PUBLIC CONSULTING GROUP

Solutions that Matter

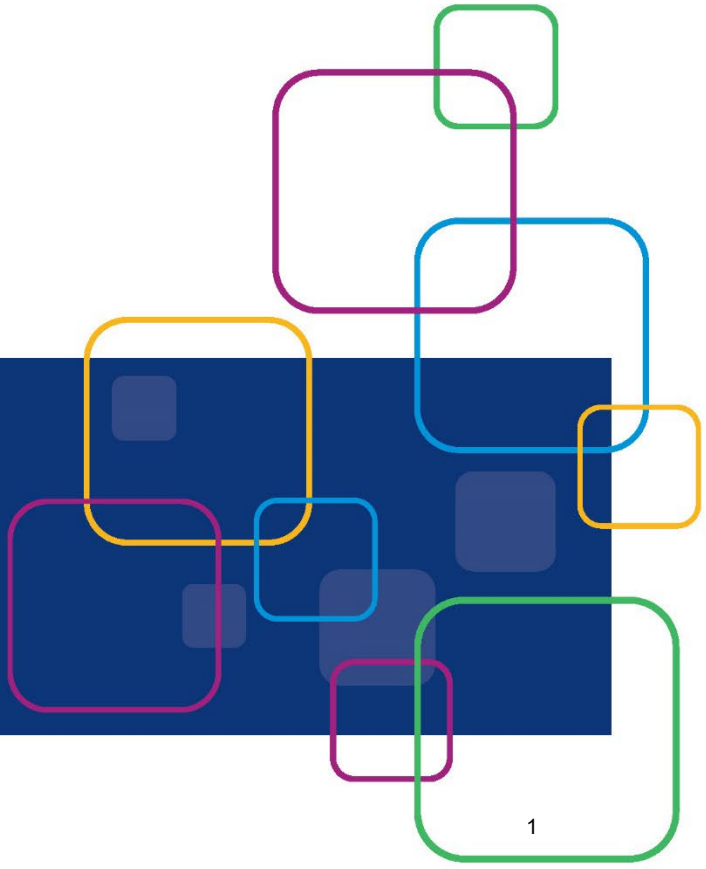
TECHNICAL PROPOSAL

Nebraska Department of Health and Human Services

Olmstead Plan Evaluation

RFP #125999 O3

July 27th, 2026



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TRANSMITTAL LETTER

July 27, 2026

Angelica Shasteen
Department of Health and Human Services

Re: NE DHHS RFP 125999 O3

Dear Angelica,

The Nebraska Department of Health and Human Services (DHHS) has identified community living and integration for people with disabilities as a key priority, and the evaluation of the Nebraska Olmstead Plan is a critical element of that work. Public Consulting Group LLC (PCG) is pleased to submit this proposal in response to DHHS's request for proposals for a Nebraska Olmstead Plan Evaluation. DHHS can benefit from a partnership with PCG that draws on our experience working with individuals with disabilities, our skills in collaborating with the agencies and programs that support them, and our expertise in community-based services and community living policies and programs. PCG is prepared to provide comprehensive support and assistance to evaluate and revise the Nebraska Olmstead Plan.

Please note the following highlights, which make us unique in our ability to meet the state's primary goals for the Olmstead Plan and the technical support required to evaluate and revise it:

- **Nation-leading expertise in community-based services, community integration, and strategies to reduce reliance on institutional care.** PCG has proven experience providing comprehensive technical assistance and best-practices research to expand access to community-based services, support the full and equal participation of people with disabilities in their communities, and remove barriers to independent living and self-determination.
- **We are a person-centered organization.** The proposed project team is comprised of staff trained in person-centered thinking and planning, disability rights, and best practices for community integration. We are committed to ensuring people with disabilities live, learn, work, and enjoy life in their communities in the most integrated setting that meets their needs. Our team includes staff with lived experience of disability, and we bring this lens to all our projects, keeping individuals with disabilities at the forefront of our work.
- **Successful track record working in the State of Nebraska**. PCG has worked with multiple state agencies in Nebraska, including several engagements with DHHS. Our deep-rooted understanding of Nebraska's programs and disability landscape will enable us to provide a tailored evaluation of the Nebraska Olmstead Plan.

PCG has been a trusted partner for the State of Nebraska for many years, and we look forward to the opportunity to work with Nebraska further. We have outlined our qualifications, capability, capacity, work plan, and approach in this proposal. Please do not hesitate to contact our Engagement Manager, Brittani Trujillo, at btrujillo@pcgus.com or (720) 547-5305 if you have any questions or need clarification on the contents of our proposal.

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

Sincerely,

Jill Reynolds
Associate Practice Area Director
Public Consulting Group LLC

1. CORPORATE OVERVIEW

A. BIDDER IDENTIFICATION AND INFORMATION

Founded in 1986 and headquartered in Boston, Massachusetts at 148 State Street, 10th Floor, Boston, MA 02109, Public Consulting Group LLC (PCG) is a Delaware limited liability company and a subsidiary of Public Consulting Group Holdings, Inc. (PCG Holdings). Public Consulting Group, Inc. underwent a corporate restructure as of December 31, 2020, by which it became Public Consulting Group LLC. PCG Holdings and its affiliates employ nearly 2,000 professionals worldwide – all committed to delivering solutions that change lives for the better. PCG is a consulting, operations, and technology firm that has dedicated itself almost exclusively to serving the public sector for more than 35 years.

B. FINANCIAL STATEMENTS

PCG confirms strong financial stability, as evidenced by our financial information below. As a non-publicly held corporation, included is a letter of Financial Stability as well as a banking reference.

Regarding judgements, pending or expected litigation, or other real or potential reversals, no such condition is known to exist.

Public Consulting Group LLC (PCG), a privately held company, was founded in 1986 by its current President and CEO, William S. Mosakowski. PCG has more than 2,000 employees in twenty offices. PCG has over 2,000 contracts and operates throughout all fifty states.

PCG is the primary subsidiary of its parent company, Public Consulting Group Holdings, Inc. (PCGH), which has consistently maintained a strong and stable financial position while experiencing steady growth, even in challenging economic environments. For the fiscal years ended 2025 and 2024, PCGH's Revenue exceeded $650 million and $647 million. In addition, PCGH has achieved double digit growth rates nearly every year for over three decades and has continued to grow revenue in fiscal year 2026 with revenue forecast to exceed $700 million. PCG has also remained profitable throughout its history and expects to remain profitable in the fiscal year 2026.

PCGH has a very strong balance sheet as evidenced by over $115 million of cash on hand and in excess of 77 million in trade receivables (both exclusive of the divested units), its low debt (approximately $33 million), and a $50 million unused revolving line of credit with a group of regional and national banks. Management is confident that PCG has the resources and capacity to fund both near term operations and future growth.

With many of the services PCG provides classified as essential by PCG's government clients, PCG's business was exceptionally stable through the COVID pandemic era. PCG's business continues to be very stable due to many multi year contracts and incumbency on a substantial number of long-term projects, and less than 1% of revenue with direct Federal contracts, resulting in exceptional forward revenue visibility. PCG is therefore confident that revenue growth and profitability will continue into the fiscal year 2026.

PCG has never filed for bankruptcy or defaulted on any loans. Public Consulting Group LLC is owned by its parent company Public Consulting Group Holdings, Inc.

Jon Kanter, Chief Financial Officer

Citizens

April 30, 2026

Reference
Public Consulting Group, LLC
148 State Street
Boston, MA 02109

ABA:211070175
DDA:1109586385

To Whom It May Concern:

This letter will confirm that Public Consulting Group, LLC. ("PCG") is a commercial banking client of Citizens, NA ("the Bank"). We have worked with PCG for many years and they have always handled their relationships in an exemplary fashion.

We act as administrative agent for a syndicated term loan currently in the amount of $31,125,000 and a $50,000,000 line of credit. The line of credit is unused at this time.

Overall, PCG is an excellent customer of the Bank and we value the relationship.

Should you have any further questions regarding PCG, please do not hesitate to call me at 781-367-2131.

Very truly yours,

Deana Williamson
Senior Vice President

MICHAEL CONSTANTINOS KEATING
Notary Public, Commonwealth of Massachusetts
My Commission Expires November 08, 2030

C. CHANGE OF OWNERSHIP

No change in ownership is anticipated during the twelve (12) months following the solicitation due date.

D. OFFICE LOCATION

PCG is headquartered in Boston, MA and project team members are located throughout the country. Day-to-day oversight will be provided by the Maryland-based Project Manager and Denver-based Engagement Manager.

E. RELATIONSHIPS WITH THE STATE

Table 1 below demonstrates PCG's established working relationship with the State of Nebraska by identifying state agency partners, project names, and contract numbers for contracts PCG has supported over the past ten years.

TABLE 1: PCG RELATIONSHIPS WITH NEBRASKA

State Agency	Project Name	Contract Number
NE DHHS	Asset Verification System (AVS)	Contract 82746 O4 (PCG Subcontractor)
NE DHS	Cost Allocation and RMTS	PO P26349239 with SHI
NE DOE	VR Supported Employment Rates	Contract 42124
NE Executive Board of Legislative Council	Child Welfare Privatization Study	Contract 98821
NE DHHS	School-Based Medicaid	Contract 99234 O4
NE VR	Worksite Skills Trainer Cost Study and Trainer Program	Contract 43408
NE DHHS	Address Validation	Contract 103297 O4
NE DHHS	Policy Consulting	Contract 87262 O4

NE DHHS	Child Care and Development Fund Subject Matter Expertise	Contract 105993 O4
NE DHHS	Unwinding Eligibility Verification Services	Contract 106825 O4
NE DHHS	SNAP Demonstration Waiver Evaluation for Nutritional Restrictions	Contract 114290 O4
NE DHHS	Modernizing Systems Consulting Services	Contract 87262 O4

F. BIDDER'S EMPLOYEE RELATIONS TO STATE

No party in this response is or was an employee of the State of Nebraska.

G. CONTRACT PERFORMANCE

PCG has not had a contract terminated for default and does not otherwise consistently track contracts that are terminated for convenience. Otherwise, PCG discloses that:

- In September 2025, the Maryland Department of Aging terminated for convenience its contract with PCG, for the operation and hosting of a random moment time study (RMTS) software system, after the state decided to transition its RMTS process to an internal system. PCG otherwise performed all services to the satisfaction of the client and was fully compensated for all services rendered.

- In March 2025, the South Dakota Department of Health terminated for convenience its contract with PCG, for technical support on the state's Community Information Exchange, after being notified that related federal funding had been eliminated. PCG otherwise performed all services to the satisfaction of the client and was fully compensated for all services rendered.

- In March 2025, the Minnesota Department of Health terminated for convenience a contract with PCG, to help employees acknowledge the after-effects caused by the pandemic, with only a few days remaining, after the agency received notice that related federal funding had been eliminated. PCG otherwise performed all services to the satisfaction of the client and was fully compensated for all services rendered.

- In May 2024, the California Correctional Health Care Services Agency terminated for convenience a contract with PCG, which had gone into effect in August 2023, for information technology project management services, under a budget contingency clause as a result of a reduction in funding under the California State Budget Act. PCG otherwise performed all services to the satisfaction of the client and was fully compensated for all services rendered.

- In July 2023, the South Dakota Department of Education terminated for convenience a contract with PCG, which had gone into effect in August 2021, for services intended to improve the efficiency of the special education accountability system, after determining that the services were no longer needed. PCG was otherwise fully compensated for all services rendered.

- 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, after the project was wound down, 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 maintained the same term as the original contract and called for many of the same software services and associated compensation as the original contract.

- In 2022, the California Department of Corrections and Rehabilitation terminated for convenience a staff augmentation contract for two positions. PCG continued to provide substantial services to the agency pursuant to other contracts.

- In May 2022, PCG had 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 the contract was extended twice to allow a procurement process to be completed, and after the compensation amount was increased. PCG successfully completed all services it was asked to perform, 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 proposals. MDRS again awarded PCG the expanded procurement. As a result, in February 2021, MDRS (i) executed a new Pre-ETS contract with PCG that both incorporated its old contract and the new procured services and (ii) terminated for convenience the original Pre-ETS contract with PCG.

H. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

PCG is a consulting, operations, and technology firm that has dedicated itself almost exclusively to serving the public sector for more than 40 years. As a result, we have 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 people it serves. We are honored to have helped thousands of public sector organizations improve outcomes for individuals by implementing a range of solutions to maximize resources, make better management decisions using performance measurement techniques, improve business processes, achieve and maintain federal and state compliance, and promote equitable systems and practices.

PCG has specifically assisted health and human services agencies in managing disability programs for over 30 years and has subject matter expertise in programs for individuals who with disabilities, including physical and intellectual and developmental, and are deeply committed to person-centered practices, community living, and community integration.

While PCG's experience includes strategic plan evaluations and disability systems assessments, much of our work has focused on the core domains that comprise state Olmstead implementation efforts, including Home and Community Based Services (HCBS) expansion, integrated employment, community housing, transportation access, person-centered planning, HCBS Settings Final Rule compliance, and community integration activities. Through this work< PCG has partnered with states to identify barriers to community living, improve access to services in the most integrated settings possible, strengthen accountability systems, and support implementation of policies that advance Olmstead principles.

PCG is the right partner for DHHS on this engagement. With PCG, DHHS will have a partner who is not only committed to community living for individuals with disabilities but has a proven track record of doing just that in states across the country. Our project staff have the skills and experience to produce exemplary work that exceeds DHHS' expectations and supports the goals of Olmstead.

Reason 1: Our team of national experts bring deep subject matter expertise in Olmstead and community living and integration. PCG's Aging and Disability Center of Excellence supports state disability agencies nationwide, with deep expertise in HCBS, community integration, disability employment, and self-direction. Our team brings direct state government experience, including with Money Follows the Person and Home and Community-Based Services programs.

Reason 2: Successful track record working in the State of Nebraska. PCG has worked with multiple state agencies in Nebraska, including several engagements with DHHS. Our deep-rooted understanding of Nebraska's programs and disability landscape will

enable us to provide a tailored evaluation of the Nebraska Olmstead Plan.

Reason 3: Person-centered thinking is foundational to our work. Our commitment to and focus on person-centered practices makes us distinct among management consulting firms. At the core of our work is the fundamental belief that people with disabilities deserve to live the lives of their choosing, and we recognize the critical role disability service systems play in enabling this choice, independence, and community integration. We bring to this engagement best practices, knowledge, expertise, and passion for improving the lives of people receiving services.

THREE SIMILAR PREVIOUS PROJECTS

PCG has extensive experience helping states across the country improve their programs serving people with disabilities, including Olmstead compliance and community living and integration. **The projects presented in Table 2 below demonstrate PCG's extensive experience conducting evaluations, strategic planning, stakeholder engagement, and technical assistance initiatives that are highly comparable to the Nebraska Olmstead Plan Evaluation.** Similar to this solicitation, these engagements required PCG to assess existing programs and strategic plans; evaluate outcomes, benchmarks, and system performance; conduct quantitative and qualitative research; engage individuals with disabilities, family members, advocates, providers, and government partners; identify barriers to community integration; and develop actionable recommendations to improve service delivery and policy outcomes.

Although these engagements addressed different disability and human services initiatives, each required PCG to perform functions that are central to this project, including evaluating strategic plans and programs, assessing outcomes and benchmarks, conducting qualitative and quantitative analysis, engaging individuals with disabilities and other stakeholders, identifying systemic barriers, facilitating cross-agency collaboration, developing communications materials, providing technical assistance, and translating evaluation findings into actionable recommendations. Collectively, these projects demonstrate PCG's ability to successfully perform the work required under this solicitation and support Nebraska through evaluation, stakeholder engagement, strategic planning, communications, and implementation support.

TABLE 2: MATRIX OF THREE SIMILAR PROJECTS

Los Angeles County	Aging & Disabilities Department Disability Services Strategic Plan
Project Description	Developed a countywide disability services strategic plan and implementation plan through stakeholder engagement, service mapping, policy review, surveys, interviews, and focus groups.
Project Timeline and Budget	Time Period: 4/14/2025 -1/31/2026 Scheduled Completion Date: 1/31/2026 Scheduled Budget: 199,277.80 Actual Completion Date: 1/31/2026 Actual Budget: 199,277.80

Similarities to Solicitation	Similar to the Nebraska Olmstead Plan Evaluation this project focused on disability services system assessment, stakeholder engagement, identification of service gaps and barriers, strategic planning, and implementation planning. The engagement emphasized input from individuals with disabilities, advocates, service providers, and government agencies and resulted in actionable recommendations to strengthen community-based supports, promote inclusion, and improve outcomes for individuals with disabilities. Similar to Nebraska's goals, the project centered on person-centered practices, cross-system collaboration, and improving opportunities for individuals with disabilities to live and participate fully in their communities.
Bidder Responsibilities	Stakeholder engagement, service mapping, surveys, focus groups, strategic planning, implementation planning, and recommendations development.
Customer Contact Information	**Alexander Gonez** Program Manager, Disability Services & Supports Los Angeles County Aging & Disabilities Department Phone number: 213-320-8725 Fax Number: N/A Agonez@ad.lacounty.gov
Maine DHS	**Maine CDC Alzheimer's Disease and Related Dementias Evaluation**
Project Description	Evaluated statewide ADRD initiatives, conducted needs assessment, developed strategic and implementation plans, and evaluated outcomes and performance measures.
Project Timeline and Budget	Time Period: 2/2021-12/2026 Scheduled Completion Date: 12/2026 Scheduled Budget: $932,389 Actual Completion Date: In Progress Actual Budget: $932,389
Similarities to Solicitation	This project involved evaluating implementation of a statewide strategic plan, assessing outcomes and performance measures, conducting quantitative and qualitative data analysis, engaging diverse stakeholders, and developing recommendations and implementation strategies. Similar to the Nebraska Olmstead Plan evaluation, PCG assessed progress toward strategic goals, identified gaps and barriers, and supported continuous quality improvement through evaluation and planning activities.
Bidder Responsibilities	Needs assessment, program evaluation, stakeholder engagement, strategic planning, implementation planning, survey design, qualitative and quantitative analysis.
Customer Contact Information	**Marissa Romano, MPH** Alzheimer's Disease and Related Dementias Program Manager Phone Number: (207) 441-0894 Fax Number: (207) 287-3005 Marissa.Romano@maine.gov
City of Austin	**Office of Civil Rights Quality of Life Study for People with Disabilities**
Project Description	Conducted a quality-of-life assessment for individuals with disabilities through surveys, stakeholder engagement, focus groups, interviews, and data analysis.
Project Timeline and Budget	Time Period: 4/2021-7/2022 Scheduled Completion Date: 7/2022 Scheduled Budget: $199,670 Actual Completion Date: 7/2022 Actual Budget: $199,670
Similarities to Solicitation	This project focused on understanding the experiences, needs, and barriers faced by individuals with disabilities through extensive stakeholder engagement, surveys,

	focus groups, and data analysis. Like Nebraska's Olmstead Plan, the project emphasized community participation, accessibility, quality of life, and the incorporation of lived experience into policy recommendations and future planning efforts.
Bidder Responsibilities	Survey design and administration, stakeholder engagement, focus groups, interviews, community power analysis, and report development.
Customer Contact Information	**Carol Johnson** Civil Rights Officer, City of Austin Phone Number: 512-978-1534 Fax Number: 512-974-2405 Carol.Johnson@austintexas.gov

I. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

PCG is excited to bring an exceptional team to this project who have expertise that aligns with the requirements in the RFP. Our team has deep expertise in disability programs, community living and integration, evaluation, communications, and stakeholder engagement. We will draw upon our local, state, and national expertise to support this engagement. **Figure 1** below provides an organizational chart, which presents the reporting relationships of the project team.

FIGURE 1: ORGANIZATIONAL CHART

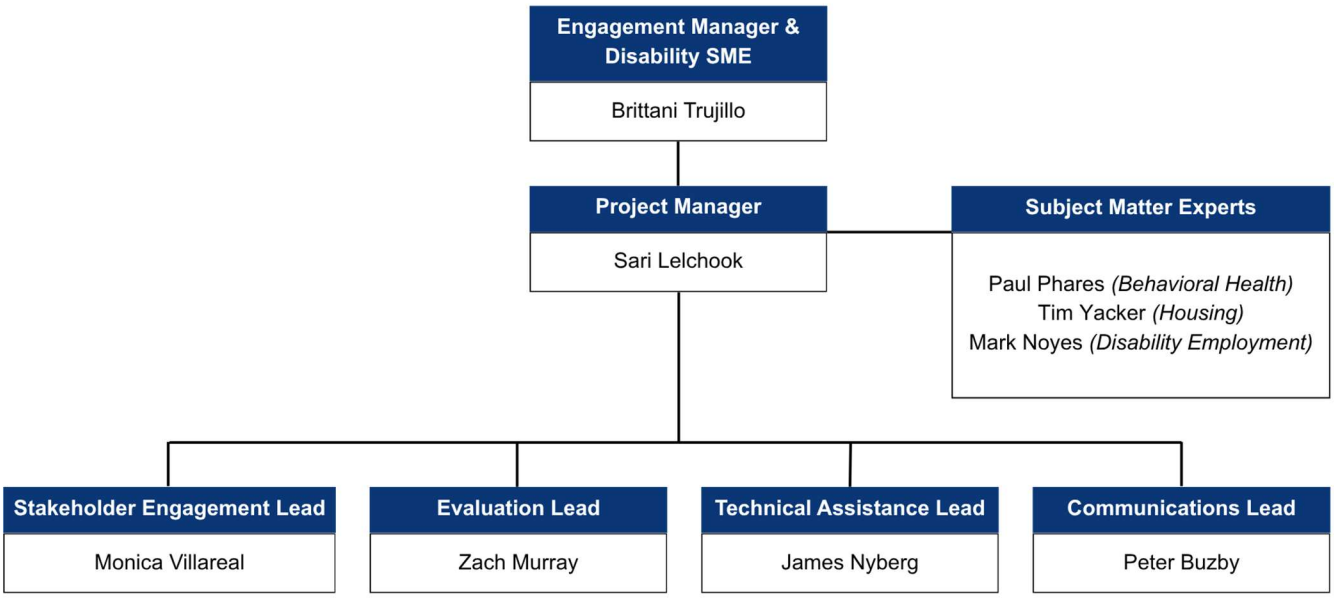

Table 3: Proposed personnel/management approach **Table 3** below outlines the roles and responsibilities for each of the project team members, alongside a description of the team leadership structure and interface, support functions, and reporting relationships. Resumes for each team member are provided after.

TABLE 3: PROPOSED PERSONNEL/MANAGEMENT APPROACH

Brittani Trujillo	**Engagement Manager and Disability SME**
Primary Responsibilities	Executive oversight, client relationship management, quality assurance, strategic guidance, executive review of key deliverables. Disability policy expertise, ADA and Olmstead compliance review, disability service systems consultation.
Leadership, Interface, Support, and Reporting	Serve as Engagement Manager and Disability Subject Matter Expert for the project, providing overall contract oversight, executive-level guidance, quality assurance, and strategic direction throughout the engagement. Serve as the primary escalation point for project risks, scope issues, and executive decision-making. Provide oversight to the Project Manager and support key interactions with DHHS leadership and the Olmstead Advisory Committee. Provide specialized knowledge of disability service systems, person-centered planning, community integration, ADA requirements, and Olmstead implementation. Support interpretation of findings, review recommendations, and ensure alignment with national disability policy and best practices. Provide support across project phases.
Sari Lelchook	Project Manager
Primary Responsibilities	Day-to-day project management, schedule management, budget monitoring, deliverable coordination, client communications.
Leadership, Interface, Support, and Reporting	Serve as the primary point of contact for DHHS and be responsible for day-to-day management of all project activities. Coordinate project resources, monitor progress against milestones, facilitate communication among all team members, and oversee development of deliverables. Ensure all project staff coordinate project activities through the Project Manager. Ensure evaluation, stakeholder engagement, and recommendations align with Nebraska's Olmstead goals and implementation priorities. Report to the Engagement Manager and provide overall leadership to the project team.
Monica Villarreal	Stakeholder Engagement Lead

Primary Responsibilities	Stakeholder engagement strategy, interviews, focus groups, facilitation, advisory committee support.
Leadership, Interface, Support, and Reporting	Direct stakeholder engagement activities and oversee interview and focus group design, facilitation, stakeholder outreach for disability advocates, service providers, people with lived experience, and advisory committee engagement. Coordinate closely with the Evaluation Lead and Project Manager to ensure stakeholder feedback is incorporated into evaluation findings and plan recommendations. Report to the Project Manager.
Peter Buzby	Communications Lead
Primary Responsibilities	Communications planning, messaging, dissemination strategy, presentations, fact sheets, infographics, communications products.
Leadership, Interface, Support, and Reporting	Develop the Communications Plan and supporting materials, working closely with DHHS to create messaging strategies and public-facing materials that communicate evaluation findings and plan recommendations. Coordinate with the Stakeholder Engagement Lead and Evaluation Lead to ensure communications products accurately reflect project findings. Report to the Project Manager.
Zach Murray	Evaluation Lead
Primary Responsibilities	Evaluation design, methodology, data analysis, performance measurement, evaluation report development.
Leadership, Interface, Support, and Reporting	Manage evaluation activities, including development of the evaluation framework, outcome and benchmark assessment, qualitative and quantitative analysis, and preparation of the Olmstead Plan Evaluation Report. Oversee evaluation and analytical activities to ensure methodological rigor and alignment with best practices. Collaborate closely with the Senior Policy Analyst and subject matter experts. Report to the Project Manager.
James Nyberg	Technical Assistance Lead

Primary Responsibilities	Technical assistance planning and delivery, implementation support, systems improvement, capacity building, action planning, cross-system collaboration, Olmstead implementation support.
Leadership, Interface, Support, and Reporting	Provide technical assistance and implementation support to DHHS and partner agencies throughout the project. Translate evaluation findings into actionable strategies that advance community integration, person-centered practices, and Olmstead Plan goals. Support development of implementation tools, performance improvement approaches, and cross-system solutions related to housing, employment, behavioral health, and long-term services and supports. Collaborate closely with the Project Manager, Evaluation Lead, Stakeholder Engagement Lead, and subject matter experts to ensure technical assistance activities align with project findings and national best practices. Report to the Project Manager.
Mark Noyes	Disability Employment Subject Matter Expert
Primary Responsibilities	Employment and workforce subject matter expertise, review of employment-related goals and recommendations.
Leadership, Interface, Support, and Reporting	Provide specialized expertise related to employment services, workforce development, supported employment, and competitive integrated employment practices. Contribute to assessment of Olmstead Goal 4 and assist in developing recommendations and implementation strategies. Work under the direction of the Evaluation Lead and Project Manager and support the Technical Assistance Lead.
Tim Yaecker	Housing Subject Matter Expert
Primary Responsibilities	Housing policy and systems expertise, housing analysis, recommendations related to housing access and integration.
Leadership, Interface, Support, and Reporting	Bring subject matter expertise related to accessible, affordable, and integrated housing systems for people with disabilities. Support evaluation of housing-related outcomes and development of recommendations related to Olmstead

	Goal 2. Collaborate with the Evaluation Lead and Senior Policy Analyst and report through the Project Manager.
Paul Phares	Behavioral Health Subject Matter Expert
Primary Responsibilities	Behavioral health systems expertise, community integration strategies, behavioral health recommendations.
Leadership, Interface, Support, and Reporting	Provide expertise regarding behavioral health systems, community-based supports, and service integration for individuals with behavioral health needs. Contribute to analysis of barriers, system improvement opportunities, and recommendations related to community integration and service access. Support evaluation and recommendation development activities and report through the Project Manager.

