – We will finalize the process for weekly status reporting, including determining a regular meeting schedule and the frequency and format of status reports. This report may also include a list of project risks and dependencies and any mitigation strategies that have been identified.

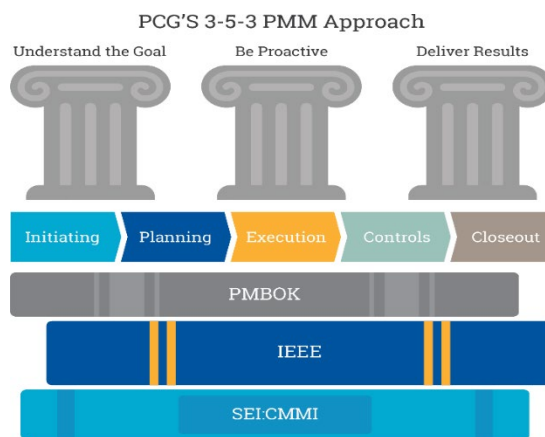
## PCG's Approach to Project Management

PCG manages each project according to the PMBOK® Project Management Process (*Figure D.1*) which defines the project life cycle in five phases: Initiating, Planning, Executing, Monitoring and Controlling, and Closing. As described in greater detail in the sections below, PCG will follow specific steps and create or monitor certain documents during each of these phases to ensure the project is managed efficiently.



**PCG’s Project Management Experience PCG’s 3-5-3 Project Management Methodology**

PCG approaches every engagement using a best practice-based, yet uniquely developed, Project Management Methodology (PMM)—PCG’s 3-5-3 PMM. PCG relies on three best-practice resources to stay up to date on all project management standards: the Project Management Institute’s (PMI®) Project Management Body of Knowledge (PMBOK), the Institute of Electrical and Electronics Engineers, Inc. (IEEE) Standards, and the Software Engineering Institute (SEI): The Capability Maturity Model Integration (CMMI). Using these resources, we differentiate our methodology by constantly employing three tenets that guide how our team approaches—and the attitude they bring to—project management engagements. These three tenets are **Understand the Goal, Be Proactive, and Deliver Results**. See Figure D.1.



**FIGURE D.1: PCG’S 3-5-3 PROJECT MANAGEMENT METHODOLOGY**

Once the three tenets have been established, PCG follows the stages of **Initiating, Planning, Execution, Controls, and Closeout**. Each of these will be explained in the following sections.

**Initiating**

To get started, during the RFP evaluation process, PCG creates initial estimates of the project’s scope, budget, and resource needs. During this initiating phase, PCG developed a work plan based on RFP requirements to track the deliverables and assign personnel who will be completing the work.

**Planning**

Following contract approval, PCG starts the planning phase with a project kickoff meeting with DHHS-DDD, where PCG will gather detailed requirements from the project stakeholders, allowing us to finalize the project’s work breakdown structure (WBS), schedule, and communications matrix (See Figure D.2 for more detailed information). PCG will also review potential risk factors with stakeholders to compile the initial Project Risk Register. Once these documents are complete, PCG will send them to DHHS-DDD for final approval and sign-off.

**Executing**

The third piece of the project life cycle is the execution phase. During this phase, PCG will conduct project work, according to the project management plan, gathering team performance data (to be analyzed in **Monitoring and Controlling**). During steady-state operations, PCG will rely on quality control procedures to ensure that actual project performance will meet thresholds of project performance standards in terms of time, cost, and deliverables.

PCG will ensure all deliverables meet expectations, responding to all DHHS-DDD-requested changes and maintaining drafts for future reference. To appropriately

**Project Kick Off Key Elements**

- A **work plan** outlining key steps in each phase of the proposed project, staff responsibilities, and timeframes for deadlines, and resources requirements.
- A **communications plan** for the timely and regular distribution of key project information. This plan will establish communications protocols for the project manager and other stakeholders, facilitating the communication of project issues to the appropriate staff.
- An **agreement on key informants and stakeholders** to identify participants for interviews or holders of key data needed for project success.

**Figure D.2 : Planning Phase**

manage quality, PCG has built a robust quality model centered on statistical methods and Lean Six Sigma (LSS) concepts.