Brittani Trujillo
Associate Manager

Brittani Trujillo, an Associate Manager located in Denver, CO will serve as the Engagement Manager and Disability Subject Matter Expert (SME). Brittani understands that successful completion of the project requires a structured, collaborative approach that combines evaluation, stakeholder engagement, strategic planning, and technical assistance to support meaningful revisions to Nebraska's Olmstead Plan. Brittani has more than 20 years of 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. Brittani has significant expertise in community-based programs and state government and has been involved in strategic planning, evaluation, and implementation. Brittani has a proven history working with state staff and their stakeholders with knowledge of the political and programmatic structure. Brittani is an Ambassador for Charting the LifeCourse and is certified in person-centered thinking.

RELEVANT EXPERIENCE

Massachusetts Executive Office of Aging & Independence
Home Care Sustainability (April 2026 – June 2026): Engagement Manager

Project: Provide project management, content development, policy analysis, and implementation support for the Home Care Program. The project team is responsible for developing and maintaining a project charter, master work plan, and governance support. In addition, the team is conducting targeted, decision-focused analysis, developing sustainability options with financial impact estimates, developing regulation amendments, supporting stakeholder engagement, and developing detailed system functional and technical requirements for a new system procurement.

Brittani Trujillo: As Engagement Manager, leads the team to ensure contract compliance, adequate staffing, and quality deliverables.

County of Los Angeles, Department of Aging and Disabilities
Disabilities Strategic Plan Development (April 2024 – February 2025): Engagement Manager

Project: Assist in the development of a strategic plan for disability services in Los Angeles County, California. The team developed and is administering a survey to understand current gaps, barriers, and challenges experienced by individuals with disabilities. In addition, the team will conduct key informant interviews, facilitate focus groups and visioning sessions to develop a strategic plan and implementation plan for disability services.

Brittani Trujillo: As Engagement Manager, leads the team to ensure contract compliance, adequate staffing, and quality deliverables. Also provides subject matter expertise regarding disability services and services in California.

State of Alabama, Alabama Department of Senior Services
Older Americans Act Final Rule Implementation (April 2025 – December 2025): Engagement Manager

Project: Support Alabama’s Department of Senior Services (DSS) to comply with the Older Americans Act Final Rule of 2024. Work includes reviewing current rules and policies, identifying areas of non-compliance, and supporting the development/revision of rules and polices to comply. PCG is also support the development of DSS’ Corrective Action Plan and will support implementation of the plan. The team is also developing training for the system and will provide training virtually.

Brittani Trujillo: As Engagement Manager, leads the team to ensure contract compliance, adequate staffing, and quality deliverables.

State of Kansas, Department for Aging and Disability Services

TCM Study (June 2023 – June 2024); CSW Waiver (March 2024 – Present): Engagement Manager

Project: Evaluate the current TCM system and provide recommendations for system transformation that complies with the conflict-of-interest requirements. Develop a new HCBS waiver for individuals with I/DD, develop new service definitions and rates, support the CMS submission and approval process; build provider capacity; provide grants management for system transformation and employment opportunities for individuals with I/DD; website development and maintenance; stakeholder engagement.

Brittani Trujillo: As Engagement Manager, leads the team to ensure contract compliance, adequate staffing, and quality deliverables. Provides subject matter expertise regarding HCBS waivers, services, quality, case management, and grants management. The team is collaborating with multiple state agencies to develop the new waiver, develop grant programs, and provide full life cycle grants management.

State of California, Department of Developmental Services

Home and Community Based Settings Site Assessments (January 2020 – September 2022): Project Manager/Quality Assurance Lead

Project: 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.

Brittani Trujillo: As Project Manager and Quality Assurance Lead, worked with internal team on site assessment tool development and stakeholder engagement. Developed quality assurance metrics for site assessors and quality assurance staff. Responsible for provider oversight and direction for quality assurance of site assessment reports. Provided recommendations to the agency regarding provider site compliance. Reviewed provider self-assessments and documentation to determine final compliance.

State of California, Department of Health Care Services

Home and Community Based Services Settings Statewide Transition Plan (January 2020 – June 2022): Project Manager/Subject Matter Expert

Project: Developed the final Statewide Transition Plan. Trained providers and case management agencies on the HCBS Final Rule. Supported providers in developing Remediation Work Plans. Developed a new individual service plan for an HCBS waiver to comply with the HCBS Final Rule. Trained providers and care coordinators on the HCBS Final Rule, Person-Centered Planning, and the new individual service plan.

Brittani Trujillo: Managed and coordinated a project team of more than 20 individuals. Facilitated weekly client meetings and more than 6 stakeholder meetings to develop the individual service plan. Facilitated more than 9 webinars totaling more than 500 attendees. Developed a desk guide for care coordinators to support their development of an individual service plan.

City of Austin, State of Texas

Disability Quality of Life Study (April 2021 – June 2022): Project Manager

Project: PCG was contracted to develop and administer of Quality of Life Study for people with a disability living and/or working in Austin, Texas.

Brittani Trujillo: As Project Manager, had primary oversight responsibility for a team enlisted to develop and administer of Quality of Life Study for people with a disability living and/or working in Austin. Developed presentation materials and conducted stakeholder engagement (focus groups and large meetings). Met and collaborated with the Mayor's Committee for People with Disabilities. Conducted a Community Power Analysis. Developed a final report with recommendations for the City of Austin.

PROFESSIONAL BACKGROUND

Public Consulting Group
Boston, MA – January 2020 – Present

Colorado Department of Health Care Policy and Financing
Denver, CO – November 2013 – January 2020

EDUCATION

University of Colorado Denver
Denver, Colorado
Master of Business Administration with a concentration in Change Management, 2011

University of Northern Colorado
Denver, Colorado
Master of Arts in Community Counseling, 2006

CERTIFICATION / PUBLICATIONS / SPECIAL SKILLS

- Person-Centered Thinking – 2014
- Charting the Life Course Ambassador – 2020

REFERENCES

Name	Seth Kilber Assistant Commissioner of Long Term Services & Supports Kansas Department of Aging and Disability Services		
Address:	503 S. Kansas Ave. Topeka, KS 66603		
Phone	785-506-7429	**Email**	Seth.Kilber@ks.gov

Name	Nick Nyberg Programs & Planning Division Chief Alabama Department of Senior Services		
Address:	201 Monroe St #350 Montgomery, AL 36104		
Phone	334-24-5767	**Email**	Nick.Nyberg@adss.alabama.gov

Name	Lynn Vidler Assistant Secretary Massachusetts Executive Office of Aging & Independence		
Address:	One Ashburton Place, Boston, MA 02108		
Phone	781-531-3749	**Email**	Lynn.Vidler@mass.gov

Sari Lelchook, MPH
Senior Consultant

Sari Lelchook will serve as the Project Manager and understands the importance of coordinating project activities, managing timelines and deliverables, facilitating stakeholder engagement, and ensuring all project components support the overall evaluation and revision process.. Sari has more than 15 years of experience supporting health and human services programs, specializing in long-term services and supports (LTSS) and home and community-based services (HCBS). She has worked extensively with federal and state agencies, providing expertise in stakeholder engagement, technical assistance, project management, program evaluation, and system redesign. Sari has led numerous initiatives focused on community integration, quality improvement, and system redesign.

RELEVANT EXPERIENCE

State of Kansas, Department for Aging and Disability Services (KDADS)
Community Support Waiver Consultant Services (February 2024 – June 2026: Community Support Waiver Development Project Manager

Project: Lead development of the Community Support Waiver to enhance services for individuals enrolled in or waiting for I/DD waiver services. Support system redesign efforts to improve transparency and accountability within Community Developmental Disability Organizations (CDDOs), implement a conflict-free case management model, and oversee grant programs that help sheltered workshop providers achieve HCBS Final Settings Rule compliance.

Sari Lelchook: Provided project management support for the development of a new Section 1915(c) Home and Community-Based Services (HCBS) waiver for individuals with intellectual and developmental disabilities (I/DD). Led cross-functional planning efforts with the Kansas Department for Aging and Disability Services (KDADS) to develop waiver services, service definitions, provider qualifications, participant safeguards, and cost neutrality requirements. Managed stakeholder engagement activities, including a Technical Advisory Group, public town halls, interagency meetings, stakeholder outreach, and project communications. Conduct peer-state research and interviews to identify best practices, support a provider Community of Practice, and oversee development of implementation resources.

State of Minnesota, Department of Human Services, Grants, Equity, Access and Research (GEAR) Division
Long-Term Services and Supports Workforce Incentive Fund (March 2024 – Present): Project Manager

Project: Administer the Minnesota Care Force Incentive, overseeing distribution of $83.5 million in LTSS workforce funding to eligible employers. Lead program implementation, including development of a web-based application portal, technical assistance, application review, funding recommendations, fund disbursement, compliance monitoring, audits, and outreach activities to support broad provider participation.

Sari Lelchook: Provide project management leadership for the design and implementation of workforce retention incentive programs. Lead stakeholder engagement, application process design, program operations, communications, and audit activities, including development of application systems, eligibility criteria, guidance materials, public-facing resources, and help desk support. Oversee project timelines, budget, quality assurance reviews, risk mitigation, and delivery of all program milestones and state-required deliverables.

State of California, Department of Health Care Services, Managed Care Quality and Monitoring Division

Providing Access and Transforming Health (PATH) Third Party Administrator (July 2022 – August 2023): Project Management Office (PMO) Lead (July 2022 – February 2023), Capacity and Infrastructure, Transition, Expansion, and Development (CITED) Grant Manager (February 2023 – August 2023)

Project: Third Party Administrator (TPA) for the Providing Access and Transforming Health (PATH) Program. PATH is a five-year, $1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners to successfully participate in the Medi-Cal delivery system. As the TPA, PCG will administer the four ECM/Community Supports (ILOS) PATH initiatives authorized under the State's 1115 waiver.

Sari Lelchook (PMO Lead): Provide oversight of the CITED and Justice-Involved Planning and Capacity Building grant initiatives, ensuring effective implementation and alignment with program goals. Manage the PATH project, including development of policies and procedures, project scope, timelines, and deliverables to support program administration and compliance.

Sari Lelchook (CITED Grant Manager): Manage the Capacity and Infrastructure, Transition, Expansion, and Development (CITED) initiative, overseeing budget, risk, scope, stakeholder engagement, schedules, and deliverable development. Directed administration of approximately $350 million in funding across two award rounds supporting nearly 300 awardees, ensuring program compliance, effective implementation, and alignment with strategic objectives.

State of California, Department of Health Care Services (DHCS)

Remediation of Settings Assessment and Statewide Transition Plan (May 2021 – June 2022): Task Lead

Project: Provide comprehensive support to the Department of Health Care Services (DHCS) in achieving compliance with the Home and Community-Based Services (HCBS) Settings Rule. Lead provider transition and remediation efforts, develop and deliver compliance and person-centered planning training, support Statewide Transition Plan (STP) development, prepare heightened scrutiny submissions for CMS review, and implement stakeholder communication strategies. Review provider remediation plans and provide recommendations to support successful compliance and continuity of community-based services.

Sari Lelchook: Develop a comprehensive Individual Service Plan (ISP) framework for the Assisted Living Waiver, along with supporting materials to guide consistent and compliant implementation. Convene and facilitate stakeholder workgroup meetings to gather input, build consensus, and inform the development of person-centered processes and tools. Design and deliver training for providers and case management agencies to support effective adoption of the ISP framework and ensure alignment with program requirements and best practices.

PROFESSIONAL BACKGROUND

Public Consulting Group

Boston, MA – September 2021 – current

Truven Health Analytics/IBM Watson Health

Bethesda, MD – November 2011 – September 2021

EDUCATION

The George Washington University

Washington, District of Columbia

Master of Public Health, 2019

University of Maryland, College Park
College Park, Maryland
Bachelor of Science in Nutritional Science, 2010

PUBLICATIONS

Kasten J, Lewis E, Lelchook S, Feinberg LF, Hado E. *Recognition of Family Caregivers in Managed Long-Term Services and Supports.* AARP Public Policy Institute; April 2020. https://doi.org/10.26419/ppi.00090.001

REFERENCES

Name	Carol Anthony Director of Grants, Equity, Access and Research (GEAR) Division Aging and Disability Services, Minnesota Department of Human Services		
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Name	Seth Kilber Assistant Commissioner of Long Term Services & Supports Kansas Department of Aging and Disability Services		
Address:	503 S. Kansas Ave. Topeka, KS 66603		
Phone	785-506-7429	**Email**	Seth.Kilber@ks.gov

Name	Michel Huizar Branch Chief, Managed Care Program Oversight California Department of Health Care Services		
Address:	Managed Care Quality & Monitoring Division P.O. Box 997413, MS 4400 Sacramento, CA 95899-7413		
Phone	916-266-3606	**Email**	michel.huizar@dhcs.ca.gov

Monica Villarreal
Consultant

Monica Villarreal will serve as the Stakeholder Engagement Lead. Monica understands that stakeholder engagement is a core component of the evaluation process and that input from individuals with disabilities, families, providers, advocates, and state partners must be incorporated throughout project development and recommendation refinement. Monica has ten years of experience developing, reviewing, and evaluating programs and services to improve the lives of individuals with disabilities, including stakeholder engagement, system redesign, and public policy. The following examples demonstrate her experience and expertise in supporting individuals with disabilities across different issue areas.

RELEVANT EXPERIENCE

Territory of Puerto Rico, Department of Health
Money Follows the Person (MFP) Program Oversight (June 2026 – Present): Deputy Project Manager

Project: The Puerto Rico Department of Health, Medicaid Program engaged Estudios Tecnicos, Inc. (ETI) in collaboration with PCG (as subcontractor) to assist with their development of an operational protocol for the MFP demonstration program for the territory.

Monica Villarreal: As the Deputy Project Manager, she assists the project manager and ETI in the administration of the project, working on tasks as assigned. She engages closely with the client and adjusts work as needed. She also conducts research and analysis to inform the work towards developing the MFP demonstration project.

State of New Hampshire, Department of Health and Human Services
Business Process Review (January 2026 – June 2026): Peer State Research Lead

Project: The New Hampshire Department of Health and Human Services (DHHS) engaged PCG to address significant backlogs in Medicaid Long-Term Care (LTC) applications and redeterminations, which were causing lengthy delays for residents seeking nursing facility or home and community-based services. PCG was contracted to conduct a comprehensive review of the State's LTC financial eligibility processes and develop an evidence-based, actionable plan for streamlining operations, reducing processing times, identifying efficiency opportunities, and improving the experience of applicants and staff.

Monica Villarreal: Leads peer state research, including in Georgia, Florida, Michigan, Colorado, Pennsylvania, Rhode Island, and Maine. She connected with staff overseeing the Medicaid financial eligibility process for Long-Term Care and scheduled, hosted and transcribed interviews. She used interview findings to outline potential recommendations for New Hampshire.

State of Minnesota, Department of Human Services
Long-Term Services and Supports (LTSS) Advisory Council (October 2025 - present): Research Analyst

Project: The State of Minnesota, through its Department of Human Services (DHS), contracted with PCG to facilitate the LTSS Advisory Council, as well as provide policy research and analysis, data analysis, and administrative support for the development of the policy recommendations and related materials.

Monica Villarreal: Serves as a member of the research staff for the LTSS Advisory Council. In this role she conducts research needed for the Advisory Council and evaluates the viability of their recommendations. She assists with drafting and writing the required memos and reports submitted to the Legislature.

State of Minnesota, Department of Human Services
New Americans in Long-Term Care Workforce Grant Program Evaluation (April 2025 - present): Stakeholder Engagement Lead

Project: The Minnesota Department of Human Services Grants Equity Access and Research (GEAR) Division has contracted with PCG to design and implement an outcome study for the New Americans in the Long-term Care Workforce grants program. The outcome study will identify the impact the grants have had on state, partners and populations across Minnesota and identify actionable opportunities for change.

Monica Villarreal: Serves as the stakeholder engagement lead. She leads focus groups with grantee organizations to ensure the evaluation is community driven and both GEAR staff and grantees understand what success looks like for the grant program.

State of Alabama, Department of Senior Services
Older Americans Act 2024 Policy Updates (April 30, 2025 – December 31, 2025): Policy Analyst

Project: In April 2025 the Alabama Department of Senior Services (ADSS) contracted with PCG to support their update to their policies and procedures to comply with the Older Americans Act (OAA) rule, which includes a review of existing policies and procedures, managing an amendment to the Alabama State Plan on Aging, developing corrective action plans, and creating and implementing training for ADSS and Area Agency on Aging staff on the changes made.

Monica Villarreal: Served as a policy analyst conducting tasks as needed. She reviewed and analyzed existing policies and procedures for different areas affected by the update to the Alabama State Plan on Aging and determined where and how these have to be updated for compliance. She worked closely with the client and ensured all feedback was considered and incorporated.

State of Arizona, Arizona Health Care Cost Containment System
American Rescue Plan Award Program for Providers (January 2023 – March 2025): Grant Lead

Project: The Arizona Health Care Cost Containment System is investing funds from the American Rescue Plan (ARP) into a $40 million award program to strengthen Home and Community Based Services (HCBS) across the state. The funds were distributed in a two-round process.

Monica Villarreal: Led the grant review team program, including developing the grant application, evaluation process and managing grant reviewers for the two rounds of grant applications. She worked closely with the client to troubleshoot issues with the grant application and reviews. She managed the review team who completed over 800 reviews.

State of Texas, Texas Workforce Commission System
Fee Structure analysis (January – March 2023): Stakeholder Outreach Coordinator

Project: The Texas Workforce Commission contracted with the Public Consulting Group (PCG) to conduct a fee structure analysis for the different vocational rehabilitation services they provide.

Monica Villarreal: Facilitated the coordination of both surveys and interviews with those stakeholders identified by the client. She worked with the project team to gather notes and insights from the assembled focus groups.

PROFESSIONAL BACKGROUND

Public Consulting Group
Austin, TX – September 2022 – present

Texas Governor's Committee on People with Disabilities
Austin, TX – January 2020 – August 2022

Texas Health and Human Services Commission
Austin, TX – June 2018 – January 2020

Every Texan
Austin, TX – July 2016 – June 2018

EDUCATION

LBJ School of Public Affairs, University of Texas
Austin, TX
Masters of Public Affairs, 2016

REFERENCES

Name	Carol Anthony Director of Grants, Equity, Access and Research (GEAR) Division Aging and Disability Services, Minnesota Department of Human Services		
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Name	Dara Johnson, Program Development Officer Arizona Health Care Cost Containment System		
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Name	Ron Lucey, Executive Director Texas Governor's Committee on People with Disabilities		
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Phone	512-463-5739	**Email**	ron.lucey@gov.texas.gov

Peter Buzby
Senior Communications Manager

Peter Buzby will serve as Communications Lead. Peter understands that clear, accessible, and transparent communication is essential throughout the evaluation process to support stakeholder participation, disseminate findings, and build understanding of proposed Olmstead Plan revisions. Peter has graduate degrees in both English and Communications and over 12 years of experience in organizational communications, including designing communication strategies and producing communications collateral for websites, videos, email, social media, print, and direct mail marketing. Presently, he provides strategy, outreach, and communications support for various projects in human services, including grant programs, new Medicaid initiatives, job training programs, and employment services. Peter's communication experience outside of PCG includes work as a technical editor, web editor, copy writer and editor, and a teacher of business communications.

RELEVANT EXPERIENCE

State of Indiana, Indiana Division of Disability and Rehabilitative Services
Level Up Indiana: Supported Employment+ (February 2026 – Present): Communication Lead

Project: Level Up Indiana: Supported Employment+ (SE+) is an extension of Level Up Indiana specifically to encourage individuals with disabilities who are already working to pursue more hours and greater responsibility at work. It includes tailored webpages and related content, a detailed training curriculum, and scripts for providers to use when discussing employment with the individuals they serve.

Peter Buzby: Working with the rest of the communications team and subject matter experts in employment, Peter created the communications strategy that guides other content pieces. He will also create and design webpages, flyers, talking points, and other key communications materials.

State of Maine, Office of Family Independence
MaineCare Updates for H. R. 1 (January 2026–June 2026): Senior Communications Manager

Project: As a result of H.R. 1, the state of Maine had to make significant changes to their Medicaid program, MaineCare; more specifically, they needed to introduce work requirements, reduced coverage for non-citizens, reduced retroactive coverage, and more frequent benefit renewals. The Maine Office of Family Independence contract with PCG to develop an overall communications strategy and the content necessary to execute that strategy.

Peter Buzby: Peter worked with the rest of the communications team to develop and update the communications strategy and create communications collateral, focusing on flyers and web content.

State of Kansas, Department for Aging and Disability Services
Community Support Waiver, Conflict-Free Restructuring, 14(c) to CIE Grant, and New Day Transformation Grant (April 2024– June 2026): Senior Communications Manager

Project: Across multiple workstreams, the Kansas Department for Aging and Disability Services (KDADS) is working on four broad initiatives: to develop a new community support waiver (CSW) to help Kansans with intellectual and development disabilities receive needed services; to modernize case management to eliminate conflicts of interest in accordance with the Medicaid final rule; to provide grant funds to help day service providers update their business models; and to create grant programs to help Medicaid providers in Kansas move away from sheltered workshops and toward competitive integrated employment.

Peter Buzby: Peter created the overall communications strategy for each of these workstreams. He also created communications collateral to execute these strategies and managed the rest of the content creation team.

State of Michigan, Michigan Rehabilitation Services
STEMM-Up Job Training Program (April 2025 – November 2025): Communications Lead

Project: STEMM-Up is a grant-funded program implemented at Michigan Rehabilitation Services (MRS) to help new and existing vocational rehabilitation (VR) clients obtain jobs in science, technology, engineering, math, and medicine (STEMM). Jobseekers participate in remote and in-person interventions grounded in social cognitive career theory (SCCT) to help them increase their self-efficacy, job ready skills, and goal persistence. The program also includes job shadowing, internships, and other job exploration activities to help jobseekers become more familiar with the wide range of STEMM jobs available to them.

Peter Buzby: Peter created the communication strategy for the expansion of the program from six pilot counties to the entire state of Michigan. He also created protocols, guidance documents, and templates to help MRS develop and publicize success stories from the program in a more efficient and engaging manner.

State of California, California Department of Aging
Bridge to Recovery Grant Program (March 2023 – April 2026): Communication Manager

Project: The Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant is a new $55.84 million grant program administered by the California Department of Aging (CDA) and supported by General Funds from the California State Budget. The goal of the grant program is to improve the health, safety, and well-being of at-risk older adults and people with disabilities and reduce isolation by supporting safe access to in-center congregate services. Eligible sites could request one-time funding to invest in infection prevention and mitigation measures and address ongoing staffing needs.

Peter Buzby: Peter led communications work for the grant by devising and delivering web content, outreach emails, webinars, and support materials, including fact sheets, handouts, and other documents.

State of Michigan, Michigan Rehabilitation Services
STEMM-Up Job Training Program (August 2022 – May 2024): Communications Lead

Project: STEMM-Up is a new, grant-funded program implemented at Michigan Rehabilitation Services (MRS) and Louisiana Rehabilitation Services (LRS), in partnership with Michigan State University (MSU) and Southern University-Baton Rouge (SUBR), to help new and existing vocational rehabilitation (VR) clients obtain jobs in science, technology, engineering, math, and medicine (STEMM). Jobseekers participate in remote and in-person interventions grounded in social cognitive career theory (SCCT) to help them increase their self-efficacy, job ready skills, and goal persistence.

Peter Buzby: Peter created the communication strategy to publicize the program and the internal documents—such as communication plans procedures, content schedules, and style guides—necessary to implement it across such a large partnership. He also wrote and designed communications collateral for specific applications, and provided advice on best practices for web design, social media promotion, and search optimization.

PROFESSIONAL BACKGROUND

Public Consulting Group
Boston, MA – August 2023 – Present

Penn Asian Senior Services (PASSi)
Philadelphia, PA – March 2021 – August 2022

Schweitzer Engineering Laboratories
Philadelphia, PA – June 2017 – February 2021

EDUCATION

Purdue University
West Lafayette, IN
Master of Arts, Communication with concentrations in PR and Healthcare Communications, 2020
Certificate in Strategic Communications Management, 2019

Penn State University
State College, PA
Master of Arts, English Literature and Rhetoric, 2016

University of Richmond
Richmond, VA
Bachelor of Arts, dual major in English and Philosophy, 2013

REFERENCES

Name	Seth Kilber Assistant Commissioner of Long Term Services & Supports Kansas Department of Aging and Disability Services		
Address:	503 S. Kansas Ave. Topeka, KS 66603		
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Name	Vanessa DeWitt Associate Director of Communications, Office of Family Independence Maine Office of Family Independence		
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Phone	207-215-5597	**Email**	vanessa.k.dewitt@maine.gov

Name	Elizabeth Camfield Disability Innovation Funds Specialist Michigan Rehabilitation Services		
Address:	25900 Greenfield Rd #430 Oak Park, MI 48237		
Phone	517-614-0697	**Email**	CamfieldE1@michigan.gov

Zach Murray
Consultant

Zach Murray will serve as the Evaluation Lead. Zach understands that the evaluation process must integrate quantitative and qualitative data, assess progress toward existing outcomes and benchmarks, and identify opportunities for continuous improvement and systems change. Zach Murray is a consultant with Public Consulting Group (PCG) with more than three years of experience supporting state agencies in disability services, vocational rehabilitation, behavioral health, child welfare, and aging services. Zach has contributed to more than 20 state government engagements involving program evaluation, stakeholder engagement, comprehensive statewide needs assessments, strategic planning, service system redesign, and data-driven policy development. He has extensive experience designing and administering surveys, conducting focus groups and stakeholder interviews, analyzing quantitative and qualitative data, facilitating workgroups, performing policy and peer-state research, and developing recommendations for state agencies.

RELEVANT EXPERIENCE

State of Michigan – Michigan Rehabilitation Services
VR Technical Assistance and Service Improvement Initiatives (August 2022 – Present): Consultant

Project: Michigan Rehabilitation Services (MRS) contracted with PCG to identify best practices and approaches to improving service delivery across the state. PCG worked closely with MRS to develop innovative practices related to rate setting, customized employment, labor market surveys, resource allocation modeling, and vendor attraction and retention strategies.

Zach Murray: Supports multiple statewide initiatives focused on improving vocational rehabilitation service delivery and outcomes. Zach has participated in stakeholder interviews, provider engagement activities, labor market research, workforce analyses, and program improvement efforts related to customized employment, vendor recruitment and retention, and resource allocation. He has developed training materials, communication tools, and analytical products that help agency leadership make informed policy and operational decisions.

State of Wisconsin – Department of Workforce Development, Division of Vocational Rehabilitation
Comprehensive Statewide Needs Assessment (January 2024 – March 2025): Business Analyst

Project: Wisconsin Department of Workforce Development, Division of Vocational Rehabilitation (WI DVR) contracted with PCG to complete a comprehensive statewide needs assessment (CSNA) to better inform decision makers on the current state of VR in the State of Wisconsin.

Zach Murray: Contributed to survey development, stakeholder outreach, focus group planning and facilitation, qualitative and quantitative data analysis, and report development. He worked directly with consumers, providers, workforce partners, and other stakeholders to identify service gaps, barriers to access, and opportunities for system improvement. Findings from the assessment informed strategic planning priorities and future program development.

State of Kansas – Department for Children and Families, Rehabilitation Services
Comprehensive Statewide Needs Assessment (June 2025 – October 2025): Consultant

Project: The Kansas Department for Children and Families, Rehabilitation Services (KRS) contracted with PCG to complete a comprehensive statewide needs assessment (CSNA) to better inform decision makers on the current state of VR in the State of Kansas.

Zach Murray: Supported a statewide needs assessment focused on evaluating vocational rehabilitation services and identifying barriers to employment and community participation for individuals with disabilities. Zach conducted policy and program research, facilitated stakeholder focus groups, analyzed qualitative

and quantitative data, and contributed to development of findings and recommendations used to guide future service delivery and program planning.

State of North Carolina - Department of Health and Human Services
Children's Residential Redesign (June 2025 – June 2026): Consultant

Project: The North Carolina Department of Health and Human Services (DHHS) contracted with PCG to support the redesign of residential services across the state. As part of this initiative, PCG conducted an analysis of residential service costs and is currently in the redesign phase of the study.

Zach Murray: Supported a statewide initiative to redesign residential services for children and youth with complex behavioral health and service needs. Assisted in coordinating stakeholder workgroups composed of state leadership, providers, clinicians, and subject matter experts. Conducted peer-state research, analyzed service models and policy frameworks, developed planning materials, and contributed to recommendations intended to improve access, service quality, and long-term outcomes for children and families.

State of Minnesota - Department of Human Services, Behavioral Health Administration
Psychiatric Residential Treatment Facility (PRTF) Consultative Services (November 2025 – Present): Consultant

Project: The Minnesota Department of Human Services, Behavioral Health Administration contracted with PCG to facilitate a Psychiatric Residential Treatment Facilities (PRTF) working group to inform recommendations to amend the state medical assistance plan to expand access to flexible levels of care based on a youth's needs, develop licensing standards and recognize the need for flexibility and a broad array of provider settings, and update the current rate methodology to support an array of PRTF provides to satisfy demand and provide individual services.

Zach Murray: Supports strategic planning and stakeholder engagement efforts related to psychiatric residential treatment services for youth. Responsibilities include policy and regulatory review, data analysis, facilitation support, stakeholder communications, and development of materials used to inform recommendations on service delivery, licensing standards, and reimbursement approaches. The engagement focuses on expanding access to community-based and residential behavioral health services while improving system effectiveness.

State of Alabama – Department of Rehabilitation Services (ADRS)
Comprehensive Statewide Needs Assessment (January 2026-Present): Consultant

Project: Alabama Department of Rehabilitation Services (ADRS) contracted with PCG to complete a comprehensive statewide needs assessment (CSNA) to better inform decision makers on the current state of VR in the State of Alabama.

Zach Murray: Supports statewide evaluation activities aimed at assessing service effectiveness and identifying future priorities for Alabama's vocational rehabilitation program. Zach assists with policy review, survey development, stakeholder communications, focus group planning, qualitative and quantitative analysis, and documentation of findings. The project is intended to support data-driven planning and continuous improvement of services for individuals with disabilities.

PROFESSIONAL BACKGROUND

Public Consulting Group
Raleigh, NC – August 2022 – Present

Marcum LLP
Philadelphia, PA – January 2022 – June 2022

EDUCATION

Coastal Carolina University
Conway, SC
Bachelor of Science, Accounting, Magna Cum Laude 2021

SPECIAL SKILLS

Core Competencies	Technical Skills
Program Evaluation	Alchemer Survey Platform
Strategic Planning	Tableau
Stakeholder Engagement	Jotform
Survey Design & Administration	Microsoft Excel
Qualitative & Quantitative Analysis	Microsoft Word
Policy & Peer-State Research	Microsoft PowerPoint

REFERENCES

Name	Maureen Webster Deputy Director Michigan Rehabilitation Services		
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Name	Elizabeth (Beth) Van Vleck Deputy Director of VR Policies and Procedures Kansas Rehabilitation Services		
Address:	555 S. Kansas, 3rd Floor Topeka, KS 66603		
Phone	785-368-8005	**Email**	Elizabeth.VanVleck@ks.gov

Name	Deanna Krell Workforce Development Area Director, Division of Vocational Rehabilitation Wisconsin Department of Workforce Development		
Address:	201 East Washington Avenue, PO Box 7852 Madison, WI 53707		
Phone	262-290-1723	**Email**	Deanna.Krell@wisconsin.gov

James Nyberg, MPA
Senior Advisor

James Nyberg will serve as the Technical Assistance Lead. James understands that evaluation findings must be translated into actionable implementation strategies and technical assistance activities that support Nebraska in advancing Olmstead goals and sustaining long-term system improvements. James has spent over 25 years working in the aging services arena engaging with policymakers and various stakeholders on a wide range of program initiatives and public policy development. This includes organizational leadership, project management, advocacy, regulatory compliance, strategic planning, communications, education, and event planning. A particular focus has been supporting efforts to promote high-quality and accessible long-term services and supports (LTSS). At PCG, James is focused on supporting state and local government systems and processes involving services to older and disabled people.

RELEVANT EXPERIENCE

County of Los Angeles, Department of Aging and Disabilities
Disabilities Strategic Plan Development (April 2025 – February 2026): Senior Advisor

Project: Assist in the development of a strategic plan for disability services in Los Angeles County, California. Work includes developing and administering a survey to understand current gaps, barriers, and challenges experienced by individuals with disabilities, conducting key informant interviews of senior government officials, facilitating focus groups, visioning sessions, and other meetings to obtain qualitative and quantitative data that will inform the strategic plan and implementation plan for disability services.

James Nyberg: Coordinate with Department staff and stakeholders to support the development of a Strategic Plan for Disability Services for the Los Angeles County Aging & Disabilities Department, including undertaking an analysis of relevant laws, policies, and funding sources, facilitating a SWOT analysis, conducting key informant interviews, assisting in report preparation, and other support activities.

State of Alabama, Alabama Department of Senior Services
Older Americans Act Final Rule Implementation (April 2025 – December 2025): Senior Advisor

Project: Support Alabama's Department of Senior Services (ADSS) to comply with the Older Americans Act Final Rule of 2024. Work includes reviewing current rules and policies, identifying areas of non-compliance, and supporting the development/revision of rules and polices to comply. PCG is also supporting the development of ADSS' Corrective Action Plan and will support implementation of the plan. The team is also developing training for the system and will provide training virtually.

James Nyberg: Serve as subject matter expert in updating all Older Americans Act policies and procedures to follow new Federal Guidance. This multifaceted project included several areas of focus: identifying areas of non-compliance; creating a thorough strategy for bringing all policies and procedures into compliance; drafting a new State Plan on Aging that incorporated a wide range of new requirements; coordinating a public comment period; assisting in the development of state policy and procedure updates; and creating training modules for the aging network.

Commonwealth of Massachusetts, Massachusetts Executive Office of Aging and Independence (AGE)
Home Care Program Sustainability (April 2026 – June 2026): Policy and Regulatory Lead
Project: In April of 2025, MA AGE contracted with PCG to support their efforts to identify key strategies to promote the sustainability of the state's Home Care Program through fiscal modeling of various structural

changes, assessment of necessary policy, programmatic and regulatory changes for implementation, stakeholder engagement, and IT systems assessment for support need. Worked with multiple key offices, departments, and stakeholders to identify actionable, timely, and measurable solutions for program sustainability.

James Nyberg: Mr. Nyberg served as the policy and regulatory lead, working with the AGE staff and project team to identify potential policy and programmatic changes and the ensuing necessary regulatory and sub-regulatory updates. He analyzed numerous policy documents and helped distill them into specific recommendations for change, and helped provide AGE with the regulatory strategies to enact change.

State of New Hampshire, Department of Health and Human Services

Business Process Review (January 2026 – June 2026): Senior Advisor

Project: The New Hampshire Department of Health and Human Services (DHHS) engaged PCG to address significant backlogs in Medicaid Long-Term Care (LTC) applications and redeterminations, which were causing lengthy delays for residents seeking nursing facility or home and community-based services. PCG was contracted to conduct a comprehensive review of the State's LTC financial eligibility processes and develop an evidence-based, actionable plan for streamlining operations, reducing processing times, identifying efficiency opportunities, and improving the experience of applicants and staff.

James Nyberg: Mr. Nyberg was responsible for analyzing the current processes from a worker perspective, identifying areas for improvement, and providing specific actionable recommendations to DHHS. This also included research into state regulations, supporting business process mapping efforts, report development, and stakeholder presentations.

State of Minnesota, Department of Human Services

Long-Term Services and Supports Advisory Council (October 2025 - present): Research Analyst

Project: The State of Minnesota, through its Department of Human Services (DHS), contracted with PCG to facilitate the LTSS Advisory Council, as well as provide policy research and analysis, data analysis, and administrative support for the development of the policy recommendations and related materials to meet legislatively mandated budget savings.

James Nyberg: Mr. Nyberg conducted background research to identify cost savings strategies employed by other states to help inform a formal report to support DHS's goals. In addition, he serves as a member of the research staff for the LTSS Advisory Council, conducting research needed for the Advisory Council and evaluate the viability of their recommendations. He also helps support stakeholder meetings that are focused on developing recommendations for DHS to achieve its targeted savings goals.

PROFESSIONAL BACKGROUND

Public Consulting Group (PCG)
December 2024 - present

LeadingAge RI
Executive Director (September 2008-November 2024)

Child & Family Services of Newport County, RI
Director of Elder Services (May 2004 - September 2008)

EDUCATION

New York University, Wagner School of Public Service
New York, New York
Master of Public Administration, Health Policy & Management

College of William and Mary
Williamsburg, Virginia
Bachelor of Arts in Government

REFERENCES

Name	Nick Nyberg Programs and Planning Division Chief Alabama Department of Senior Services		
Address:	201 Monroe St #350 Montgomery, AL 36104		
Phone	334-242-5767	**Email**	Nick.nyberg@adss.alabama.gov

Name	Lynn C. Vidler, MBA, BSW Assistant Secretary, Care Continuum MA Executive Office of Aging & Independence (AGE)		
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Phone	781-531-3749	**Email**	Lynn.Vidler@mass.gov

Name	Alexander Gonez Program Manager Disabilities Services & Supports Los Angeles County Aging & Disabilities Department		
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Mark Noyes, MPH
Data Analysis Manager

Mark Noyes will serve as the Disability Employment SME. Mark understands that evaluating employment services, workforce supports, and competitive integrated employment outcomes is critical to identifying opportunities to strengthen Nebraska's Olmstead Goal 4 and advance community inclusion for individuals with disabilities. Mark Noyes is a research, evaluator, and data analyst with more than a decade of experience. He specializes in collecting data from and about the most difficult to contact populations in the United States, having overseen research efforts which collected tens of thousands of surveys and interviews with individuals with disabilities. Mr. Noyes brings a rigorous, quantitatively focused lens to his work, combining this with insights from individual experts and qualitative methods.

Mark has led the data and analysis for a variety of studies for VR agencies, including CSNAs. He is the primary architect of PCG's proven, effective method for completing CSNAs, in addition to designing survey methodologies and data collections targeting wide varieties of VR stakeholder groups. He brings with him an expansive view of the issues confronting individuals with disabilities, including an intersectional understanding of service needs and identities. Mark is a pioneer in innovative questionnaire design, including presenting about question validation and methodology to the US Census Bureau.

RELEVANT EXPERIENCE

State of Wisconsin – Department of Workforce Development, Division of Vocational Rehabilitation
Comprehensive Statewide Needs Assessment (January 2024 – March 2025): Primary Researcher

Project: Wisconsin Department of Workforce Development, Division of Vocational Rehabilitation (WI DVR) contracted with PCG to complete a comprehensive statewide needs assessment (CSNA) to better inform decision makers on the current state of VR in the State of Wisconsin.

Mark Noyes: Served as the primary researcher and led all aspects of the project. Designed all tools for the CSNA process, including survey and interview tools intended for individuals with disabilities, staff, and CRPs. Responsible for all aspects of research design, methodology, and determination of providing results to clients. Primary author of all reporting documents, including the successfully submitted CSNA reports provided to Rehabilitation Services Administration.

State of Kansas – Department for Children and Families, Rehabilitation Services
Comprehensive Statewide Needs Assessment (June 2025 – October 2025): Primary Researcher

Project: The Kansas Department for Children and Families, Rehabilitation Services (KRS) contracted with PCG to complete a comprehensive statewide needs assessment (CSNA) to better inform decision makers on the current state of VR in the State of Kansas.

Mark Noyes: Led all aspects of the project as the primary researcher. Led research design and development of methodology. Designed survey and interview tools for individuals with disabilities, staff, and CRPs to support the CSNA process. Led data analysis and results determination process, as well as communication of results to clients. Primary author of all reporting documents, including the successfully submitted CSNA reports provided to Rehabilitation Services Administration.

State of Indiana, Bureau of Rehabilitation Services
Project: Comprehensive Statewide Needs Assessment (September 2023 – December 2024): Project Manager

Mark Noyes: Led the engagement of the IN BRS ongoing CSNA process, including designing stakeholder engagement methods, tools, and constructing a team to provide complete support for the state's CSNA needs.

State of Michigan, Michigan Rehabilitation Services
Project: Technical Assistance and Rate Setting (February 2023 – December 2024): Project Manager

Mark Noyes: Engaged with the state's VR leadership team on a wide range of issues, from vendor attraction, to staffing challenges, to rate setting. Identified potential solutions and designed processes to achieve discrete goals across this wide portfolio of work, overseeing multiple independent work streams simultaneously to meet client needs on limited time frames.

State of Mississippi, Mississippi Division of Rehabilitation Services
Project: Comprehensive Statewide Needs Assessment (February 2020 – June 2020): Data Lead

Mark Noyes: As data lead, Mark was critical in successful completion of MDRS's most recent CSNA. In that role, he lead all aspects of quantitative design and primary research of the CSNA. This including assisting Oregon in redesigning their CSNA survey instrument to be identify specific needs, conducting data analysis on survey, state, and federal data, and providing key insights into qualitative data collection with stakeholders. He was also critical in authorizing the final CSNA report, helping to identify recommendations for service improvements, and planning dissemination.

State of Oregon, Oregon Vocational Rehabilitation
Project: Comprehensive Statewide Needs Assessment (November 2019 – June 2020): Data Lead

Mark Noyes: As data lead, Mark was critical in successful completion of OVR's most recent CSNA. In that role, he lead all aspects of quantitative design and primary research of the CSNA. This including assisting Oregon in redesigning their CSNA survey instrument to be identify specific needs, conducting data analysis on survey, state, and federal data, and providing key insights into qualitative data collection with stakeholders. He was also critical in authorizing the final CSNA report, helping to identify recommendations for service improvements, and planning dissemination.

PROFESSIONAL BACKGROUND

Public Consulting Group
Portland, Maine – August 2019 – Present

Market Decisions Research
Portland, Maine – October 2012 – January 2023

EDUCATION

University of New England
Biddeford, Maine
Master of Public Health, 2018

University of Southern Maine
Portland, Maine
B.A., Sociology, Minor in Economics, 2012

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

- Statistical packages include SPSS, SAS, and R
- Advanced experience and skills with all Microsoft Office products, including programming VBA Macros
- Responsive Survey Design training by University of Michigan Institute for Social Research

REFERENCES

Name	Maureen Webster Deputy Director Michigan Rehabilitation Services		
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Name	Elizabeth (Beth) Van Vleck Deputy Director of VR Policy and Procedures Kansas Rehabilitation Services		
Address:	555 S. Kansas, 3rd Floor Topeka, KS 66603		
Phone	785-368-8005	**Email**	Elizabeth.VanVleck@ks.gov

Name	Deanna Krell Workforce Development Area Director, Division of Vocational Rehabilitation Wisconsin Department of Workforce Development		
Address:	201 East Washington Avenue, PO Box 7852 Madison, WI 53707		
Phone	262-290-1723	**Email**	Deanna.Krell@wisconsin.gov

Timothy Yaecker, MPA
Senior Consultant

Tim Yaeker will serve as the Housing SME for this project. Tim understands that housing-related analysis must be integrated into the broader evaluation process to assess barriers, identify opportunities, and develop recommendations that support community living and integration. Tim Yaecker brings 20 years of experience in the public and non-profit sectors; his work at PCG includes projects with human services agencies around the country. He is currently leading two public health-focused projects in Massachusetts; prior work has included projects with several state departments of veterans' affairs, state workforce development agencies, as well as projects focused on housing and homelessness services.

Prior to joining PCG, Tim served as the Housing Resources Manager for the Massachusetts Department of Housing and Community Development's (DHCD) Division of Housing Stabilization (DHS) for six years, where he helped develop and administer rehousing efforts for 4,000 families in the Emergency Assistance shelter system. He also spent six years working in Housing Choice Voucher program issuance and non-profit administration in the Greater Boston area.

RELEVANT EXPERIENCE

St. Johns County, FL, Department of Health and Human Services (HHS)
Strategic Plan 2026-2030 (October 2025 – April 2026): Team Member

Project: PCG worked with HHS to develop the second iteration of the five-year strategic plan. The plan reviewed and provided recommendations to revise the department's vision/mission and included recommendations on the goals, objectives and actions steps to guide the organization and articulate the clear business, financial, and programmatic strategies which the organization will pursue over the next five years. As part of this work, PCG facilitated working sessions with HHS leadership, as well as focus groups with internal and external stakeholders. PCG provided HHS with a completed strategic plan document that aligns with the needs of HHS's clients and staff, and with the County's broader strategic goals.

Tim Yaecker: As a Team Member, developed facilitation approach for working sessions, facilitated focus groups, and integrated feedback from all sessions into strategic plan goals and recommendations.

Commonwealth of Massachusetts, Executive Office of Labor and Workforce Development
Division of Apprentice Standards Five Year Strategic Plan (April 2024 – September 2024): Project Manager

Project: The MA Executive Office of Labor and Workforce development (EOLWD) engaged PCG to support the creation of a five-year apprenticeship work plan draft to help drive the Division of Apprentice Standards' (DAS) initiatives and goals in the Registered Apprenticeship and Pre-Apprenticeship Program space. This plan will serve as the foundation for charting innovation and measuring progress on apprenticeship expansion in the Commonwealth. The plan includes an actionable, five-year work plan that drives the Division's initiatives and goals; strategies that seize upon the Division's ability to influence, encourage, strengthen, and streamline apprenticeship programs; strategies that reimagine and elevate apprenticeship in the Commonwealth; strategies that align to growing, in-demand sectors; and measurable goals and objectives.

Tim Yaecker: As the Project Manager for this engagement, responsible for working with internal and external stakeholders to identify, complete, and review all project tasks. This included leading stakeholder outreach and plan development and providing regular updates to EOLWD / DAS leadership.

State of Missouri, Missouri Veterans Commission
External Review of Homes Program Operations (January – May 2023): Project Manager

Project: The Missouri Veterans Commission engaged Public Consulting Group to support the Commission in identifying ways to properly scale Homes Program operations to provide an integrated continuum of elder care services that meets the needs of Missouri veterans in the 21st century. PCG evaluated staffing ratios to maximize human capital and leverage all non-state reimbursement sources; helped MVC prioritize steps to reach the vision; and identified efficiency improvements to be implemented in priority order.

Tim Yaecker: Served as the Project Manager for this engagement and was responsible for working with internal and external partners to identify, complete, and review all project tasks.

State of North Carolina, Department of Military and Veterans Affairs
North Carolina Veterans Long-Term Care Reporting (November 2023 – June 2024): Project Manager

Project: PCG worked with the North Carolina Department of Military and Veterans Affairs (NCDMVA) to assess the long-term care needs of veterans across North Carolina and to develop a plan to guide the state in enhancing long-term care and other services for veterans. As part of this project, PCG completed an assessment of veteran demographics, current needs, and available services. Additional project deliverables include development of a plan to enhance partnerships to support and deliver services to veterans; recommendations for policy and statute changes to support access to services; a determination of the resources required to monitor and deliver services and support to North Carolina veterans; and communications strategies to support these recommendations.

Tim Yaecker: As the Project Manager for this engagement, responsible for working with internal and external stakeholders to identify, complete, and review all project tasks. This included leading components of the work as well as conducting stakeholder outreach providing regular updates to NCDMVA leadership.

Commonwealth of Massachusetts, Executive Office of Health and Human Services
Coordination of Homelessness Services (October 2015 – January 2016): Team Member

Project: PCG's team reviewed the family homelessness system in the Commonwealth. This project included outreach to providers within the Executive Office of Health and Human Services and the Executive Office of Housing and Economic Development, with the goal of streamlining and enhancing the services provided to homeless families and coordinating services across secretariats. Duties included: facilitating meetings and interviews with shelter providers, state agency leadership, and others involved in the family homelessness system; analysis of system data, service deployment, and service provision processes; development of a framework to evaluate community resources.

Tim Yaecker: Served as a team member for both of these engagements, conducting stakeholder interviews, gathering research and information, and developing components of the deliverables for each project.

PROFESSIONAL BACKGROUND

Public Consulting Group
Boston, MA – June 2015 – Present

MA Department of Housing and Community Development
Boston, MA – September 2008 – July 2014

Metropolitan Boston Housing Partnership
Boston, MA – January 2002 – September 2008

EDUCATION

Harvard University, John F. Kennedy School of Government
Cambridge, MA
Master's in Public Administration, 2015

College of the Holy Cross
Worcester, MA
Bachelor of Arts, History, 2000

REFERENCES

Name	Shawna A. Novak Director, Health and Human Services CEO, Family Integrity Program St. Johns County Board of County Commissioners		
Address:	200 San Sebastian View St. Augustine, FL 32084		
Phone	904-209-6089	**Email**	snovak@sjcfl.us

Name	Josh S. Cutler Undersecretary of Labor MA Executive Office of Labor and Workforce Development		
Address:	100 Cambridge St., 5th Floor Boston, MA 02108		
Phone	857-283-4937	**Email**	Josh.s.cutler@mass.gov

Name	Paul Kirchhoff Executive Director Missouri Veterans Commission		
Address:	205 Jefferson St., 12th Floor, Jefferson Building P.O. Drawer 147 Jefferson City, MO 65102		
Phone	573-751-4066	**Email**	Paul.Kirchhoff@mvc.dps.mo.gov

Paul W. Phares, M.Ed.
Senior Consultant

Paul Phares will serve as the Behavioral Health Lead. Paul understands that evaluating behavioral health services and supports requires collaboration with stakeholders and analysis of how existing systems promote community integration and access to services in the most integrated settings. Paul Phares, M.Ed. earned his master's in counseling and Counselor Education from Western Illinois University and has extensive experience in community-based Mental Health including Assertive Community Treatment, community-based care coordination, Mental Health Court, Individual Placement and Support (IPS) supported employment, standards of clinical supervision, and evidence-based program implementation. In addition to his professional experience, Paul serves as a Certified IPS Fidelity Reviewer in Illinois, Iowa, Kansas, and Washington.

RELEVANT EXPERIENCE

Indiana Bureau of Rehabilitation Services
Subminimum Wage to Competitive Integrated Employment (SWTCIE) Innovative Model Demonstration – Supported Employment+ (November 2022- present) Subject Matter Expert

Project: This five-year engagement will develop, implement, and evaluate a demonstration project to support individuals contemplating or participating in 14(c) to move into competitive integrated employment. PCG-Indiana, Inc., Public Consulting Group's (PCG) subsidiary, is the Statewide Training and Technical Assistance Provider for this engagement.

Paul Phares: Develops and implements training and technical assistance to employment service providers based on the needs and priorities of providers and VR, offering opportunities for both new and seasoned staff. He is developing and delivering a tiered technical assistance model to support participating pilot sites. The goal of training and technical assistance is to support pilot sites to reach fidelity, improve services, and ultimately outcomes. The first level of technical assistance is universal training to all pilot site staff, followed by targeted technical assistance to pilot sites and leads based on shared needs. Intensive technical assistance will be provided through boots on the ground coaching to improve the practices of practitioners and ultimately results.

State of Wyoming, Division of Vocational Rehabilitation
Wyoming Pathways to Progress (October 1, 2023 – Present): Project Manager

Project: WY DIF expanded access to mental health services for individuals with disabilities, increased knowledge of the link between mental health and employment, better equipped individuals to care for their mental health, filled resource gaps, and provided important career and life skills. PCG accomplished these goals and objectives through implementing collaborative partnerships with the State Education Agency, Local Education Agencies, and Centers for Independent Living to execute the project design and services. PCG managed project coordination tasks and worked with identified youth to pursue CIE.

Paul Phares: Assisted with the completion of a Landscape Analysis and the development of a comprehensive training plan and Customized Life Skills curriculum. Paul also helped develop the project website, coordinate with state and local transition coalitions, and implement school-based mental health services and technology screening.