### Monitoring and Controlling

PCG will continually analyze the team's performance data (gathered during the executing phase) to see if project work is being conducted according to the project management plan. If PCG identifies a potential variance from the project scope, PCG and the project stakeholders will initiate the change management process.

The change management plan is created during the planning phase but used during the monitoring and controlling phase of the project. This document outlines the process to be employed if a change is proposed to any aspect of the project scope. All proposed changes should be in the form of a change request, submitted to PCG by any project team member or stakeholder.

### Closing

The final phase in the project life cycle is closing. This crucial step is completed annually to evaluate the previous year of PCG's project performance. To begin this phase, PCG ensures we have received DHHS-DDD's sign-off on all deliverables. PCG will also send DHHS-DDD an online client feedback survey, which allows project stakeholders to provide feedback on PCG's project. To complete the closing phase, the PCG project team will fill out an internal Lessons Learned survey to reflect on our project successes and areas for improvement, giving PCG the chance to learn from our past performance, so our work continually improves.

PCG looks forward to maintaining a strong partnership with DHHS-DDD for years to come. However, we are mindful that parts of the project may close. PCG will work with DHHS-DDD and/or another contractor to transfer all documentation and knowledge of the project, including all relevant reports, deliverables, systems, deliverables, and data.





To that end, PCG will create a closeout plan. As contract completion nears, PCG understands and will comply with the requirements of the closeout plan. PCG has successfully transitioned and is equipped to turn over projects, and we incorporate this step into our project life cycle. PCG completes this annually to evaluate the previous year of project performance and at the end of a contract to successfully complete any turnover and knowledge transfer activities.

### Document Location






To keep everything organized and easily accessible by PCG team members and DHHS-DDD staff, PCG stores all relevant document materials on a Microsoft SharePoint site. This ensures everyone can be updated about the status of the project. PCG's standardized project management documents also allow stakeholders to be prepared if there is a need for project transition or emergency.

### Project Plan

PCG's proposed work plan, which includes the start, end dates, and duration for major tasks, subtasks, and activities. We see this as a living document that will be reviewed, discussed and updated during our regular check-ins so we make task and timing adjustments as necessary. PCG anticipates fluctuation in dates even after this project plan is finalized. To ensure clear documentation of project adjustments, PCG will also maintain anticipated and actual start and end dates for all major tasks, subtasks and activities.

PROJECT INITIATION AND MANAGEMENT	PCG RESOURCES REQUIRED	WORK DAYS	2023	
			AUGUST	SEPTEMBER
Facilitate project kick-off meeting	FULL TEAM	9	 8/1/23 - 8/11/23	
Preliminary information and materials request	1	16	 8/11/23 - 9/1/23	
Finalize project management tools	2	24	 8/1/23 - 9/1/23	
Provider meeting and feedback session	4	10		 9/1/23 - 9/15/23