NAMI- National Alliance on Mental Illness
NAMI Data and Technology Change (June 2025 – December 2025) Subject Matter Expert

Project: NAMI National hired PCG to conduct a data and technology needs assessment, paired with change management. They seek to better understand the data and technology practices, infrastructure,

and needs of their 600+ affiliate organizations, as well as how they can better work with their affiliates to meet federation-wide data and data sharing goals.

Paul Phares: Acted as a Subject Matter Expert to complete the following activities

- Conduct a review and assessment of NAMI's existing data sharing processes.
- Conduct a qualitative analysis of barriers, needs, and challenges associated with the current process based on a combination of one-on-one interviews, focus groups, and organization-wide surveys.
- Facilitate a working group for key stakeholders in the organization to identify opportunities for improving the system and build internal consensus around the initiative.
- Produce a final report (Data Governance and Continuous Improvement Plan) based on the survey responses and focus group discussions, summarizing methodology, engagement activities, final plan, implementation recommendations/considerations.

State of Washington, Washington Department of Social and Health Services (DSHS) and Health Care Authority (HCA)

Technical Assistance (TA) and Training and Training Services for Supported Employment (December 2020 – 2024): Consultant

Project: PCG supported Washington Health Care Authority to provide expert level technical assistance and training. This training and technical assistance assisted the State of Washington in implementing the Foundational Community supports (FCS) Protocol in an effective, coordinated manner. The target audience for the services included staff of DSHS and the Washington Health Care Authority, personnel and contractors of other Washington State agencies, Behavioral Health Organizations, Managed Care Organizations, Administrative Service Organizations and community behavioral health agencies and FCS contracted providers or interested/potential providers.

Paul Phares: Provided training and technical assistance to WA DSHS, WA HCA, personnel and contractors of other Washington State agencies, Behavioral Health Organizations, Managed Care Organizations, Administrative Service Organizations and community behavioral health agencies and FCS contracted providers or interested/potential providers. Paul provided both onsite and virtual training and technical assistance to further implementation of the FCS protocols.

State of Kansas, Department for Children and Families, Rehabilitation Services

End-Dependence Kansas (EDK), Project Training, Technical Assistance, and Evaluation (August 2015 – December 2020): Consultant

Project: PCG completed a comprehensive statewide needs assessment of individuals with disabilities (CSNA) for the Kansas Department for Children and Families, Vocational Rehabilitation (VR). The goals of this project included compliance with 34 CFR §361.29 requiring the completion of a CSNA to determine the rehabilitation needs of individuals with disabilities residing within Kansas who are looking to obtain or maintain employment/advance within their career, especially those unserved or underserved by VR. In addition, the CSNA yielded valuable information regarding known and unknown participant levels (impacts VR program's outreach and operations). The completed CSNA helped VR determine the current state of available programs for individuals with disabilities being served by VR or other disability support programs and identify areas for improvement and expansion.

Paul Phares: Provided training and technical assistance to launch the EDK Initiative. Paul provided training and coaching to Kansas VR and contractors/ providers related to the implementation of IPS supported employment throughout the state. Paul provided IPS Fidelity Review services after the kickoff.

PROFESSIONAL BACKGROUND

Public Consulting Group
Boston, MA – 2016 – current

Robert Young Center
Moline, Illinois – March 2002 – February 2024

EDUCATION

Western Illinois University
Moline, IL
Master's in education, Counseling and Counselor Education, 2010

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

- Behavioral Health Service Design
- Federal/ State Grants
- Project Management
- Accountable Care
- Proposal/ Grant Writing
- Medicaid Funding

REFERENCES

Name	Callie Davis DIF Grant Project Director Wyoming Division of Vocational Rehabilitation		
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Name	Theresa Koleszar Director Indiana Bureau of Rehabilitation Services		
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Name	Dawn Miller Supported Employment Program Manager Washington Health Care Authority		
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Phone	360-522-3544	**Email**	Dawn.Miller@hca.wa.gov

2. TECHNICAL PROPOSAL

A. UNDERSTANDING OF PROJECT REQUIREMENTS

The Nebraska Olmstead Plan, as revised in June 2023, provides the Nebraska Department of Health and Human Services (DHHS) a strategy for working towards a vision of people with disabilities living, learning, working, and enjoying life in their chosen communities. The Olmstead Plan is designed to assist Nebraska in complying with the principles outlined in the Supreme Court's Olmstead decision. To this end, Nebraska's Olmstead Plan targets seven goals:

1. Nebraskans with disabilities will have access to individualized community-based services and support that meet their needs and preferences.
2. Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.
3. Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.
4. Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.
5. Nebraskans with disabilities will have access to affordable and accessible transportation statewide.
6. Individuals with disabilities will receive services and support that reflect data-driven decision-making, improvement in the quality of services, and enhanced accountability across systems.
7. Nebraskans with disabilities will receive services and support from a high-quality workforce.

DHHS is seeking a vendor to evaluate the existing Olmstead Plan and provide technical assistance for the development of potential amendments. The successful vendor will assess the Olmstead Plan successes, identify barriers and develop recommendations for revision. To support this effort, the vendor's work will include, but is not limited to:

- the qualitative and quantitative assessment of published outcomes and benchmarks;
- recommending updates and revisions to Olmstead Plan outcomes and benchmarks; and
- Providing technical assistance to DHHS staff and the Olmstead advisory committee when implementing Olmstead Plan revisions.

PCG understands that this effort is more than an assessment of outcomes and benchmarks. DHHS is seeking a comprehensive evaluation of Nebraska's progress toward implementing the principles of Olmstead v. L.C., including an assessment of what has been successfully implemented since the Plan's initial adoption in 2019 and revision in 2023, where barriers remain, and what strategies can further advance community integration. We recognize that Nebraska's implementation environment includes unique opportunities and challenges, including the need for cross-agency

collaboration among state partners, engagement with the Olmstead Advisory Committee, and consideration of issues such as rural service access, workforce capacity, housing availability, transportation, and access to home and community-based services. Through this evaluation, PCG will help DHHS identify practical, data-informed recommendations that support individuals with disabilities in living, learning, working, and participating in their communities in the most integrated settings possible.

Building on this understanding, PCG recognizes that a well-developed and effectively implemented Olmstead Plan provides a roadmap for improving the quality of life, increasing community integration, and ensuring that individuals with disabilities having meaningful opportunities to live, learn, work and participate in their communities of choice. To support DHHS in their effort to evaluate and revise their Olmstead Plan, PCG brings the expertise to:

- evaluate and strengthen the Olmstead Plan by developing a structured evaluation framework, collecting and monitoring performance indicators, and refining assessment tools, including surveys
- engage program staff, partners, and stakeholders through interviews and focus groups to assess progress, identify challenges, and uncover opportunities for improvement
- prepare an evaluation report that analyzes the current Olmstead Plan, measures progress, and provides recommendations for potential revisions
- support DHHS in communicating evaluation results through a targeted communication plan and related materials
- provide ongoing technical assistance to DHHS staff and the Olmstead Advisory Committee, including facilitating meetings and supporting discussions around Olmstead Plan updates
- draft a final report recommending structural and strategic changes to ensure the Olmstead Plan continues to promote community integration, independence, and meaningful opportunities for individuals with disabilities.

PCG's approach to this effort is founded in our unique blend of subject matter expertise along with our deep-seated experience in research and evaluation as well as strategic planning, technical assistance, and stakeholder engagement. PCG has extensive knowledge of and experience conducting evaluations and assisting state agencies in coming into compliance with federal policies and guidance. PCG will work collaboratively with DHHS, sharing insights and progress throughout the project. The PCG team proposed for this engagement also brings experience in addressing disparities, including culturally competent and responsive programs and services, as well as developing recommendations that lead to sustainable and effective change, which is essential when evaluating and revising Nebraska's Olmstead Plan.

Our team includes staff trained in person-centered thinking. We are a person-centered organization and apply person-centered principles in all our work. Our team members are nationally recognized thought leaders with relationships with organizations like the

Association for Persons Supporting Employment First (APSE), ADvancing States, University of Missouri-Kansas City Charting the LifeCourse, National Association of State Directors of Developmental Disabilities Services (NASDDDS), and The Learning Community for Person Centered Practices (TLCPCP). With our team's relationships, program knowledge and experience at the state and national level, we are uniquely positioned to support DHHS in its efforts to revise the Nebraska Olmstead plan.

B. PROPOSED DEVELOPMENT APPROACH

PROJECT MANAGEMENT APPROACH

PCG has a long history of delivering superior, on time, and on budget projects for state and local government clients. The foundation of delivering a high-quality project is our proven project management methodology that 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 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 collaboration with DHHS on this project will adhere to the same standards, leveraging not only PCG's industry expertise but also our extensive understanding of project management. This combination will contribute to the success of our work together. 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 project engagement. For every project we undertake, our project management activities are focused on the following tenets: understanding the goal, being proactive and staying on task, and delivering results.

Success begins with an understanding of the project. Project Managers (PMs) must be active listeners, avid consumers of information, and facilitators of structured discussion that results in a common understanding of the project goals by all parties.

Progress is maintained by thinking ahead, communicating actively, being collaborative, leading decisively, and accepting responsibility for outcomes.

Success is realized when a project is delivered on time, in scope, and on budget – and we have exceeded our clients' expectations.

Our key tactics include:

- 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

Project Phases:

To best meet Nebraska's needs, PCG has designed a five-phased approach for this project, listed below:

Phase I: Data Collection and Evaluation Plan
Phase II: Olmstead Evaluation
Phase III: Communications Plan and Supporting Materials
Phase IV: Olmstead Plan Revision Recommendations and Draft Language
Phase V: Technical Assistance and Final Recommendations for Plan Revision

PHASE I: DATA COLLECTION AND EVALUATION PLAN

A kickoff meeting is crucial for setting the stage for a successful project and smooth implementation of project efforts. PCG proposes conducting a project kickoff meeting with the PCG and DHHS teams within two weeks of the execution of the contract start date. During the project kickoff, PCG will use the opportunity to cover at minimum, the topics below.

- **Introduction of Team Members:** Our first step will involve introducing ourselves and establishing a rapport between DHHS and PCG project team members. We

will review roles and responsibilities of the project team and how we can work together effectively.

- **Confirm Project Goals:** We will validate our understanding of the purpose of the project, goals, deliverables, potential challenges, and most importantly, what successful completion of the project looks like. This will be an opportunity for us to gain any additional context needed before the project begins or about anything that may have changed since the RFP was released.
- **Confirm Project Timelines:** We will confirm the project work plan's key dates and adjust the proposed deliverable approaches included in this response as needed.
- **Establish a Status Reporting Process:** A key component of project management is regular communication. PCG will confirm with DHHS its expectations to provide regular updates on project status and milestones, including confirming the frequency and duration of status meetings.
- **Establish Evaluation Governance Structure:** PCG and DHHS will establish project governance procedures, including decision-making responsibilities, deliverable review and approval processes, escalation procedures, communication protocols, and stakeholder consultation points. This structure will support transparent project management and timely decision-making throughout the engagement.
- **Review of any Barriers to Successful Completion of Deliverables or Work Plan Activities:** It is important to identify and discuss any potential barriers that may have an impact on the timely completion of project deliverables or work plan activities. This may include legal or regulatory constraints, stakeholder engagement, or interagency coordination challenges.

This meeting will assist in establishing a strong project foundation that will guide subsequent activities.

Ongoing Status Meetings

Phase I will also include ongoing project management strategies, which will include regular status meetings with DHHS as detailed below. PCG proposes monthly status meetings (as identified in the RFP) with key DHHS staff. During the project kickoff meeting, we will collaborate with DHHS staff to determine the dates and time of meetings. We will also work with the project leads to identify future meeting attendees. These meetings will be used to keep all parties informed about project updates, progress, risks, and upcoming activities. PCG's key components of ongoing status meetings will include:

TABLE 4: KEY COMPONENTS OF ONGOING STATUS MEETINGS

Item	Description
Meeting Agendas	Start with a clear agenda to keep the meeting focused and efficient.
Status Updates	Each team member will provide updates on their progress and highlight completed tasks, ongoing work, and any upcoming deadlines.
Action Items	Assign any new action items and review action items from previous meetings, ensuring accountability and follow-up.
Issues and Risks	Discuss any current issues or potential risks and develop strategies to address them.
Milestones and Deadlines	Review upcoming milestones and deadlines to ensure the project is on schedule.
Resource Allocation	Review resource needs and availability, making adjustments as necessary.
Stakeholder Feedback	Share any feedback from stakeholders and discuss how to incorporate it into the project.
Next Steps	Outline the next steps and set clear expectations for the team until the next meeting.
Open Discussion	Allow time for open discussion and questions that would assist the project team in progressing in project tasks and deliverables.

These components ensure that regular project meetings are productive and keep the project moving forward smoothly.

Following each project meeting, PCG will ensure that all participants are aligned and clear on the next steps by providing these key components:

- **Meeting Summary:** Document the key points discussed, decisions made, and action items assigned during the meeting. Ensure the minutes are clear and concise.
- **Action Items:** List all action items, specifying who is responsible for each task and the deadlines. This will help the team in tracking progress and accountability
- **Distribution:** Send the meeting summary and action items to all participants within two working days of the meeting. This ensures everyone is informed and can follow up on their responsibilities.

- **Follow-Up:** Check in with team members on their action items before the next meeting to ensure progress is being made and to address any issues early.
- **Update Project Documents:** Update any relevant project documents, such as the work plan to reflect the latest information and decisions.
- **Feedback:** Collect feedback on the meetings' effectiveness and any suggestions for improvement. This can help make future meetings more productive.
- **Review Meeting Schedule:** Confirm the date and time for the next meeting, ensuring it fits into everyone's schedules and aligns with project milestones.

Additionally, PCG will employ continuous two-way feedback mechanisms outside of the standard meeting schedule to share important updates and clarification so they are delivered in a timely manner.

Data Collection and Evaluation Plan Development
Within the first 90 days of the project, PCG will work collaboratively with DHHS to develop a comprehensive Data Collection and Evaluation Plan (Plan) that serves as the foundation for all project activities. The Plan will establish evaluation objectives and goals, collection and monitoring of evaluation indicators, provide updates on activities and assessments completed, data collection methods for the survey and assessment tool development and revisions, stakeholder engagement strategies, data request, and reporting process.

The Plan will guide both qualitative and quantitative assessment activities and ensure all evaluation findings are grounded in measurable outcomes, stakeholder input, and national best practices. The Plan may include but is not limited to:

- PCG's Data Request
- Evaluation goals and key questions
- Goal-to-measure crosswalk linking each Olmstead goal to outcomes, benchmarks, data sources, evaluation activities, and stakeholder groups
- Data inventory and source identification
- Outcome and benchmark assessment methodology
- Quantitative and qualitative analysis methods
- Stakeholder engagement strategies
- Interview, focus group, and survey protocols outlines
- Performance indicator review framework
- Monitoring and reporting process

As part of Plan development, PCG will work with DHHS to identify stakeholder groups critical to successful implementation of the Nebraska Olmstead Plan. This assessment will include state agencies, individuals with disabilities, self-advocates, family members, providers, advocacy organizations, housing and transportation partners, workforce stakeholders, Tribal partners, and community organizations. PCG will identify opportunities to strengthen stakeholder representation and ensure engagement activities capture a broad range of perspectives. PCG will work with DHHS to ensure stakeholder engagement activities reflect the geographic diversity of Nebraska,

including rural and frontier communities where access to housing, transportation, workforce supports, and community-based services may differ significantly from more urban areas.

To inform the development of the Plan, PCG will conduct three in-person engagement sessions: (1) a meeting with DHHS leadership and key staff, (2) a meeting with State Agency Partner Leadership, and (3) a meeting with the Olmstead Advisory Committee. Each session will inform the Plan and provide opportunity for participants to provide input, ask questions, and suggest changes. Each meeting will be no more than two hours each and PCG will collaborate with DHHS to identify appropriate locations for these meetings.

Following these engagement activities, PCG will update the Plan and submit to DHHS for review. This will provide another opportunity for DHHS to submit additional feedback or comments for PCG to incorporate. PCG will then revise and finalize the Plan. However, PCG will use the Plan as a living document which will support ongoing coordination with DHHS, facilitate transparent reporting, and ensure all recommendations are supported by documented evidence and stakeholder feedback approved by DHHS.

Phase I Deliverable: Data Collection and Evaluation Plan

PHASE II: OLMSTEAD PLAN EVALUATION REPORT

Following receipt of requested the data and information, PCG will conduct a preliminary assessment of available data sources to evaluate completeness, consistency, accessibility, and suitability for measuring progress toward Nebraska's Olmstead goals. Findings will inform refinement of the evaluation methodology and help identify any data limitations or opportunities for improved future measurement and reporting.

Review of Existing Information

A key component of the evaluation is collecting and analyzing information from multiple sources to develop a comprehensive understanding of Nebraska’s current Olmstead implementation. PCG will review the current Olmstead Plan and related materials to assess progress, identify trends, barriers, and opportunities, and inform recommendations.

PCG will request and discuss relevant materials with DHHS. In this phase PCG will review information provided by DHHS along with publicly available resources. Materials may include, but will not be limited to:

- Nebraska’s Olmstead Plan
- Olmstead Revision Plan (2023)
- Existing Progress Reports
- Program Records
- Subrecipient Reports

- Existing Dashboards
- Existing Performance Measures
- Legislative Requirements
- Additional DHHS documents
- Existing Data

Olmstead Review and Assessment

PCG will evaluate Nebraska's existing Olmstead Plan by examining progress against goals, outcomes, benchmarks, and baseline measures established in the 2019 and 2023 Plans. The review will identify accomplishments, implementation challenges, data gaps, and factors that have influenced outcomes.

The assessment will be organized around the seven Olmstead goal areas and informed by performance data, stakeholder feedback, and implementation documentation. PCG will also evaluate cross-cutting factors that affect multiple goals, including workforce capacity, housing, transportation, community-based services, cross-agency coordination, and accountability structures.

Strategic Plan Progress Analysis and Legislative Recommendations

Building on the evaluation findings, PCG will prepare a strategic plan progress analysis documenting progress toward each of the seven Olmstead goals and assessing the effectiveness of current objectives, outcomes, benchmarks, and accountability measures.

This analysis will include:

- Progress towards each Olmstead goal and objective;
- Assessment of benchmark achievement and performance trends;
- Identification of implementation successes and barriers;
- Review of cross-agency coordination and accountability structures;
- Identification of data gaps and performance measurement limitations;
- Assessment of the effectiveness, relevance and measurability of current outcomes, benchmarks and performance indicators; and
- Opportunities to strengthen future implementation efforts, including monitoring, reporting and accountability efforts.

Based on the findings, PCG will develop recommendations for DHHS, the Olmstead Advisory Committee, and the Nebraska Legislature. Recommendations will focus on strengthening accountability, improving measurable outcomes, enhancing community integration, and supporting ongoing implementation.

Environmental Scan

PCG will build on deep research experience with multiple states where PCG has been engaged to complete environmental scans of best practices to inform and improve state initiatives. This will be done following the strategies agreed upon with DHHS and will be refined during any informative quantitative and qualitative assessment of the publicly

available materials and their findings. Potential analyses of other states could include but would not be limited to:

- Program goals and objectives
- Target populations
- Service delivery model
- Governance and oversight structures
- State agency roles and responsibilities
- Best practices
- Stakeholder Engagement
- Outcomes and performance measures
- Equity and Access
- Workforce Initiatives
- Technology and Data analytics
- Implementation challenges and lessons learned
- Best Practices
- Emerging and innovative practices

PCG will work closely with DHHS to refine the focus and scope of the environmental scan to ensure it addresses Nebraska's priorities and emerging areas of interest. Findings will be compiled into identifying leading practices, innovative approaches, implementation considerations, and lessons learned from peer states. Findings will also be evaluated within the context of Nebraska's existing service systems, governance structure, demographics, and geography. The environmental scan will not only highlight what other states are doing but also assess how to apply strategies to Nebraska's unique policy, operational, and stakeholder environment and assess their feasibility and applicability within Nebraska's policy and operational environment.

Stakeholder Engagement

Successful Olmstead compliance cannot be done without engaging with those who live and interact with the disability service systems. Engaging with individuals with disabilities, self-advocates, families, providers, other state agencies, advocacy organizations, and others is critical to evaluating and refining Nebraska's Olmstead Plan.

PCG brings extensive experience designing and facilitating cross-agency collaboration initiatives that align diverse stakeholders around shared goals, priorities, and implementation strategies. Our team understands the complexities of coordinating across multiple state agencies, service systems, and stakeholder groups with differing responsibilities, perspectives, and priorities. PCG employs structured facilitation techniques collaborative planning processes, and consensus-building approaches to foster productive dialogue, clarify roles, and accountabilities, and strengthen coordination among partners. Through facilitated stakeholder engagement, PCG helps organizations identify opportunities for alignment, address systematic barriers, and develop actionable solutions that support long-term system change. This experience positions PCG to effectively support Nebraska in brining together agency partners and

key stakeholders to advance the goals of the Olmstead Plan and promote coordinated, person-centered service delivery across systems.

Before completing outreach to the community, PCG will collaborate with DHHS to review the Plan to ensure it is still in alignment with the desired methods of stakeholder engagement and make updates as appropriate. The Plan will catalogue the most critical groups and populations to be targeted for outreach, methods of outreach, and specific goals that will be achieved. It will also compile, as much as possible, a complete list of stakeholders to be engaged. Groups will be identified by a combination of PCG subject matter expertise and DHHS input.

PCG recognizes that experiences may vary significantly across Nebraska's urban, rural, and frontier communities. Throughout the evaluation process, PCG will examine whether geographic location influences access to housing, transportation, employment, community-based services, and workforce supports. As a result, PCG will collaborate with DHHS to ensure that stakeholders from urban, rural, and frontier communities are represented in interviews, surveys, focus groups, and other engagement activities so that the evaluation captures perspectives from across Nebraska.

Lastly, throughout the stakeholder engagement process PCG will work closely with PCG's communications staff and other designated partners to ensure all stakeholder engagement materials, outreach communications, surveys, meeting notices, and facilitation materials are accessible, written in plain language, and appropriate for diverse audiences. We will develop a targeted outreach and communications strategy designed to maximize participation across stakeholder groups, including individuals with disabilities, family members, providers, advocates, and representatives from rural and frontier communities. Particular attention will be given to reaching populations that have historically been underrepresented or face barriers to participation, including individuals living in rural or frontier areas, Tribal communities, individuals with complex support needs, and other stakeholders whose perspectives may not be adequately reflected in traditional engagement processes. Our approach will leverage multiple communication methods and trusted community networks to support broad, inclusive, and effective engagement throughout the evaluation process.

Interviews

PCG plans to implement a series of in-depth, one-on-one interviews with key DHHS staff, other state agency staff and identified stakeholders such as the Olmstead Advisory Committee members. This might include but is not limited to:

- DHHS
- Olmstead Advisory Committee
- Commission for the Blind and Visually Impaired
- Public Health Administration, Department of Health and Human Services
- Economic Development
- Disability Rights
- Department of Labor

- Department of Education
- Division of Medicaid and Long-Term Care
- Council on Developmental Disabilities
- Department of Corrections
- Advocates
- Children and Family Services
- Division of Developmental Disabilities

PCG plans to conduct up to 18 individual interviews. All interviews will be conducted by trained PCG staff, who will use an interview guide created by PCG and approved by DHHS. While these interviews will be structured using an interview guide, PCG's approach to interviews allows conversations to flow naturally with a focus on depth of detail and follow up rather than narrow interest in the questions asked. Interviews will be scheduled for no more than 90 minutes and PCG will provide the questions guide before the scheduled interview for participants to prepare for the interview. These interviews will provide an overall understanding of the landscape which will inform future stages of this project.

PCG proposes conducting interviews virtually, using tools such as Zoom or Microsoft Teams. PCG and DHHS will work together to determine if recording each interview is appropriate. Using technology tools for interviews allows PCG to gather transcriptions and/or notes from the interview to support accurate and true data analysis. All recordings (if applicable), transcriptions, and notes from the interviews will be kept confidential to allow individuals to speak freely and fully express their views. PCG will provide DHHS a summary of interviews and overall findings.

Survey

PCG will develop a survey to analyze the extent to which Nebraska is providing services in the most integrated setting, as well as to solicit input in ways to improve outcomes. PCG will use the initial research, data review, and interviews to inform the survey question development.

PCG proposes developing a web-based survey with support from DHHS informed by PCG's team and expertise in survey collection and analysis. PCG will draft survey questions with necessary logic for DHHS to review and provide recommendations on any necessary changes. Once the survey questions and logic are approved by DHHS, PCG will develop and build the survey into Alchemer, an online survey platform, that will include both quantitative and qualitative questions. While PCG will work with DHHS to identify the target respondents, Table 5 provides a list of proposed questions grouped by target audience. PCG will collaborate with DHHS to refine and ensure the questions are targeting the desired topics and populations.

The survey will be structured with internal logic to ensure the survey is tailored to questions based on the individual responding. After designing the survey, the PCG team will conduct testing to verify the logic is functioning properly. DHHS will also have the opportunity to conduct user testing as well.

TABLE 5: SURVEY RESPONDENTS AND SAMPLE QUESTIONS

Potential Respondents	Types of Questions
Individuals with Disabilities and Families: individuals with disabilities, ensuring broad representation across diverse disability types, ages, racial/ethnic backgrounds, and living situations	• To what extent do you feel you have opportunities to live, work, and live in the least restrictive setting possible? • What barriers do you encounter when trying to access community-based services? • Are you satisfied with the community-based services you currently receive, and do they align with your preferences and choices? • How much control do you feel you have in making life decisions about the services you receive and daily life? • What specific changes or new opportunities would most enhance your ability to live and participate in your community? These above questions could be re-worked for family members as well.
Services Providers and Managed Care Organizations (MCOs)	• What types of community-based services do you currently offer? • To what extent are you able to meet the preferences and needs of individuals for community-based services to be served in the least restrictive setting possible? • What would enable you to expand integrated opportunities for individuals with disabilities? • Are there specific barriers that prevent you from serving individuals in a less restrictive environment? • How effective are cross-agency partnerships (e.g., housing, employment, transportation) in supporting the individuals you serve? • What innovations or promising practices have you seen that could inform the state's Olmstead Plan?
State Employees (Program staff/implementers across state offices which might include but not limited to: DHHS-Division of Medicaid and Long-Term Care, DHHS- Division of	• What policies or processes most support community integration and least restrictive settings in your agency? • Where do you see gaps or misalignment between state agency policies and the goal to provide services in the least restrictive setting possible and to promote integration?

Developmental Disabilities, DHHS- Division of Behavioral Health, Nebraska Department of Education- Office of Special Education, NDE- Nebraska Vocational Rehab, etc.)	• What data or performance measures would be most useful for tracking progress on community integration? • How is cross agency collaboration specifically related to promoting community integration? • Who are your cross-agency partners? • What additional training, resources, or authority would help you advance Olmstead compliance in your role?
Advocacy Organizations and Community Leaders: Representatives from disability rights groups, community partners, and organizations working towards inclusive communities	• From your perspective, what are the greatest systemic barriers to community integration in Nebraska? • Which populations (by disability type, geography, race/ethnicity, age group) are most underserved? • How well do current state policies reflect the needs and preferences of people with disabilities?

PCG has experience conducting outreach using various methods to maximize survey engagement. Our team will work directly with DHHS to identify the optimal contacts for distributing the survey to the target audience.

PCG is also prepared to pivot to other methods of engagement to achieve the desired survey response rate. For instance, for a previous contract PCG developed survey outreach communications through text messages after email outreach did not produce the expected level of engagement. The project team is prepared to tailor the outreach for Nebraska stakeholders as needed.

The survey will be live for up to four weeks. While the survey is live, PCG will be available for up to four office hours each up to one hour in duration. PCG will also be available via email, using a dedicated email address for the project to resolve any technical issues and support potential respondents in submitting their survey responses.

We will use SPSS and Microsoft Tools such as Excel and Power BI to analyze survey data. Our team members will conduct the evaluation and will code for key themes and findings using a standardized process to ensure consistent data analysis, which helps to reduce bias.

We will present the survey findings to DHHS in a PowerPoint presentation in a virtual meeting.

Focus Groups

After initial research, material analysis, interviews, and survey analysis, PCG proposes a series of focus groups to better understand Nebraska's implementation of Olmstead goals. PCG proposes four focus groups, up to 90 minutes each. One focus group will be specifically for the Olmstead Advisory Committee, with three additional targeted towards:

- Individuals with disabilities, families, self-advocates
- Previous Olmstead workgroups
- Providers
- Other state agency leaders
- Others as identified by PCG and DHHS

Each focus group will include no more than 15 participants, which supports participants in feeling comfortable speaking while allowing the focus group to remain effective and on task. Recognizing the value of in-person as well as virtual options, PCG will hold up to two in-person meetings with the other two virtually. PCG will collaborate with DHHS and its stakeholders to determine locations for in-person focus groups. PCG will attempt to contact identified participants, at most three times, to provide them with information and the opportunity to attend. The goal of these groups will be to dive deeper into the experience, gaps, successes, barriers, and ideas for improving current outcomes.

All focus groups will be conducted by trained PCG staff, applying a facilitation guide created by PCG and approved by DHHS. While these groups will be structured using the facilitation guide, PCG's approach to focus groups allows for conversations to flow naturally with a focus on depth of detail and follow up rather than narrow interest in the questions asked. For each focus group PCG will provide a focus group moderator as well as an individual to take notes and monitor the discussion.

PCG proposes conducting focus groups virtually, using tools such as Zoom or Microsoft Teams. PCG and DHHS will work together to determine if recording each focus group is appropriate. Using technology tools for focus groups allows PCG to gather transcriptions and/or notes from the focus groups to support accurate and true data analysis. All recordings (if applicable), transcriptions, and notes from the focus groups will be kept confidential to allow individuals to speak freely and fully express their views. PCG will provide DHHS a summary of focus groups and overall findings.

Evaluation

All activities conducted and information gathered throughout the evaluation process will be analyzed and synthesized to develop a comprehensive assessment of Nebraska's strategic plan. The resulting analysis will provide an evaluation of progress, outcomes, and areas for enhancement, supporting informed decision making and future strategic direction.

Our analysis approach will identify recurring themes, areas of consensus, differing perspectives, and opportunities for improvement. Findings will be organized around the

seven goal areas of Nebraska's Olmstead Plan and used to assess progress, identify barriers to implementation, and quantitative performance results validation.

Interviews, surveys, and focus group findings will be evaluated to understand:

- Areas of meaningful progress
- Ongoing barriers that limit community integration and access to services
- Gaps between planned outcomes and lived experience
- Opportunities for improving outcomes, benchmarks, and performance measures, and
- Recommendations for future plan priorities and strategies

Following completion of stakeholder engagement activities, PCG will synthesize findings into a goal-by-goal assessment of Nebraska's current Olmstead Plan. For each goal area, the evaluation will identify documented accomplishments, implementation challenges, service gaps, emerging trends, and recommendations for improvement. This analysis will provide DHHS and the Olmstead Advisory Committee with a clear understanding of what is working, what requires adjustment, and where future investments and policy change may have the greatest impact. This analysis will be shared with DHHS, the Olmstead Advisory Committee, and other identified stakeholders to validate themes, identify any gaps in interpretation, and strengthen final recommendations. This evaluation analysis and feedback from stakeholders will assist in informing the development of the Olmstead Plan Evaluation Report.

Report Development

After completing data collection, evaluation, and analysis, PCG will prepare a draft Olmstead Plan and Evaluation Report. The report will evaluate the effectiveness of Nebraska's current outcomes, benchmarks, and performance measures for each Olmstead goal area and assess how well Nebraska measures progress toward community integration, individual choice, independence, service quality, and access to supports. PCG will identify strengths and gaps in existing measures, recommend updates where appropriate, and incorporate these findings into the report to support future monitoring and reporting efforts.

Prior to drafting the complete report, PCG will create a table of contents and an outline of the report and share with DHHS for a review and feedback. Adjustments to the report template will be made as needed before writing report content. Upon completion of the Olmstead and Evaluation Report, PCG will send to DHHS for a full review of the report to provide PCG with feedback, suggestions, and any questions. PCG will revise and finalize the report based on DHHS review.

Phase II Deliverable: Olmstead Plan and Evaluation Report

PHASE III: COMMUNICATION PLAN AND SUPPORTING MATERIALS

PCG has extensive experience helping state clients publicize and inform stakeholders—both internal and external—about major projects and initiatives. Our process, described in more depth below, involves creating a comprehensive communication strategy before developing varied communications collateral that will support a multi-channel, high-touch campaign. This approach maximizes the ability of individual channels to carry unique messages (e.g., webpages or white papers can carry more information while videos or infographics are more immediately engaging) such that the overall campaign operates cohesively.

Developing the Communications Plan

The communications plan will be the guiding strategic document for the development and release of all communications content. The plan will include the following, along with other relevant sections as applicable:

1. Roles and responsibilities for key members of the project team
2. Breakdown of key stakeholders and audiences, including internal audiences
3. Identification of communication needs and engagement strategies for the Olmstead Advisory Committee, partner state agencies, individuals with disabilities, families, providers, advocacy organizations, and other key stakeholders
4. Messaging strategy around the evaluation findings and recommendations
5. Analysis of primary communication channels
6. Key performance indicators (KPIs) for those communication channels
7. Processes for developing communications collateral (e.g., approvers and timelines)
8. Branding and visual identity (e.g., DHHS style guides)

Creating the communications plan will start with Planning and Research stages. The exact form these steps (as well as the final communications plan) take will depend on how widely DHHS plans to communicate evaluation findings and recommendations. Sharing evaluation findings with a limited, mostly internal audience (as opposed to a more varied, external, or unknown audience) is comparatively simple and requires less research and planning, as well as a correspondingly simple strategy. While the discussion below outlines the general procedure for developing the plan, the steps can be expanded or simplified depending on DHHS's desired approach and the number of audiences DHHS wants to target.

The purpose of the communications effort is not only to disseminate evaluation findings, but also to support Nebraska's vision of ensuring individuals with disabilities have meaningful opportunities to live, learn, work, and participate in their communities in the most integrated settings possible. Communications activities will be designed to promote awareness of evaluation findings, proposed revisions to the Nebraska Olmstead Plan, and opportunities for stakeholder engagement throughout the plan revision process. In addition to supporting transparency, the communications strategy

will help individuals with disabilities, family members, providers, advocates, partner agencies, and members of the Olmstead Advisory Committee understand the evaluation results, the rationale for recommended changes, and the potential impact of future plan revisions on Nebraska's disability service system.

INITIAL COMMUNICATIONS PLANNING

The Planning phase will commence with initial meetings between DHHS and PCG so PCG can learn about DHHS's communication capabilities, communications staff, timeline, vision for the release of evaluation findings, and other background information to finalize the communications plan and timeline. This background information will help us decide which tasks need to be incorporated into the plan (e.g., developing a mailing list, coordinating internal and external partners, soliciting success stories, etc.) and help us develop a tentative timeline for executing those tasks. During the Planning phase, PCG will also work with DHHS to connect with any DHHS communications staff and develop a cadence for meeting with project staff to discuss communications (i.e., if additional conversations are necessary outside of regular project meetings).

Content Review of Existing DHHS Materials

This initial planning phase will include a content review of select DHHS communication materials, with special emphasis on any past materials related to the Olmstead plan or this revision process. The goals of this content review are twofold: (1) to familiarize PCG with DHHS's existing tone, voice, and style so that PCG can more closely align future materials with DHHS's brand; and (2) prepare PCG for the audience research phase (described below) by reviewing what information or messaging audiences have already received. In other words, reviewing past content related to the Olmstead plan will help PCG uncover what stakeholders might know, believe, or misunderstand about the plan, and thus what future communications may want to leverage or need to correct.

AUDIENCE, MESSAGE, AND CHANNEL RESEARCH

After the Planning phase, PCG will shift to the Research phase. As alluded to above, the length of the Research phase can vary depending on how nuanced or specific DHHS would like their message targeting to be: more general, blanket messaging requires a less comprehensive understanding of potential audiences (and thus less research time) than more niche, targeted communications. Regardless of the level of depth DHHS would like to pursue, the Research phase includes: assessing target audiences, potential messaging strategies, and the most useful communication channels; developing the key messaging points all content should support; establishing baseline engagement metrics for existing DHHS channels to evaluate future messages; etc.

From this research, PCG will create a full picture of each audience we want to target—also known as an audience persona. To ensure communications materials meet an audience's needs, these personae will cover things like the following for each audience:

- Their level of involvement and relation to the project

- Their preferred communications channels and frequency of contact
- Key questions they may have about a topic
- Existing beliefs, ideas, or misconceptions
- Relevant demographic information

In developing audience personas and outreach strategies, PCG will consider the geographic, demographic, and service-system diversity of Nebraska. Communications and outreach efforts will be designed to reach stakeholders across urban, rural, and frontier communities, recognizing that access to services, communication channels, and engagement opportunities may vary significantly throughout the state. PCG will work with DHHS, the Olmstead Advisory Committee, and community partners to leverage trusted networks and communication channels that maximize participation among individuals with disabilities, family members, providers, advocacy organizations, and other stakeholders, particularly those from populations that have historically been underrepresented in planning and engagement activities.

After Planning and Research are complete, PCG will use the information gathered to create the initial draft of the communications plan. In the communications plan, messaging strategies will be developed to communicate findings related to Nebraska's seven Olmstead goal areas, including community-based services, housing, integrated service settings, competitive integrated employment, transportation, accountability, and workforce capacity. PCG will share the initial draft for DHHS to review and approve. PCG will also update the communications plan based on any new insights that emerge during the life of the project, as detailed in the section below on monitoring and iteration.

DEVELOPING AN EDITORIAL CALENDAR

As part of creating the communications plan, PCG will also create an editorial calendar. The editorial calendar will include the following information to confirm all content goes out on time: deliverable, designated channels for release, owners of designated channels (i.e., individual responsible for release), date for releasing material, and notes on any follow-up. This calendar will facilitate a consistent release of content and information such that audience members stay engaged without feeling pestered or overwhelmed. The calendar will be a living document, updated as PCG and DHHS collaboratively decide on the content to be released or modify the communications strategy.

CREATING COMMUNICATIONS CONTENT

PCG will work with DHHS to develop a procedure for creating new communications materials. In general, that process will occur as follows:

- DHHS and PCG identify the need for a communication deliverable.
- DHHS and PCG agree to the general intent, format, and channel for the deliverable, with planning meetings to finalize as necessary.

- PCG produces an initial draft of the deliverable and shares it with DHHS for review.

- PCG incorporates any feedback from DHHS and produces a final version for approval.

Depending on what the Planning and Research phases reveal about each audience's preferred communication channels, DHHS's existing channels, etc., such content may include, but is not limited to, the following:

- Social media posts (potentially including digital ads)
- Print materials (promotional flyers, posters, etc.)
- Press releases and other media engagement materials
- Slide decks and presentations

As part of this project, PCG will create up to ten supporting materials for DHHS. During the initial design step, PCG will work with DHHS to select the right channel and format for these items based on content, audience, and other strategic considerations, in order to maximize reach and audience impact.

CREATING AN INFORMATION ECOSYSTEM

Regardless of the type of content, PCG will design materials such that they work together. Individuals will be funneled from less information-dense materials (e.g., flyers, videos, social posts) to more information-dense materials (e.g., webpages, white papers) according to their desire and need for greater information. In this way, all materials will work together to present a cohesive and comprehensive narrative of the evaluation.

ACCESSIBILITY

In addition to confirming that all materials work together properly, PCG will also confirm that all materials meet accessibility requirements for the diverse audiences that DHHS serves. PCG has experience creating transcripts and captions, properly tagging PDFs, checking color contrast and other design elements, etc. PCG follows the Web Content Accessibility Guidelines (WCAG) 2.1, but we will adjust our approach to follow any internal DHHS guidelines and align with DHHS requirements.

Beyond the technical requirements that show up in WCAG 2.1, PCG also monitors the actual text in all communications to make sure all audiences can understand and digest it. That includes writing at an appropriate reading level; inserting frequent, clear, and helpful headers and sub-headers; avoiding technical terms where possible, and defining them when they must be included; etc. PCG will work closely with DHHS and its communications staff to ensure outreach materials, surveys, meeting notices, presentations, and other engagement resources support meaningful participation by all stakeholders, including populations that have historically experienced barriers to participation.

SHARING WITH PARTNERS TO EXPAND REACH

DHHS serves many individuals that are both usually hard to reach with messages and for whom updates to the Olmstead Plan may be relevant. To address these potential gaps, PCG will create content that is easy for DHHS partners, who hopefully work with these populations more frequently or directly, to share with their own stakeholders. PCG will assemble said content into appropriate toolkits for these internal and external partners so they can help carry DHHS's message.

PROMOTING TWO-WAY COMMUNICATION

PCG will design materials to accurately convey information about the evaluation process, but also to solicit ongoing feedback from relevant stakeholders. This two-way communication (i.e., from DHHS to stakeholders and also from stakeholders back to DHHS) will help provide an ongoing view into stakeholders' perceptions toward any potential revisions to the Olmstead plan, as well as any questions or concerns they have that communications materials are not addressing.

To support this two-way communication, PCG will include a dedicated, public-facing email address in materials wherever possible—and monitor any incoming messages in that inbox either to respond promptly or escalate to DHHS as necessary. Further, in cases where multiple stakeholders ask similar questions, PCG will update any materials to fill in these knowledge gaps (i.e., by creating FAQs or new dedicated web content answering these questions).

Increased two-way communication will help stakeholders feel like they are part of the evaluation process, enhancing buy-in and making them more likely to accept any updates to the Olmstead plan.

ONGOING MONITORING/KPIS

As mentioned above, the communications plan will include KPIs for our key channels. Engagement must support larger organizational goals. PCG will monitor each KPI to ensure engagement is meaningful and we are not just driving up views or clicks.

The most informative KPIs will depend on the precise channels we prioritize, but may include:

- Web: views, unique visitors, time on site, bounce rate, direct traffic
- Emails: opens, clickthrough, subscribers
- Social: views, follows, link clicks, engagement (likes, comments, etc.)
- In-person: attendance, contacts, follow-ups

PCG will then update or revise any communications materials based on insights from these KPIs. We will also use information gleaned from reviewing KPIs to update the overall communications strategy. PCG will review any proposed updates with DHHS in advance to confirm both the intended update and the evidence for it.

Phase III Deliverable: Communications Plan and Supporting Materials

PHASE IV: OLMSTEAD PLAN REVISION RECOMMENDATIONS AND DRAFT LANGUAGE

PCG will prepare the Olmstead Plan Revision Recommendation Draft language after completion of Phases I, II, and III.

PCG recognizes that Nebraska has made significant investments in advancing the goals outlined in the 2019 and 2023 Olmstead Plans. Rather than recommending wholesale changes, our approach will focus on identifying opportunities to build upon Nebraska's existing strengths, address implementation challenges, and refine goals, outcomes, and accountability measures to better support long-term success, which is described further below.

The Olmstead Plan Revision Recommendation Draft Language report will be informed by the comprehensive evaluation of Nebraska's current Olmstead Plan, implementation activities, assessed benchmarks, stakeholder feedback, and national best practices to develop actionable recommendations for the next iteration of the plan. PCG will build on Nebraska's seven existing Olmstead goals and the findings from the recent statewide evaluation, and our approach will focus on identifying opportunities to strengthen accountability, improve measurable outcomes, and enhance community integration for individuals with disabilities. Based on our review, PCG will ensure the Olmstead Plan Revision Recommendations and Draft Language report will include but not be limited to:

- Draft proposed goal language
- Draft benchmark revisions
- Draft outcome statements
- Draft accountability structures
- Draft narrative revisions

Preliminary findings will likely suggest several areas that may warrant considerations during the revision recommendations. Recommendations will be refined through input and collaborative discussions with DHHS and the Olmstead Advisory Committee, PCG anticipates focusing on but will not be limited to:

- Strengthening Outcome-Based Accountability
- Enhancing Cross-System Collaboration
- Reviewing Goal Structure and Alignment
- Advancing Community Integration Priorities

Recommendations will be developed within the context of Nebraska's seven Olmstead goal areas while identifying cross-cutting strategies that support workforce development, housing access, transportation, cross-agency coordination, and data-

driven accountability. PCG will evaluate recommendations through the lens of Nebraska's geographic diversity and service delivery environment, including considerations for rural and frontier communities, agency roles, coordination processes, and accountability structures. Particular emphasis will be placed on incorporating the perspectives of individuals with disabilities, self-advocates, family members, providers, advocacy organizations, and stakeholders from across Nebraska whose experiences were captured throughout the evaluation process. PCG will also assess the feasibility of proposed recommendations within Nebraska's existing policy, funding, workforce, and service delivery systems to ensure revisions are practical, sustainable, and aligned with Nebraska's long-term goals.

Following the draft development and activities mentioned in previous phases, PCG will provide structured strategic technical assistance through a series of facilitated working sessions. This will include up to three in-person sessions, each approximately four hours in duration, held at locations mutually agreed upon by DHHS, the Olmstead Advisory Committee, and PCG. To maintain project momentum and support iterative plan development and revisions, PCG will also facilitate up to five virtual sessions of approximately three hours each. The strategic technical assistance sessions will provide DHHS, and the Olmstead Advisory Committee with an opportunity to review findings, discuss implementation considerations, and collaboratively refine recommendations to ensure proposed revisions are responsive to Nebraska's priorities, service delivery systems, and stakeholder needs. The draft report will be distributed to both parties prior to the strategic technical assistance discussions to allow participants to prepare for each meeting.

To support the strategic technical assistance discussion, PCG will present the key findings from the research, stakeholder engagement activities and findings, assessment and analytic processes, providing the participants with the background and context necessary to evaluate each recommendation. This collaborative approach will ensure that recommendations are grounded in data, informed by stakeholder perspectives, and aligned with Nebraska's priorities for community integration and service delivery. During these strategic technical assistance discussions participants will:

- Review and discuss proposed goals, objectives, outcomes, and benchmarks;
- Evaluate proposed performance measures methodologies;
- Review governance and accountability structures; and
- Identify opportunities for refinement and improvements of recommended plan revisions.

The strategic technical assistance will allow PCG to work directly with DHHS and the Olmstead Advisory Committee to refine recommendations and develop a consensus on recommendations. Following each strategic technical assistance session, PCG will incorporate feedback into the Olmstead Plan Revision Recommendation Draft Language and submit the revised draft to DHHS and the Olmstead Advisory Committee for review. This invites additional opportunity for feedback, edits, and submission of

questions prior to submitting a final Olmstead Plan Revision Recommendation Draft Language document.

Phase IV Deliverable: Olmstead Plan Revision Recommendation Draft Language

Phase V: Technical Assistance and Final Recommendations for Plan Revisions

Summary of *Strategic Technical Assistance*

Strategic technical assistance activities will help build consensus among DHHS, and the Olmstead Advisory Committee regarding priorities for future implementation and plan revision. The goal of these activities is to create a collaborative forum for reviewing evaluation findings, discussing implementation challenges and opportunities, validating proposed recommendations, and identifying practical strategies for advancing Nebraska's Olmstead goals. Through facilitated discussions and structured feedback sessions, PCG will support stakeholders in developing a shared understanding of priorities, strengthening cross-agency collaboration, and refining recommendations to ensure they are responsive to stakeholder needs, operationally feasible, and aligned with Nebraska's vision of supporting individuals with disabilities in the most integrated settings possible. Additionally, these sessions will help establish buy-in for proposed revisions and promote a shared commitment to successful implementation of the revised Olmstead Plan.

For each strategic technical assistance session, PCG will assign a facilitation team that will include at minimum a lead facilitator, a co-facilitator, and a dedicated note taker responsible for documenting key discussion points, decisions, action items, and stakeholder feedback. This approach ensures that all discussions are accurately captured and that facilitators can remain focused on guiding productive conversations and stakeholder engagement.

Prior to each meeting, PCG will develop a meeting agenda and following each of the eight strategic technical assistance sessions, PCG will develop a meeting summary and detailed meeting minutes that documented attendance, discussion topics, recommendations, decisions made, outstanding questions, and next steps. Draft meeting summaries and minutes will be provided to DHHS and the Olmstead Advisory Committee within two business days of each meeting.

DHHS and the Olmstead Advisory Committee will have the opportunity to review the meeting documentation and provide clarification, corrections, or additional context so that discussions and decisions are accurately reflected. PCG will incorporate feedback, as appropriate, and maintain a final record of all meeting summaries and minutes to support transparency, continuity across each session, and documentation of stakeholder input.

Final Recommendations for Plan Revisions

During Phase IV, PCG will submit the Draft Olmstead Plan Revision Recommendations Report to DHHS and the Olmstead Advisory Committee for review and comment. The draft report will include language and structural revisions to the Nebraska Olmstead Plan, informed by stakeholder engagement, evaluation findings, best practices research, and technical assistance activities conducted throughout the project. In addition to proposed revisions, PCG will provide implementation considerations and suggested prioritization approaches to help DHHS determine which recommendations may be implemented in the near-term, medium-term, and long-term.

PCG recognizes that the ultimate success of the Nebraska Olmstead Plan depends not only on the quality of the recommendations, but also on the state's ability to implement them effectively. As part of the final recommendations process, PCG will work with DHHS and the Olmstead Advisory Committee to identify implementation considerations, potential barriers, and strategies to support long-term success across Nebraska's diverse service delivery systems.

PCG will compile and review all feedback provided by DHHS and the Olmstead Advisory Committee, including suggested revisions, questions, and recommendations related to the proposed plan changes. To facilitate discussion and ensure a shared understanding of the feedback received, PCG will convene a review meeting with DHHS. This meeting will provide an opportunity to discuss proposed revisions, clarify outstanding items, and build a consensus on final recommendations.

Following the review meeting, PCG will incorporate agreed-upon changes and finalize the report. The Final Recommendations for Plan Revisions report will reflect stakeholder input received through both written comments and facilitated discussions as well as recommended revisions to goals, objectives, outcomes, benchmarks, governance structures, accountability measures, and other plan components identified during the evaluation process. The final report will provide DHHS with actionable recommendations and draft language to support development of the next iteration of Nebraska Olmstead Plan. Final recommendations will be organized around Nebraska's seven Olmstead goal areas and will identify both goal-specific improvements and cross-cutting opportunities to strengthen accountability, workforce capacity, housing access, transportation, community-based services, and interagency collaboration.

Once the recommendations for revising the Olmstead Plan have been finalized, PCG will host three virtual town hall meetings for stakeholders interested in learning more about the project's findings and recommendations. Holding the meetings virtually will allow us to reach a broad audience across the state including individuals with disabilities, family members, self-advocates, providers, advocacy organizations, members of the Olmstead Advisory Committee, partner agencies, and other community stakeholders. Each 90-minute session will include an overview of the analysis conducted, key findings, and final recommendations to show the future direction of the

Nebraska Olmstead implementation efforts, along with an opportunity for attendees to ask questions. Through these meetings, PCG will support transparency, foster ongoing stakeholder engagement, and help build awareness and understanding of how the recommended revisions advance Nebraska's vision of supporting individuals with disabilities in the most integrated settings possible.

Phase V Deliverable: Summary of Technical Assistance and Final Recommendations for Plan Revisions

C. TECHNICAL REQUIREMENTS

See Attachment A.

D. DETAILED PROJECT WORK PLAN

PCG's work plan is designed to evaluate Nebraska's progress toward achieving the vision of individuals with disabilities living, learning, working, and participating in community life in the most integrated settings possible. The approach combines rigorous evaluation, stakeholder engagement, policy analysis, communications planning, and technical assistance to deliver actionable recommendations that support future implementation efforts.

PCG's project work plan begins with an estimated start date of September 1, 2026, and follows a phased approach aligned with the Nebraska DHHS scope of work and required deliverables. Throughout the engagement, PCG will maintain close collaboration with DHHS staff, the Olmstead Advisory Committee, partner agencies, service providers, and individuals with lived experience. Monthly project meetings, ongoing quality assurance activities, stakeholder engagement, and technical assistance will occur throughout the project lifecycle to ensure transparency, accountability, and timely delivery of all project milestones. The project work plan is structured to satisfy all requirements identified in the RFP, including development of an evaluation framework, assessment of outcomes and benchmarks, analysis of barriers and opportunities, recommendations for plan revisions, communications support, and implementation-focused technical assistance.