RESEARCH AND ANALYSIS	PCG RESOURCES REQUIRED	WORK DAYS	2023					2024	
			AUG	SEP	OCT	NOV	DEC	JAN	FEB
<i>Document Review</i>	-	77	[Bar spanning Aug to Dec 2023]					8/14/23 - 12/1/23	
Review waiver, fee schedule and pertinent statutes & regulations	4	34	[Bar spanning Aug to Sep 2023]					8/14/23 - 9/30/23	
<i>Deliverable:</i> Policy Matrix by setting	-	0	[Vertical bar in Sep 2023]					9/30/23 - 9/30/23	
Analyze support needs data of individuals in congregate homes	3	44	[Bar spanning Sep to Nov 2023]					9/2/23 - 11/3/23	
<i>Deliverable:</i> Summary of Findings	-	1	[Vertical bar in Nov 2023]					11/3/23 - 11/3/23	
Review billing data and historical trends	3	64	[Bar spanning Aug to Nov 2023]					8/14/23 - 11/10/23	
<i>Deliverable:</i> Descriptive Statistics for CDD Participants	-	0	[Vertical bar in Nov 2023]					11/10/23 - 11/10/23	
Assess cost of living and housing availability	2	18	[Bar spanning Nov to Dec 2023]					11/6/23 - 12/1/23	
<i>Deliverable:</i> Summary of Findings	-	0	[Vertical bar in Dec 2023]					12/1/23 - 12/1/23	
Research and Summarize other State Best Practices	3	53	[Bar spanning Sep to Dec 2023]					9/18/23 - 12/1/23	
<i>Deliverable:</i> Summary of Findings	-	0	[Vertical bar in Dec 2023]					12/1/23 - 12/1/23	
<i>Qualitative Analysis</i>	-	100	[Bar spanning Sep 2023 to Feb 2024]					9/18/23 - 2/9/24	
<i>Deliverable:</i> Stakeholder Engagement Plan	-	1	[Vertical bar in Sep 2023]					9/18/23 - 9/18/23	
Identify key provider and state stakeholders to interview	1	10	[Bar spanning Sep 2023]					9/18/23 - 9/29/23	
Develop and approve interview questions	3	10	[Bar spanning Oct 2023]					10/2/23 - 10/13/23	
Schedule and conduct interviews	3	15	[Bar spanning Oct to Nov 2023]					10/16/23 - 11/3/23	
Develop and approve survey questions	3	20	[Bar spanning Sep to Oct 2023]					9/18/23 - 10/13/23	
Build Survey in Qualtrx	1	5	[Bar spanning Oct 2023]					10/16/23 - 10/20/23	
Distribute Survey	1	24	[Bar spanning Oct to Nov 2023]					10/23/23 - 11/27/23	
Analyze survey results	5	18	[Bar spanning Nov to Dec 2023]					11/20/23 - 12/15/23	
<i>Deliverable:</i> Overview of Survey Results	-	0	[Vertical bar in Dec 2023]					12/15/23 - 12/15/23	
Develop and approve focus group questions	3	14	[Bar spanning Dec 2023]					12/11/23 - 12/31/23	
Schedule and conduct focus groups with individuals and families	5	28	[Bar spanning Jan to Feb 2024]					1/1/24 - 2/9/24	

SUMMARIZE RECOMMENDATIONS	PCG RESOURCES REQUIRED	WORK DAYS	2024		
			FEBRUARY	MARCH	APRIL
Complete a qualitative analysis of data collected in Phase II	6	20		2/12/24 - 3/8/24	
Develop actionable steps to help teams and providers move toward less restrictive settings	6	20		2/12/24 - 3/8/24	
Present findings to division leadership	4	6			3/8/24 - 3/15/24
Draft initial report	6	32		3/18/24 - 4/30/24	
<b>Deliverable:</b> Draft Report and Implementation Workbook	-	1			4/30/24 - 4/30/24 

DRAFT FINAL REPORT	PCG RESOURCES REQUIRED	WORK DAYS	2024										2025
			MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN		
DHHS-DDD review of draft report	-	13	■	5/1/24 - 5/17/24									
State Feedback Session	4	5	■	5/20/24 - 5/24/24									
PCG updates recommendations	3	14	■	5/27/24 - 6/14/24									
Stakeholder Review session	6	62	■										6/16/24 - 9/13/24
Submission of updated report	4	20	■										9/16/24 - 10/11/24
Final State review and Feedback	-	15	■										10/14/24 - 11/1/24
Final Revisions	2	35	■										11/4/24 - 12/27/24
Submission of Final Report and implementation workbook	1	1	■										1/10/25 - 1/10/25
Project Close	2	13	■										1/13/25 - 1/30/25

### e. Deliverables and Due Dates

PCG proposes the following deliverables and due dates based on our understanding of the scope of work. We will work closely with DHHS-DDD to revise these details upon award and revision of the final work plan.

<b>Deliverable/ Milestone</b>	<b>Target Completion Date</b>
Provider Meeting and Feedback Session	September 15, 2023
Stakeholder Engagement Plan	September 18, 2023
Policy Matrix By Setting	September 30, 2023
Summary Of Findings on Support Needs Data by Setting	November 3, 2023
Descriptive Statistics for CDD Participants	November 10, 2023
Summary Of Findings – Housing Availability	December 1, 2023
Summary Of Findings – Best Practices from Other States	December 1, 2023
Summary Of Survey Results	December 15, 2023
Leadership Presentation on Actionable Steps to Help Teams and Providers Move Toward Less Restrictive Settings	March 15, 2024
Submit Draft Report and Implementation Workbook to Division Leadership	April 30, 2024
Final Report Submitted to Leadership	January 10, 2025