TABLE 6: PROJECT WORK PLAN

Task Description	Task Start Date	Task End Date
Phase I. Data Collection and Evaluation Plan	**9/1/2026**	**11/30/2026**
Project kickoff meeting (1 meeting up to 2 hours)	**9/1/2026-11/30/2026**	
Revise project work plan - submit to DHHS		
Develop data collection and evaluation plan		
Meet with DHHS, state agency partner leadership, and Olmstead Advisory Committee for input (in-person)		
Develop and submit data and information request		

Submit draft plan to DHHS for review		
Revise and submit final plan to DHHS		
Monthly meeting with DHHS		
Deliverable I: Data Collection and Evaluation Plan Development Due: November 30, 2026		
Phase II. Olmstead Evaluation	**12/1/2026**	**4/30/2028**
Research	**12/1/2026-3/31/2027**	
Review data and information from submitted request		
Best practices and benchmark assessment		
environmental scan		
Strategic plan progress analysis and legislative recommendations		
Stakeholder Engagement	**4/1/2027-12/31/2027**	
Develop facilitation guides and questions		
Recruitment and scheduling		
Interviews (up to 18 interviews, up to 90 minutes)		
Develop Survey		
Submit draft to DHHS for review		
Revise and finalize survey, submit to DHHS		
Program survey into Alchemer		
Administer and analyze survey		
Technical assistance office hours		
Focus groups (4 focus groups, 1.5 hours each, 2 in-person, 2 virtual)		
Advisory committee meetings (quarterly)		
Develop Evaluation Report	**1/1/2028-4/30/2028**	
Analyze findings from all research and stakeholder engagement		
Submit draft to DHHS for review		
Meet with DHHS to review report		
Revise and finalize report - submit to DHHS		
Monthly meeting with DHHS		
Deliverable II: Final Olmstead Plan Evaluation Report Due: April 30, 2028		
Phase III. Communication Plan and Supporting Materials	**3/1/2028**	**6/30/2028**
Develop communications plan	**3/1/2028-6/30/2028**	
Planning meetings		
Discussions with DHHS		
Submit draft to DHHS for review		
Revise and finalize communications plan - submit to DHHS		

Develop supporting materials - each includes drafting and designing initial content, DHHS review and edits, finalizing materials, conducting accessibility checks, and submitting final to DHHS		
Flyers/infographics		
Documents		
Presentations		
Deliverable III: Communications Plan and Supporting Materials Due: June 30, 2028		
Phase IV. Olmstead Plan Revision Recommendations and Draft Language	**5/1/2028**	**8/31/2028**
Strategic technical assistance sessions with DHHS and Olmstead advisory committee (up to 8 sessions; up to 3 in-person at 4 hours each and 5 virtual at 3 hours each)	**5/1/2028-8/31/2028**	
Draft revision language development		
Submit draft to DHHS for review		
Revise and finalize recommendations - submit to DHHS		
Monthly meeting with DHHS		
Deliverable IV: Olmstead Plan Revision Recommendation Draft Language Due: August 31, 2028		
Phase V. Technical Assistance and Final Recommendations for Plan Revisions	**5/1/2028**	**8/31/2028**
Summary of strategic technical assistance meetings and minutes	**5/1/2028-8/31/2028**	
Draft final technical assistance and recommendations for plan revisions		
Submit draft to DHHS for review		
Revise and finalize based on DHHS review - submit to DHHS		
Townhall meetings with broad stakeholder groups (3 virtual meetings at 90 minutes each)		
Deliverable V: Summary of Technical Assistance and Final Recommendations for Plan Revisions Due: August 31, 2028		

E. DELIVERABLES AND DUE DATES

PCG's project work plan includes the five major deliverables identified in the RFP. Those deliverables and their due dates are provided in **Table 7** below.

TABLE 7: DELIVERABLES TABLE

Deliverable	Due Date
Data Collection and Evaluation Plan Development	November 30, 2026
Final Olmstead Plan Evaluation Report	April 30, 2028
Communications Plan and Supporting Materials	June 30, 2028
Olmstead Plan Revision Recommendation Draft Language	August 31, 2028
Summary of Technical Assistance and Final Recommendations for Plan Revisions	August 31, 2028

ATTACHMENT A
Technical Requirements
RFP 125999 O3
Nebraska Olmstead Plan Evaluation

1. Provide a narrative of the bidder's experience evaluating state Olmstead plans or similar, including the use of quantitative and qualitative methods as well as using continuous quality improvement approaches or processes to achieve better results.

The PCG team brings a wealth of experience working with state Olmstead plans, other key disability-related initiatives, and similar efforts related to other state plans (e.g., State Plans on Aging). These efforts entailed a range of quantitative and qualitative methods to inform our work as well as embedding continuous quality improvement principles to ensure meaningful outcomes.

PCG has extensive experience with evaluating state plans and strategic initiatives that are closely aligned with the objectives of the Nebraska Olmstead Plan. For example, in 2025, PCG worked with the **Alabama Department of Senior Services (ADSS)** to conduct a comprehensive evaluation of its State Plan on Aging, assist with their compliance with the 2024 Older Americans Act (OAA) Final Rule, and evaluate whether it was meeting its goals and objectives focused on older adults and adults with disabilities. As part of this work, our team created a crosswalk of each policy area within the State Plan, assessed implementation progress, evaluated existing outcomes and performance measures, identified gaps and barriers to successful implementation, and developed targeted recommendations for plan amendments. The evaluation utilized both quantitative and qualitative methods. Quantitative activities included an analysis of the goals, objectives, and outcomes to evaluate progress and compliance with the State Plan requirements and the OAA Final Rule. PCG reviewed Alabama's policy documents and using the crosswalk evaluated compliance with the OAA Final Rule and identified existing gaps in meeting outcomes and goals outlined by the federal rule. PCG reviewed ADSS and Alabama Area Agencies on Aging (AAA) current policies and procedures, the Alabama State Plan on Aging, federal guidance on the updates to the OAA, and many other applicable documents in reference to the OAA Final Rule. PCG worked collaboratively with ADSS to complete a comprehensive analysis and draft a State Plan on Aging amendment to comply with the new requirements.

Qualitative activities included developing an accessible survey that was available on the state's website, stakeholder outreach, and collecting feedback from community members such as service providers, advocacy organizations and other partners through a multi-channel engagement strategy. PCG partnered with ADSS to ensure that the survey met accessibility standards, reached the target populations, and generated meaningful feedback that informed recommendations for plan revisions. Consistent with a continuous quality improvement approach, findings were reviewed collaboratively with ADSS throughout the project, allowing recommendations to be refined based on emerging data, stakeholder input, and implementation considerations. PCG also conducted several training sessions to support implementation of the revised plan and promote ongoing accountability. Our work resulted in a revised State Plan on Aging that was approved by the Administration for Community Living that provides a stronger framework for measuring outcomes, improving service delivery, and will guide Alabama's efforts in meeting the needs of its older and disabled population.

Additionally, PCG has worked closely with states and their networks to comply with Olmstead plans, and all applicable policies that impact individuals with disabilities and the systems that aim to support them. In 2024 PCG began working with the **Kansas Department for Aging and Disability Services (KDADS)** to create a new HCBS waiver, the Community Support Waiver (CSW), that will support people with intellectual and developmental disabilities to live independent lives at home and in their community-based settings consistent with Olmstead principles. This work would not be possible without the Olmstead decision. The PCG team worked closely with the KDADS team to create a waiver that is mindful of Olmstead, the Americans with Disabilities Act (ADA), and related laws and regulations. The waiver was designed around person-centered planning principles that increase choice, self-direction, and individualized service delivery.

PCG employed a continuous quality improvement approach throughout the development of the Kansas CSW. Initial waiver concepts and service designs were developed in collaboration with KDADS and multiple state agency partners and were then reviewed by a Technical Advisory Group comprised of providers, Community Developmental Disability Organizations (CDDOs), individuals with disabilities, family members, self-advocates, and advocacy organizations. To support meaningful stakeholder participation, PCG implemented a comprehensive outreach and

communications strategy that included a dedicated project website, fact sheets, presentations, email updates, social media content, and other engagement materials. These efforts generated nearly 200 applications for TAG membership, allowing KDADS and PCG to select a diverse and highly engaged group of stakeholders. Feedback gathered through these stakeholder discussions was analyzed and incorporated into subsequent drafts through ongoing consultation with state leadership. Draft waiver components were also presented through 15 statewide town halls, each attracting more than 100 participants on average, providing additional opportunities for individuals with lived experience, families, providers, and community stakeholders to share their perspectives. Based on feedback received during the TAG meetings, town halls and continued collaboration with state partners, the waiver was further refined prior to submission. This iterative process ensured that qualitative feedback from those most directly impacted by the waiver was not only solicited but meaningfully integrated into decision-making, resulting in a more person-centered, responsive, and effective waiver design that reflected the needs, preferences, and lived experiences of the Kansas disability community.

PCG also conducted national research to identify and understand best practices by reviewing peer-state approaches, emerging and evidence-based practices, and applicable federal requirements governing Home and Community-Based Services (HCBS) waivers. This research included analysis of waiver structures, service models, implementation strategies, and community integration practices used across other states, as well as ongoing review of federal regulations, guidance, and CMS expectations to ensure that the waiver design remained aligned with national standards and compliance requirements. Because PCG continuously evaluated draft waiver components against evolving federal guidance throughout the project, our team was able to quickly respond when CMS released updated HCBS waiver guidance during the development process. PCG seamlessly incorporated the new requirements into the project, revised previously drafted components, and adjusted the project work plan to address the updated expectations without disrupting project momentum or timelines. This proactive and iterative approach ensured that the final waiver reflected current federal requirements, incorporated national best practices, and supported the state's goals for community integration, person-centered services, and long-term program sustainability.

The waiver was ultimately approved by CMS in 2026 and is currently being operationalized.

2. Describe the bidder's experience evaluating partnerships, including identifying partners and stakeholders not currently represented.

PCG believes it is essential to work in partnership with all the different stakeholders that may be affected by any change in state or federal policy, including those in the community and state staff. PCG understands it may be difficult to engage with individuals with lived experience living across Nebraska, however PCG has worked extensively with people with disabilities and we are committed to centering the voices and experiences of these individuals guided by the ethos of "nothing about us without us."

For example, in 2025 we worked on developing the first strategic plan for disability services for the **Los Angeles County Aging and Disabilities Department** in which it was essential to evaluate existing partnerships and ensure the representation of underrepresented partners and stakeholders. The Department had incorporated disability services into its mandate in 2023 but struggled to define its role and responsibilities. As part of this effort, PCG conducted a stakeholder mapping and gap analysis process to identify stakeholders who were not currently represented in planning and decision-making activities, including individuals with disabilities, family caregivers, community-based organizations, and advocacy groups whose perspectives had historically been underrepresented. PCG conducted extensive stakeholder engagement involving government agencies, community-based organizations, and individuals with disabilities, and caregivers. We analyzed the partnerships, or lack thereof, between relevant entities using focus groups, an electronic survey that received feedback from over 1,000 individuals, key informant interviews, and a SWOT analysis with targeted individuals. Through these engagement activities, PCG intentionally sought input from a broad range of stakeholders, including individuals with disabilities, family members, self-advocates, providers, advocacy organizations, and community partners, while also identifying and addressing gaps in stakeholder representation. Particular emphasis was placed on

engaging individuals with lived experience, family members, and self-advocates to ensure recommendations reflected the perspectives of those most directly impacted by disability services policies and programs. This ensured broad representation, including by individuals not usually represented due to visible or invisible barriers to participation in such efforts.

Findings from the partnership assessment were used to identify gaps in coordination, clarify organizational roles and responsibilities, and develop recommendations to strengthen collaboration among public agencies, community partners, advocacy organizations, service providers, and individuals with disabilities. The resulting Strategic Plan contained, among its numerous components, several recommendations for the Aging and Disabilities Department to strengthen or establish partnerships with public and private entities to support the community it is charged to serve.

3. Provide a narrative of the bidder's experience with evaluating the quality and implementation of strategic plan objectives and activities (e.g., state cancer plan, organizational strategic plan).

PCG has extensive experience with evaluation of state programs and plans. In 2021, PCG was engaged by the **Maine Department of Health and Human Services, Center for Disease Control and Prevention** to evaluate their Alzheimer's Disease and Related Dementias (ADRD) federal grant funded initiatives under its BOLD program including evaluation of the state's ADRD strategic and implementation plans. As a part of that work, PCG was charged with completing a needs assessment to identify the characteristics of individuals living with ADRD and their care partners, and gain insight into the resources, services, strengths, and weaknesses of the existing infrastructure. The evaluation included review of strategic plan objectives, assessment of implementation progress, benchmark and performance measure review, outcome tracking, and analysis of the state's progress toward achieving its strategic goals. PCG assessed the extent to which planned activities were implemented as intended, identified barriers affecting implementation and performance, and developed recommendations designed to strengthen accountability, improve outcomes, and support continuous quality improvement. PCG utilized quantitative surveillance data collected from MaineCare (Medicaid); the Data, Research and Vital Statistics Program of the Maine CDC; and the Behavioral Health Risk Factor Surveillance System (BRFSS) to inform the needs assessment. These data sources were used to evaluate performance trends, measure progress against established indicators, assess outcomes associated with strategic plan priorities, and identify areas where benchmarks were being met or where additional action was needed.

Qualitative data was also collected via document reviews and research as well as a combination of surveys, focus groups, and interviews with provider resources, care partners and individuals diagnosed with ADRD. PCG analyzed the findings with Maine CDC and a core group of stakeholders to evaluate achievement of strategic objectives, identify emerging concerns affecting the ADRD population and their care partners, assess gaps between intended and actual outcomes, and inform recommendations for future strategic planning and program improvement efforts.

4. Describe how the bidder proposes to produce evaluation reports using existing and programmatic data. Provide an example of reports completed for previous work.

PCG recognizes that Nebraska contains a wealth of data related to its Olmstead Plan since its inception in 2020 and in subsequent revisions that will help inform the analyses and proposed revisions to the Plan. In previous work PCG has developed evaluation reports using existing and programmatic data. In 2026 the Massachusetts Executive Office of Aging and Independence (AGE) engaged PCG to assess opportunities to strengthen the fiscal and operational sustainability of the State Home Care Program while preserving access to services, maintaining quality, and supporting the long-term viability of the aging services network. The assessment focused on both short-term strategies as well as identifying longer-term sustainability opportunities. PCG's approach integrated several workstreams that reviewed programmatic information and data to complete a multi-disciplinary assessment of sustainability strategies for the Home Care Program. These included:

- Fiscal and utilization analysis of historical Home Care spending and participant data;

- A comprehensive review of existing policies, regulations, and internal guidance documents related to the Home Care Program;
- A review of AGE's initial planning documents focused on promoting the sustainability and enhancement of the Home Care Program; and
- A detailed review of current information technology and system modalities in which the Home Care Program operates.

This comprehensive review of existing program information and data led to the development of specific policy and technical recommendations in a report to AGE to support the Home Care Program as well as a financial modeling tool to assess the impact of each policy recommendation on forecasted spending and on utilization. The Executive Summary of the report presented to AGE can be found on pages 19-24.

5. Provide a narrative of how the bidder will work with NE DHHS to provide technical assistance and support the revision of the Olmstead plan. The bidder may provide an example of previous work.

PCG has extensive experience providing technical assistance support to state agencies across the country in implementing various initiatives. For example, we worked with the **Minnesota Department of Human Services, Disability Services Division (DSD)** on HCBS service organizational transformation. PCG partnered with the DSD to improve and transform its technical assistance, training, and communications for providers and people receiving services. PCG was tasked with aligning strategic communications, training, and technical assistance efforts to specific audiences and roles; improving organizational effectiveness in DSD's communications, training, and technical assistance infrastructures to meet changing needs and increased demand; and establishing a data framework and business process to increase DSD's proactive approaches and interventions with lead agencies and providers. To meet these requirements, PCG conducted a business analysis of DSD by reviewing documentation and interviewing key staff.

Throughout the engagement, PCG worked closely with DSD leadership and staff through recurring technical assistance sessions, collaborative planning meetings, and ongoing review of findings and recommendations to ensure proposed solutions were practical, achievable, and aligned with agency priorities. PCG also facilitated discussions among agency staff and stakeholders to build consensus around proposed improvements, identify implementation challenges, and ensure recommendations reflected both operational realities and stakeholder needs. In addition to developing recommendations, PCG provided implementation-focused technical assistance to help the agency prioritize activities, establish responsibilities, identify performance measures, and prepare for operationalizing recommended changes.

Final deliverables included a technical assistance plan to be used by DSD staff for assessing compliance with DHS requirements, recommendations for strengthening communications and stakeholder engagement and strategies to improve organizational effectiveness and long-term sustainability of DSD's support systems.

PCG will adopt a similar strategy for technical assistance when supporting DHHS and the Olmstead Advisory Committee in their efforts to revise the existing Nebraska Olmstead Plan. A key component of PCG's technical assistance approach is ensuring that recommendations are not only developed but are also actionable and implementable. PCG routinely works alongside agency leadership, program staff, stakeholders, and advisory groups to review findings, refine recommendations, establish implementation priorities, and develop accountability structures that support long-term success. For Nebraska, PCG will use this same collaborative approach to help DHHS and the Olmstead Advisory Committee translate evaluation findings into meaningful revisions to the Olmstead Plan, strengthen outcomes and benchmarks, support community integration goals, and position the state for successful implementation of future plan activities.

6. Describe the bidder's experience identifying systemic issues and developing inter-agency and statewide solutions.

PCG has more than three decades of experience partnering with state and local governments to identify systemic challenges, facilitate cross-agency collaboration, and design practical solutions that improve service delivery and outcomes for individuals and families. Our work spans Medicaid, long-term services and supports (LTSS), home and community-based services (HCBS), aging, behavioral health, physical disabilities, developmental disabilities, child welfare, education, workforce, housing, and public health programs, providing us with a comprehensive understanding of the complex systems that support individuals across the lifespan.

PCG employs a structured, evidence-based approach to identifying systemic issues. We begin by conducting a comprehensive assessment that includes policy and regulatory review, operational process mapping, quantitative and qualitative data analysis, document review, and extensive stakeholder engagement. This approach enables us to identify root causes of system challenges rather than isolated operational issues and to understand how policies, funding mechanisms, organizational structures, workforce capacity, technology, and service delivery processes interact across agencies. PCG evaluates policy, operational, funding, governance, workforce, and service delivery factors to understand how issues in one system may affect outcomes in another. This allows us to identify systemic barriers and develop solutions that address underlying causes rather than individual symptoms.

Our teams routinely work with Medicaid agencies, departments of developmental disabilities, human services, behavioral health, public health, housing authorities, workforce agencies, education systems, transportation providers, and community-based organizations to build consensus around shared priorities and coordinated solutions. We establish governance structures, facilitate executive leadership meetings and workgroups, and develop decision-making frameworks that promote accountability and sustained collaboration. In addition to identifying systemic issues, PCG routinely facilitates consensus-building among agencies and stakeholders to ensure recommendations are practical, actionable, and supported by the organizations responsible for implementation.

Many barriers to community integration are not driven by a single agency or program but instead stem from challenges across housing, transportation, employment, workforce capacity, Medicaid, and community-based service systems. PCG has extensive experience helping states identify these interconnected barriers and develop coordinated solutions that improve outcomes for individuals with disabilities.

In 2016 PCG was engaged with the **New York State Office for People with Developmental Disabilities (OPWDD)** to conduct an independent assessment of the mobility and transportation needs of people with disabilities and other special populations, including but not limited to those receiving behavioral health services. The overall project goal was to develop a plan that would address current problems and improve self-direction, community inclusion and competitive employment through mobility management transportation options for New Yorkers with disabilities. The OPWDD administered the contract, but this was a multi-agency initiative including OPWDD, Department of Transportation, Department of Health, Office for the Aging, Office for Mental Health, Office of Alcoholism and Substance Abuse Services, Developmental Planning Council, and the State Education Department. PCG assessed current statewide transportation resources and developed recommendations to pilot a new mobility management program for non-medical transportation needs. By reviewing promising practices throughout the state and researching national and international best practices, PCG recommended models that used natural supports and shared ride and/or other resources to address the non-medical transportation needs of individuals with developmental, mental or physical disabilities, with a focus on employment and community inclusion aligned with Olmstead requirements. The final report to the Governor, Temporary President of the Senate, and Speaker of the Assembly included an assessment of – and recommendations for – the creation of a transportation pilot demonstration program.

Similarly, in 2019 the **California Department of Health Care Services (DHCS)** contracted with PCG to support California's development of their Statewide Transition Plan (STP) for the 2014 HCBS Settings Final Rule. While PCG's contract was with DHCS, PCG was responsible for

supporting interagency and statwide solutions to compliance. PCG facilitated regular meetings with DHCS and its sister agencies, the California Department of Aging (CDA) and California Department of Developmental Services (DDS) to develop their STP. PCG supported all three agencies in identifying areas not in compliance with federal requirements and methods for coming into compliance. This work involved a system review of multiple state agency regulations and policies with the creation of a crosswalk. PCG supported the submission of the STP to the Centers for Medicare and Medicaid Services (CMS).

7. Provide a narrative of the bidder's experience with creating documentation for disseminating results for a variety of audiences. This could include but is not limited to success stories, presentations, infographics, fact sheets, and health impact statements. Provide an example completed for previous work.

PCG's team includes design and communication experts with experience creating communication strategies and the content necessary to execute those strategies. Furthermore, PCG embeds these communication experts within the project team to ensure communications staff always have the project understanding necessary to produce clean, high-quality, and effective content.

PCG understands that effective dissemination involves more than developing communication products; it requires translating complex policy, programmatic, and evaluation findings into clear, actionable information that can be understood and used by diverse audiences. Our team routinely develops audience-specific communication materials that present technical information in a manner appropriate for policymakers, agency leadership, providers, advocates, individuals with disabilities, family members, and community stakeholders. In addition to traditional communication products such as presentations, fact sheets, infographics, websites, and briefing materials, PCG frequently develops success stories, impact narratives, case studies, and summary impact statements that help stakeholders understand the real-world effects of policies, programs, and system changes.

Accessibility is a core component of our communications approach. PCG develops materials with accessibility and usability in mind and may incorporate plain language writing, accessible document formatting, alternative text, captioning, color contrast review, and other strategies designed to ensure information is accessible to individuals with disabilities and other diverse audiences. We believe communication products should not only convey information but also promote transparency, engagement, and informed decision-making.

The projects below offer a brief example of PCG's wide-ranging experience.

Examples of Communication Campaigns

Kansas Department for Aging and Disability Services (KDADS): Community Support Waiver (CSW)

From April 2024 though June 2026, PCG helped KDADS create the CSW—a new Medicaid waiver designed to help Kansans with developmental or intellectual disabilities who do not need 24-hour, paid support live independently in their communities—and submit it for federal approval.

In addition to helping design the CSW and associated policies, procedures, and training materials, PCG also helped publicize the CSW and communicate about the waiver and drafting process with the public. The waiver creation process was both long and complicated. Furthermore, people across Kansas were frustrated and upset with the current Medicaid system and scrutinizing KDADS and the CSW process closely. Together, these challenges complicated the communication environment, requiring both a carefully calibrated message and focused message discipline from communicators.

To inform the public about the CSW, and help keep all communicators on message, PCG developed the following materials:

1. A dedicated CSW website

2. Mailing list and associated email blasts
3. Presentations for stakeholder town halls
4. Social posts
5. Flyers, fact sheets, and infographics
6. In-person presentations

Materials worked together to keep individuals informed throughout the process. Emails and social posts offered periodic updates on progress, as well as announcements about key events and developments—like the social posts announcing the public comment period, pictured below.

FIGURE 1: SOCIAL POST ANNOUNCING THE PUBLIC COMMENT PERIOD FOR THE CSW

Flyers and other handouts gave a more digestible and shareable look at key aspects of the waiver. These included lists of services, examples of how waiver participants might select and combine services, or a description of how self-direction would work on the waiver.

FIGURE 2: FLYER DESCRIBING SELF-DIRECTION ON THE CSW

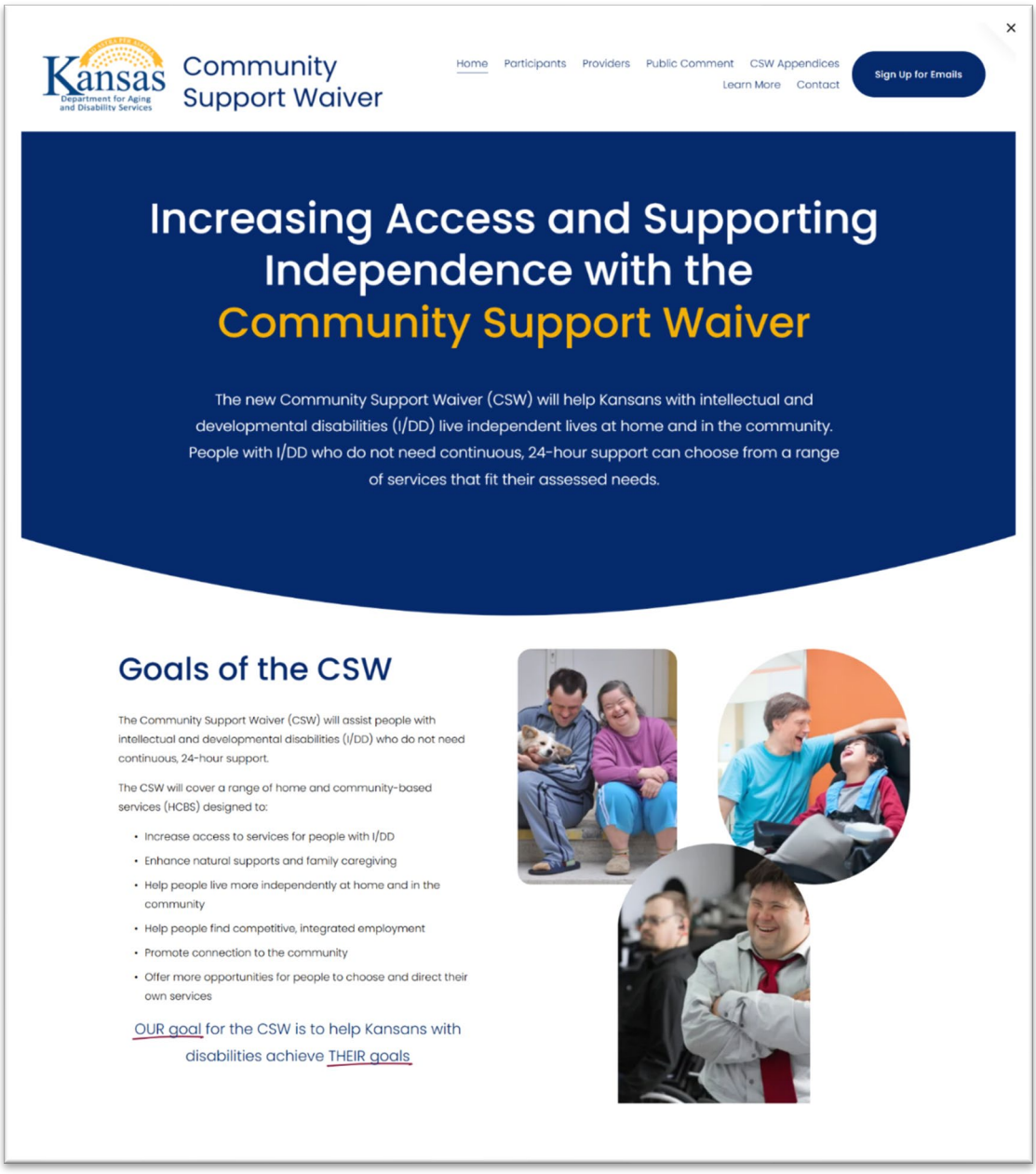
FIGURE 3: FLYER DESCRIBING SELF-DIRECTION ON THE CSW

PCG also developed slide decks and presentations for monthly town halls, as well as more specific dedicated events to train target stakeholder groups, like community developmental disability organizations, targeted case managers, and other organizations directly involved in Kansas's Medicaid system.

Finally, all materials led back or connected to the dedicated CSW website. This website provided

regular updates on the drafting process, dedicated sections for participants and providers, a full breakdown of each section of the waiver, a record of all town halls and presentations, and a description and record of the public comment process.

FIGURE 4: TOP OF HOMEPAGE FOR CSW WEBSITE



Using the above materials, KDADS and PCG kept stakeholders informed about the CSW process throughout the months the waiver development was in progress. We also provided a comprehensive and comprehensible breakdown of an over 200-page technical document such that a layperson could understand it.

Maine Office of Family Involvement (OFI): Changes to MaineCare Eligibility Rules

In response to the new Medicaid work requirements introduced as part of H.R. 1, the Maine Office of Family Involvement (OFI) needed to introduce a suite of new eligibility changes to the state's Medicaid program, MaineCare. These changes included the work requirements, updated eligibility

rules for non-citizens, decreased retroactive coverage, and more frequent Medicaid renewals. OFI contracted with PCG to devise a communications strategy and develop the necessary content to execute it. The content that PCG developed for OFI included:

1. Social posts
2. Email copy
3. Website wireframes
4. Shortform video
5. Partner toolkits and flyers

The changes to MaineCare were complicated, involved multiple conditions and exceptions, and only applied to a specific subset of Medicare beneficiaries. Content needed to explain these changes in a way that was understandable to the general public, alerted them to the potential risks, and did not panic individuals whom the changes would not affect. PCG prepared these materials for OFI to release at a later date when the changes went into full effect across MaineCare.

To help OFI expand their website with more information about these changes, PCG developed a series of wireframes for potential new webpages, which OFI would build in their platform after finalizing certain policy decisions. Similar to the CSW website, the proposed new webpages for the eligibility changes, once built, would serve as the ultimate repository of information. Other materials would direct MaineCare recipients to these webpages to find out more and take next steps. On arrival at the website, visitors would immediately be sorted into groups based on whether or not the changes applied to them. Other communication materials would make it clear which group a recipient belonged to.

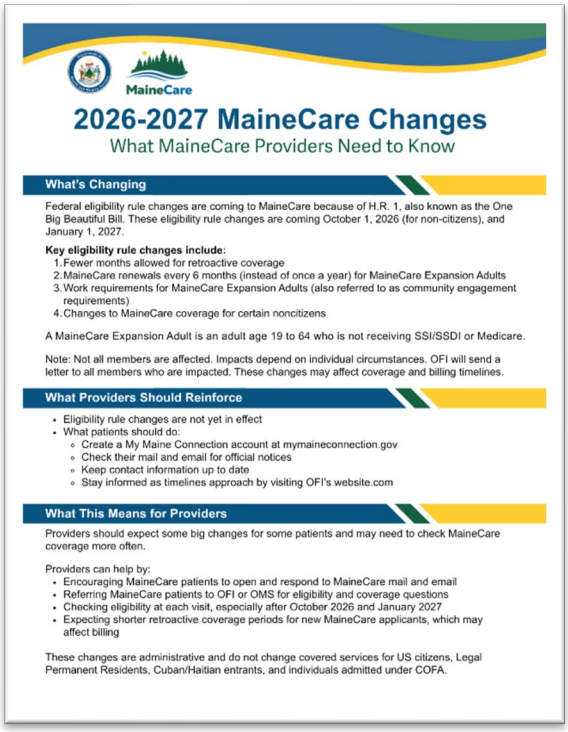
FIGURE 5: WEBSITE WIREFRAME FOR NEW MAINECARE ELIGIBILITY PAGES

Flyers and other more easily shareable content supported the webpage. PCG developed flyers for both recipients and providers, with different levels of information for each. Flyers for recipients were simpler and focused on one specific aspect of the changes at a time.

FIGURE 6: MAINECARE FLYER ALERTING PARTICIPANTS OF UPCOMING CHANGES

Flyers for partners were multi-page and more comprehensive, offering a full overview of the changes at once so providers would be aware of everything.

FIGURE 7: FLYER ON MAINECARE ELIGIBILITY CHANGES FOR PROVIDERS (FRONT)



MaineCare

2026-2027 MaineCare Changes

What MaineCare Providers Need to Know

What's Changing

Federal eligibility rule changes are coming to MaineCare because of H.R. 1, also known as the One Big Beautiful Bill. These eligibility rule changes are coming October 1, 2026 (for non-citizens), and January 1, 2027.

Key eligibility rule changes include:

1. Fewer months allowed for retroactive coverage
2. MaineCare renewals every 6 months (instead of once a year) for MaineCare Expansion Adults
3. Work requirements for MaineCare Expansion Adults (also referred to as community engagement requirements)
4. Changes to MaineCare coverage for certain noncitizens

A MaineCare Expansion Adult is an adult age 19 to 64 who is not receiving SSI/SSDI or Medicare.

Note: Not all members are affected. Impacts depend on individual circumstances. OFI will send a letter to all members who are impacted. These changes may affect coverage and billing timelines.

What Providers Should Reinforce

- Eligibility rule changes are not yet in effect
- What patients should do:
  - Create a My Maine Connection account at mymaineconnection.gov
  - Check their mail and email for official notices
  - Keep contact information up to date
  - Stay informed as timelines approach by visiting OFI's website.com

What This Means for Providers

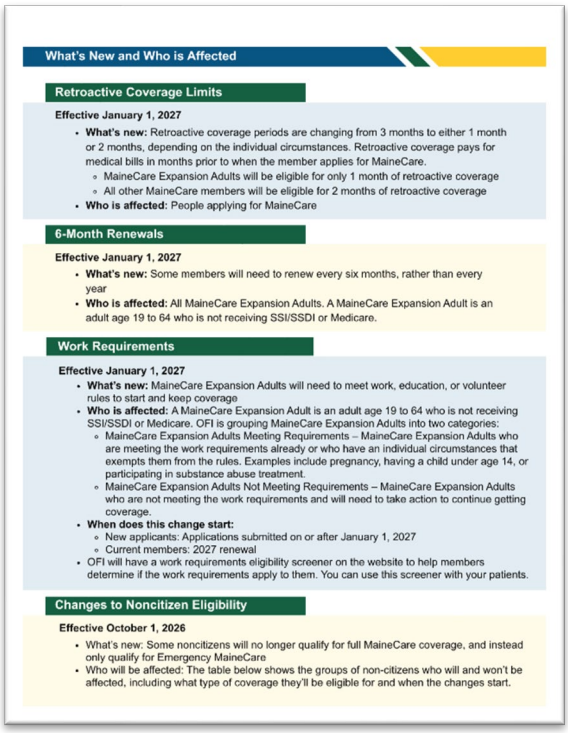
Providers should expect some big changes for some patients and may need to check MaineCare coverage more often.

Providers can help by:

- Encouraging MaineCare patients to open and respond to MaineCare mail and email
- Referring MaineCare patients to OFI or OMS for eligibility and coverage questions
- Checking eligibility at each visit, especially after October 2026 and January 2027
- Expecting shorter retroactive coverage periods for new MaineCare applicants, which may affect billing

These changes are administrative and do not change covered services for US citizens, Legal Permanent Residents, Cuban/Haitian entrants, and individuals admitted under COFA.

FIGURE 8: FLYER ON MAINECARE ELIGIBILITY CHANGES FOR PROVIDERS (BACK)



What's New and Who is Affected

Retroactive Coverage Limits

Effective January 1, 2027

- **What's new:** Retroactive coverage periods are changing from 3 months to either 1 month or 2 months, depending on the individual circumstances. Retroactive coverage pays for medical bills in months prior to when the member applies for MaineCare.
  - MaineCare Expansion Adults will be eligible for only 1 month of retroactive coverage
  - All other MaineCare members will be eligible for 2 months of retroactive coverage
- **Who is affected:** People applying for MaineCare

6-Month Renewals

Effective January 1, 2027

- **What's new:** Some members will need to renew every six months, rather than every year
- **Who is affected:** All MaineCare Expansion Adults. A MaineCare Expansion Adult is an adult age 19 to 64 who is not receiving SSI/SSDI or Medicare.

Work Requirements

Effective January 1, 2027

- **What's new:** MaineCare Expansion Adults will need to meet work, education, or volunteer rules to start and keep coverage
- **Who is affected:** A MaineCare Expansion Adult is an adult age 19 to 64 who is not receiving SSI/SSDI or Medicare. OFI is grouping MaineCare Expansion Adults into two categories:
  - MaineCare Expansion Adults Meeting Requirements – MaineCare Expansion Adults who are meeting the work requirements already or who have an individual circumstances that exempts them from the rules. Examples include pregnancy, having a child under age 14, or participating in substance abuse treatment.
  - MaineCare Expansion Adults Not Meeting Requirements – MaineCare Expansion Adults who are not meeting the work requirements and will need to take action to continue getting coverage.
- **When does this change start:**
  - New applicants: Applications submitted on or after January 1, 2027
  - Current members: 2027 renewal
- OFI will have a work requirements eligibility screener on the website to help members determine if the work requirements apply to them. You can use this screener with your patients.

Changes to Noncitizen Eligibility

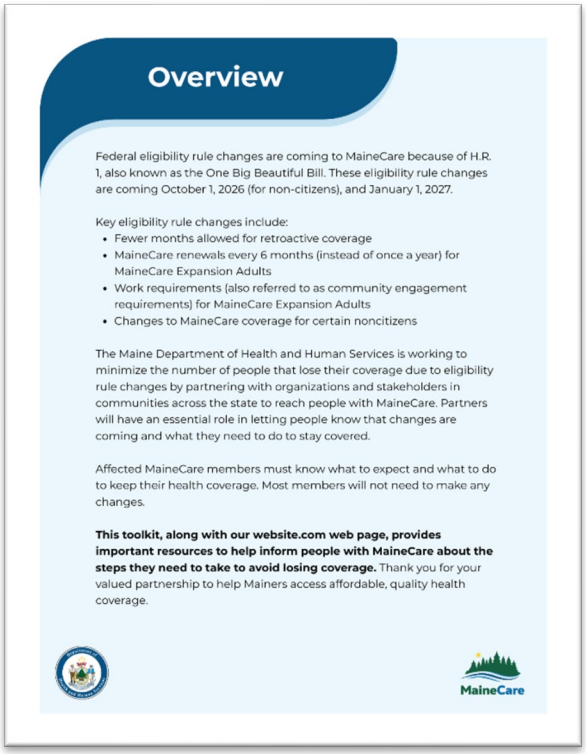
Effective October 1, 2026

- What's new: Some noncitizens will no longer qualify for full MaineCare coverage, and instead only qualify for Emergency MaineCare
- Who will be affected: The table below shows the groups of non-citizens who will and won't be affected, including what type of coverage they'll be eligible for and when the changes start.

To make it easier for providers to amplify OFI's message, PCG also created a Partner Toolkit, which included links to all content, along with talking points and written copy providers could use when communicating about the changes with their own stakeholders.

FIGURE 9: PARTNER TOOLKIT ON MAINECARE ELIGIBILITY CHANGES (FRONT)

FIGURE 10: PARTNER TOOLKIT ON MAINECARE ELIGIBILITY CHANGES (BACK)



Finally, to help OFI reach the public directly, PCG created social posts, shortform videos, and postcards to help introduce the changes and direct stakeholders to the website for more information.

FIGURE 11: POSTCARD INTRODUCING MAINECARE ELIGIBILITY CHANGES FOR NONCITIZENS (FRONT)

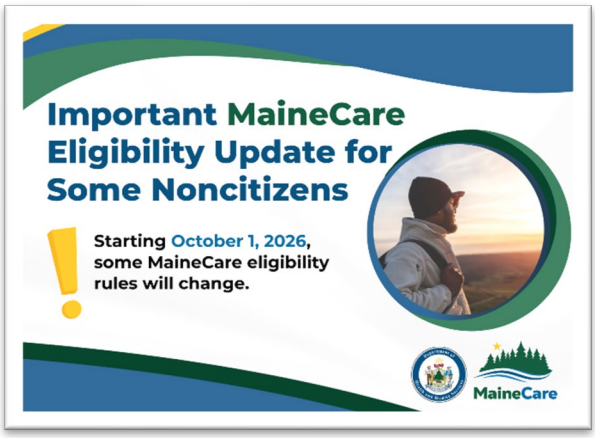
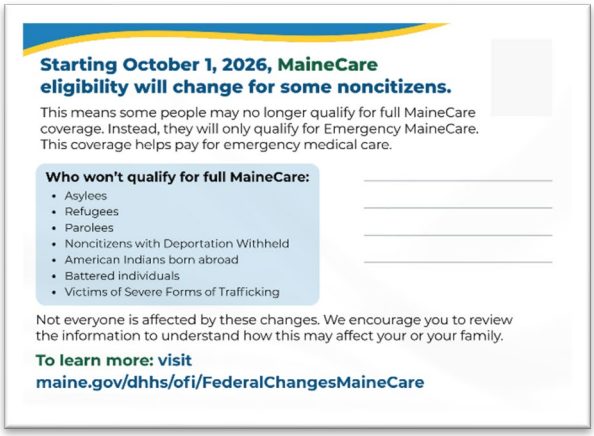


FIGURE 12: POSTCARD INTRODUCING MAINECARE ELIGIBILITY CHANGES FOR NONCITIZENS (BACK)



This example illustrates the comprehensive content ecosystem PCG works to achieve, especially when communicating to large or diverse groups of stakeholders. The various types of content—mailers, videos, flyers, webpages, social posts—work together to communicate the same message, enhancing both reach and audience retention, especially for complex, multifaceted issues.

California Department of Health Care Services (DHCS): Providing Access and Transforming Health (PATH) Program

The PATH program is a five-year, $1.85 billion project to address gaps in local capacity and infrastructure in California's Medicaid system by supporting community-based organizations, hospitals, county agencies, Tribes and Indian Health Care Providers, and other associated Medicaid agencies. It involves four interrelated sub-programs: Capacity and Infrastructure Transition Expansion and Development (CITED), which provides funding to expand infrastructure for community supports; Collaborative Planning and Implementation (CPI), which provides funding for a county or region to plan for their area's community supports; Justice-Involved Capacity Building (JI), which provides funding to implement pre-release Medicaid applications; and the Technical Assistance (TA) Marketplace, where organizations can find technical assistance for their community support projects.

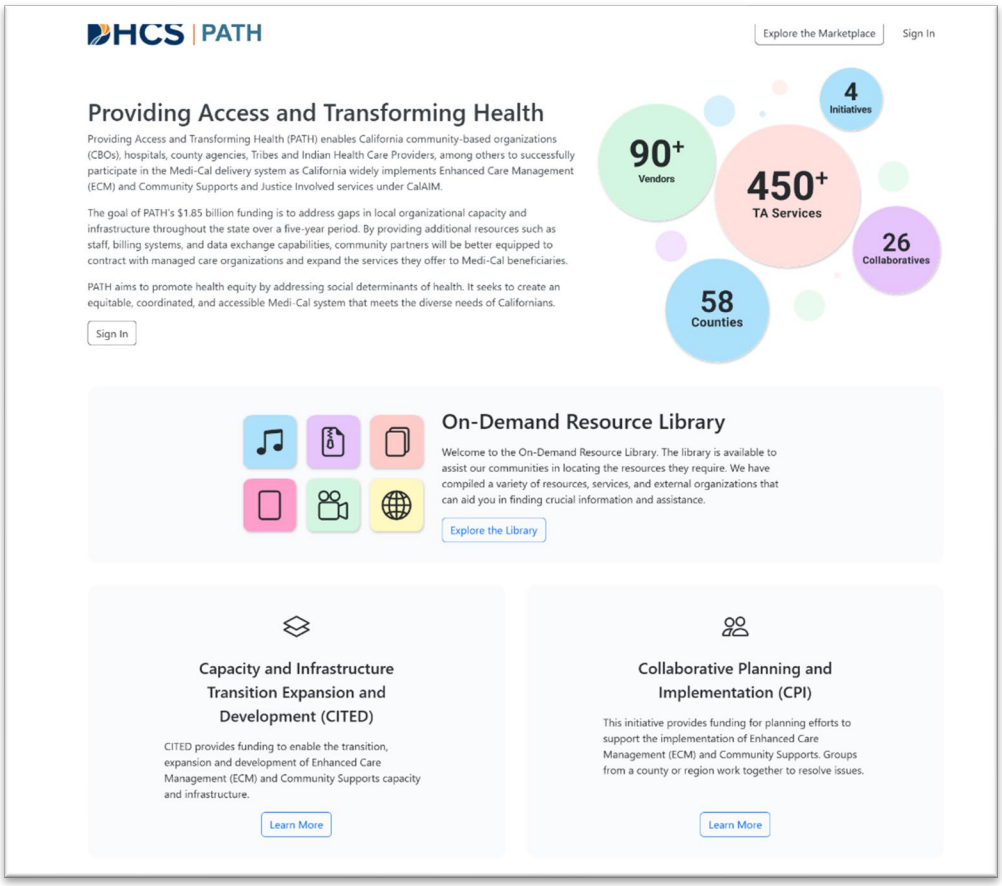
PCG has worked with DHCS to help implement the entire PATH program, including communicating with the various stakeholders involved in such a large-scale project. Communications efforts included creating the following content:

- Overall communications strategy, including monitoring and updates across the life of the project
- Two websites: ca-path.com as a central repository for project information, and capathsuccess.com to highlight grantee success stories
- Content for the larger DHCS website

- Social media posts across X, Facebook, LinkedIn, and Instagram
- Shortform video for the PATH YouTube channel
- Press releases
- Newsletters and emails to 11,000 subscribers across the four PATH programs
- Presentations and slide decks
- Flyers and info sheets
- Toolkits and other longer documents

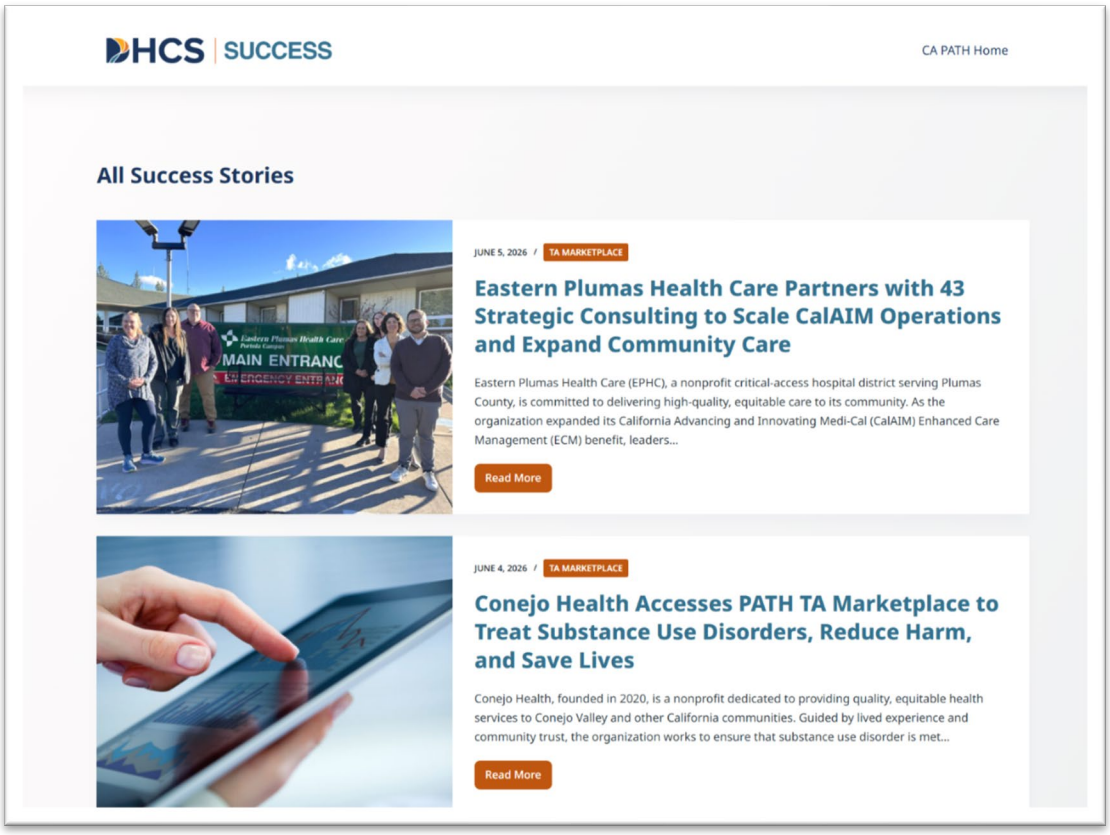
The two PATH websites worked together to present a wholistic view of the project. The main PATH website (ca-path.com, Figure 13 below) provided overall project information, as well as updates and resources for organizations involved in the program.

FIGURE 13: TOP OF HOMEPAGE FOR MAIN PATH WEBSITE (CA-PATH.COM)



The second PATH website (capathsuccess.com, Figure 14 below) offered space for frequent examples of successful PATH projects. PCG solicited these success stories through the PATH newsletter, as part of grant reporting, and through direct outreach to grantees. These stories represent a frequent updated record of the impact of the PATH program as it continues to grow and evolve.

FIGURE 14: TOP OF ALL SUCCESS STORIES FOR PATH SUCCESS STORIES WEBSITE (CAPATHSUCCESS.COM)



By separating the websites in this way, PCG made it easier to share relevant information with the diverse group of PATH stakeholders, as well as streamlined website updates by moving success stories to a website with a simplified interface and protecting the evergreen content on the main website.

For social media, PCG focused on creating simple GIFs and short videos to enhance engagement without impacting retention or understanding. The below examples, while appearing here as static images, are screen captures from those GIFs and included animation, transitions, or stock film footage when actually posted.

FIGURE 15: PATH SOCIAL POST ON FUNDING FOR TRIBAL PARTNERS

FIGURE 16: PATH SOCIAL POST FEATURING GRANTEE TESTIMONIALS

Given the scale and diversity of the four PATH programs, creating a unified brand image was a concern. PCG reviewed all materials to confirm they followed the relevant DHCS branding guidelines, and presented the PATH project according to the original strategy document. Ideally, this creates a single, shared picture of PATH and its impact across all initiatives and stakeholders.

Overall, communications highlighted the success of the PATH program across a wide geographic and programmatic range, in order to confirm the utility, responsibility, and inclusivity of the program in the minds of stakeholders, including legislators.

8. Describe bidder's experience with survey / assessment tool development and focus group design. The bidder may provide an example of previous work.

Collaboration with stakeholders is an integral part of much of PCG's work across the country. Effective evaluation, strategic planning, and systems improvement efforts depend on meaningful engagement with the individuals, families, providers, advocates, and agencies who experience and operate within those systems every day. PCG has extensive experience designing and implementing surveys, assessment tools, focus groups, interviews, and other stakeholder engagement activities across a wide range of human services, disability, aging, healthcare, and workforce initiatives.

PCG develops surveys and focus group protocols that are tailored to the goals of the project, target populations, and intended decision-making outcomes. Our survey development process includes defining evaluation objectives, identifying key audiences, designing accessible and plain-language questions, testing survey logic and usability, and ensuring that survey instruments generate meaningful quantitative and qualitative data. Similarly, PCG develops structured focus group facilitation guides that support consistent data collection while allowing flexibility to explore emerging themes, stakeholder concerns, and lived experiences. These tools are designed to provide actionable information that can be incorporated into evaluation findings, strategic planning efforts, and implementation recommendations.

PCG's work on developing the Strategic Plan for Disability Services for Los Angeles County benefitted significantly from the survey and focus groups that were an integral part of the project. An example of the survey and the focus group guide can be found on pages 25-56. As part of that effort, PCG conducted extensive stakeholder engagement activities that included focus groups, key informant interviews, and an electronic survey that received responses from more than 1,000 individuals. These activities were designed to gather input from individuals with disabilities, caregivers, providers, advocacy organizations, community partners, and government agencies. The information collected helped identify service gaps, stakeholder priorities, partnership opportunities, and strategic recommendations that informed development of the final plan.

When working with disability populations, PCG prioritizes accessibility throughout the engagement process. Surveys, focus groups, interviews, and other assessment tools are designed to accommodate varying communication needs and incorporate plain language, alternative formats, virtual participation options, captioning, and other accessibility supports to maximize participation and ensure all voices are represented. Guided by the principle of "nothing about us without us," PCG is committed to ensuring individuals with lived experience have meaningful opportunities to participate in program evaluation and planning efforts.

PCG's survey and focus group methodology extends beyond data collection and is designed to support meaningful stakeholder engagement and actionable decision-making. Data collected through surveys, focus groups, and interviews is systematically analyzed to identify trends, recurring themes, stakeholder priorities, implementation challenges, barriers to access, service gaps, and opportunities for improvement. Findings are then integrated with quantitative performance measures, programmatic data, and document reviews to develop evidence-based recommendations.

Key Assessment and Strategic Recommendations

Home Care Sustainability

Report to *The Massachusetts Executive Office of Aging and Independence*

By *Public Consulting Group*

June 30, 2026

CONTENTS

EXECUTIVE SUMMARY

Massachusetts' State Home Care Program (SHCP) is a critical component of the Commonwealth's long-term services and supports (LTSS) system, helping more than 76,000 older adults remain safely in their homes and communities. The program has experienced sustained growth in enrollment, service utilization, and expenditures driven by demographic changes, increasing consumer acuity, and growing demand for home- and community-based services. At the same time, available funding and workforce capacity have struggled to keep pace with program growth.

To address these challenges, the Massachusetts Executive Office of Aging and Independence (AGE) engaged Public Consulting Group LLC (PCG) to assess opportunities to strengthen the fiscal and operational sustainability of the State Home Care Program while preserving access to services, maintaining quality, and supporting the long-term viability of the Aging Services Access Point (ASAP) network. The assessment focused primarily on identifying strategies that could be implemented by January 1, 2027, while also identifying longer-term sustainability opportunities.

METHODOLOGY

PCG's approach integrated several workstreams to complete a multi-disciplinary assessment of sustainability strategies for the SHCP. These included:

- Fiscal and utilization analysis of SHCP data;
- Stakeholder engagement with AGE leadership, Massachusetts Aging Access (MAA), and a group of ASAP representatives referred to as "ASAP Thought Partners";
- Policy and regulatory review; and
- Review of information technology and system modernization requirements.

These workstreams were advanced in parallel due to the compressed project timeline and were used to evaluate potential sustainability strategies from multiple perspectives. To inform the analysis with operational and field-based perspectives, AGE and PCG engaged the ASAP Thought Partners, including a representative from MAA and representatives from several ASAPs on a regular basis throughout the project. A comprehensive review of statutes, regulations, and Program Instructions that could be affected by the range of policy proposals was developed during the project. This review focused on identifying the policy, regulatory, and sub-regulatory changes that would be needed to support implementation of identified strategies, as well as any areas requiring further AGE direction. PCG summarized this initial analysis in a policy crosswalk for ease of reference.

Additionally, PCG reviewed the Aging & Disability (A&D) system capabilities needed to support implementation of proposed sustainability strategies and inform longer-term modernization planning. This work focused on both near-term enhancements to the current WellSky system and future-state functionality that could strengthen program oversight, service authorization, reimbursement, reporting, and service coordination.

PCG then planned and facilitated requirements gathering sessions with AGE project team members and stakeholders. This work resulted in a Requirements Traceability Matrix (RTM), workflow documentation, and recommendations for modernization of the A&D system.

Concurrent with and informed by the other workstreams was the development of a financial model that calculates annual implementation costs for various scenarios by adjusting utilization, pricing, and service mix assumptions across defined scenarios. The financial modeling methodology relied on PCG's proven mixed methods approach to data analysis and resulted in a responsive, iterative model that allows for customization of variables and testing of suggested scenarios.

Each of these components was applied to suggested sustainability solutions to identify feasible solutions for possible near-term implementation and additional strategies to assess for longer-term implementation.

KEY FINDINGS AND ANALYSIS

Several strategies were proposed by AGE and the ASAP Thought Partners. Through ongoing discussion, four were initially prioritized for analysis under the scope of this project including:

1. Increasing the age of eligibility for the SHCP
2. Creating a Personal Emergency Response Systems (PERS)-only service line
3. Creating a Home Delivered Meals (HDM)-only service line
4. Creating a lower tier of the SHCP to support current consumers with lower acuity needs at a lower cost

Ultimately, creating a lower tier of the SHCP to support current consumers with lower acuity or service-level needs at a lower cost was determined to be the priority strategy for further assessment under this project scope. For the purposes of this report, this version of the SHCP is referred to as the Core Home Care Program (CoreHCP).

Under the model, eligible current consumers would continue to receive a subset of services that support independence and community living, such as home-delivered meals, personal emergency response systems, homemaker services, laundry, transportation, chores, and companion services. The model is not intended to reduce access to necessary support. Rather, it is designed to better align the level of service and case management intensity with consumer need.

PCG's analysis indicates that CoreHCP represents a targeted opportunity to support SHCP sustainability while maintaining the program's core purpose of helping older adults remain in their homes and communities. The model is intended for current SHCP consumers who are functionally and medically stable and can be appropriately supported through a narrower set of non-clinical services and a lower-intensity case management model. Without changing the eligibility criteria, this model could serve a significant portion of consumers. Analysis of State Fiscal Year 2025 data found that

approximately 60 percent of SHCP consumers (excludes ECOP and Choices consumers) receive only this subset of lower-acuity support services.

Fiscal modeling suggests that implementation of CoreHCP could generate meaningful savings through adjusted purchase-of-service and case management reimbursement structures while maintaining service availability for eligible consumers.

PCG also identified policy, regulatory, fiscal, operational, communication, and system considerations needed to support implementation. These include establishing a new CoreHCP service definition, creating or amending reimbursement rates for purchase of services and case management, developing program instructions for ASAPs, updating applicable regulations, and confirming that system functionality can support eligibility identification, service authorization, reimbursement, reporting, and monitoring.

STAKEHOLDER IMPACTS

PCG identified impacts of implementation of the CoreHCP on several stakeholder groups – consumers and families/caregivers, the ASAP network, service providers, and advocates and advocacy groups. ASAPs are expected to experience the most significant operational impact because they contractually operate the AGE State Home Care Program and will be responsible for identifying eligible applicants and consumers, applying the model consistently, adapting assessment and monitoring workflows, and communicating changes to consumers, caregivers, providers, and other partners. Provider agencies are not expected to experience major changes to core service delivery responsibilities, but they may see a change in service reimbursement rates that create a financial impact.

Targeted messaging that articulates the alignment of the CoreHCP program with state and federal goals and that addresses questions about stakeholder impacts were developed to support future communication efforts.

FUTURE RECOMMENDATIONS

If AGE chooses to move forward with CoreHCP, implementation should be supported by clear eligibility standards, defined transfer protocols, appropriate reimbursement rates, operational guidance, and stakeholder communication. AGE will need to clarify how consumers may move between CoreHCP and the SHCP as their needs, risks, or circumstances change. This flexibility will be important to maintain consumer safeguards and stakeholder confidence.

Stakeholder engagement and mitigation planning will be critical to successful implementation. Communications should emphasize that CoreHCP is intended for a defined cohort of stable current consumers, is not a universal replacement for existing SHCP case management, and does not create a new intake pathway for lower-need applicants. AGE should equip ASAPs and providers with clear guidance, plain-language consumer materials, escalation criteria, and consistent talking points before broader communications occur.

In addition to CoreHCP, the report identifies future considerations that may warrant additional analysis as AGE continues to strengthen SHCP sustainability. These include further review of single-service populations (such as PERS Only and HDM Only), updates to the cost-sharing policy, enhanced federal funding opportunities, adjustments eligibility criteria (e.g. age or Functional Impairment Level), creation of a preventative version of the SHCP, administrative streamlining, and information technology (IT) system modernization.

CONCLUSION

Massachusetts faces increasing demand for home and community-based services as its population ages and consumer needs become more complex. Maintaining AGE's State Home Care Program's long-term sustainability will require targeted reforms that preserve access while aligning resources with consumer need. CoreHCP represents a targeted, near-term strategy to help AGE preserve access to appropriate home care services while responding to growing demand and fiscal pressure. If implemented with clear policy direction, strong consumer safeguards, transparent communication, and appropriate operational supports, CoreHCP can help align services with consumer need while supporting the long-term sustainability of the Commonwealth's home care system.

Los Angeles County Aging & Disabilities Department
Disability Services Strategic Plan Survey

The Los Angeles County Aging & Disabilities Department has collaborated with the Los Angeles County Commission on Disabilities (LACCOD) and Public Consulting Group (PCG) to develop this survey, with PCG as survey administrator.

This survey is about the opportunities, gaps, and needs for disability services in the Los Angeles region. Survey results will guide the development of the Los Angeles County Aging & Disabilities Department Disability Services Strategic Plan. This will enable the creation of a 5-year roadmap to expand and improve services (contingent on availability of funding) for people with disabilities in the Los Angeles region.

Thank you for taking the time to respond to our survey. We want to know about your experience with services and programs that support people with disabilities. This survey will take about 15 minutes to complete. Your answers are confidential and will be used to shape Aging & Disabilities strategic plan. No identifying information will be shared.

Some questions may bring up strong emotions. If you wish to skip a question at any time, please feel free to do so. You can also come back to this survey later to complete it at any time.

If you know anyone who you think would be interested in completing this survey (individuals with a disability, their

family, or caregiver), please feel free to send them the link below.

https://s.alchemer.com/s3/LA-County-Disabilities-Strategic-Plan

Respondents can use the drop-down menu in the top right corner of the screen to select their preferred language. The survey is available in the following 14 languages:

- **English**
- **Arabic**
- **Armenian**
- **Chinese (Simplified)**
- **Farsi**
- **Hindi**
- **Japanese**
- **Khmer/Cambodian**
- **Korean**
- **Russian**
- **Spanish**
- **Tagalog**
- **Thai**
- **Vietnamese**

You may also download the survey and share it with others. You may complete it and mail it, or email it, to the following address:

Aging & Disabilities Department

Attention Guillermo Medina

510 South Vermont Ave, 11th Floor

Los Angeles, California 90020

info@ad.lacounty.gov

We want to hear from everyone! The survey will only be available until August 21, 2025.

If you need services and support, please call the Area Agency on Aging Information & Assistance Hotline at (800) 510-2020, Monday – Friday, from 8:00 AM – 5:00 PM. This number is to be called only for services and supports.

Questions regarding this survey should be directed to the PCG survey team at LACoDisabilitySurvey@pcgus.com.

1) Are you taking this survey yourself, or on behalf of someone else with a disability? Please select all that apply.

[ ] I have a disability and am taking this survey myself.

[ ] I am taking this survey on behalf of someone else. I am their family member.

[ ] I am taking this survey on behalf of someone else. I am their caregiver.

[ ] I am taking this survey on behalf of someone else. I am their friend.

[ ] I am taking this survey on behalf of someone else. I am their advocate.

[ ] I am taking this survey on behalf of someone else. My relationship with them is not listed above.

About You

(Navigation: Show text if answer above includes taking survey on behalf of someone else. Otherwise go directly to question 2)

Thank you. For the remainder of this survey, please answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

2) What is your age??

( ) 0-17

( ) 18-34

( ) 35 - 59

( ) 60 - 64

( ) 65 - 74

( ) 75 - 84

( ) 85+

3) Please select all that are true about yourself:

[ ] I am a person with a physical or mobility-related disability

[ ] I am a person with a visual disability (e.g., blindness, low vision)

[ ] I am a person with a hearing disability (e.g., deafness, hard of hearing)

[ ] I am a person with an intellectual or developmental disability (e.g., autism, Down syndrome)

[ ] I am a person with a cognitive or learning disability (e.g., ADHD, dyslexia)

[ ] I am a person with a mental health or emotional condition

[ ] I am a person with a substance use condition

[ ] I am a person with a chronic medical or health-related condition (e.g., diabetes, arthritis, heart disease, HIV/AIDS)

[ ] I am diagnosed with a neurological condition (e.g., multiple sclerosis, Parkinson's disease, epilepsy)

[ ] I am diagnosed with cerebral palsy

[ ] I am diagnosed with Traumatic Brain Injury (TBI)

[ ] I am diagnosed with Alzheimer's, Dementia, or other memory related conditions

[ ] I identify as a person with a disability not described above.

[ ] None of these are true about me. **(Navigation: If this answer is selected, go to Thank you page)**

Barriers

4) Because of my disability, I have encountered the following kinds of barriers when trying to participate fully in my community, access needed services, or maintain my independence. Please select all that apply.

[ ] Physical barriers (e.g., inaccessible buildings, sidewalks, ramps, parking, restrooms)

[ ] Transportation barriers (e.g., travel, unreliable public transit, inadequate paratransit, lack of accessible vehicles)

[ ] Communication barriers (e.g., lack of sign language interpreters, captioning, or alternative-format materials)

[ ] Technology barriers (e.g., websites, apps, kiosks that are difficult or impossible to use)

[ ] Program access barriers (e.g., complicated application processes, eligibility restrictions, lack of accommodation)

[ ] Program gaps barriers (e.g., the programs I need don't exist in my area)

[ ] Attitudinal barriers (e.g., discrimination, lack of awareness or respect from community members, service providers, or county departments)

[ ] Lack of training for disability services providers or department staff

[ ] Financial barriers (e.g., affordability of services, equipment, or supportive care)

[ ] Social isolation or lack of social support networks

[ ] Other barriers not listed above

Overall Wellbeing

Thank you. The following questions ask a bit more about your overall well-being and health.

5) Which of the following best describes your access to medical care? Please select all that apply

[ ] There are not enough doctors or medical providers in my area

[ ] Medical care locations are not accessible or hard to get to

[ ] Medical care locations are not accessible when I'm inside (e.g., cannot accommodate a wheelchair, cannot get on the exam tables, a lift is not available to help me transfer, etc.)

[ ] I cannot afford to see doctors when I'm sick

[ ] I can see a doctor when I need to

How strongly do you agree with the following statements:

6) In the last two weeks, I have had enough money to meet my needs.

( ) Strongly disagree
( ) Disagree
( ) Neither agree nor disagree
( ) Agree
( ) Strongly agree

If you are taking this survey on behalf of someone else, please remember to answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

7) I am satisfied with my ability to do the things I need to do every day. For example, paying bills, grocery shopping, cooking, house cleaning, etc.

( ) Strongly disagree
( ) Disagree
( ) Neither agree nor disagree
( ) Agree
( ) Strongly agree

8) Are you able to work as much as you would like?

( ) Yes, I am employed, and I work as much as I would like
( ) No, I am employed, but I do not work as much as I would like
( ) No, I am not employed and want to be
( ) I am retired/finished working/do not want to work

(Navigation: If the answer is "No, I am employed, but I do not work as much as I would like" or "No, I am not employed and

want to be" go to next question, otherwise skip to question 11)

Work

9) Why are you not able to work as much as you would like? Please select all of the reasons that apply to you.

[ ] Not enough opportunities

[ ] My disability or another medical condition makes it difficult for me to work more

[ ] My transportation makes it difficult for me to work more

[ ] I need more education, training, or a certification to get the sort of job I want

[ ] I need help finding and keeping a job

[ ] Something else

(Navigation: If answer includes "My disability or another medical condition makes it difficult for me to work more", "My transportation makes it difficult for me to work more", "I need more education, training, or a certification to get the sort of job I want" go to next question, otherwise skip to question 11)

10) Do you know where to find resources for employment, such as workforce board or vocational rehabilitation?

( ) Yes, and I have worked with these groups before

( ) Yes, but I have not yet worked with these groups

( ) No, but I know there are resources available

( ) No, I did not know that resources are available

Housing

How strongly do you agree with the following statements:

11) I am able to afford independent housing (rent, mortgage, other type of payment) each month.

( ) Strongly disagree
( ) Disagree
( ) Neither agree nor disagree
( ) Agree
( ) Strongly agree

12) I am able to find accessible housing in my area.

( ) Strongly disagree
( ) Disagree
( ) Neither agree nor disagree
( ) Agree
( ) Strongly agree

Environment

13) Do you have trouble getting to or getting around inside any of the following types of places? Please select all that apply.

[ ] Doctor's offices or healthcare services
[ ] Social services providers
[ ] Recreational activities
[ ] Stores and places of business
[ ] Place you work, or would like to work or volunteer

[ ] Restaurants

[ ] Banks

[ ] Hotels

[ ] Some other type of place

[ ] None of these

Emergency Services

14) Have you had to contact emergency services in the last year?

( ) Yes

( ) No

(If yes, ask Q15, otherwise skip to Q16)

15) Did you receive the emergency services you needed?

( ) Yes

( ) No

16) Do you have an emergency preparedness plan in place in the event of an emergency or disaster (e.g. evacuation plan, access to medical supplies or transportation)?

( ) Yes

( ) No

17) Do you have an emergency contact person identified in case of an emergency or disaster (e.g. family member, friend, caregiver)?

( ) Yes

( ) No

Transportation

If you are taking this survey on behalf of someone else, please remember to answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

How strongly do you agree with the following statements:

18) Public transportation is accessible to me.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

19) Public transportation is affordable for me.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

20) How do you usually travel around Los Angeles County? Please select all that apply.

[ ] Walk, run, or move myself

[ ] Biking

[ ] A private car that you or someone you know owns

[ ] Public transit

[ ] Metro

[ ] A private ride share service, like a taxi, Uber or Lyft

[ ] A ride service provided by someone else, like ButterFLi Assisted Transportation or Access Paratransit

[ ] Some other method

Services Access

How strongly do you agree with the following statements:

21) In general, I am able to access the internet reliably.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

22) I have what I need to communicate effectively in my daily life (e.g. translator, communication support technology, alternative communication options, etc.)

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

23) Do you currently use any of the following public services? Please select all that apply

[ ] Medical and healthcare services (including insurance counseling)

[ ] Mental health/behavioral health services

[ ] Wellness supports, such as telephone wellness checks

[ ] Cash assistance, general relief

[ ] Childcare programs

[ ] Child welfare programs

[ ] In-home supportive services (bathing, dressing, meal prep, chores)

[ ] Work or employment support programs

[ ] Regional Centers

[ ] Independent Living Centers

[ ] Food and nutrition services

[ ] Transportation supports

[ ] Supportive or affordable housing program

[ ] Home modification programs

[ ] Caregiver supports

[ ] Case management

[ ] Social engagement initiatives

[ ] Communication supports (translators, etc.)

[ ] Veteran's programs

[ ] Substance use supports or programs

[ ] Other

[ ] No, I do not use publicly available services

(Navigation: If the answer is "No, I do not use publicly available services" go to question 24. All other answers, skip to question 25)

Services Access 2

24) Why do you not currently use publicly available services? Please select all that apply

[ ] I don't need services right now

[ ] I rely on friends and family for support

[ ] I didn't know there were services to help me

[ ] I don't know how to access services

[ ] I have been told I don't qualify for services

[ ] Another reason

(Navigation: After Question 24, skip to Question 27)

25) How did you get connected to these services? Please select all that apply.

[ ] Through the internet

[ ] With a phone call

[ ] Through my school

[ ] Through my work

[ ] Talked with my primary care provider

[ ] Talked with a specialist care provider (e.g. neurologist, physical therapists, mental health provider)

[ ] Through a hospital

[ ] Through the county or state

[ ] Through my insurance provider

[ ] Through a community based organization

[ ] Through a Regional Center

[ ] Through an Independent Living Center

[ ] Friends or family members recommended these services

[ ] Another way

26) What are things that make you concerned about losing access to services? Please select all that apply.

[ ] Because of things I hear on the news

[ ] Because of money

[ ] Because of a change in my employment status

[ ] Because of a change in my housing

[ ] Because of a change in my relationship status (for example, getting married)

[ ] Because of loss of family support

[ ] Because of other reasons

[ ] I am not concerned about losing access to services

27) What is your plan if you are no longer able to access the services you currently use? Please select all that apply.

[ ] I currently know other services in my community I would use

[ ] I will rely on friends and family

[ ] I will have to move to a nursing home or other facility

[ ] I will have to move within LA County

[ ] I will have to move away from LA County

[ ] I have thought about it and do not have a backup plan

[ ] I have not thought about it

If you are taking this survey on behalf of someone else, please remember to answer as if you were the person with a disability you are answering on behalf of. Try to think about how they would answer these questions.

28) I currently have challenges with/would like to see more programs for (please select all that apply):

[ ] Information about what services exist and how to find them

[ ] Getting connected to or starting services

[ ] Transportation

[ ] Housing

[ ] Access to food

[ ] Accessible healthcare/medial options

[ ] Access to public recreational programs and venues

[ ] Language and communication supports (translation services, communication technology, alternative communication options, etc.)

[ ] Employment opportunities

[ ] Community engagement and social opportunities

[ ] More accessible neighborhoods and environments

[ ] Support with navigating multiple systems and programs

Demographics

Finally, please tell us a little more about yourself. All questions are optional and you do not have to answer if you do not want to.

29) What is your race and ethnicity? Please select all that apply.

[ ] Native American or Alaska Native
[ ] Asian
[ ] Black or African American
[ ] Hispanic or Latino
[ ] Middle Eastern or North African
[ ] Native Hawaiian or Pacific Islander
[ ] White
[ ] A race not listed

30) What language do you mostly speak at home? Please select all that apply

[ ] English
[ ] Arabic
[ ] Armenian
[ ] Chinese (Mandarin, Cantonese, or other dialects)
[ ] Farsi
[ ] Hindi
[ ] Japanese
[ ] Khmer/Cambodian
[ ] Korean

[ ] Russian
[ ] Spanish
[ ] Tagalog
[ ] Thai
[ ] Vietnamese
[ ] Something else

31) What gender do you identify as? Please select the one answer that best fits how you describe yourself.

( ) Male
( ) Female
( ) Nonbinary
( ) A gender not listed

32) What is your highest level of education?

( ) Less than Highschool
( ) Highschool Diploma or GED
( ) Some college no degree
( ) Associate’s degree
( ) Bachelor's Degree
( ) Master's Degree
( ) Doctoral or Professional Degree
( ) Trade or Professional Certification

33) What is your current work status?

( ) Employed, working full-time (32 hours a week or more)

( ) Employed, working part time

( ) Unemployed and looking for work

( ) Unemployed but not currently looking for work

( ) Something else

34) What is your zip code?

_____

35) Is there anything else you'd like us to know about disability services in LA County or anything else you would like to say about your answers above? If you would like to stay informed about the upcoming strategic plan or future disability services from the LA County Aging & Disabilities Department, please include your email here.

Thank You!

Thank you for contributing your insight. Your experience and leadership are shaping the future of disability inclusion in Los Angeles. We greatly appreciate your time and information. Your answers will help the Los Angeles County Aging & Disabilities Department create a Disability Services Strategic Plan that best serves everyone in our community who lives with or supports someone with a disability.

Questions regarding this survey should be directed to the PCG survey team at LACoDisabilitySurvey@pcgus.com.

Disability Services Strategic Plan Focus Group Guide

L.A. County Aging & Disabilities Department
In collaboration with the L.A. County Commission on Disabilities

August 2025

PUBLIC CONSULTING GROUP

Solutions that Matter

Agenda

Introductions

Overview of the Initiative

Successes and Strengths

Challenges

Priorities

Open Discussion

Introductions

L.A. County Disability Services Strategic Plan Overview

Strategic Plan Initiative Overview

The L.A. County Aging & Disabilities Department and L.A. County Commission on Disabilities are committed to enhancing the quality of life for individuals with disabilities in Los Angeles County.

L.A. County Aging & Disabilities Department in collaboration with the L.A. County Commission on Disabilities, is working with PCG, other county departments, programs, organizations, and **YOU** to create a strategic plan for Disability Services in LA County.

Goal: Create a roadmap for how to improve disability services in L.A. County over the next 5 years.

Strategies:
- Understand service gaps
- Identify areas for improvement
- Develop clear action steps to improve services

Most Importantly: Listen to those with lived experience

Project Overview Phases

Phase 1: Planning, Needs Assessment and Research

Phase 2: Strategic Plan Development

Phase 3: Implementation Plan Development

Phase 4: Presentation of Plans to Stakeholders

Discussion

Discussion - Strengths

What services, supports, programs are working well?

What do you want to see more of?

Discussion - Challenges

What challenges are you having?

Are there services that are missing or hard to get?

Do you have concerns about getting supports you need?

Discussion - Priorities

What changes do you want to see first?

If you could have one change done tomorrow, what would it be?

Discussion - Open

What didn’t we talk about today that you want us to know for the strategic plan?

THANK YOU!

The L.A. County Aging & Disabilities Department, the L.A. County Commission on Disabilities, and PCG sincerely thank you for your time and participation!

Project Email:

LACoDisabilityStrategicPlan@pcgus.com

SECTIONS II, III, AND IV RESPONSE

II. TERMS AND CONDITIONS

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	JR	We are requesting the following adjustments to provide more clarity to the underlying provisions. Clause T 2. Request adding following italicized language: In the event of termination, the Vendor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed, including those only partially completed or performed. Section U 4 and U 5. Request adding the following italicized language: Such cooperation will not be provided more than 30 days after the termination of the contract.

III. VENDOR DUTIES

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
JR		

IV. PAYMENT

Accept All Payment Clauses Within Section as Written (Initial)	Exceptions Taken to Payment Clauses Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
JR		

CONTRACTUAL AGREEMENT FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.

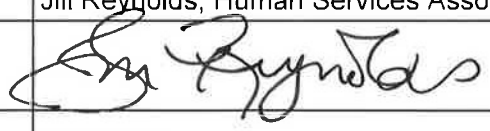
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" 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. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

_____ 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.

THIS FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

COMPANY:	Public Consulting Group LLC
ADDRESS:	148 State Street, Boston MA 02109
PHONE:	(617) 426-2026
EMAIL:	bids@pcgus.com
BIDDER NAME & TITLE:	Jill Reynolds, Human Services Associate Practice Area Director
SIGNATURE:	
DATE:	7/22/2026

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)	
NAME:	Brittani Trujillo
TITLE:	Associate Manager
PHONE:	(720) 547-5305
EMAIL:	btrujillo@pcgus.com

Cost sheet
RFP 125999 O3
Nebraska Olmstead Plan Evaluation

Bidder Name: Public Consulting Group LLC

Important Instructions: Bidders are to complete all fields highlighted in yellow.

Do not alter existing format or content within the Cost Sheet. However, if Bidder identifies that other items are essential in **Part I** to create full functionality, and meet the requirements as outlined in the RFP document and any related attachments, then additional lines may be inserted as needed. **Important:** In case of a mathematical error in extension of price, unit price shall govern.

All prices, costs, and terms and conditions submitted in the solicitation response shall remain fixed and valid commencing on the opening date of the solicitation until the contract terminates or expires.

Basis for award of points is the "Total Project Cost" for the Nebraska Olmstead Plan Evaluation $ $662,161.20
This amount shall equal the sum of Deliverables 1-5 for **Part I**.

Part I: Project section requirements as outlined in Section (V) of the Request for Proposal (RFP) document and Attachment A – Technical Requirements. Bidder to provide pricing for each of the project deliverable categories listed as fixed price per deliverable.

Description	Cost per completed deliverable
Deliverable 1: Data Collection and Evaluation Plan	$ 73,042.45
Deliverable 2: Olmstead Plan Evaluation Report	$ 307,603.89
Deliverable 3: Communications Plan and Supporting Materials	$ 95,609.45
Deliverable 4: Olmstead Plan revision recommendation draft language	$ 108,027.05
Deliverable 5: Summary of Technical Assistance and Final Recommendations for Plan Revisions	$ 77,878.36
TOTAL PROJECT COST:	**$** $662,161.20